



Resolution # 200007

TORRANCE COUNTY

INFECTIOUS DISEASE EXPOSURE CONTROL PLAN

BLOOD BORNE PATHOGENS PROGRAM

1.1 GENERAL POLICY

Employees of Torrance County have the need and right to know the hazards of blood borne pathogens when they are exposed to when working. They also need to know what protective measures are available to prevent adverse effects from occurring. The infectious disease exposure control plan is designed to provide you with information, which will enable you to perform your job in a safe efficient manner.

Having this information will enable us to provide you with a safer work place by reducing exposures, identifying proper procedures when working in situation that create a potential for exposure and establish proper and safe working habits and practices. With your help this can be accomplished efficiently.

Exposure to blood borne pathogens can cause or contribute to a loss of life.

The Occupational Safety and Health Administration (OSHA) has set up a federal standard that all employees must follow. The Blood Borne Pathogens Standard is a comprehensive law that mandates specific requirements to prevent the transmission of blood borne diseases to employees.

The aim of our program is to reduce the incident of exposure to blood borne pathogens. To accomplish this goal we have established uniform procedures to be followed to assist in the preventing exposure to blood borne pathogens by Torrance County employees.

1.1 The Occupational Safety and Health Administration (OSHA) has set up a federal standard that all employees must follow. The Blood Borne Pathogens Standard is a comprehensive law that mandates specific requirements to prevent the transmission of blood borne diseases to employees. The County must:

1.1.1 Classify the exposure potential for each employee.

1.1.2 Develop an exposure control plan.

1.1.3 Train employees on blood borne pathogen hazards.

1.1.4 Provide hepatitis B vaccination to applicable employees.

1.1.5 Provide protective equipment and mandate its use.

1.1.6 Keep accurate records.

1.2 Torrance County has established this program to comply with this OSHA regulation. While volunteers may or may not be exempt from this standard, it is Torrance County's intent that persons covered by disability, sickness or performance liability comply with this policy. The Medical Director and his/her designee should review this document not less than every two- (2) years. The County will make available annual TB testing.

2.1 COUNTY EMS PROTOCOLS:

2.1.1 Job Classifications that have risk of exposure to Blood borne Pathogens.

2.1.1.1 EMT-Basic, Intermediate, Paramedic

2.1.1.2 Corrections Department

2.1.1.3 First Responders

2.1.1.4 Law Enforcement

2.1.1.5 Fire Fighters

2.1.2 Job Classifications where some employees have a risk of exposure to Blood borne Pathogens.

2.1.2.1 Road Department

2.1.2.3 Solid Waste Disposal Department

2.1.2.4 911 Dispatcher

3.1 METHODS OF COMPLIANCE:

3.1.1 Universal Precaution: Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials

3.2 PROCEDURES:

3.2.1 Non-sterile gloves shall be worn if contact with blood or body fluids may occur. The protection shall be impervious to blood or body fluids.

3.2.2 Gowns shall be worn if soiling of clothing with blood or body fluids may occur. The protection shall be impervious to blood or body fluids, particularly in the chest and arm areas.

3.2.3 Masks with Eye Shields shall be worn if aerosolization or splattering of blood or body fluids may occur (i.e. - suctioning, insertion of endotracheal tubes, patient who is coughing excessively and certain invasive procedures).

3.2.4 Hand washing shall be done before and after contact with patients regardless of whether or not gloves were used. Hands contaminated with blood or body fluids shall be washed as soon as possible and a report of possible exposure made to the immediate supervisor.

3.2.5 Mouth to mouth resuscitation: CDC recommends that EMS personnel refrain from having direct contact with patient wherever possible, and that adjunctive aide be carried and utilized. These include pocket masks, face shields or use of BVM or demand valves.

3.2.6 CONTAMINATED ARTICLES:

3.2.6.1 Bag all non-disposable articles soiled with blood or body fluids and handle according to contaminated equipment policy. Wear gloves when handling soiled articles. Bloody or soiled non-disposable articles shall be rendered safe for handling prior to being placed back into service. Laryngoscope blades and Magill forceps should be sterilized prior to reuse.

3.2.6.2 Bloody or soiled disposable equipment shall be carefully bagged and discarded according to bio-hazardous waste guidelines.

3.2.7 Non-disposable linen should be placed in an appropriate receptacle if the destination facility participates in the linen exchange program. Otherwise, linen should be bagged and appropriately identified for drop off at one of the above facilities at the earliest opportunity. Gloves should be worn while handling soiled linen.

3.2.8 Needles and syringes shall be disposed of in a rigid, puncture resistant container and labeled as "Contaminated Sharps". When full, sharps containers should be placed in bio-hazardous waste containers located by the wash bay.

3.2.9 Blood spills should be cleaned up promptly with a solution of 5.25% sodium hypochlorite (household bleach) diluted 1:10 with water or other approved cleaning solution. Always follow manufactures guidelines for cleaning and disinfecting. Remember that bleach is corrosive on metals, can damage electrical equipment and de-colorize certain fabrics.

3.2.10 Needle sticks or blood exposures: When a needle stick or blood occurs, the employee should immediately cleanse the wound or wash off blood. Exposure should then be immediately reported to the Immediate supervisor and necessary paperwork completed. The employee should then be referred to for appropriate evaluation, counseling, testing and treatment.

3.2.11 Routine cleaning of vehicles and equipment should follow standard practice.

3.3 ENGINEERING AND WORK PRACTICE CONTROLS:

3.3.1 Review of the Work Practice will be done annually.

3.3.1.2 HAND WASHING

3.3.1.2.1 All personnel who perform a task where there is risk of exposure to blood or body fluids shall wash their hands as soon as it is feasible after removing personal protective equipment used while performing the task.

3.3.1.2.2 When it is not feasible to wash hands employees are to use the antiseptic hand cleaner furnished in conjunction with clean paper towels which shall be provided in each appropriate vehicle.

3.3.1.2.3 Hands will be washed with soap and water at the earliest practical opportunity after the use of antiseptic hand cleanser.

3.3.2.1 CONTAMINATED SHARPS HANDLING

3.3.2.1.1 Needles or any other sharps shall not be bent, sheared or recapped unless no other alternative is feasible.

3.3.2.1.2 All sharps should be placed in appropriate sharps containers provided in all ambulances, rescue squads and other appropriate vehicles.

3.3.2.1.3 SHARPS CONTAINERS SHALL BE:

3.3.2.1.3.1 Puncture resistant.

3.3.2.1.3.2 Labeled or color coded red as biological waste.

3.3.2.1.3.3 Leak proof on sides and bottom.

3.3.2.1.3.4 Kept in all appropriate vehicles and a portable container carried into scenes where invasive procedure may be performed.

3.3.2.1.3.5 Should be maintained in an upright position at all times.

4.1 Restricted activity in work areas where there is risk of exposure to blood borne pathogens.

4.1.1 No eating, drinking, smoking, use of chewing tobacco or snuff or applying of contact lenses is permitted in contaminated vehicles or dirty utility areas.

4.1.2 This includes cab as well as the patient care compartment of vehicles.

4.1.3 Food may be kept in the cab if it is in a sealed container; however, it may not be consumed in a contaminated vehicle.

5.1 All procedures involving blood or other possible infectious material (OPIM) will be performed in a manner that will minimize splashing, splattering or spattering.

6.1 All blood samples, avulsed, amputated or expelled tissue recovered and transported to a hospital will be placed in an appropriate container and labeled. The container should be puncture resistant, leak proof and sealed to prevent spillage.

7.1 CLEANING AND SERVICING OF PATIENT CARE EQUIPMENT:

7.1.1 PROCEDURES:

7.1.1.1 The exposed surfaces cots, cot mattress, floors of patient care areas, and seat cushions shall be cleaned daily or as soon as feasible after a blood or OPIM spill. An approved cleaning solution or 1:10 dilution of sodium hypochlorite will be used.

7.1.1.2 The walls, ceiling and shelf areas shall be cleaned as soon as feasible after a blood or OPIM spill or on an as needed basis.

7.1.2 All equipment that is sent for servicing by outside service shops will be marked as equipment that has been used in a work area that is exposed to blood borne pathogens. Personnel from that shop should take appropriate precautions when handling the equipment. The equipment should be inspected, cleaned and disinfected prior to being sent for servicing, but that due to the nature of its use, there is a slight risk of exposure to service personnel.

8.1 PERSONAL PROTECTIVE EQUIPMENT (PPE)

8.1.1 The following PPE will be provided to all employees at no cost.

8.1.1.1 Disposable latex gloves.

8.1.1.2 Disposable gowns.

8.1.1.3 Masks with eye shields.

8.1.2 It is the policy of Torrance County that Universal Precautions be observed while working in the patient compartment of an ambulance, cell, vehicle or anywhere that there is exposure to blood or body fluids.

8.1.3 An exception report will be completed whenever Universal Precautions are not observed documenting the extraordinary circumstances that existed to justify the non-use of PPE. The Designated Safety Officer will review all occurrences.

8.1.4 All PPE shall be readily available to employees and will be kept in the following locations:

8.1.4.1 Each County fire station

8.1.4.2 The medical supplies room at the Sheriff's office.

8.1.4.3 The designated storage room at the Sheriff's office.

8.1.5 Durable PPE will be issued to any employee prior to being assigned to work in an area where there is risk of exposure.

8.1.5.1 PPE will be replaced or cleaned and disinfected whenever needed.

8.1.6 If any durable garment that an employee wears during the course of their duties that becomes contaminated will be appropriately cleaned at Torrance County's expense. Such garments should be removed, bagged, labeled and turned into the Officer or Supervisor in charge as soon as feasible. At no time should employees or volunteers wear home contaminated clothing and further spread potential contagion.

8.1.7 All PPE will be removed immediately after patient contact is discontinued.

8.1.7.1 The vehicle operator should not wear PPE while driving to the destination facility unless there is a high risk of exposure to blood or OPIM in the cab.

9.1 Personal protective measures for specific clinical practices.

9.1.1 Protective measures required for each task are outlined in the general text.

10.1 HOUSINKEEPING

10.1.1 To reduce the spread of infectious diseases to employees, patients and others the ambulance crew shall clean the interior of the ambulance, durable patient equipment used and disposes of single use patient supplies and equipment, after every patient contact.

10.1.2 Supplies and equipment needed:

10.1.2.1 One pair utility weight disposable or durable gloves.

10.1.2.2 Clean, absorbent towels, rags or paper towels.

10.1.2.3 Environmental Protection Agency registered germicidal/viricidal agents.

10.1.2.3.1 High level Disinfectants:

10.1.2.3.1.1 Glutaraldehyde - based formulation

10.1.2.3.1.1.1 Demand-release chlorine dioxide

10.1.2.3.1.1.2 Stabilized hydrogen PE

10.1.2.3.2 Low level Disinfectants:

10.1.2.3.2.1 Ethyl or Isopropyl alcohol (70% to 90%)

10.1.2.3.2.1.1 Sodium hypochlorite (100 ppm available chlorine)

10.1.2.3.2.1.2 Phenolic germicidal detergent solution

10.1.2.3.2.1.3 Iodophor germicidal detergent solution

10.1.2.3.2.1.4 Quaternary ammonium germicidal detergent solution

10.1.2.3.3 Soap and water solution

10.1.2.3.4 Pail/bucket/basin

10.1.2.3.5 Appropriate bags and labels or tags

10.1.3 PROCEDURES

10.1.3.1 Put on gloves

10.1.3.2 Check the inside of the ambulance for discarded sharps and dispose of any found in an approved sharp container.

10.1.3.3 Bag linen, supplies and equipment.

10.1.3.3.1 Contaminated single use linen, supplies and equipment shall be bagged at the location where it is used and proper information noted on the tag or label. The bag should then be placed in a designated container.

10.1.3.4.2 Contaminated reusable linen shall be bagged at the location where it is used and proper information noted on the tag or label. The bag should then be placed in a designated container.

10.1.3.4.3 Contaminated reusable equipment and supplies shall be cleaned at the location where they are used whenever possible.

10.1.3.4.4 Contaminated reusable equipment that may not be readily cleaned shall be bagged at the location where it is used and proper information noted on the tag or label. The bag should then be placed in a designated container.

10.1.3.5 Spills should be cleaned up and the area disinfected with an EPA registered disinfectant and detergent.

10.1.3.6 Wipe the floor after every patient transport.

10.3.3.7 Clean the floor, ceiling and walls with soap and water on a regular basis or as needed (not necessary after every call).

10.3.3.8 Laryngoscope blades, Magill forceps, resuscitator masks or any reusable item that touches mucous membranes or non-intact skin shall be disinfected cleaned using a high level disinfectant after every patient use.

10.3.3.8.1 These items shall be bagged, labeled and returned to base for cleaning at the end of each shift.

10.3.3.9 Stethoscopes, backboards, gurney mattresses or any other reusable item including handcuffs, restraints, etc., that touch intact skin should be cleaned using a low level disinfectant after every patient use.

10.3.3.10 The gurney frame should be cleaned with a detergent disinfectant product on a regular basis or as needed.

10.3.4 All work surfaces contaminated with potentially infectious material shall be decontaminated after completion of a procedure, immediately or as soon as feasible and at the completion of the work shift.

10.3.5 Protective coverings and linen should be replaced as soon as feasible once contaminated.

10.3.6 Broken glass should be picked up by mechanical means, not by hand.

10.3.7 Reusable sharps will not be used in any work area.

11.1 WASTE HANDLING:

11.1.1 Contaminated waste shall be placed in containers that are closable, leak proof, red in color and labeled biohazard with the approved legend. In the event a container should develop a leak, the container should be placed and sealed in another container which meets the criteria listed above.

11.1.2 Contaminated waste shall be placed in the marked receptacles at each facility designated. Under no circumstances shall contaminated waste be disposed of anywhere but these receptacles.

12.1 LAUNDRY:

12.1.1 Shall be handled as little as possible without agitation.

12.1.2 Shall be bagged after use if not bagged at a recognized linen exchange facility.

12.1.3 Shall be handled only when using Universal Precautions.

12.1.4 All wet laundry shall be placed in a leak proof container.

13.1 VACCINATION:

13.1.1 Hepatitis B Vaccine series will be made available at no charge to all employees who work in an area in which there is the possibility of an exposure to blood borne pathogens. If the employee declines the vaccination it will be made available to them at any point in the future they decide they want to be vaccinated. If the employee declines, they must sign an approved declination form.

13.1.1.1 The vaccine will be made available to employees during their regularly assigned shift, within 10 working days of initial employment or request for vaccination.

13.1.1.2 A licensed health care representative designated by Torrance County will administer the vaccine.

13.1.1.3 Employees who have been vaccinated prior to employment at Torrance County may voluntarily be tested to assure that they are still immune or that the vaccine is contradicted for medical reasons. A booster may be required at a later date based on the exposure source, and if a negative titre is obtained.

14.1. EXPOSURE REPORTING AND FOLLOW-UP:

14.1.1 Any incident in which blood or OPIM comes into contact with non-intact skin, eye, mouth or other mucous membrane; or any parenteral administration of blood or OPIM shall be considered an exposure incident.

14.1.2 Employees are to contact their Designated Safety Officer immediately and complete and Exposure Incident Report Form within twenty-four (24) hours of the exposure incident.

14.1.2.1 THE SUPERVISOR SHALL:

14.1.2.1.1 Confirm significance or intensity of exposure with involved personnel.

14.1.2.1.2 Contact appropriate medical direction to determine need for additional follow-up.

14.1.2.1.3 Notify involved personnel of required follow-up procedures, make the appropriate referrals and complete all documentation.

14.1.2.2 THE FOLLOWING ITEMS MUST BE DOCUMENTED:

14.1.2.2.1 Route of exposure

14.1.2.2.2 Circumstances surrounding exposure

14.1.2.2.3 Source individual

14.1.2.2.4.1 County will pay for testing of sources individual if necessary.

14.1.2.2.4.2 If consent cannot be obtained then an incident report documenting the refusal by the sources individual shall be completed with the Supervisor and filed with the Exposure Report.

14.1.2.2.4.3 If the source individuals HBV or HIV positive status is already known, testing is not required.

14.1.2.2.4.4 Exposed employees shall be informed of test results and informed that the results are to remain confidential.

14.1.3 If the employee consents to baseline blood collection but refuses serologic testing, the sample will be preserved by the designated laboratory for 90 days and will be tested at the employees request if they change their mind.

14.1.4 POST ESPOSURE EVALUATION:

14.1.4.1 Counseling and prophylaxis treatment, which is recommended by the U.S. Public Health Service, will be made available to the employee.

The Torrance County Exposure Control Plan covers all sections of operations of Torrance County Emergency Medical Services are the largest part of this plan, but other areas have specific precautions and requirements also as listed below, fire suppression/extrication and law enforcement have specific requirements.

15.1 FIRE/SUPPRESSION/EXTRICATION:

15.1.1 If protective clothing or uniform becomes contaminated by body fluids it shall be handled as described in section 13 pate of the Exposure control plan.

15.1.2 Latex gloves shall be worn under protective gloves during extrication activities.

15.1.3 Any contamination of fire suppression equipment shall be cleaned by the service with an EPA registered disinfectant.

16.1 LAW ENFORCEMENT:

16.1.1 If an officer at the time of arrest anticipates contact with body fluids, it is recommended that universal precautions be used.

16.1.2 Any prisoner(s) who have a potential for fluids being expelled orally or nasally (i.e. spitting "snot" etc.) shall have a surgical mask placed over their face for reversed isolation. At no time should a mask be placed on a prisoner's face if they may have a medical condition such as shortness of breath or vomiting.

16.1.3 Officers shall wash their hands as soon as possible (with an anti-bacterial soap) after prisoner contact.

16.1.4 Any skin puncture with possible body fluid exchange shall be handled as described in the post exposure procedures.

16.1.5 Vehicle interior shall be cleaned after prisoner transport involving possible body fluid contamination.

16.1.5.1 Cleaning shall be done with an EPA register cleaning process.

16.1.5.2 The officer shall use universal precautions during the cleaning.

16.1.6 If an officer's attire becomes contaminated by body fluids, the procedure listed in section 13 of the Exposure Control Plan shall be followed.

16.1.7 Any non-disposable equipment having contact with a prisoner's body fluids (hand-cuffs) shall be cleaned with and EPA registered disinfectant.

16.1.8 The responsible officer shall clean contamination of any county facility by a prisoner.

16.1.9 All officers shall handle contaminated evidence using universal precautions.

16.1.10 All investigative scenes with the potential for contact with body fluids the officer shall use universal precautions.

17.1 POST EXPOSURE PROCEDURES: An exposure as defined by OSHA is a body fluid to body fluid contact. Any employee who believes that he or she has had an exposure shall do the following:

17.1.1 CONTACT DESIGNATED SAFETY OFFICER (DSO):

17.1.1.1 The DSO shall fill out the following forms:

17.1.1.1.1 The Torrance County Injury Report form.

17.1.1.1.2 The Torrance County Infectious Exposure Form.

17.1.2 The exposed individual shall be scheduled for a medical exam as soon as practicable at no cost to the individual.

17.1.3 Appropriate lab tests shall be performed to determine a base line.

17.1.4 Counseling shall be provided to the exposed individual at no cost.

17.1.5 The COUNTY EMS Medical Director shall review the incident and a care program shall be developed for the exposed individual.

17.1.6 The **NEEDLE STICK PROTOCOL** shall be used as appropriate.

17.1.7 A record of such incidents will be kept in the employee's file and in the Blood Borne Pathogens Exposure File.

18.1 NEEDLE STICK PROTOCOL:

18.1.1 PERSONEL WHO HAVE NOT RECEIVED HEPTAVAX - CONTACT THE DO:

18.1.1.1 UNIDENTIFIABLE SOURCE:

18.1.1.1.1 ISG 2 cc's IM, 2 doses one month apart

18.1.1.1.2 ADT booster if not in the past 5 years

18.1.1.1.3 Start Heptavax series

18.1.2 IDENTIFIABLE SOURCE:

18.1.2.1 If possible, test patient for Hepatitis B surface antigen.

18.1.2.2 IF PATIENT POSITIVE:

18.1.2.2.1 Test personnel for Hepatitis B surface antigen and Hepatitis B antibody.

18.1.2.2.2 If employee is negative for above give HBIG 0.07 cc per kilogram in one dose and begin Heptavax series.

18.1.2.2.3 If employee refuses Heptavax, repeat HBIG dose in one month and document refusal.

18.1.2.2.4 Employees positive for Hepatitis B surface antibody, no treatment is necessary.

18.1.2.2.5 If patient is negative for Hepatitis B surface antigen no treatment is necessary other

than tetanus if appropriate.

18.1.3 If unable to test patient for Hepatitis B surface antigen, treat as an unidentifiable source unless patient has history of Hepatitis B or is at high risk (substance abuse or jaundice). If patient is at high risk treat as if patient is a positive case.

19.1 EMPLOYEES WHO HAVE RECEIVED HEPTAVAX SERIES (3 INJECTIONS):

19.1.1 UNIDENTIFIABLE SOURCE:

19.1.1.1 ADT booster if none in the past 5 years

19.1.1.2 Check antibody response and follow-up with D.O.

19.1.2 IDENTIFIABLE SOURCE:

19.1.2.1 No hepatitis testing necessary if source is negative.

19.1.2.2 ADT booster if none in the past 5 years

19.1.2.3 May check antibody response and follow-up with D.O.

20.1 HIV PRECAUTIONS:

20.1.1 Personnel who sustain a needle stick or eye splash or exposure to blood from a patient will be offered HIV antibody testing at the time of exposure. The D.O. will document whether the person refuses or accepts the testing.

20.1.1.1 An employee positive for HIV testing on initial exam will be offered counseling by the medical director and will be informed by the medical director of positive results.

20.1.1.2 Any personnel testing negative on the initial exam will be offered to repeat HIV testing 6 weeks, 3 months and 6 months after the initial test.

20.1.1.2.1 The Medical Director will inform an employee negative at three (3) months of the results.

20.1.1.2.2 The Medical Director will inform an employee positive of the positive results.

20.1.2 Personnel who sustain an exposure to blood from sources known to be HIV positive will be offered the above HIV testing and will be counseled by the Medical Director.

20.1.3 This testing will be ordered by the Medical Director and is to be arranged at St. Joseph's West Mesa Hospital.

21.1 TUBERCULOSIS PROTOCOL:

21.1.1 Consider personal protection if a patient has a history of cough, fever, weight loss, hemoptysis, night sweats, or history of TB.

21.1.2 HEPA or appropriate filters should be worn if suspicion of TB.

21.1.3 Future routine TB testing may be done at the County level.

NOW THEREFORE BE IT RESOLVED, this 31st day of January 20001.

DONE at Estancia, Torrance County, New Mexico.

TORRANCE COUNTY COMMISSION



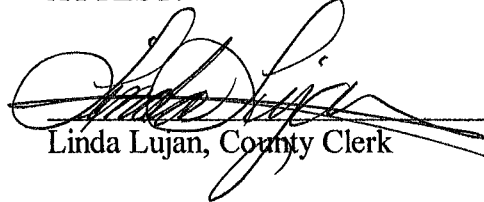


Bill R. Williams, Chairman



Rodger Rayner, Member

ATTEST:



Linda Lujan, County Clerk

Chester Riley, Jr., Member