

Vermillion/Clay County Emergency Medical Service
EXPOSURE CONTROL PLAN

PEP Hotline 1-888-448-4911

This revised plan is in effect as of January 25, 2013.

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EMS Director

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Purpose Statement

To provide a comprehensive exposure control plan; this maximizes protection against communicable diseases for all members, and for the public which we serve. This policy applies to all responders, career and volunteer, providing fire, rescue, or emergency medical services.

Vermillion/Clay County EMS (VCCEMS) recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency response, including in-station operations. The health and welfare of each member is a joint concern of the responder, the chain of command, and this EMS service. Each responder is ultimately responsible to provide as safe a workplace as possible. The goal of this protocol is to provide all members with the best available protection from occupationally acquired communicable disease.

It is the policy of VCCEMS to:

- Provide rescue and emergency medical services to the public regardless of known or suspected diagnoses of communicable disease in any patient;
- Regard all patient contacts as potentially infectious. Universal precautions will be observed at all times;
- Provide all members with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from communicable diseases;
- Recognize the need for work modifications based on infection control concerns;
- Regard all medical information as strictly confidential;
- Upgrade this exposure control plan at least annually and when alterations in procedures create new occupational exposure. The plan will be accessible to all employees;
- Initiate disciplinary action against service personnel who do not comply with this exposure control plan.

Responders may be reluctant to report occupational risk exposures for a variety of reasons; however immediate medical management is vital for the following reasons:

- Immediate reporting allows time for the responder and their physician to discuss anti-viral treatment risks/benefits
- Anti-viral treatment has been shown to decrease the rate of HIV seroconversions following occupational exposures by 79% if initiated within 1-2 hours. As time progresses, the potential effectiveness of anti-viral medications preventing HIV infection decreases.
- If after 24-36 hours anti-viral medications have not been initiated expert consultation is advised
- Reevaluation is strongly encouraged within 72 hours post-exposure, especially as additional information about the exposure or source person becomes available.

- Post-exposure prophylaxis management for Hepatitis B is also available, and should be considered
- The appropriate forms are required to claim worker's compensation benefits for the post-exposure follow up. These benefits may include potential medical benefits. All forms should be completed and returned to your supervisor as quickly as possible.

High Risk Environments/Roles

The following tasks are subject to an anticipation of exposures to blood, body fluids, or other potentially infectious materials:

- Provisions of emergency medical care to injured or ill patients;
- Rescue of victims from hostile environments, including burning structures or vehicles, water contaminated atmospheres, or oxygen deficient atmospheres;
- Extrication of persons from vehicles, machinery, or collapsed excavations or structures;
- Recovery and/or removal of bodies from any situation cited above; and
- Response to hazardous materials emergencies, both transportation and fixed-site, involving potentially infectious substances.

The following job classifications are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious substances in the performance of their duties:

- Firefighter
- First Responder
- Peace Officer/Law Enforcement Officer
- EMT
- Paramedic
- Nurse

Infection Control Training

Each Department having a role in response to aforementioned situations shall conduct annual training consisting of, at minimum, the following elements:

- A general explanation of the epidemiology and symptoms of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the written exposure control plan and how to obtain a copy;
- An explanation of how to recognize events that may involve exposure to blood and other potentially infectious materials;
- An explanation of the basis for selecting PPE including information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of PPE;
- An explanation of the use and limitations of safe work practices and PPE;
- Information on hepatitis B vaccination such as safety, benefits, efficacy, and availability;
- An explanation of the procedures to follow if an exposure occurs, including methods of reporting, person(s) to contact and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up required in the event of an exposure and information on emergencies that relate to blood or other potentially infectious materials, follow-up procedures, and medical counseling;
- An explanation of information on warning signs, labels, and color-coding;
- An opportunity for a question and answer period.

A roster of the training attendees, instructor and topics shall be maintained.

Preventative Measures

Work restrictions for reasons of infection control may be initiated by the EMS Director or Medical Director. These may be temporary or permanent. As an example, a responder with extensive dermatitis or open skin lesions on exposed areas may be restricted from providing patient care or handling and/or decontaminating patient care equipment.

All responders will be offered immunization, at no charge, against hepatitis B. The risks and benefits of immunization will be explained to all members, and informed consent obtained prior to immunization. Responders refusing immunization against hepatitis B are required to sign a declination statement.

Any responder returning to work following debilitating injury or illness or communicable disease (occupational or non-occupational) will be cleared by the Medical Director or EMS Director prior to resuming emergency response duties.

Records of Exposures

The service will maintain records and individual participation in the exposure control plan will be documented, including:

- Name and SSN of member
- Immunization records
- Circumstances of exposure to communicable diseases
- Post-exposure medical evaluation, treatment and follow-up

Medical records will become part of the responder's personnel file and maintained for the duration of their employment plus ten (10) years.

Medical records are strictly confidential and will not be released without signed written consent of the responder. Members may examine their own medical records, and may request that copies be sent to their personal physician. Release of medical records to another physician will be made only with signed written consent of the responder.

Abstracts of medical records without personal identity information may be made for quality assurance, compliance monitoring, or program evaluation purposes, as long as the identity of the individual responders cannot be determined from the abstract.

Methods of Control

Engineering

Self-sheathing needles and sharps containers will be used, examined and maintained or replaced on a regular basis. Puncture-resistant sharps containers will be easily accessible and located in areas where needles, syringes or other sharp instruments are commonly used.

Disposable airway equipment or resuscitation bags and mechanical respiratory assist devices will be available on all emergency vehicles and to all emergency response personnel who respond to medical emergencies or victim rescues. Pocket mouth-to-mouth resuscitation devices designed to isolate emergency response personnel from direct contact with fluids will be provided.

Work Practices

All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize spattering, generating droplets, splashing, and spraying. Shearing or breaking of needles is prohibited. Needles shall not be bent, removed, or recapped unless it is demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. Any recapping or removing of needles must be accomplished through the use of a mechanical device or one-handed technique.

As soon as possible after use, contaminated reusable sharps shall be placed in puncture-resistant, leak-proof containers, labeled as a biohazard or color-coded red until properly processed. Specimens of blood or other potentially infectious materials shall be placed in leak-proof containers. Bags or receptacles containing articles of disposable items contaminated with body fluids must be labeled or color-coded according to the standard. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in the patient compartment of the ambulance is prohibited.

Storage of food and/or drink in refrigerators or other locations where blood or potentially infectious materials are kept is prohibited.

Hand washing facilities will be provided. When hand washing facilities are not available, germicidal hand wipes/gel will be made available.

Personnel shall wash their hands and any other exposed skin area with soap and water, and flush mucous membranes with water immediately or as soon as feasible following contact with blood or other potentially infectious materials or after removing PPE.

Under no circumstances will kitchens, bathrooms, or squad room living areas be used for decontamination or storage of patient care equipment or infectious waste.

Decontamination areas will be marked with biohazard signs.

Facilities for the safe storage, use, and disposal or cleaning and disinfecting solutions will be provided.

Personal Protective Equipment

Personal Protective Equipment (PPE) will be approved for use only if the equipment does not permit blood or other potentially infectious substances and contaminated materials to pass through to or reach an employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use. Hypoallergenic alternatives will be available to employees who have an allergic sensitivity to PPE.

The following PPE will be supplied at no cost to the employee:

- Nitrile Gloves
- Face shields and/or goggles
- Masks and eye protection
- Gowns
- Aprons
- Other appropriate equipment

Training in the use of PPE will be provided.

PPE will be donned by all personnel prior to initiating emergency patient tasks involving potential occupational exposure.

Employees will observe the following precautions for handling and using PPE:

- Remove garments penetrated by blood or other infectious materials immediately, or as soon as feasible.
- Before leaving the work area contaminated PPE shall be placed in appropriately designated areas or containers for storing, washing, decontaminating or discarding.

- Wear appropriate gloves when there is a potential for hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Disposable (single-use) gloves, such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised. They shall not be washed or decontaminated for re-use.
- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.
- Wear appropriate face and eye protection such as goggles, glasses with solid side shields or chin length face shields when splashes, sprays, spatters, or droplets of infectious materials pose a hazard to the eyes, nose, or mouth. These shall be available on all emergency vehicles.

Housekeeping

All emergency response vehicle and work sites shall be maintained in a clean and sanitary condition.

All equipment and working surfaces, including the ambulance, that could have become contaminated shall be cleaned and checked routinely and shall be decontaminated as necessary.

All bins, pails, cans, and similar reusable receptacles will be decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as possible after visible contamination.

Contaminated laundry shall be bagged or containerized before leaving the work area. Employees shall not take contaminated clothing to their residence to launder.

Protective gloves and other appropriate PPE shall be used when handling contaminated laundry.

Broken glassware, which may be contaminated, must be picked up only by using mechanical means such as tongs, brush and dust pan, or forceps, and never with bare or gloved hands.

Regulated waste must be placed in closeable, leak-proof containers built to contain all contents during handling, storing, transporting, or shipping.

Arrangements for the disposal of contaminated infectious materials shall be made in accordance with existing laws.

Labeling

Containers of regulated waste, refrigerators and freezers containing blood and other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials will be labeled with fluorescent orange or orange-red biohazard warning labels displaying the biohazard symbol.



OSHA Regulations

<http://osha.bloodbornepathogens.us/OSHAreg.html>

Definition of a Significant Bloodborne Exposure

An exposure to blood or potentially infectious body fluid through:

- Percutaneous (needlestick, puncture, bite, or cut by an object through the skin)
- Mucous membrane (exposure to the eyes, mouth, nasal, etc)
- Non-intact skin (exposure to blood or other potentially infectious body fluids)

Other infectious or potentially infectious body fluids include:

- Semen
- Vaginal secretions
- Any body fluid visibly contaminated with blood
- Human tissues

What to do if an incident occurs

**Regardless of the potential risk, the responder has the right to request or refuse any/all testing, treatment and/or counseling.

Skin Washing (Hand-washing)

Hands and any other exposed skin should be cleaned thoroughly as soon after possible exposures as possible. Skin/Hands should be washed in the following situations (at minimum):

1. After each emergency medical incident
2. Immediately or as soon as possible after removal of gloves or other PPE
3. After cleaning and disinfecting emergency medical equipment
4. After cleaning PPE
5. After any cleaning function
6. After using the bathroom
7. Before and after handling food or cooking and food utensils

Hands should be washed as follows:

1. Use non-abrasive soap and water
2. Lather the skin
3. Vigorously rub together all lathered surfaces for at least 10 seconds
4. Thoroughly rinse with water
5. If hand washing facilities are not available:
 - a. Use appropriate antiseptic hand cleansers in conjunction with clean linens
 - b. As soon as possible, follow this procedure with proper hand washing at an appropriate location

Needle sticks & sharps injuries

If you experience a needle stick or sharps injury or were exposed to blood or other body fluid of a patient during the course of duty, **immediately** follow these steps:

1. Wash needle sticks and cuts with soap and water
 - a. If water is not immediately available, antiseptic wipes, waterless hand cleanser, alcohol, saline or alcohol preps should be used until access to soap and water is gained
2. Flush splashes to the nose, mouth, or skin with water

- a. If water is not immediately available, antiseptic wipes, waterless hand cleanser, alcohol, saline or alcohol preps should be used until access to water is gained
3. Irrigate eyes with clean water, saline, or sterile irrigants
4. Employees shall immediately report exposure incidents to their employer to initiate a timely follow-up process by a health care professional. The medical evaluation and follow-up shall at the very least:
 - a. Medical treatment should be initiated as soon as possible, but within at least 24 hours of the exposure.
 - b. Document the routes of exposure and how exposure occurred.
 - c. Identify and document the source individual if feasible and not prohibited by law
5. Complete and submit a First Report of Injury and submit to the EMS Director in accordance with current SOG (*SECTION XX*)
6. Provide written documentation of the incident – Individual Medical Record form will assist with required information.
7. Supervisors: provide counseling of the employee regarding testing and treatment

Following the post-exposure evaluation, the health care professional shall provide a written opinion to the employer. This opinion is limited to a statement that the employee had been informed of the results of the evaluation and told of the need, if any, for further evaluation or treatment. All other findings are confidential. The employer shall provide a copy of the written opinion to the employee within 15 days of the evaluation.

An employee who has been exposed to a blood-borne or infectious disease must contact the “Designated Officer” and fill out the “Report of Exposure to Infectious Disease” form provided. The form must then be provided to the hospital or office/clinic to which the patient was transported.

Contaminated Clothing and Linens

Contaminated uniforms, clothing or other worn garments should be treated as follows:

1. Remove contaminated clothing/garments as soon as feasible, but definitely before leaving work area
2. If large amounts of fluid are present, place in leakproof container (bag or bin), and seal for transport to an appropriate cleaning location.
3. Clean garments as soon as possible in an appropriate location – not at home.

Source

If the source of the exposure is known, he/she should be informed of the exposure and that a specimen may be needed for testing.

Additional Resources

Clinicians' Post Exposure Prophylaxis Hotline (PEpline)

This is a 24-hour resource providing assistance for occupational exposures.

1-888-448-4911