INFECTION CONTROL POLICY

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IC.01 Purpose

The healthcare industry has the greatest potential for contracting and spreading blood-borne pathogens. As healthcare professionals, it is our responsibility to take measures to limit, reduce, or eliminate the spread of infectious diseases. Thorne Ambulance Service has established a program to educate its employees in methods of infection control. This manual will outline the guidelines to achieve this goal as mandated by the Occupational Safety and Health Administration (OSHA) and by the Federal Code of Regulations (FCR) title 29 part 1910.1030. This manual is Thorne Ambulance Service policy. Failure to adhere to this policy will be grounds for disciplinary action.

This policy is derived from two main documents:

- CFR Title 29 section 1910.1030, Occupational Exposure to Blood–borne Pathogens
- Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Healthcare and Public Safety Workers

IC.02 Definitions

For the purpose of this document, the following terms will be understood:

**Employee:** refers to not only paid service personnel, but also includes any student rider, reservist, or authorized observer

**Universal Precautions:** refers to any means of a personal barrier to prevent transmission of blood–borne pathogens. Includes, but is not limited to hand–washing, body substance isolation, decontamination.

**Bodily Fluid:** refers to any fluid that has the potential to be contaminated with infectious diseases

**Blood:** refers to all “human blood components” which includes plasma, platelets and serosanguineous fluids

**Blood–borne Pathogen:** refers to any pathogenic microorganism in human blood that can infect and cause disease. Examples include HIV, HBV, HCV, STDs, etc. For the purpose of this document, this term also refers to and communicable disease.

**Exposure Incident:** refers to contact with bodily fluids that does not make contact with mucus membranes or broken skin

**Exposure with injury:** refers to direct contact of a contaminated item with mucus membranes or broken skin

**Sharp:** refers to any object capable of puncturing the skin, i.e. – needle, lancet, broken blood tube, trauma shears, etc.

**Work Area:** refers to the patient compartment of the ambulance

**Disinfect:** refers to the decontamination of work surfaces or areas and equipment using approved methods and cleaning agents

**Sterilize:** refers to the act of using physical or chemical agents to completely destroy all microbial life

IC.03 Responsibilities

**Administrative Responsibilities**

- Identify employees that are at risk for receipt and transmission of blood–borne pathogens
- Identify procedures, bodily fluids, and scenarios which pose a risk to TAS employees
- Suggest HBV vaccine to each employee with documented risks and benefits
- Develop Exposure Control Plan
Monitor compliance and enforce safety requirements set forth by Federal and State regulations and TAS policy
• Provide proper equipment and attire to TAS employees to reduce transmission of blood-borne pathogens
• Maintain training program in accordance with CFR title 29 section 1910.1030
• Provide counseling and medical treatment to TAS employees exposed to blood-borne pathogens
• Maintain training and medical records for each employee, ensuring the privacy and confidentiality thereof.

Employee Responsibility
• Be informed regarding new information on blood–borne pathogens
• Use personal protective equipment in accordance with TAS Infection Control policy
• Use universal precautions to prevent the transmission of blood–borne pathogens
• Report any and all exposures/injuries as soon as practical to TAS Infection Control Officer
• Attend any training session mandated by TAS regarding updates on blood–borne pathogens
• Protect and maintain confidentiality of employee medical information and records
• Maintain personal protective equipment and supplies. Report missing, damaged, or contaminated supplies for replacement as soon as practical

IC.04 Universal Precautions
• Universal precautions will be used with every patient contact situation. Diseases can be spread by means other than blood or bodily fluids.
• Body substance isolation equipment will be used in every patient contact situation. Specific treatment procedures may require different levels of protection. These procedures will be outlined further later in this policy. It is the responsibility of the employee to don the appropriate personal protective equipment as the situation warrants.

IC.05 Respiratory Precautions
• In the event that a TB case is confirmed or suspected, TAS employees will don an appropriately sized N95 respirator prior to making patient contact.
• Once a respirator is used, it may not be reused. The contaminated respirator must be placed in an appropriate biohazard waste bag and disposed of. A new respirator will be issued.
• Any suspicion of respiratory disease with the possibility of transmission warrants the use of an N95 respirator

IC.06 Risk Classification

OSHA requires that employees be classified into risk categories according to job functions. The classifications are as follows:

Category 1: Employee tasks that involve exposure to blood or other possible infectious material. Employees are at high risk of exposure on a routine basis.
  - These employees are routinely involved in patient care in areas with the potential for transmission of infectious disease. These employees routinely perform tasks which increases the possibility of exposure. These tasks include, but are not limited to endotracheal intubation, IV therapy, vehicle extrication, hemorrhage control, and suctioning.

Thorne Ambulance Service
Infection Control

2
Category 2: Employee tasks do not involve blood or other bodily fluids. However, due to the nature of emergency medicine, situations may arise which require the performance of Category 1 tasks.
- These employees do not perform tasks that involve direct patient contact unless system status demands they be placed in service as a patient attendant.

Category 3: Employee tasks have no potential for risk of exposure.
- These employees perform tasks not associated with direct patient contact. These are office personnel who are not required to be placed into service as a patient attendant for any reason.

To further classify TAS employees, the following is a list of job title/functions in accordance with each category.

IC.07 Food Transportation

The emergency medical field is fast-paced, and does not always allow time for a meal break. Therefore, TAS employees may transport food in the cab of the ambulance. The cab of the ambulance must be cleaned and sanitized prior to the transportation of food. Food must be removed prior to the end of shift, and the cab sanitized. If call volume does not allow for the cab to be properly cleaned, no food may be transported in the ambulance. If the cab of the ambulance becomes contaminated, all food must be discarded, and the unit cleaned. All food must be wrapped while in transit. Food that must be refrigerated should be kept at recommended temperature for the item. Coolers are allowed for this purpose. Food may not be transported or consumed in the patient compartment area or in any area with direct access to the patient compartment. Employees must wash hands prior to and after eating.

IC.08 Compliance

Monitoring
Chief Officers and the Compliance Officer will perform random checks of emergency vehicles for general cleanliness. Field inspections will also ensure PPE and sanitation compliance is being met according to Federal, State and company policies. If an employee is found to be out of compliance, disciplinary action will be required.

Training
To ensure compliance standards and goals will be met, TAS will implement training sessions for each employee. The training sessions will be scheduled as follows:
- At the time of employment with TAS
- Annually, according to OSHA regulations
- At any time when new information or regulations are published regarding infectious disease

Record Keeping
TAS will keep records for all employees regarding training, injuries, and exposures. These files will be kept confidential. Employees may request copies of personal files at any time. Requests must be made through the Office Manager by the employee directly. Employee medical records will not be released to any person of any relation to the employee without the express written consent of the employee. The files will contain the following information:

Medical Records
Name and Social Security Number
Copies of employees' vaccination records and refusal forms
Copy of all examinations, medical testing, and follow-up evaluations if applicable

Training Records
Names and employee numbers of employees
Certifications of employees including expiration dates
Dates of Training
Contents of training sessions
Credentials of person(s) conducting the training
Acknowledgement of categorization for risk assessment

IC.09 Exposure Control Plan

It is the goal of TAS to minimize the risk of exposure of blood-borne pathogens to employees. TAS uses supplies and equipment to limit exposures. This section outlines the equipment and procedures in place for employees to use in everyday situations to reach this goal.

- TAS utilized IV catheters which are retractable. By retracting the needle after venipuncture, the sharp is no longer able to puncture the skin. This minimizes the risk of accidental sticks.
- TAS employees will treat every needle or sharp as contaminated. All sharps which have not been used, yet has been removed from packaging should be handled with care and disposed of.
- Sharps should not be recapped or manipulated by hand.
- All sharps will be disposed of into a puncture-resistant sharps container marked “Biohazard” or with the official biohazard symbol. Sharps containers should not be filled over ¾ full. Sharps should never be forced into containers. The containers will remain closed except during disposal of sharps. Full containers should be taped closed and turned into a supervisor for replacement and disposal. Employees are strictly forbidden to dispose of sharps in regular trash cans or any other unapproved container.
- TAS employees are responsible for the proper disposal of all sharps used on scene. Sharps should be removed from any area where procedures are performed prior to leaving the scene.
- Employees must report any exposure incident or injury from sharps as soon as practical
- Employees must use proper hand-washing techniques before and after patient contact to prevent the spread of disease. In the event hand-washing is not available, alcohol wash hand gel should be used until a hand-washing facility is available.
- Employees must wear appropriately sized disposable gloves which are impervious to blood and other bodily fluids. TAS provides vinyl and nitrile gloves for this purpose. Employees should check unit for stock prior to start of shift.
- Employees wearing gloves who handle potentially infectious materials must remove and dispose of gloves prior to performing tasks not related to patient care, i.e. – driving, electronic data entry, etc. Employees should wash hands or use alcohol hand gel after disposing of gloves. If removing gloves is impractical for the situation, the entire unit must be decontaminated prior to returning to service.
- If blood or bodily fluids splash onto broken skin or eyes, nose, mouth, or other mucus membranes the affected area should be immediately flushed with copious amounts of water.
IC.10 Decontamination

Employees should recognize that equipment used in high risk scenarios have the potential to be contaminated with infectious disease. The following outlines the procedures to decontaminate specific items. Sanitizing solutions should contain OSHA approved antiviral and antibacterial agents.

PPE: Contaminated disposable PPE should be placed in a red biohazard bag and discarded. Non disposable PPE such as goggles should be wiped of any gross contamination and sprayed with a sanitizing solution until blood or bodily fluids liquefy. The equipment should be wiped with a clean towel and allowed to dry.

Work Areas: Work areas should be wiped of any gross contamination. Spray the work area with a sanitizing solution until blood or bodily fluids liquefy. The area should be wiped with a clean towel and allowed to dry.

Uniforms: If a uniform becomes soiled during patient care, the uniform should be removed and placed into a leak–proof bag or container and sent to an appropriate cleaning service. TAS employees are encouraged to keep an extra uniform accessible during their shift. If a uniform is unable to be properly cleaned, a new uniform will be issued.

Boots: If boots become soiled, employees should clean boots with a disinfectant such as Pine–Sol or similar product. Certain disinfectants may cause stripping of shoe polish and will require reapplication of polish. Check floors of ambulance to ensure further contamination does not occur either from boot or materials left on floor.

KED: The KED should be open with all straps extended. The KED should be wiped to remove gross contamination. Spray the KED with a sanitizing solution until blood or bodily fluids liquefy. Wipe the KED with a clean towel, paying special attention to seams and buckles. Allow KED to dry.

Long Spine Board/Scoop Stretcher: Remove any straps and tape from spine board. Wipe spine board to remove gross contamination. Spray board with sanitizing solution until blood or bodily fluids liquefy. Wipe the board with a clean towel, paying special attention to hand holds. Allow Spine board to dry.

Stretcher: Remove all linen and dispose of properly. Remove mattress. Wipe stretcher to remove gross contamination. Spray stretcher with sanitizing solution until blood or bodily fluids liquefy. Wipe stretcher with clean towel, paying special attention to hinges and joints. Re–lubricate if necessary. Allow stretcher to dry.

Stretcher Mattress: Wipe mattress to remove gross contamination. Spray mattress with sanitizing solution until blood or bodily fluids liquefy. Wipe mattress with clean towel, paying special attention to seams. Allow mattress to dry.

Stairchair: Open stairchair with straps and handles extended. Wipe chair to remove gross contamination. Spray chair with sanitizing solution until blood or bodily fluids liquefy. Wipe chair with clean towel, paying special attention to hinges, joints, and buckles. Re–lubricate if necessary. Allow chair to dry.

Suction Machine (Mounted and Portable): If suction canister has bag, remove bag and place in biohazard container. If machine uses disposable canister, remove canister and place in biohazard container. Remove tubing and suction catheters and place in biohazard container. Reassemble machine with new bag or canister and tubing.

Linen: If linen becomes soiled or contaminated, it should be placed into a red biohazard bag. Seal the bag to prevent leaks. Take linen to nearest hospital for drop off.

BP Cuff/Stethoscope: Remove gauges and tubing from cuff. Wipe with sanitizing cloths and allow cuff to dry. Remove earpieces from stethoscope and place in sanitizing solution. Allow earpieces to soak for 10 minutes. Wipe stethoscope with sanitizing cloths. Reassemble stethoscope.

Thorne Ambulance Service
Infection Control
Splints: Disposable splints should be discarded and replaced. Wipe non-disposable splints to remove gross contamination. Spray splints with sanitizing solution until blood or bodily fluids liquefy. Wipe splints with clean towel, paying special attention to seams. Allow splints to dry.

Laryngoscope Handle and Blades: Wipe handle and blades to remove gross contamination. Spray handle and blade with sanitizing solution. Allow to sit for 10 minutes. Wipe handle and blades with clean towel, paying special attention to bulbs and hinge. Allow handle and blades to dry.

Communication Device: Remove battery. Wipe device to remove gross contamination. Spray clean towel with sanitizing solution and use towel to wipe device, paying special attention to crevices. Allow device to dry before replacing the battery.

Waste Disposal
All medical waste will be disposed of in an approved medical waste container. The container will be clearly marked with the color orange-red, the word “Biohazard,” or the biohazard symbol. The words and/or symbol will be an offset color of the container. Approved medical waste containers include sharps containers, biohazard bags, or any other appropriately mark container as described in this paragraph.

IC.11 Personal Protective Equipment

All PPE used by TAS employees will be either issued or approved by TAS administration. PPE will be approved only if the equipment properly protects all mucus membranes and broken skin from being exposed to blood or other bodily fluids.

TAS employees must realize that PPE is not always 100% effective against the transmission of blood-borne pathogens.

Gloves: Latex or synthetic latex gloves must be worn in every patient contact situation. Gloves must be worn during all decontamination processes. Gloves must fit properly. If the appropriate sized gloves are not available, a supply request should be submitted as soon as practical. A minimum of one box of medium and large gloves will be supplied on each unit. Gloves that are damaged or soiled should be removed and replaced. Employees with latex allergies will be issued non-latex gloves.

Protective Eyewear: TAS supplies each unit with two pair of protective goggles. Goggles should be worn during any procedure in which blood or bodily fluids are present. These include, but are not limited to hemorrhage control, childbirth, and intubation. Prescription glasses are not an acceptable substitute for goggles. Safety goggles are not disposable, and should be cleaned in accordance with procedures for decontamination.

Masks: N95 respirator masks are supplied on each unit. Masks should be worn any time a patient has a confirmed or suspected case of Tuberculosis. Respirators should be worn during high-risk procedures. Damaged or soiled masks should be replaced.

Gowns: Disposable gowns are required for procedures which there are a high likelihood of exposure to blood-borne pathogens via splashing. Gowns should cover the employee’s arms, torso and upper part of legs. Gowns that become soiled or ripped should be removed and replaced.
Job Specific PPE Requirements

<table>
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<tr>
<th>Task</th>
<th>Gloves</th>
<th>Eyewear</th>
<th>Mask</th>
<th>Gown</th>
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*Depends on quantity of contamination. Use judgment.

IC.12 Exposure

In the event of an exposure, there are certain expectations of the employee. The employee is responsible for the following actions:

- Wash the affected area immediately
- Notify Supervisor on duty
- If injury requires medical attention, proceed to nearest emergency department
- Complete Exposure Notification Report
- Have witnesses write an incident report
- Complete drug screen
- Give blood sample for baseline values. Consent must be given for blood work.
- Employee has the right to refuse blood testing. The employee has the right to request blood testing at any time.

The Supervisor on duty is responsible for the following:

- Assess employee injury. Decide whether injury requires immediate or delayed treatment.
- Dispatch additional resources to resume patient care if required
- Assure employee has washed affected area
- Confirm Exposure Notification Report has been filled out
- Confirm and compile witness statements
- Schedule employee for drug screen
- Present employee with consent/refusal for blood testing
- Document physician’s advise for further care
- Forward all information to Infection Control Officer
IC.13 Consent for Blood Testing

In the event of an exposure, the employee has the right to consent or refuse serological blood testing for communicable disease. A consent form must be signed and filed in the employee’s permanent record. The employee may elect to have blood drawn, but not tested for the purpose of a baseline sample. This sample will be stored for 90 days.