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Allegany County Emergency Services Infection Control Plan

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Purpose:

To provide guidelines for Emergency Service (ES) providers and departments which will maximize protection against communicable diseases for all providers. Departments may develop more stringent policies but must follow these minimum procedures. These guidelines do not constitute a response protocol but serve as a foundation for the protection of responders and the public.

Scope:

All ES providers are expected to adhere to these guidelines. There may be times when a provider is unable to comply with these recommendations; however this should be an extremely rare occurrence. Each field provider should be acutely aware that failure to follow appropriate precautions could have potentially life threatening results for the provider. Each department will appoint their own Infection Control Officer (ICO).

Job Classifications:

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

High probability of contact with infectious substances:

All EMS Responders	Vehicle Operators
Rescue Personnel	Student Interns*
Fire Fighters/First Responders	

Low to moderate probability of contact with infectious substances:

Administration	Clerical Staff
Observers	

*Note: Student Interns will supply proof of Infection Control and PPE Training from their educational institution.

Training:

All ES providers will be required to complete:

- ◆ Initial infection control training at the time of their initial membership.
- ◆ Refresher infection control training at least annually thereafter.

This training will be provided by the members department. The ICO can provide this training or training can be arranged through the Emergency Services Training Center at Garrett College in McHenry, Maryland.

Draft

Allegany County Emergency Services Infection Control Plan

Training records will be maintained by the Infection Control Officer for three years after the date on which training occurs. Training will comply with NFPA 1581 and OSHA Regulation 29 CFR Part 1910.1030. The MIEMSS Infection Disease/Blood Borne Pathogens program will meet these requirements.

Guidelines:

Hand Washing-Hands must be washed before and after contact with any patient or potentially contaminated object. Hands and other skin surfaces must be washed immediately and thoroughly if contaminated with blood or other body fluids. While soap and water are the recommended method of washing, alcohol based hand cleaners can be substituted for washing hands. ES units must carry adequate hand and eye wash supplies for use in the field.

Hand and Eye Washing Reference Guide

Methods	Agent	Purpose	Area	Minimum Time
Routine Washing	Water and plain soap	Remove soil and transient microorganisms	All body surface areas	15 seconds
Antiseptic Washing	Water and antimicrobial soap	Remove or destroy transient microorganisms and reduce resident flora	All surface of the hands and fingers	15 seconds
Antiseptic Handrub	Alcohol-based hand cleaner	Same as Antiseptic Washing	Same as Antiseptic Washing	Until the hands are dry
Eye Washing	Water, Saline, or commercial kit	Remove contaminants	Eyes	15 minutes minimum

Universal Precautions- Universal Precautions will be used when indicated. Universal Precautions include, but are not limited to the following:

Gloves must be worn during patient contact. Gloves must be changed when they are torn and after contact with each person. Agencies should question providers for sensitivity or allergic reaction to latex. And must provide latex free gloves to any personal that has a sensitivity to latex or latex allergy.

Gowns or barrier coverings are indicated if blood or body fluid splattering is likely. While a provider's uniform or clothing may provide limited protection, it is not considered to be personal protective equipment. If splattering of blood or body fluids is expected, impervious garments should be donned.

Draft

Allegheny County Emergency Services Infection Control Plan

Mask and Protective eye ware must be worn if splattering is likely to occur. Eyeglasses do not provide adequate protection. An additional covering such as a face shield or over the glasses (OTG) goggles should be used for optimum protection.

N95 Mask will be supplied for each provider. ES providers will be fit tested in accordance with Maryland Occupational Safety and Health regulations as well as federal Occupational Safety and Health Administrations standards. N95 mask should be used whenever a higher level of respiratory protection is called for.

All PPE equipment will be disposable and intended for one time use only with the exception of Powered Air Purifying Respirators.

PAPR-Departments choosing to use Powered Air Purifying Respirators will provide training for these devices and develop the appropriate storage, use and cleaning policies for these devices.

PPE Task Analysis Chart

TASK	Gloves	Gown	Protective Eye Ware	Mask	N95 Mask
Any light contact with blood or other body fluids. This includes starting IVS and drawing blood.	X				
Heavy bleeding or large amounts of other body fluids, including vomiting, childbirth, urine/fecal contamination, etc.	X	X	Recommended		
Spraying/splattering of blood or body fluids or in situations when this can be anticipated	X	X		X	
Endotracheal intubation (including nasal) or airway suctioning	X	X	X	X	
TB, SARS etc.	X	X	X		X

Used Needles- Needles must not be bent, broken or unnecessarily handled. They should be discarded intact immediately after use into a approved needle disposal box. If recapping is absolutely necessary, hemostats or a one-handed technique should be used.

Draft

Allegheny County Emergency Services Infection Control Plan

Stretchers- Stretchers must be wiped down after each patient use with an approved disinfectant.

Ambulances-The floor and inside of the ambulance should be cleaned daily as part of a routine cleaning process. If the floor or walls of the patient compartment becomes contaminated with blood bodily fluids, the unit should be placed “out-of-service” and cleaned with an approved disinfectant.

There will be no eating, drinking, smoking, applying of cosmetics, applying lip balm, nor handling of contact lenses in the patient compartment.

Biohazardous Waste- All waster classified as infectious waste will be placed in red plastic bags and closed with tape or a “twist-tie”. The closed bag will be placed in appropriately marked containers either at the receiving hospital or at your department.

Personal Clothing of Uniforms- If a providers clothing or uniform becomes contaminated with blood or body fluids, it should be removed immediately or as soon as feasible. The provider should shower or clean the areas of his/her body to remove any contaminated substance. Contaminated clothing or uniforms should not be taken home for laundering. They should be washed at your department or handled as Biohazardous Waste and disposed of properly.

Cleaning of Non-disposable equipment- Equipment used in direct patient care (i.e. ET blades, Magill forceps, and stylettes) should be bagged and cleaned at your department or cleaned at the hospital. If equipment is to be cleaned at the hospital this should only occur in the “Dirty Utility Room” at the hospital. High level disinfectants should be used as outlined by the manufacturer.

Provider Health- All EMS, Rescue and Operators will receive initial and annual training on Blood Born Pathogens and the use of PPE to there providers. Administrative and clerical staff should be encouraged to attend this training.

All departments will offer their providers annual immunization against hepatitis B, influenza, tetanus, and initial screening for tuberculosis exposure (PPD). Providers may submit proof of pervious immunization and PPD testing. ES Providers should obtain their immunizations from the Allegheny County Health Department or their personal physician. PPD testing should be obtained from the Allegheny County Vaccination and Testing Team, the Allegheny County Health Department or their personal physician. Arrangements for immunizations or PPD testing should be arranged through the departments Infection Control Officer.

Draft

Allegheny County Emergency Services Infection Control Plan

Providers have the right to refuse immunization or PPD testing. Providers who refuse immunization or PPD testing will be counseled on the risks of communicable disease by their Infection Control Officer and will be required to sign a refusal of immunization form.

Providers who initially refuse immunization or PPD testing may later receive these immunizations or test upon submitting a written request to their Infection Control Officer.

Any provider returning to active duty following a communicable disease or illness will be cleared by the Allegheny County Jurisdictional Medical Director or designee prior to resuming emergency response duties.

The department designated Infection Control Officer will maintain records in accordance with Federal OSHA CFR 29, Part 1910.1030. Provider participation in the Infection Control Program will be documented, including:

- ◆ Name and contact information (Updated annually)
- ◆ Training as related to this program
- ◆ Immunization records
- ◆ Communicable disease exposure reports
- ◆ Post-exposure medical evaluations, treatment, and follow-up

Infection control records will be a part of the providers personal health file and will be maintained for the duration of membership plus thirty years.

Medical and infection control records are strictly confidential. These records will be maintained in Infection Control Officer, and will not be kept with personnel records. These records will not be released without the signed written consent of the provider. There will be no exception to this policy for Department Administration, Governmental Administration (with the exception of court orders), or insurance companies.

Records of participation in provider assistance programs and critical incident stress debriefing are considered medical records.

Abstracts of medical records and infection control records will be provided, without personal identifiers, for quality assurance, compliance monitoring, and program evaluation purposes, as long as the identity of the individual provider cannot be determined from the abstract.

The Allegheny County Jurisdictional Medical Director (JMD) or designee will have full access to these records.

Draft

Allegany County Emergency Services Infection Control Plan

Notification of Infectious Contact- The Western Maryland Health System will notify the departments Infection Control Office or designee and providers when a patient transported by that departments ES unit is confirmed to have a reportable disease as outlined in the Code of Maryland (COMAR) Title 30.

Post Exposure Plan- Any provider exposed to a potentially infectious material will immediately wash the exposed area with soap and water, or saline wash if the eyes are involved.

Any provider having an exposure or suspected exposure to a communicable disease or potentially infectious material will immediately report the exposure to their designated Officer and their Infection Control Officer.

The member will fill out an exposure report within 12 hours for any of the following exposures:

- ◆ Needle stick injury
Brake in skin caused by a potentially contaminated object.
- ◆ Splash of blood or other potentially infectious material in or around the eyes, mucous membranes, or non-intact skin.
- ◆ Mouth-to-mouth resuscitation without a protective barrier.
(pocket mask etc)
- ◆ Other exposure that the provider may feel is significant.

Exposure reports will be evaluated by the ICO within 2 4 hours of the reported exposure. If exposure is confirmed, the Infection Control Officer will notify the JMD or designee within 24 hours and will assist the provider with receiving appropriate medical evaluation. If no exposure took place, the ICO will complete the report and maintain it in the provider's medical file.

If there was an exposure and the source patient can be traced to the Western Maryland Health System, the Infection Control Officer or designee should contact either the Emergency Department or the Pre-Hospital Care Coordinator. If the patient was transported to another facility, the Infection Control Officer or designee should contact that facilities' Infection Control Nurse.

If the source patient can be identified, a request for infectious disease determination can be requested by the Infection Control Officer or designee as provided under the Ryan White Act of 1990. The receiving facility staff will make requests for consent to test the

source patient for HIV and HBV. The patient has the right to refuse such testing. If the patient agrees, the requesting department is responsible for all cost associated with the procedure and test.

The department may elect to refer an exposed or suspected exposed provider to the department's physician, the Allegany County Health Department or the provider may consult their personal physician. All records and documents concerning testing, evaluations and treatments will be filed by the Infection Control Officer in the providers medical file.

The Jurisdictional Medical Director or designee will be informed of all steps the process of a provider's exposure case by the departments Infection Control Officer.

Vaccination and Testing Team:

The Allegany County Vaccination and Testing Team will consist of a single team that will provide PPD testing for emergency service providers in Allegany County. This team will supplement, not replace the existing services provided by the Allegany County Health Department and private physicians. Individual or departmental vaccination and testing programs are not allowed in Allegany County. The Allegany County Jurisdictional Medical will provide the overall supervision for the program and approval of all team appointments, members and duties. The Allegany County Vaccination and Testing Team will consist of the following members:

Program Administrator- The Allegany County Fire and Rescue Board will appoint a Program Administrator to oversee the program and handle the day-to-day operations of the program.

Program Coordinator- The Allegany County Fire and Rescue Board will appoint a Program Coordinator to manage the members of the team and to supervise all vaccination and testing procedures.

Team Members- Team members must be Maryland licensed Paramedics and will be recommended for membership by the Program Administrator and Coordinator to the Program Medical Director.

Compliance:

The Allegany County Vaccination and Testing Program will comply with the standard set forth in the Maryland Vaccination and Testing Program for EMT-P Providers as outlined by the Maryland Institute for Emergency Medical Services.

Training:

Paramedics administering PPD testing will be evaluated by the JMD or designee upon initial appointment and on an annual basis. The Program Administrator will maintain training records on all team members and will arrange for initial and annual retraining for the Tuberculin Skin Testing Training.

Allegany County Emergency Services
Infection Control Plan

Draft

Scheduled Vaccination and Testing:

The Program Coordinator will work with the Allegany County Emergency Services Departments to insure that vaccination and testing sites are held at least on an annual basis and to accommodate the needs of new member.

Supplies:

The Program Coordinator will obtain the appropriate quantities of PPD testing solutions from the Allegany County Health Department for each scheduled test. No testing material will be maintained by the Team or its members.

Recorded Keeping:

The Program Administrator and Program Coordinator will insure that all records are kept in accordance with state and federal regulations and standards.

Program Evaluation:

The Infection Control Plan and Vaccination and Testing Program will be re-evaluated at least annually by the Allegany County Fire and Rescue Board and Jurisdictional Medical Director. In addition, the program will be reevaluated as needed to reflect any significant changes in assigned tasks or procedures; in medical knowledge related to infection control, vaccination and testing; or regulatory matters.