

North Country Emergency Medical Service DEPARTMENT MANUAL

Section: **OPERATIONAL**

Title: **INFECTION CONTROL EXPOSURE CONTROL PLAN**

OVERVIEW

North Country EMS and Clark County Fire District 13 jointly are committed to providing a safe and healthful environment for our members and the communities we serve. This is our plan to eliminate or minimize occupational exposure to bloodborne or airborne pathogens in accordance with WAC 296-823, Occupational Exposure to Bloodborne Pathogens (9/04) and OSHA Standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens" (5/05) and the CDC MMWR Vol 54/RR-17 "Guidelines for Preventing TB in Healthcare Settings" (12/05), WAC 296-305 "Safety Standards for Firefighters" (3/06), WAC 296-842 "Respirators" (4/07).

Members who have an occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

Members can review this plan at any time. We will provide a copy, free of charge, to a member within 15 days of a request.

PROGRAM ADMINISTRATION

The Chief / Director is responsible for appointing a Lead Paramedic with specialized instruction in infection control to serve as the Infection Control Designated Officer and to manage this plan.

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, is responsible for implementing the exposure control plan. He was appointed to this position by the Chief / Director on April 1, 2005. He will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.

This plan includes:

- Exposure Risk Determination
- Methods of Implementation and Control
- Member Training and Hazardous Communication
- Post Exposure Evaluation and Follow-up
- Recordkeeping

EXPOSURE RISK DETERMINATION

The following are job classifications in our establishment in which ALL members have risk of an occupational exposure to bloodborne or airborne pathogens:

JOB TITLE	DEPARTMENT/LOCATION
Paramedics, Emergency Medical Technicians Firefighters/First Responders/EMTs	NCEMS Operations CCFD 13 Operations

The following are job classifications in our establishment in which SOME members have a risk of occupational exposure to bloodborne or airborne pathogens:

JOB TITLE	DEPARTMENT/LOCATION	TASK/PROCEDURE
Firefighter Non-EMS Certified	CCFD 13	Vehicle extrication, Handling Regulated Waste
Volcano Rescue Team Member	NCEMS	Rescue operations, Handling Regulated Waste

The following are job classifications in our establishment in which NO members have risk of an occupational exposure to bloodborne or airborne pathogens:

JOB TITLE	DEPARTMENT/LOCATION	TASK/PROCEDURE
Administrative Assistants	Office	Clerical, Medical billing

Implementation Guides:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, will conduct risk assessments where bloodborne and/or airborne pathogens may be present during operations.

The risk assessment will include:

Identification of bloodborne airborne pathogens found in the operations.

Review of work processes to determine where bloodborne and/or airborne pathogens occur and the magnitude of the exposures. This review will be conducted by surveying the operations, reviewing MIRs, CAD data, and interviewing members and officers.

Exposure monitoring will be conducted to measure potential hazardous exposures. Monitoring will be conducted by EMS and ID reporting QI processes.

Bloodborne Pathogen Risk Assessment

The bloodborne pathogen and Hepatitis B vaccination risk assessments were initially conducted in 1992.

Varicella, MMR, Tdap, and Influenza vaccinations were initiated in 2006 per CDC recommendations.

Airborne Pathogen Risk Assessment

The initial risk assessment for TB was conducted in 1994.

The current TB risk assessment for the agency has zero reported cases of TB since 2005 and identified "low risk".

The current Influenza risk assessment for the agency, due to implementation of the Clark County EMS Pandemic Flu Protocols in May 2009 and is identified as "high risk."

A respiratory protection program, use of N95 particulate respirators, and annual fit testing has been implemented, effective May 2009.

METHODS OF IMPLEMENTATION AND CONTROL

Standard Precautions

All members will utilize standard precautions. Simply stated it means all human blood and body fluids, except sweat, are treated as if they are known to contain Hepatitis B Virus (HBV), Hepatitis C Virus, Human Immunodeficiency Virus (HIV), or Syphilis. Standard Precautions must be strictly adhered to by members whenever they handle blood or Other Potentially Infectious Material (OPIM).

OPIM is considered pleural, cerebral spinal, synovial, amniotic, or peritoneal fluid, and any body fluid containing gross visible blood.

Tears, sweat, saliva, urine, vomit/emesis, stool, nasal secretions, and sputum are not at risk for HIV, HBV, HCV and are not considered OPIM, unless they contain visible blood.

Members will avoid contact with potentially contaminated items by following standard precautions, use of engineering controls, and wearing the appropriate personal protective equipment.

Standard Precautions are designed to reduce the risk of transmission of bloodborne pathogens and are designed to reduce the risk of transmission of pathogens from moist body substances and applies them to all patients receiving care, regardless of presenting signs and symptoms or presumed infection status. Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in patients.

Work Practice Controls

We use the following work practices to eliminate or minimize member exposure:

Hand washing

Wash hands as soon as possible after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites. Use a plain (non-antimicrobial) soap for routine hand washing. Use an antimicrobial agent or a waterless antiseptic agent for specific circumstances such as when running water is not immediately available.

Gloves

Wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items. Clean, non-sterile gloves are adequate. Put on clean gloves just before touching mucous membranes and non-intact skin. Donning gloves prior to driving or carrying equipment is discouraged, as it degrades the integrity of the glove. Change gloves between tasks and procedures on the same patient after contact with material containing a high concentration of microorganisms. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

Mask and Eye Protection

Wear a fit tested N95 particulate mask and eye protection to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, and excretions. This includes all airway and respiratory procedures. N95 masks should be worn by the provider whenever the patient presents with coughing and/or general flu-like symptoms. Nonrebreathing oxygen masks or surgical masks should be placed on the patient.

Gown

Wear a gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities likely to generate splashes or sprays of blood, body fluids, secretions, or excretions. A clean, non-sterile gown is adequate. Select a gown appropriate for the activity and amount of fluid likely to be encountered. Remove a soiled gown as promptly as possible and wash hands to avoid transfer of microorganisms to other patients or environments.

Patient-Care Equipment

Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner preventing skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments. Ensure reusable equipment is not used for the care of another patient until it has been disinfected and decontaminated appropriately. Ensure single-use items are discarded properly.

Environmental Control

Ensure procedures for the routine care, cleaning, and disinfection of environmental surfaces are followed after every response.

Linen

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner preventing skin and mucous membrane exposures and contamination of clothing and avoids transfer of microorganisms to other patients and environments.

Occupational Health and Bloodborne Pathogens

Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices, handling sharp instruments after procedures, cleaning used instruments, and disposing of used needles. Use needlesafe devices provided to draw or administer medications, or perform invasive procedures. Never recap used needles or needlesafe devices, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body. Use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpels and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used.

Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

Engineering Controls / Safer medical devices

The use of engineering controls / safer medical devices and equipment will prevent or minimize exposure to bloodborne or airborne pathogens.

The specific safer medical devices we use are:

<u>Product</u>	<u>Implementation Date</u>
Kendall Meditrace ECG Electrodes-Sg Pt Use	1991
.9% Na Cl Inj 2ml Carpuject with Luer-Lok-Sg Pt Use	1991
Hudson RCI Latex Free Sg Pt Use NRM -Sg Pt Use	1991
Hudson RCI Latex Free Updraft II Opt I Nebulizer-Sg Pt Use	1991
Rusch Sg Pt Use Endotracheal Tubes-Sg Pt Use	1991
Rusch Sg Pt Use Oral and Nasal Airways-Sg Pt Use	1991
Moore Medical Convenience Bags-Sg Pt Use	1991
CPS Hot and Cold Packs-Disposable Sg Pt Use	1991
Valent Insta Glucose-Sg Pt Use	1991
Plastic Long backboards-Easily decontaminated	1993
Sta Blok Head Immobilizers-Sg Pt Use	1994
Laerdal Stiffneck Cervical Immobilization Collars-Sg Pt Use	1994
Dey Epi Pen Autoinjector (1:1000) -Sg Pt Use	1996
Dey Albuterol and Atrovent Sg Pt Use Inh Solution-Sg Pt Use	1996
Ambu Resus-Latex Free BVM-Sg Pt Use	1998
Spyder-style backboard straps-Easily decontaminated	1999
Medtronic Quik Combo RTS Pads-Sg Pt Use	2000
Hospira Atropine Sulf Inj with Luer-Lok-Sg Pt Use	2001
International Med Sys Calcium Chloride Inj w/ Luer-Lok-Sg Pt Use	2001
Hospira Sodium Bicarb Inj w/ Luer-Lok-Sg Pt Use	2001
Hospira 50% Dextrose Inj w/ Luer-Lok-Sg Pt Use	2001
Hospira 2% Lidocaine Hcl Inj w/ Luer-Lok-Sg Pt Use	2001
Hospira Epinephrine (1:10000) Inj w/ Luer-Lok-Sg Pt Use	2001
International Health Sys Naloxone Hcl Inj w/ Luer-Lok -Sg Pt Use	2001
Med Ex ProtectIV Plus disposable IV catheters -Sg Pt Use	2001
Baxter Interlink IV solution set-Sg Pt Use	2001
Baxter Non-DEHP IV Extension Set Luer-Lok-Sg Pt Use	2001
B-D Lever-Lock Cannula-Sg Pt Use	2001
B-D Luer-Lok Tip Syringes -Sg Pt Use	2001
B-D TwinPak needles-Sg Pt Use	2001
Disposable scalpels-Sg Pt Use	2001
Microflex Freeform Powder Free Latex Free Gloves-Sg Pt Use	2001
Nephron Pharm Racemic Epi Inh Sol-Sg Pt Use	2002
Ascensia Precision Microlet Glucometer Lancet-Sg Pt Use	2002
Life Support Products Ventilator Circuits-Sg Pt Use	2003
Zoll STAT AED Padz II-Sg Pt Use	2004
Emergent CPAP Breathing Circuits-Sg Pt Use	2005
Cardinal Medi-Vac Suction Canisters & Wands-Sg Pt Use	2005

FAST 1 Sternal adult IO systems-Sg Pt Use	2005
Stryker Cots-Easily decontaminated	2006
Vidacare EZ IO needle system-Sg Pt Use	2006
Intra nasal atomizer for aerosolized medication-Sg Pt Use	2006
Biosafe plastic cot straps-Easily decontaminated	2006
Posy disposable patient restraints-Easily decontaminated	2006
Medic Tech Backraft Spinal Immobilization Mattress-Sg Pt Use	2006
Mega Mover 5000 patient litter-Easily decontaminated	2006
Nasal Balloons-Sg Pt Use	2007
King Systems King LTD airways-Sg Pt Use	2007
B-D Safety Glide 1 cc syringes	2007
Hospira Fentanyl Inj w/ Luer-Lok-Sg Pt Use	2008
ARS 14G needle for chest decompression	2008
Miltex REF 4-511 Disposable Safety scalpels	2008
B-D Bard-Parker Disposable Safety scalpels	2008
3M 1860 N95 particulate respirators-Sg Pt Use	2009
Kimberly-Clark PFR N95 particulate respirators-Sg Pt Use	2009
Moldex 1503 L N95 particulate respirators-Sg Pt Use	2009

Sharps containers are inspected and replaced when $\frac{3}{4}$ full by crews.

We identify opportunities to improve controls through:

Best practices in infection control
 Updates to the Exposure Control Plan and Respiratory Protection Program
 Clark County Health Department Health Advisories
 CDC, OSHA/WISHA, MMWR guideline changes
 Review of sharps logs and exposure reports
 Provider interviews
 Staff meetings
 Medical Program Director Case Reviews
 Safety activities
 Continuing medical education and drills

We evaluate new products regularly by:

Review of manufacturer and distributor literature
 Review of clinical trials and studies
 Review with Medical Program Director and County EMS QI Coordinators
 Review with Health Department and area agency ID coordinators
 Review with ID subject matter experts
 Demonstration models for providers to trial

Products considered:

MyClyns Protective Spray
B-D Safety Glide 1 cc syringes
EZ IO LD needles
Braun Introcan Safety FEP IV Catheter
ChloroPrep Patient Preoperative Skin Preparation
Turley reusable backboard pad
Sanek hand wipes
Crews Checkmate Safety Glasses
Crews Yukon Safety Glasses
Johnson and Johnson Barrier Protective Glasses
Comfort Zone Blanket and IV Warming System
Hartwell CombiCarrier II
Water Journey Hands2GO Instant Hand Sanitizer
Thomas Pediatric Pack
Verathon GlideScope
Ecolab Hard Surface Disinfectants and Antimicrobial Hand Soaps
Hartwell Medical Fasplint
Hartwell Pediatric Evac-U-Splint mattress
Hartwell Surevent emergency transport ventilator
Hartwell Emergency Isothermal Blanket
SwiftGrip rapid intubation system
Biohoop emesis and hazardous waste bag
Laerdal Compact Suction Unit 3
Smiths Medical Jelco Safety devices
Hartwell Medical Grandview and MAC 3 BriteView laryngoscope blade-disposable
Ecolab Qick-Care and Foam Waterless Hand Sanitizer
Precision Nitrile Powder Free Exam Glove
Dermatec Nitrile Powder Free Exam Glove
Adenna Nitrile Powder Free Exam Glove
Microflex Ultra Sense EC Nitrile Powder Free Exam Glove
Ecolab Supraglottic Airway Laryngopharyngeal Tube (SALT)
NuMask IntraOral Mask (IOM)
S & W Healthcare Corporation ECG Electrodes

Changes in work practice, engineering controls, or PPE are discussed and agreed upon or disregarded by a consensus between members and officers.

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, will make sure recommendations are effectively implemented.

Personal protective equipment (PPE)

PPE is provided to our members at no cost.

The types of PPE available to members are:

Microflex FreeForm EC Nitrile Powder & Latex Free Gloves (All sizes)

Moore Deluxe Infection Control Kit, containing:

Fluid Resistant Mask, with eye shield

Full impervious gown

Bouffant cap

Latex Gloves

Protective shoe covers

Disposable white bag for non-infectious waste

Disposable red bag for infectious waste

2 BSK towlettes

Busse Obstetrical Kit, containing:

Full impervious gown

Latex Gloves

Disposable white bag for non-infectious waste

Disposable red bag for infectious waste

2 BSK towlettes

Protected disposable scalpel

3M 1860 N95 particulate respirators

Kimberly-Clark PFR N95 particulate respirators

Moldex 1503 L N95 particulate respirators

Leather Boots

Uniforms

Extrication gear

PPE is located:

Ambulances:

Gloves in both front and side doors

IC response packs and kits for Paramedic, Operator, and Rider in IC compartment

Gowns and boot covers in IC compartment and in OB kit

Extrication gear in driver side front and/or rear compartment

EMS supply areas at all stations

Uniforms:

Worn by all members at all times during operations. It is recommended providers bring an extra uniform to work for changing, if needed.

All members using PPE must observe the following precautions:

Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

Wear exam gloves when you:

Can reasonably anticipate hand contact with blood or OPIM

Handle or touch contaminated items or surfaces

Replace gloves if torn, punctured, contaminated, or otherwise damaged.

Decontaminate reusable gloves, for cleaning purposes only, if they don't show signs of cracking, peeling, tearing, puncturing, or other deterioration.

Never wash or decontaminate disposable gloves for reuse.

Wash hands immediately or as soon as feasible after removal of gloves or PPE.

Remove PPE after it becomes contaminated, and before leaving the patient care area.

Dispose of contaminated PPE in designated containers.

Remove blood or OPIM contaminated garments immediately or as soon as feasible, in a manner avoiding contact with the contaminated surface.

The procedure for handling used PPE is:

Gloves, gowns, and masks, and disposable resuscitation equipment will be discarded in red biohazard bags and placed in biohazard container at Station 1 or hospital and restocked for next use.

Protective eyewear can be cleaned with soap and water and returned to service.

Uniforms and extrication gear can be grossly decontaminated in the wash bay or utility sink, then washed in the washer in the Decontamination Room with laundry detergent at Station 1 or 2. Items can be bagged in a red biohazard bag and transported to a station for decontamination.

Compliance will be monitored daily by officers and Lead Paramedics.

PERSONAL PROTECTIVE EQUIPMENT REQUIRED FOR OPERATIONS

FUNCTION	GLOVES	GOWN	N95 MASK	EYE PROTECTION
Bleeding control, spurting	X	X	X	X
--				
Bleeding control, minimal	X			

Childbirth	X	X	X	X

--				
Blood draw/glucometry	X			

--				
IV/IO Start	X			

--				
Airway Management	X	X	X	X

--				
Suctioning	X	X	X	X

--				
Contaminated Veh/equip	X			

--				
Obtaining Vitals	X, only if blood or OPIM is present			

--				
Medication Injection	X, only if blood or OPIM is present			

--				
Physical Exam	X, only if blood or OPIM is present			

Nebulizer Administration	X	X	X	X

--				

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, and the EMS Supply Officer, Tom Ryan will maintain and provide all the necessary PPE, controls, labels, and red bags in the appropriate sizes and types, as required.

Housekeeping

Written schedules for cleaning and methods of decontamination are located:

Daily rig checks for individual ambulances and weekly rig checks for rescues.
Compliance will be monitored daily by Officers and Lead Paramedics.

Decontamination procedures:

Reusable Airway Equipment:

Utility gloves will be worn during the procedure.

Reusable laryngoscope blades and handles shall be cleaned to a high level of disinfection by immersing completely in undiluted Wavicide-01 solution for a minimum of 45 minutes at 72 degrees F.

Prior to immersion, thoroughly clean, rinse and rough dry object. Clean and rinse the lumens of hollow objects prior to immersion. Following immersion, thoroughly rinse item with sterile water. Repackage cleaned devices into storage container.

After use, properly dispose of the solution by discarding in the utility sink.

Surface Cleaning of Vehicles, Treatment Room, Decontamination Area and other Hard Surfaces:

Utility gloves will be worn during the procedure.

When a biohazard condition is present, items should be cleaned as soon as possible.

Before cleaning begins, always sweep or dust mop area to be cleaned.

All interior cabinet, seat, ceiling, stretcher, counter top, wall & other nonporous surfaces susceptible to exposure will be cleaned during rig checks and after every transport.

A solution of ½ fluid ounce (15 ccs) of Steris LpHse added to each premeasured gallon of water and gently mixed until the solution is uniform is used. The solution is applied with a cloth, sponge, mop or brush using normal cleaning methods. Remove excess solution. Allow treated surfaces to soak for 10 minutes.

Fresh 10% (1:100) chlorine bleach solution with a 2 minute dwell time can also be used. Bleach wipes are also provided for cleaning contact surfaces.

All Star Sud’N Kleen Foam Cleaner, Industrial Soap Company “disolv” Germicidal Cleaner and/or Deodorant are to be used as cleaning and decontaminating agents.

As solution becomes dirty, discard and replace with fresh solution.

Washing the contaminated particles into the sewage system is acceptable.

It is not necessary to remove the vehicle from service for decontamination purposes.

Follow manufacturers’ recommendations on cleaning all biomed equipment.

Regulated waste is categorized as sharps (clean or dirty) or items soaked or caked in blood or OPIM.

Regulated waste is placed in containers which:

Contain all contents

Do not leak

Are appropriately labeled with a biohazard label

Are closed prior to removal to prevent contact spilling or protruding during handling.

Sharps are discarded immediately or as soon as possible in containers:

Closable

Puncture-resistant

Leak-proof on sides and bottoms

Labeled or color-coded appropriately.

Sharps disposal containers are available at:

Decontamination room

EMS supply areas at Stations 1 and 2

Medication box

Trauma bag

Left and right sides of ambulance patient compartment

The procedure for handling sharps containers are:

Close container with lid

Secured with tape

Place into large, red, biohazard containers in Decontamination Room at Station 1 when sharps container is $\frac{3}{4}$ full.

Do not ever force a sharp into the container.

The procedure for handling other regulated waste is:

Use gloved hands to place contaminated waste into a red, biohazard bag located:

Left and right sides of the ambulance patient compartment

Decontamination room at Station 1

Bins, cans and pails intended for reuse are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware possibly contaminated is picked up using mechanical means, such as a brush and dustpan and disposed into a sharps container.

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, will provide sharps and other containers as required.

Regulated waste is disposed of by Stericycle Medical Waste Systems, 800MEDWASTE, monthly from the Decontamination Room at Station 1. The pick up schedule is posted in the Decontamination Room at Station 1.

Laundry

The agency supplies the washer and dryer and soap to launder the following contaminated articles:

Uniforms
Linen
Straps
Towels
Blankets

Laundering is done as follows:

Handle contaminated laundry as little as possible, with minimal agitation.

Place laundry contaminated with blood or OPIM in leak-proof, labeled or color-coded containers before transporting. Use color coded bags or bags marked with the biohazard symbol for this purpose.

Wear the following PPE when handling and/or sorting contaminated laundry:

Gloves

The schedule for laundry:

Immediately if uniform is contaminated at Station 1 or 2.

Routine contaminated laundry during daily station cleaning.

Brush or wash off gross contaminants in utility sink or wash bay prior to placing into washer.

Use the downstairs washer at Station 1 and washer at Station 2 for contaminated laundry.

Wash in hot water with laundry detergent in normal hot water cycle.

Members will ensure laundry is done during station chores, as needed.

Using Labels

Labeling is done as follows:

NFPA Hazard Classification, OSHA biohazard labels, or DOT hazard labels

EQUIPMENT TO BE LABELED	LABEL TYPE
Contaminated Laundry	Biohazard label
Sharps Containers	Red plastic container w/ biohazard label
Biohazard Waste	Red bag

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, will maintain and provide labels and red bags as required.

Vaccinations

The following vaccinations are required for all operational members:

The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial operational assignment to all members.

Hepatitis B titers are also provided free of charge to be administered 1-2 months after completion of the series.

Hepatitis B Vaccinations are encouraged unless:

Documentation states the member has previously received the series.

Antibody testing reveals the member is immune.

Medical evaluation shows the vaccination is contraindicated.

A copy of the health care professional's written opinion will be provided to the member within 15 days.

Tuberculosis Skin Tests (TST) are available at no cost after training and required within 10 days of initial operational assignment for all operational members and post-exposure, if not on file within last 12 months.

The single dose Varicella (Chickenpox) vaccine is available at no cost after training and within 10 days of initial operational assignment to all operational members, if member is not immune.

The single dose Tetanus, Diphtheria, and Pertussis (Tdap) vaccine is available at no cost after training and within 10 days of initial operational assignment to all members, if member is not immune.

The single dose Measles, Mumps, and Rubella (MMR) vaccine is available at no cost after training and within 10 days of initial operational assignment to all members, if member is not immune.

The Influenza (Flu) vaccine is provided annually at no cost to all members.

Members who choose to decline vaccinations must sign a declination form. They may request and obtain the vaccination at a later date at no cost.

Members will also complete a health history documenting previous vaccinations and dates of acquired diseases.

There is no increased risk of Meningitis than the general public and no vaccinations are required for those using living quarters.

Vaccinations will be provided by:

Linda Hittle, RN, Hm 6868081, Pgr 5142140, during annual update training or by appointment.

Primary Care Physician office or clinic, with reimbursement provided by the agency.

Clark County EMS Consortium RN, by appointment only.

Local clinics, with authorization from the Clinical Officer.

N95 Particulate Respirator fit testing will be provided annually.

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, will make sure vaccinations are available and encouraged, as required.

MEMBER TRAINING AND HAZARD COMMUNICATION

All members who have occupational exposure to bloodborne or airborne pathogens receive training conducted by: T.J. Bishop, Clinical Officer, Cell 360.624.7936.

Training will be provided before initial operational assignment where occupational exposure may take place, annually, and when operational changes take place affecting occupational exposure.

This training will include:

Epidemiology, symptoms, and transmission of bloodborne or airborne pathogens.

Access to and explanation of applicable local, state, and federal rules, regulations, and recommendations pertaining to infection control.

Explanation of our Exposure Control Plan and Respiratory Protection Program, and how to obtain a copy.

This must also be done at the annual refresher training.

Methods used to identify tasks and other activities involving exposure to blood or OPIM.

What constitutes an exposure incident.

The use and limitations of engineering controls, work practices, and PPE.

The basis for PPE selection and an explanation of:

- Types
- Uses
- Location
- Handling
- Removal
- Decontamination
- Disposal

Information on the Hepatitis B, Varicella, Tdap, MMR, TST, and Influenza vaccines:

- Effectiveness
- Safety
- Method of administration
- Benefits of being vaccinated
- Offered free of charge

Actions to take and persons to contact in an emergency involving blood or OPIM

Procedures to follow if an exposure incident occurs, including:

How to report the incident

Medical follow-up available

Member's evaluation and follow-up after an exposure incident

Signs, labels, and color coding used

N95 Particulate Respirator training will be provided annually.

Interactive questions and answers with the trainer.

Training materials for the agencies are located in the Clinical Officer's office.

Training records are maintained for each member upon completion of training. These documents will be kept for at least 7 years in the Clinical Officer's office in the Training Records file cabinet under the month and year of the training. Individual documentation will also be in the member's Training files.

The training record should include the following information about training sessions:

Date

Contents or a summary

Names and qualifications of trainers

Names and job titles of all attendees

Training records are provided to members or their authorized representatives within 15 working days of a request. Requests for training records should be addressed to T.J. Bishop, Clinical Officer, Cell 360.624.7936.

POST EXPOSURE EVALUATION AND FOLLOW-UP

An occupational exposure is defined as:

Bloodborne Pathogens:

Contaminated needlestick injury

Blood/OPIM in contact with the surface of the eye, inner surface of the nose or mouth

Blood/OPIM in contact with an open area of the skin

Cuts with sharp objects covered with blood/OPIM

Human bites (bloody)

Airborne Pathogens:

Inhalation of TB or Influenza particles from an infectious patient

Do the following after initial first-aid is given for potential occupational exposures:

Following the initial first aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:

Notify T.J. Bishop, Clinical Officer, Cell 360.624.7936, immediately of the potential exposure. He has up to 48 hours to determine if additional actions are required.

If an occupational exposure is determined by: T.J. Bishop, Clinical Officer, Cell 360.624.7936:

The member will document the routes of exposure and how the exposure occurred on the Occupational Disease Exposure Report Form and submit to: T.J. Bishop, Clinical Officer, Cell 360.624.7936.

The member will identify and document the source patient, unless not possible, refused by the source patient, or prohibited by state or local law. If consent is not obtained, the agency shall establish legally required consent could not be obtained.

The Clark County EMS Medical Program Director will obtain consent and arrange to test the source patient as soon as possible to determine HIV, HCV, HBV, and possibly Syphilis infectivity.

If the source patient is already known to be HIV, HCV, and/or HBV positive, no new testing is needed for the source patient.

The source patient's blood shall be tested as soon as feasible after the official request by T.J. Bishop, Clinical Officer, Cell 360.624.7936, after consent is obtained, in order to determine HBV, HCV, HIV, and/or Syphilis infectivity.

Results of the source patient's testing shall be made available to the exposed member and the Clinical Officer. The member shall be informed of applicable laws and regulations concerning disclosure of the identity and status of the source individual.

If the source patient is positive for HBV, HCV, HIV, and/or Syphilis, the exposed member's blood shall be collected as soon as feasible and tested after consent.

If the source patient's blood is negative for HBV, HCV, HIV, and/or Syphilis, the member does not need to be tested.

If the exposed member does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days. If the exposed member decides to have the sample tested during this time, perform testing as soon as feasible. Provide the exposed member with a copy of the healthcare professional's written opinion.

Healthcare professional's written opinion:

The agency shall obtain and provide the member with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hep B vaccination shall be limited to whether Hep B vaccination is indicated for a member, and if the member has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

The member has been informed of the results of the evaluation.

The member has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Administration of post-exposure evaluation and follow-up:

Members are provided immediate medical evaluation and follow-up services through:

Immediate medical services and post-exposure treatment will be prescribed by the Clark County EMS Medical Program Director, Dr Lynn Wittwer, Ofc 4877349, as needed, at no cost to the member 24 hours a day.

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, will make sure all medical actions required are performed.

Document the source patient's test results were conveyed to the member's health care provider.

Provide the exposed member with the source individual's test results.

Provide the exposed member with information about laws on confidentiality for the source patient.

Obtain consent and provide testing for the exposed member as soon as possible for HBV, HCV, HIV, Syphilis, and TB, as needed.

Review the circumstances of an exposure incident as follows:

The circumstances of any exposure incidents will be reviewed to determine:

Controls in use at the time.

Work practices followed.

Description of the device used, including type and brand.

Protective equipment or clothing in use at the time.

Location of the incident.

Procedure being performed when the incident occurred.

Member's training.

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, is responsible for reviewing exposure incidents as required.

RECORDKEEPING

Medical records

Medical records are maintained for each member who has an occupational exposure to bloodborne or airborne pathogens in accordance with WAC 296-62-052, Access to Records.

T.J. Bishop, Clinical Officer, Cell 360.624.7936, is responsible for maintaining member health medical records, as required by OSHA/WISHA and the CDC. Kelly Stamp, Administrative Assistant, is the alternate when the Clinical Officer is not available.

These confidential records are kept secured for 30 years post separation from the agency and are only maintained for compliance and assistance in exposures.

Sharps injury log

In addition to WAC 296-27, Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. This log must include at least:

Date of injury

Type and brand of the device involved.

Where the incident occurred.

How the incident occurred.

This log is reviewed at least once a year as part of the annual program evaluation and is kept for at least 7 years following the end of the calendar year. Copies provided upon request must have any personal identifiers removed.

Contact names and phone numbers:

T.J. Bishop, Clinical Officer, Cell 360.624.7936, will maintain the Sharps Injury Log.

There have been no reported sharps-related injuries from 2005-2009.