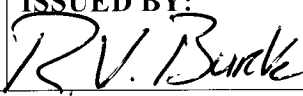


RAPPAHANNOCK COUNTY FIRE and RESCUE ASSOCIATION	NUMBER: 205
STANDARD ADMINISTRATIVE POLICY	PAGE 1 of 8
SUBJECT: INFECTION CONTROL PLAN	EFFECTIVE DATE: 06/16/2015
WRITTEN BY: JUDY PODLESNEY, RN, ICO, WAYNE DODSON, EMT-I, ICO and JASON PICKETT, EMT-E, ICO.	ISSUED BY: 

PURPOSE: The intent of this infection control plan and of the OSHA regulation (standard) is to prevent the transmission of blood-borne diseases to EMS providers and associated personnel. The standard requires that running members follow universal precautions, which means that all blood and other potentially infectious materials must be treated as being infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and other blood-borne diseases. Other requirements are engineering controls, work practices, personal protective equipment (PPE), HBV vaccinations, training, housekeeping practices, medical evaluations, hazard communication and record keeping.

Examples of procedures that may result in personnel exposure to blood or body fluids include – Drawing blood, inserting an IV, resuscitation, suctioning, caring for persons who may bite, surgical, medical invasive procedures, cleaning spills of blood or body fluids, cleaning equipment contaminated with blood or body fluids.

BACKGROUND: Acquired Immune Deficiency Syndrome (AIDS) and hepatitis B are serious concerns for volunteers exposed to blood and certain body fluids that could be contaminated with these blood-borne pathogens. In recognition of these potential hazards, RCFRA has adopted the Occupational Safety and Health Administration (OSHA) regulation [Blood-borne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect personnel from these health hazards. A copy of this regulation can be found on pages 223 – 243 in the book, *Silent War Infection Control for Emergency Responders 2nd Edition* (Kept with the white notebooks).

DEFINITIONS:

Engineering controls –

- Self-sheathing needles
- Puncture resistant disposable containers for contaminated sharps or broken glass.
- Mechanical needle recapping devices.

Personal Protective Equipment (PPE) –

- Disposable gloves
- Gowns or other protective body covering.
- Face shields, masks
- Eye protection, such as goggles or glasses with solid side shields.
- Resuscitation bags and mouthpieces

POLICY:

1 .The Infection Control Plan (ICP) will be explained during a volunteer’s initial training session. It will be reviewed during annual refresher training. Volunteers will have access to the plan and may photocopy it if desired.

2. Always use work practice controls –

- Wash hands immediately or as soon as feasible after removal of gloves
- At sites, such as emergency scenes, which lack hand washing facilities, provide antiseptic wipes and paper towels. Volunteers should wash their hands with soap and water as soon as feasible.
- Wash potentially infected areas of your body as soon as possible after skin contact with blood or other potentially infectious materials.
- Do not recap, bend, shear or break needles.
- Label containers with a biohazard sticker.
- Decontaminate equipment and surfaces.
- Prohibit eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in work areas where there is a likelihood of occupational exposure.
- Keep food and drink out of cabinets and off counter or bench tops where blood or other potentially infectious materials are present.
- Procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets of these substances.
- Place blood or other potentially infectious specimens in leak proof containers
- Decontaminate equipment contaminated with blood or other potentially infectious materials. (See *Silent Wars Infection Control for Emergency Responders second edition* for suggestions.)
- Use BIOHAZARD bags for items not completely decontaminated.

Follow appropriate PPE practices

PPE supplies will be kept on each Virginia Office of EMS licensed vehicle. Active operational members will be instructed in proper use.

All running members will utilize universal precautions.

All running members must know where PPE is kept on each vehicle.

All running members using PPE must observe the following precautions:

- Remove PPE before leaving the work area and after a garment becomes contaminated.
- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.

- Leave contaminated PPE at the hospital in biohazard bags as instructed by hospital staff.
- Place any contaminated clothes in biohazard bags which are kept on the ambulance.
- Replace gloves if torn, punctured, contaminated, or if the gloves ability to function as a barrier is compromised.
- Never wash or decontaminate **disposable** gloves for reuse.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Wash hands and exposed skin with soap and water as soon as possible after contact with blood or other infectious materials. Flush exposed mucus membranes (eyes, mouth etc.) with water.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other infectious materials pose a potential hazard to the eye, nose or mouth.
- **Reminder: Wear gloves if you anticipate that you may have contact with blood/potentially infectious materials and when handling or touching contaminated items/surfaces.**
- Removal of contaminated garments: If a pull-over shirt is minimally contaminated, remove the shirt by rolling up the garment as it is pulled to the head, avoiding contact with the outer surface. Blood exposure that penetrates clothing must be cut away prior to removal of clothing to prevent exposure to the face.

HEPATITIS-B VACCINE:

Information will be provided to all new members on Hepatitis-B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability. The Hepatitis-B vaccination series is available at no cost after initial training.

Vaccination is **required** unless:

- documentation exists that the member has previously received the series;
- antibody testing reveals that the member is immune; or
- medical evaluation shows that vaccination is contraindicated.

However, if a member declines the vaccination, they must sign a declination form. Members who decline may request and obtain the vaccination at a later date at no cost.

POST EXPOSURE EVALUATION AND FOLLOW-UP:

The person who has been exposed will immediately notify the station Infection Control Officer (ICO), or the County Infection Control Officer by telephone. Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

1. The ICO will conduct a confidential evaluation to determine if an exposure has occurred. This initial screening may be completed by telephone.
2. Each exposure will be documented on the **Rappahannock Emergency Medical Services, Inc. Occupational /Source Exposure Report** and the **Volunteer Fireman's Insurance Services, Inc.** form. The forms are available at each Company.
3. Document the routes of exposure and how the exposure occurred.
4. Identify and document the source individual.
5. The ICO shall make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the member's health care provider.
6. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
7. Assure that the exposed member is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
8. If the source patient tests positive, collect exposed member's blood as soon as feasible after exposure incident, and test blood for HBV, HCV and HIV serological status.
9. An appointment for medical care should be made as soon as possible following exposure, and no longer than 24 hours after exposure so that prophylaxis can be provided if indicated.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT:

The investigating ICO will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- location of the incident (patient residence, ambulance., E.R., etc.)
- procedure being performed when the incident occurred
- member's training

The ICO will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log.

If revisions to this Infection Control Plan are necessary the ICO will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding members to the exposure determination list, etc.)

SHARPS INJURY LOG:

All percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- date of the injury
- type and brand of the device involved (syringe, suture needle)
- department or work area where the incident occurred
- explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

TRAINING REQUIREMENTS:

All volunteers who may have exposure to blood-borne pathogens will receive initial and annual training. Additional training may be requested if deemed necessary. The Completion of Bloodborne Pathogens Training form shall be completed after each training session.

Training sessions at a minimum will include –

- An explanation of the contents of the OSHA Blood-borne Pathogens Standard, where it is located at the company and how to obtain a copy if desired.
- A general explanation of the symptoms of blood-borne diseases.
- An explanation of the modes of transmission of blood-borne diseases.
- A review of this Exposure Control Plan, where it is kept, and how to obtain a copy if desired.
- How the volunteer can determine if a task may involve exposure to blood or potentially infectious materials.
- An explanation of methods that will be used to prevent or reduce exposure, including engineering controls, work practices, and personal protective equipment (PPE).
- Information on Hepatitis-B vaccination, including its efficacy, safety, methods of administration, benefits and that the vaccine will be offered free.

- The actions to take and the persons to contact in an emergency involving significant exposure to blood or other potentially infectious materials.
- An explanation of the procedure to follow if an exposure occurs, including the method of reporting the incident and the medical follow-up that will be made available at no cost to the volunteer.
- Information on the post-exposure evaluation and follow-up that is required and is provided at no cost for the volunteer.
- An explanation of the signs and labels and/or color coding required for biohazard warnings
- An opportunity for questions and answers with the person conducting the training session. The person conducting the training shall be knowledgeable in the subject covered and the elements contained in the training program as it relates to the workplace addressed in the training.
- Influenza vaccine will be offered at no cost to the members. If the volunteer declines the vaccine, they may sign a declination form.

TRAINING RECORDS:

Training records are completed for each member upon completion of training. These documents will be kept for at least three years each company.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and department of all persons attending the training sessions

HOUSEKEEPING:

- The ambulance shall be wiped down with appropriate disinfectant after each call.
- In addition, ambulances will be thoroughly disinfected at least once a month and recorded on the Bloodborne Pathogens Equipment/Area Cleaning & Disinfection Log.
- Only tongs, forceps, or brush and dust pan will be used to pick up contaminated broken glass. **Do not pick glass up with hands even if gloves are worn.**
- Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color coded.
- Full sharps containers are returned to the hospital.
- A closed sharps containers should never be manually opened.

LAUNDRY:

- Use appropriate PPE when handling contaminated laundry.
- Contaminated laundry should be handled as little as possible and with minimum movement to prevent aerosol formation.
- Bag contaminated laundry in biohazard bags at location of use.
- Return biohazard bags to the hospital for disposal.

MEDICAL RECORDS:

- Confidential medical records are maintained for each volunteer with occupational exposure in accordance with 29 CFR 1910.20.
- Records shall be kept for at least the duration of membership plus 30 years.

CONTACT INFORMATION FOR INFECTION CONTROL OFFICERS:

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