HARNETT COUNTY EMERGENCY SERVICES

ADDRESSING:

OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS, AIRBORNE & DROPLET TRANSMITTED DISEASES

2003, 2013, Major Revision 2019, 2023

IMPORTANT NOTICE

This Plan has been developed solely for the Harnett County Emergency Services. The format of this Plan is proprietary and to be used only for Harnett County Emergency Services. This Plan may not be copied without written permission of Katherine West, RN, BSN, MSEd, DICO-C.

TABLE OF CONTENTS

SCOPE

Harnett County Emergency Services recognizes that many of its employees are involved in job responsibilities that may place them at risk for direct contact with blood and other potentially infectious materials. It is the goal of the department to strive to reduce exposure in the employee population and thus reduce the incidence of occupational health risk. It is also the goal of the department to ensure that the patients served are offered protection from infection. The Department's Exposure Control Plan addresses bloodborne pathogens, airborne and droplet transmitted diseases.

Students and Ride Along individuals who sustain an exposure will be directed to post exposure medical follow-up. However, the department is not responsible for the cost of post exposure medical follow-up.

HARNETT COUNTY EMERGENCY SERVICES

INFORMED CONSENT – OBSERVATION PROGRAM

I understand that there is a potential risk for exposure to bloodborne pathogens or airborne/droplet diseases when participating in an observation program in the fire/rescue work environment.

I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered.

Should I become exposed to blood or other potentially infectious materials, I will be advised by the fire/rescue service to seek medical attention at the location specified in their Exposure Control Plan. I understand that the fire/rescue service is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling.

I also understand that I may not discuss or share information regarding patients or the care they received. This is considered *confidential* information.

Signature:_____

HARNETT COUNTY EMERGENCY SERVICES

SCHEDULE FOR IMPLEMENTATION

EXPOSURE CONTROL PLAN	2003, 2013, 2019, 2023
EDUCATION & TRAINING	2002
HEPATITIS B VACCINE	2019
ENGINEERING CONTROLS/SOP'S	2003
POST EXPOSURE/MEDICAL FOLLOW-UP	2003
RECORD KEEPING	2003
TUBERCULIN TESTING	2019
RESPIRATORY PROTECTION	N/A
COMPLIANCE MONITORING	2019
SHARPS RISK ASSESSMENT	2018, 2022

GENERAL STATEMENT - EXPOSURE CONTROL PLAN

This Exposure Control Plan shall be:

1. Accessible to employees within 15 working days of their request

2. Reviewed and updated at least on an annual basis by the Designated Officer.

3. Reflective of all current Centers for Disease Control recommended practices for protection of patients and staff.

4. Reflective of applicable, science supported, portions of the NFPA 1581 Infection Control Standard for Fire departments and NFPA 1582, Health & Safety

POLICY STATEMENT

It shall be the policy of all supervisors and managers of the Emergency Services organization to:

A. Support and enforce compliance with the Exposure Control Program

B. Correct any unsafe acts and refer any individuals for remedial training if required

C. Mandate safe operating practices on scene and in station

D. Refer any individual for medical evaluation who may possibly be unfit for work for infection control or other reasons

E. Ensure initial medical evaluations, immunizations and infection control training have been completed prior to allowing any individual to begin EMS response.

F. Participate in education and training programs prior to active duty and attend on-going education and training programs.

G. To provide patient care without regard for the patient's disease status.

H. Comply with the CDC Hand Hygiene Guidelines which do NOT permit the wearing of artificial nails or extensions by patient care providers

I. Ensure that members have obtained their vaccine/immunization records

This plan represents the minimum level of practice. Failure to comply with the requirements of this plan will result in disciplinary action.

HEALTH MAINTENANCE

POLICY STATEMENT

NO MEMBER OF HARNETT COUNTY EMERGENCY SERVICES SHALL BE ASSIGNED TO EMERGENCY RESPONSE DUTIES UNTIL CERTIFIED AS FIT FOR DUTY BY THE DEPARTMENT:

1. Applicants must provide written proof of any previous TB test results within 2 weeks of hire, if available

2. Applicants will be offered TB skin tests, HBV immunization, infection control education and training, and physical exams after the completion of the application process

3. Applicants will show written proof of immunity for Measles, Mumps and Rubella, if available

4. Applicants will show proof of immunity for Chickenpox, if available

5. Personnel exposed to a communicable disease off duty should contact the Designated Officer

6. All illnesses listed under the work restriction guidelines program are to be reported to the Designated Officer

7. Request copies of their vaccine/immunization records from their schools or previous employer

8. Comply with the CDC Work Restriction Guidelines

EXPOSURE CONTROL PLAN DEVELOPMENT

This Exposure Control Plan was developed by Katherine H. West, RN, BSN, MSEd, DICO-C an Infection Control Consultant with Infection Control/Emerging Concepts, Inc., in conjunction with DICO West Barefoot. Any questions regarding the development of this plan should be addressed to both Katherine West and/or Asst. Chief West Barefoot.

Implementation of this plan is the responsibility of the Harnett County Emergency Services.

Katherine H. West, RN, BSN, MSEd, DICO-C

Katherine West, RN, BSN,MSEd, DICO-C

Infection Control Consultant

July, 2019, 2023

DOCUMENTS USED IN THE PREPARATION OF THIS PROJECT:

1. APIC Core Curriculum - Infection Control
2. 29 CFR Part 1910.1030- Bloodborne Pathogens
3. 29 CFR Part 1910.20 - Medical Records
4. Centers for Disease Control and Prevention – 1994 Guidelines for Prevention and Control of Tuberculosis
5. Centers for Disease Control- 1989 Guidelines for Public Safety Workers
6. 42 CFR Part 84 Subpart K, Volume 60, Federal Register June 8, 1995:30338
7. West KH: Infectious Disease Handbook for Emergency Care Personnel, ACGIH, 3rd Edition, 2001
8. NIOSH Alert, Latex Glove Sensitivity, June, 1997
9. CDC Guidelines for Health Care Worker Infection Control, Draft, Federal Register, September, 1998
10. The Source, IC/EC, Inc., 1998, Springfield, Virginia
11. Guidelines for Infection Control in Health-Care Personnel, 1998, AJIC, June, 1998
12. Medical Waste Regulations – State of North Carolina
13. OSHA Instruction CPL 2-2.44D, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Nov. 5, 1999
14. NIOSH Alert, Preventing Needlestick Injuries in Health Care Settings, November, 1999
15. Needlestick Prevention Act, US Congress, March, 2000

16. Updated Us Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2001
17. OSHA Enforcement Procedure for Bloodborne Pathogens Regulation, CPL 2-2.69, November, 2001
18. Guidelines for Hand Hygiene in Health care settings: Recommendations of the Healthcare Infection Control Practices Committee, MMWR, October 25, 2002/51(RR16);1-44
19. Controlling Tuberculosis in the United States, Centers for Disease Control and Prevention, November 5, 2005
20. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, MMWR, December 30, 2005
21. Influenza Vaccination of Health-Care Personnel, MMWR, February 24, 2006, Centers for Disease Control & Prevention, Atlanta, GA
22. A Comprehensive Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults, MMWR, December 8, 2006
23. Use of Influenza A (H1N1) 2009 Monovalent Vaccine, MMWR, CDC, August 21, 2009
24. Influenza Vaccination 2019/20120, March, 2019, Centers for Disease Control and Prevention, Atlanta, GA
25. Vaccination of Healthcare Personnel, MMWR, November 25, 2011, CDC, Atlanta, GA.
26. Federal Register Volume 76, Number 212 (Wednesday, November 2, 2011); [Notices] [Pages 67736-67743]

27.Testing for HCV Infection: An Update of Guidance for Clinicians & Laboratorians, May 7, 2013, MMWR, CDC

28. CDC Guidelines: Post Exposure Prophylaxis for HIV, September, 2013

29. CDC Guidelines for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, MMWR, December 20, 2013

30. OSHA Act 1970, General Duty Clause section 5 (b); Duties

31. CPL 02-02.078, Compliance Directive for Enforcement of CDC Tuberculosis Guidelines, 2015

32. Prevention of *Hepatitis B* Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, MMWR, January, 2018

33. OSHAct 1979, General Duty Clause Section 5 Duties (b), Occupational Safety & Health Administration, Washington, DC

34. CPL 02-02.078, Compliance Directive for Enforcement of CDC Tuberculosis Guidelines, 2015

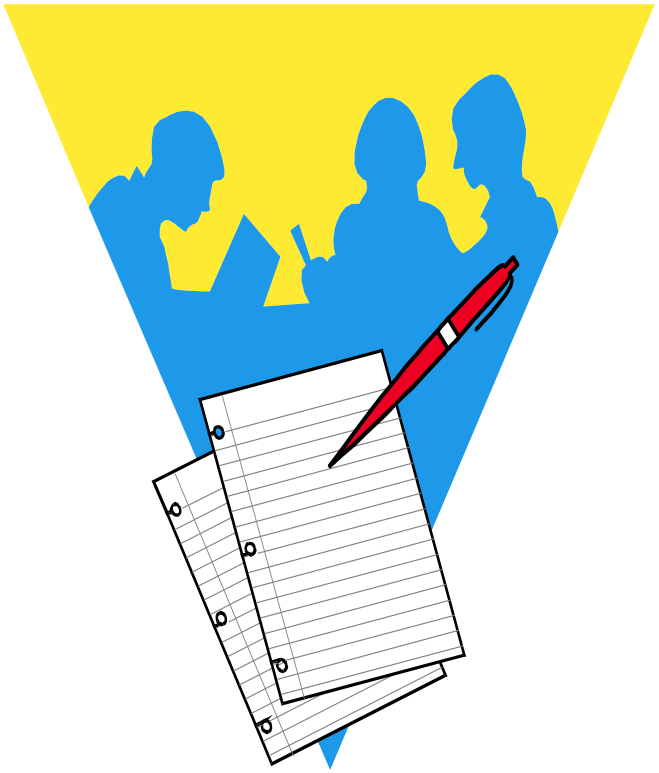
35. Update: Testing and Screening Healthcare Workers for Tuberculosis, Centers for Disease Control & Prevention, May 17, 2019

37. Ventilation and air conditioning in public spaces and buildings, World Health Organization, 2020

38. OSHA Temporary Standard- COVID-19, 2021

39. Update EMS COVID-19 Guidelines, Centers for Disease Control & Prevention, September, 23, 2022

EXPOSURE DETERMINATION



EXPOSURE DETERMINATION

1. This Plan identifies employees who are deemed to be at risk. This determination is assigned without the consideration of the use of personal protective equipment. The exposure determination for personnel was made based on if it could be "reasonably anticipated" that an employee would come into contact with blood or other potentially infectious materials. Thus, the core of this Plan will deal with exposure to blood and other potentially infectious materials (OPIM).

2. As all employees may have the opportunity to be exposed to an airborne/droplet transmissible disease, this plan will address education and training with regard to tuberculosis (TB), COVID-19, childhood diseases, influenza, risk assessment, notification of exposure, testing and medical follow- up.

Departments covered under this plan:

- **Harnett County Emergency Services**
  - Anderson Creek Emergency Service
  - Benhaven Emergency Services
  - Boone Trail Emergency Services
  - Buies Creek Vol. Fire Department
  - Coats Grove Fire & Rescue
  - Dunn Emergency Services
  - Erwin Fire & Rescue
  - Lillington Fire Department
  - Spout Springs Emergency Services

EXPOSURE DETERMINATION

The following employee groups were reviewed for the purpose of exposure determination assessment;

DEEMED NOT TO BE AT RISK, but covered in this plan

Administrative Secretary & Staff

Fire Administration Staff

Non-patient care personnel

Chief

It should be noted, however, that if these individuals should sustain an exposure, they will be followed under the department's policy for post-exposure management.

Personnel deemed to be at risk for exposure:

Firefighters
Paramedics
EMT's
First Responders

RISK TASKS AND PROCEDURES LISTING

&

RECOMMENDED PERSONAL PROTECTIVE EQUIPMENT

GUIDE FOR THE USE OF PERSONAL PROTECTIVE EQUIPMENT

Task	Gloves	Eyewear/ Mask	Gown
Airway	x	available	available
CPR	x	none	none
Drawing Blood	x	none	none
Decon Equipment	utility	If splatter Or splash anticipated	If splatter Or splash anticipated
Extrication	x	If splatter Or splash anticipated	If splatter Or splash anticipated
Injection	none	none	none
Intubation	x	x	available
Delivery	x	x	x
IV Start	x	If splash Or splatter anticipated	available
Monitor	none	none	none
Oxygen	none	none	none
Suction	x	available	available
Trauma	x	x	x
Vital Signs	none	none	none

CDC Guidelines for Public Safety

NEEDLESTICK INJURY RISK ASSESSMENT

2002 - 2013

A complete review of needle stick injuries for 2001-2002 has been conducted. The Harnett County Emergency Services began converting over to a needle Safe system beginning in late 2000 after review and trial of selected devices.

No contaminated sharps injuries in 2001 or 2002. The Departments will complete implementation of a full program for needle safety by the end of April 2003.

This department has implemented needles safe systems in 2000. No contaminated sharps injuries have been reported in the past 2 years. The medical facilities supply IV safety devices and EMS has no input to this process. The medical facilities supply the devices. Here are the major ones in use:

Products in use:

Needless IV tubing – Braun (Smith's Medical)

The Designated Officer will continue to monitor this issue on an on-going and annual basis.

Sharps Risk Assessment 2017 -2019

Two contaminated sharps injuries occurred during this time frame. One was the result of Device failure and the other occurred when an IV start was not successful.

Current Sharps Safe products: Intorcan Safety IV catheters
Vial Access Cannulas
Needle Safe Lancets

Device Selection- staff are included in monthly meetings to discuss equipment. Purchases are made through the Logistics Division.

Sharps Risk Assessment – 2021-2022

In 2021 – there was one reported sharps injury when placing a sharp into the sharp's container.

In 2022 there were three (3) contaminated sharps injuries. One when placing a sharp into a sharp shuttle, one when during transport when the vehicle hit a bump and one when the patient became combative.

Current Sharp Safe Devices: Introcan Safety IV catheters – Braun
McKesson Prevent HT – Needles
BD Safety Glide- needles
BD Vial Access Cannulas
Surgilance Safety Lancet

RISK ASSESSMENT FOR EXPOSURE TUBERCULOSIS – 2021/22

HARNETT COUNTY EMERGENCY SERVICES

Risk assessment was conducted by contacting the state Public Health department office of TB control to obtain numbers of cases reported in our general department area for 2021-2022. The Public Health Department releases the total number of cases for each area of the state. For the State of No. Carolina there were 120 cases reported and this is a decrease from 156 in 2021. No active untreated TB patients were directly transported by this department. This information was verified by contacting the area Public Health Department. It should also be noted that on a national level there has been a decrease in the number of TB cases in 2020-2021. For 2022, there were 5,016, reported nationally. This represents another decrease increase since 2021 of 1.2%. During 2021-2022 the primary case numbers were in foreign-born persons of Asian descent. It should also be noted that TB cases are decreasing world-wide.

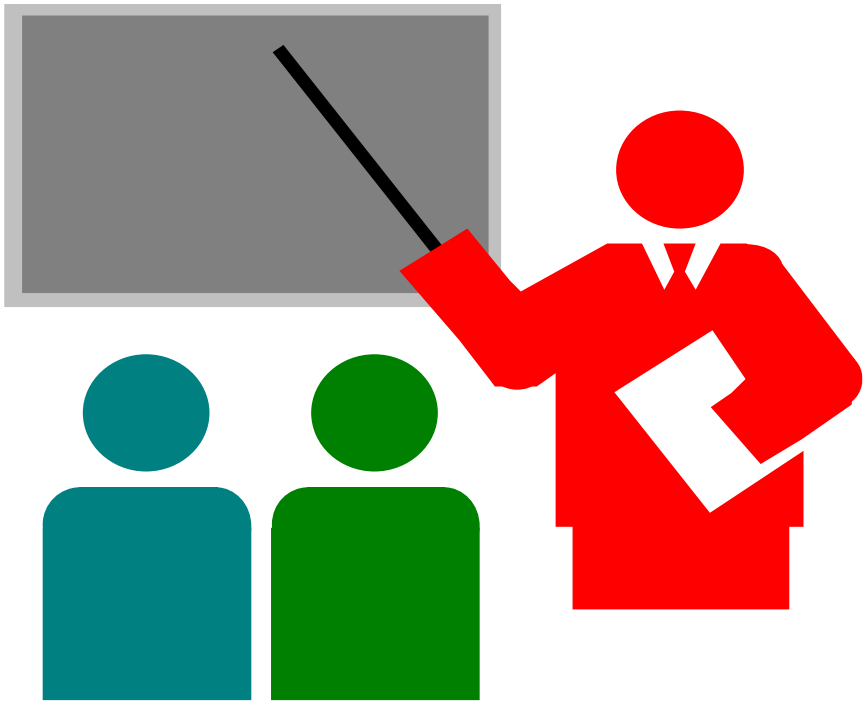
Based on the 2021-22 case load, the areas serviced by the Harnett County Emergency Services, fall in the “low risk” category using the Centers for Disease Control 2005 TB Guidelines which OSHA is currently enforcing. Under the “low risk” heading, the implementation of a respiratory protection program is **NOT** recommended or required. The Harnett County Emergency Services has not been notified by area hospitals of any potential exposures. Such notification is required under the Ryan White Emergency Notification Law. Based on this determination, there is no

formal requirement for a Respiratory Protection Program based on the CDC, 2005 Guidelines for Tuberculosis.

Employees will be instructed to screen patient for TB and suspect patients will be masked, a non-rebreather may be used, and windows opened for risk reduction. This was developed, reviewed and agreed to by Katherine West, RN, BSN, MSEd, DICO-C, Infection Control Consultant who assisted in this process. Data will be monitored closely to determine the need to alter this risk determination. Data will be tracked by the Designated Officer.

The department is moving towards utilizing the TB Blood Testing in conjunction with the Harnett County Health Department.

EDUCATION & TRAINING



GENERAL GUIDELINES FOR EDUCATION AND TRAINING

The Designated Officer, in preparation for this new role, will participate in a formal training program to prepare for this role. Certificate is on file. Robert Barefoot will serve as the trainer for this department. All employees will be provided training at no cost to employees and will be offered during normal working hours.

Training will be provided at the time of initial assignment and on an annual basis. The trainer will reserve the right to require additional training if he/she feels previous training was not in keeping with standards. Annual training for all current employees will be completed within one year of their previous training. Annual training will update personnel on the diseases and department changes in policy/procedure and department exposure rates.

All training content will be reviewed on a continual basis and when changes in procedures or equipment are noted, additional training will be scheduled.

Harnett County will ensure that training is offered in the appropriate language and word level for all employees.

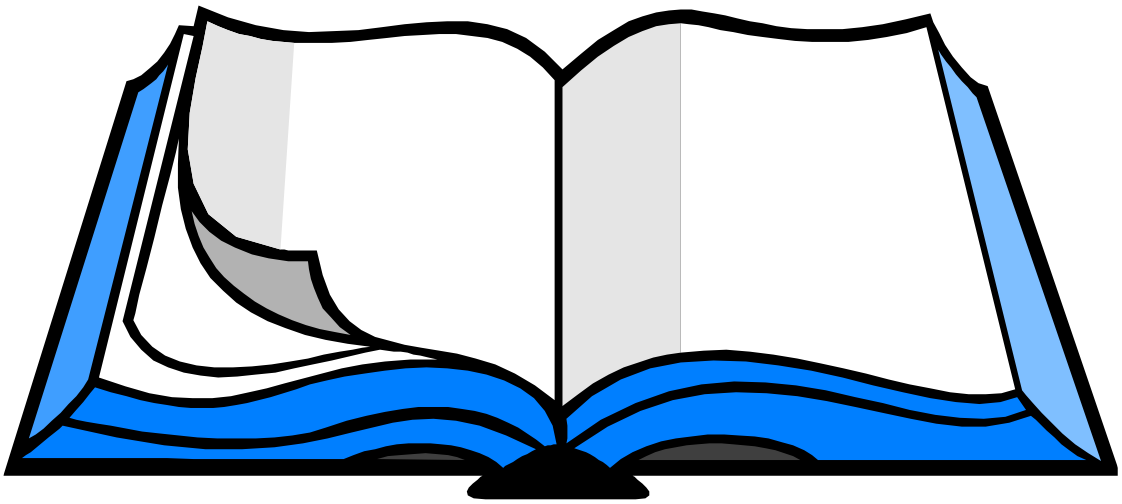
Training will include;

1. Each employee will have access to a copy of the OSHA standard and the department Exposure Control Plan.
2. A general explanation of the epidemiology of bloodborne disease and their symptoms will be offered.
3. Education on the epidemiology and symptoms of tuberculosis will also be offered.
4. The Bloodborne pathogens to be reviewed will include; HIV, Hepatitis B, Hepatitis C and Syphilis. Tuberculosis will also be covered.
5. The department's exposure control plan will be presented along with information on how an employee can obtain a copy of the plan.

6. A review of tasks that each employee performs and how they might be at risk for exposure.
7. A review of the use of PPE and the limitations of PPE in certain circumstances.
8. The type of PPE that is available and why that type was selected.
9. In depth information on the hepatitis B vaccine program and TB skin testing program.
10. Information on how to report and document an exposure.
11. Information on what action will be taken and by whom in an exposure situation and how to seek medical attention and follow up.
12. Information on what medical follow up will include following an exposure.
13. Explanation of the signs and labels to be used in the handling and storage of medical waste.
14. Access to medical records upon request
15. Latex / Nitrile Glove Allergy/Sensitivity Issues
16. Work Restriction Guidelines
17. Needle Safe System Use
18. Hand Hygiene Guidelines
19. Flu vaccine program
20. West Nile Virus
21. H1N1 influenza
22. Vaccine/immunization program
23. New Flu Vaccines
24. OSHA fine update
25. Importance of vaccine coverage
26. COVID-19 and Vaccines
27. EBOLA
28. Monkeypox

** All programs will allow for interactive questions and answers with a knowledgeable instructor. The instructor will be knowledgeable in communicable diseases and infection control and be able to relate this information to each specific work area. Certificate of training is on file.

DEFINITION OF TERMS



Definition of Terms

OSHA — Occupational Safety & Health Administration

U.S. Department of Labor

Bloodborne pathogens. - 1910.1030
Regulations (Standards - 29 CFR) - Table of Contents

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: Z
- Subpart Title: Toxic and Hazardous Substances
- Standard Number: 1910.1030
- Title: Bloodborne pathogens.
- Appendix: A

1910.1030(a) ***Scope and Application.*** This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b) ***Definitions.*** For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an Employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an Employee's duties.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an Employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or highElmhursttion production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentratons of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the Employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls **means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by technique).**

CONTINUING EDUCATION SIGN-IN SHEET

Program Title:_____

Date:_____ Time:_____

Presenter:_____

Presenter Credentials:_____

Target Audience:_____

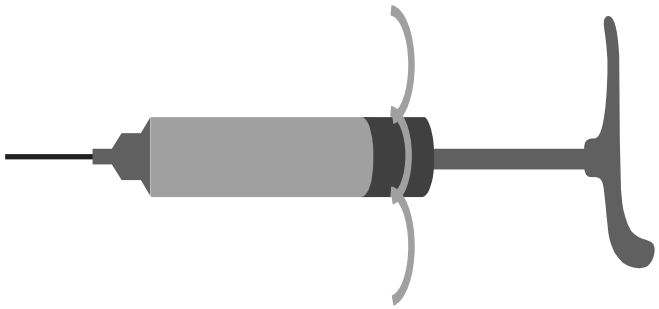
PARTICIPANTS

Name	Job Title	Signature

VACCINATION/ IMMUNIZATION

&

TB TESTING PROGRAM



VACCINE/ IMMUNIZATION PROGRAM

In accordance with the Centers for Disease Control and Prevention (CDC) guidelines for the vaccination and immunization of healthcare workers and the National Fire Protection Association Standard 1581, the department will offer unprotected fire/rescue personnel deemed to be at risk for exposure protective vaccines.

- HICPAC and CDC have recommended that secure, preferably computerized, systems should be used to manage vaccination records for HCP so records can be retrieved easily as needed.

- Each record should reflect immunity status for indicated vaccine-preventable diseases, as well as vaccinations administered during employment.

- **The department will track COVID-19 vaccine by review of consent and declination forms**

Harnett County Emergency Services

Communicable Disease Health History

This information is confidential

Disease	Date of Illness
Measles (Rubeola)	_____
Measles (Rubella)	_____
Mumps	_____
Chickenpox	_____
Hepatitis	_____ Type_____
Tuberculosis	_____ Type_____
Meningitis	_____ Type_____
Malaria	_____Type_____
HIV infection	_____

Allergies:

Medications _____

Latex_____ Nitrile_____

Signature:_____ Date:_____

HARNETT COUNTY EMERGENCY SERVICES
IMMUNIZATION RECORD

Confidential

Immunization/Vaccine	**Date of Administration**
Hepatitis B Vaccine	_____
Antibody Titer	_____ Result_____
Measles, Mumps, Rubella	_____
TB Skin Test	_____Result_____
Tetanus/Diphtheria	_____
Chickenpox Vaccine	_____
Flu Vaccine	_____
Tdap Booster x1	_____
COVID-19 Vaccine	_____/_____
COVID-19 Booster (s)	_____/_____

Signature:_____ Date:_____

HARNETT COUNTY EMERGENCY SERVICES

DECLINATION FORM

RELEASE OF HEALTH HISTORY & PERSONAL VACCINATION INFORMATION

I have attended education and training on bloodborne pathogens & airborne/droplet diseases and I have reviewed the forms requesting health and immunization/vaccination history.

I understand that this information is to be confidential and would only be used to assist in evaluation of whether I should be offered a vaccine or immunization as a prevention measure prior to any exposure event or for post exposure evaluation and treatment.

I decline submitting this information to the Designated Officer. I understand that if I change my mind, I will be able to complete the forms and receive any recommended immunizations or vaccinations.

Print Name: _____

Signature: _____

Date: _____

Witness Signature: _____

Reason: (optional) _____

IMMUNIZATION RECORDS REQUEST FORM

Name_____

Address_____

City_____ State_____ Zip_____

Previous Name_____

Telephone number – ( )_____

Send to or fax to: ( )_____

Name

Address
City, State, Zip

Signature:_____ Date:_____

My signature authorizes_____ to release copies of my immunization records to the person/department listed above with the understanding that the recipient will not release the records to a third party without my written permission.

Date sent or processed:_____

HARNETT COUNTY EMERGENCY SERVICES

DECLINATION FORM

VACCINE & IMMUNIZATIONS

After review of my medical records/history, I have been advised that I may not be protected from childhood diseases that are currently on the rise in this country. I am aware that the Centers for Disease Control & Prevention (CDC) recommends that all unprotected healthcare providers be offered protective vaccines/immunizations by their employers. My employer has offered me additional protective vaccines for the following;

Tdap Booster _____
MMR Vaccine _____
Chickenpox Vaccine _____
COVID-19 Vaccine _____

However, I choose not to participate in the receipt of additional vaccinations/immunizations. I am aware that I am risk for possible exposure to these diseases.

Print Name: _____

Signature: _____

Date: _____

Witness Signature: _____

Reason: (optional) _____

HARNETT COUNTY EMERGENCY SERVICES

CHICKENPOX PREVENTION AND CONTROL

On hire, each Employee will be asked to complete a health history form. This form will address chickenpox immunity. New employees, who do not have immunity to chickenpox by reported history of the disease as a child, will be offered vaccine. A titer is not required. If the titer is negative, he/she will be advised to obtain the new chickenpox vaccine – Varivax.

It should be noted that the department is responsible for payment of this prevention method.

Employees who receive chickenpox vaccine (Varivax) should submit proof of vaccination for inclusion in their medical record.

HARNETT COUNTY EMERGENCY SERVICES

CONSENT FORM

VARICELLA VACCINE

Employee Information:

Name: _____

	Yes	No
1. Have you ever had an allergic reaction to a vaccine or medication?	_____	
2. Are you allergic to neomycin or gelatin?	_____	
3. Are you pregnant or breast- feeding?	_____	
4. Are you under a physician's care?	_____	
5. Are you currently ill, fever or cold?	_____	
6. In the past 5 months, have you received a blood transfusion	_____	
7. Have you received Immune globulin or varicella immune globulin (VZIG)?	_____	

Consent:

I have read the information packet on VARIVAX (chickenpox vaccine). I have been given the opportunity to ask questions, and I understand the benefits and risks associated with this vaccine. I understand that I should avoid becoming pregnant for 4 weeks following receipt of this vaccine, and that I should avoid the use of aspirin for 6 weeks after vaccination. If I develop a rash, I must remain off work until the rash subsides and receive clearance from Infection Control/Safety Officer to return to work.

Signed_____ **Date**_____

HARNETT COUNTY EMERGENCY SERVICES

CONSENT FORM

MEASLES. MUMPS, RUBELLA VACCINE

Name:

	YES	NO
1. Have you ever had an allergic reaction to a vaccine or medication?	_____	_____
2. Are you pregnant?	_____	_____
3. Are you under a physician's care?	_____	_____
4. Do you currently have a fever or viral illness?	_____	_____
5. Are you allergic to eggs?	_____	_____
6. Are you immunocompromised?	_____	_____
7. Have you recently received any blood products/transfusions?	_____	_____

Consent

I have reviewed the information on MMR vaccine (measles, mumps, rubella). I have been given the opportunity to ask questions and to have my questions answered. I understand the benefits and risks associated with this vaccine.

I understand that I should avoid becoming pregnant for 4 weeks following receipt of this vaccine. If I develop any side effects, I will report them to the designated medical care provider.

Signed:_____ **Date:**_____

INFLUENZA VACCINATION PROGRAM

The department will make free flu vaccine available to all employees. Flu vaccine will be administered at Harnett County Health Department. Flu vaccine is offered beginning in Mid- September and ending when advised by the CDC. A consent form will need to be signed by the employee and will be retained on file in the employee medical record.

HARNETT COUNTY EMERGENCY SERVICES

CONSENT FORM

INFLUENZA VACCINE

Employee Name: _____

I have read the information about the influenza and the vaccine that is being offered. I have read the information on possible side effects and allergies. I have had the opportunity to ask questions and to have the questions answered. Based on this, I elect to participate in this vaccine program.

Print Name: _____

Signature: _____

Date: _____

HARNETT COUNTY EMERGENCY SERVICES

DECLINATION FORM

FLU VACCINE

This form is to document that I have been offered annual flu vaccine by my employer free of charge.

I have received education and training regarding the benefits of participating in the annual flu vaccine program in conjunction with the Centers for Disease Control and Prevention Guidelines. I have been given the opportunity to ask questions and to have those questions answered. However, I have chosen to decline this offer.

Print Name: _____

Signature: _____

Date: _____

Witness Signature: _____

Reason: (optional) _____

HARNETT COUNTY EMERGENCY SERVICES

DECLINATION FORM

COVID-19 VACCINE

I am aware the COVID-19 vaccine has been approved by the Food & Drug Administration. I am aware that, as a frontline healthcare worker, I am in a risk group for contracting COVID-19. However, I do not wish to participate in the COVID-19 vaccine program at this time. I have been informed that I may elect to receive the COVID-19 vaccine at a later time.

Print Name: _____

Signature: _____

Date: _____

Witness Signature: _____

Reason: (optional) _____

HARNETT COUNTY EMERGENCY SERVICES

CONSENT FORM

COVID-19 VACCINE

I have received counseling regarding the COVID-19 vaccine and informed that it has been approved by the by the Food & Drug Administration. I am aware that I am in a priority group for receipt of this vaccine.
I have had the opportunity to ask questions and have been asked about any allergies that might preclude me from taking this vaccine.
Based on this, I elect to participate in this vaccine program.

Print Name: _____

Signature: _____

Date: _____

HEPATITIS B VACCINE ADMINISTRATION PROGRAM

Hepatitis B Vaccine (Recombiant) in the form of an on-going vaccine program will be made available to **all** employees who have been deemed to be at risk for occupational exposure. Vaccine will be administered at no cost to the employee. Vaccine will be administered within 10 days of initial assignment to a position that would place the member at risk. The vaccine program will be administered under the direction of a physician designated by the Harnett County Emergency Services. Injections will be administered by staff of Harnett County Health Department located at 307 W. Cornelius Harnett Blvd. in Lillington, NC. Phone: 910-893-7550/

If additional times are needed, please contact the Designated Officer. Administration will be in accordance with the published standard set forth by the U.S. Public Health department - Centers for Disease Control. A laboratory that is accredited will conduct any laboratory testing. Testing will be offered at no cost to the employee.

For all employees at risk, vaccine will be administered - following the education and training. The designated medical care provider at the department will keep records of the injections. The Designated Officer will also keep copies for back up recordkeeping.

The department will transition to the use of Heplisav-B vaccine which is only a 2-dose series and deemed more effective by the CDC.

HEPATITIS B VACCINE PROGRAM

Each employee deemed to be at risk will be instructed regarding the disease, efficiency and safety of the vaccine, route of administration, administration schedule and benefits. There will be ample opportunity for each employee to ask questions and have questions answered. This will allow for each employee to make an informed decision to participate **or** decline to participate. Employees will be asked to sign an **informed** consent sheet that will be kept on file. Employees who decline to participate will be asked to sign a declination form in accordance with the provision of 1910.1030; this will also be kept on file in the individual's medical record. Each employee participating in the vaccine program will receive a personal record documenting the vaccine series.

Employees who elect to sign a declination form will be advised that if they should change their mind, the vaccine will be made readily available to them.

Employees who can show proof of previous vaccination against hepatitis B or who can document that they are antibody positive will not be candidates for the vaccine because they have immunity.

Employees with a documented allergy to yeast will be **offered** HEPTAVAX HB (Plasma derived) vaccine. Should they decline to receive this vaccine, they will be asked to sign a declination form with added information on their allergy status.

Pre-screening for exposure to Hepatitis B will NOT be required for participation in the vaccine program. Post vaccine testing will be offered at no cost to the employee. This will be done to ensure that there was adequate response to the initial vaccine series. Post vaccine titer testing will be conducted 1-2 months after completion of the vaccine series. Non-responders will be offered an additional series in accordance with the CDC's update guidelines.

It should be noted that there is "Universal vaccination" program in this country. All newly hired should have received vaccine from their schools to training programs. These records should be obtained to establish immunity. **Titers do NOT need to be drawn on hire nor are annual titers needed or recommended.**

BOOSTER DOSES

Currently, there is no formal recommendation from the Centers for Disease Control for booster doses of the vaccine at any interval. At present, it is stated that the need for a booster is ***NOT*** indicated due to the "immunologic memory" offered by this vaccine. Should a formal recommendation for a booster be published, Harnett County Emergency Services will make booster doses available to "at risk" employees free of charge.

HARNETT COUNTY EMERGENCY SERVICES

CONSENT FORM

HEPATITIS B VACCINE

I have received education and training regarding the hepatitis B vaccine. I have had the opportunity to ask questions and to have those questions answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and consent to receive this vaccine.

Printed Name: _____

Signature: _____

Date: _____

HARNETT COUNTY EMERGENCY SERVICES

DECLINATION FORM

HEPATITIS B VACCINE

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name: _____

Signature: _____

Date: _____

Witness Signature: _____

Reason: (optional) _____

HARNETT COUNTY EMERGENCY SERVICES

HEPATITIS B VACCINE
IMMUNIZATION RECORD

Vaccine is to be administered in three doses. It should be given in the deltoid Muscle of the arm **only**. The schedule for doses is as follows;

- Initial dose
- Four weeks after the first dose, give second dose
- Six months after the first dose, give the last dose

EMPLOYEE NAME: _____

First Dose _____

Second Dose_____

Third Dose_____

Two Dose Series:

First Dose: _____

Second Dose: _____

Post Vaccine Testing

Date:_____ Result_____

RECORDKEEPING FOR HEPATITIS B VACCINE PROGRAM

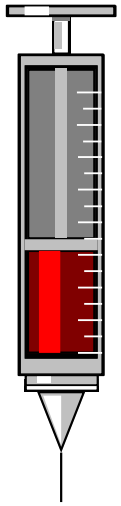
EACH EMPLOYEE WILL RECEIVE AN IMMUNIZATION CARD THAT WILL NOTE THE DATES OF ADMINISTRATION OF EACH DOSE OF VACCINE FOR THEIR PERSONAL RECORD. Health Department staff and the Designated Officer will maintain complete records on vaccine administration. Records will be maintained for the duration of the employee's department to Harnett County Emergency Services plus an additional thirty (30) years. However, if the individual is on the department for less than one (1) year, the records will be released to the individual at termination. This is in keeping with the requirements of OSHA 1910.1030 and the OSHA medical record standard 1910.1020.

Any employee who declines to participate in the program will sign a declination form. The Designated Officer, for the duration of the employee's department plus an additional thirty (30) years will keep this form on file.

Employees who decline the vaccination and decline to sign the declination form will be referred for counseling and possible administrative action under the disciplinary action policy.

No new hire titers are needed or recommended

TESTING



EMPLOYEES DEEMED AT RISK FOR TUBERCULOSIS

AT RISK PERSONNEL: Fire/EMS personnel

Employees listed in the "at risk" group for possible exposure to tuberculosis will be offered baseline PPD/TST skin testing and post exposure testing. PPD/TST administration for baseline and annual testing will be administered by the Health Department.

Two step testing is only performed when the individual has not been tested in the previously 12 months.

QFT- In tube blood test may be offered in –lieu of skin testing. This is in keeping with the CDC guidelines and recommendations. The department is working with the health department to make this change.

TESTING FOR EXPOSURE TO TUBERCULOSIS

All personnel deemed to be at risk for exposure to tuberculosis (TB) will be skin tested upon joining to establish a baseline and then tested on a post exposure basis.

Testing for TB will be done using the MANTOUX test - administration of PPD/TST given by the intradermal method. This test will be read by a licensed health care professional. Each employee should sign consent or denial forms. Employees who have not previously tested **positive or have not been tested in the last 12 months** will be tested using the two step-method. If the employee has been tested in the previous 12 months only 1 skin test is needed. This is done to address the "booster phenomenon" and is in keeping with the current recommendations of the Center for Disease Control and Prevention (CDC). Consent or denial forms will be requested and kept on file in the employee medical records file.

HARNETT COUNTY EMERGENCY SERVICES

CONSENT FORM

TUBERCULOSIS (MANTOUX) SCREENING TEST

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test, which is used to determine if the bacteria that causes tuberculosis is residing in my body.

I understand that I may be occupationally exposed to Tuberculosis and that I may be at risk for acquiring Tuberculosis. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & Health Administration (OSHA) recommend that I be tested for exposure to TB.

I have been given the opportunity to be tested using the Mantoux skin test, at no charge to myself. I have had the opportunity to ask questions regarding TB and the skin- testing program. Based on this information, I elect to participate in this program.

Print Name: _____

Signature: _____

Date: _____

Administered By: _____

Read On: _____

Result: _____

HARNETT COUNTY EMERGENCY SERVICES

DECLINATION FORM

TUBERCULOSIS (MANTOUX) SCREENING TEST

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test, which is used to determine whether the bacteria causing TB is residing in my body.

I understand that I may be occupationally exposed to TB and that I may be at risk for acquiring TB. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & health Administration (OSHA) recommend that I be tested to determine whether I have contracted TB infection.

I have been given the opportunity to be tested using the Mantoux skin test, at no cost to myself. However, I decline TB screening at this time. I understand that, by declining this screening, I am at risk of having TB without my knowledge. I understand that I will be able to obtain testing for TB in the future if I choose to change my mind.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

Reason: (optional) _____

EMPLOYEE PROTECTION

SCREENING FOR TB EXPOSURE

RATIONALE FOR EXCLUSION

The employee jobs removed from the “at risk” determination was based upon review of job duties outlined in the job description and the requirements for the application for the position.

The majority of administrative positions do not demonstrate that there may be "reasonable" risk. Consideration was also given to the aspect of "reasonably anticipated" risk. The ultimate decision regarding risk was made by interview with department personnel. However, in the event that an individual in the not at-risk group would be exposed, they would be covered under the post exposure management protocol.

Since ALL personnel are not involved in the transport of patients or the provision of high-risk procedures, they are also exempt from a high-risk listing. (Reference formal risk assessment)

HARNETT COUNTY EMERGENCY SERVICES

TUBERCULOSIS (TB) SURVEILLANCE

ANNUAL TB SCREEN FOR POSITIVE REACTIONS

Name:_____

Job Classification:_____

Since records indicate that you have previously tested positive on PPD skin testing, the following questions must be answered each year as part of our annual TB surveillance program.

Please complete this form and return to: **wbarefoot@harnett.org**

During the past year, have you experienced or are you now experiencing any of the following signs/symptoms?

	Yes	**No**
Weight Loss (unrelated to dieting)	_____	_____
Persistent cough (2-3 weeks duration)	_____	_____
Fever/Night sweats	_____	_____
Weakness or fatigue	_____	_____
Coughing up blood	_____	_____

Signed:_____ Date: _____

HUMAN IMMUNODEFCIENCY VIRUS (HIV) TESTING

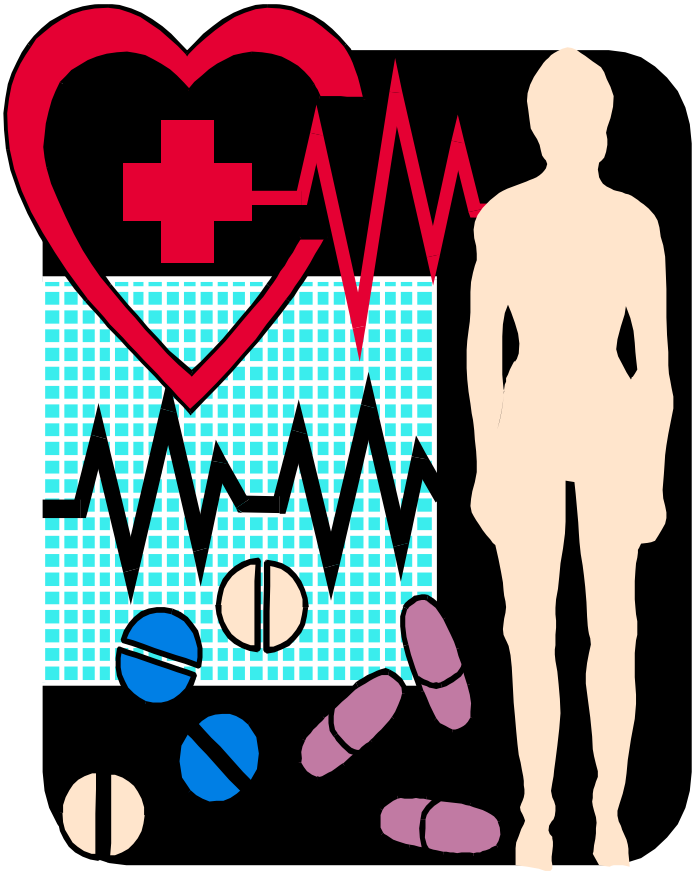
PURPOSE:

To make available, upon request, HIV testing and counseling for reasons other than an on the job exposure.

PROCEDURE:

Any employee requesting HIV testing may contact the Designated Officer or may directly contact the Public Health Department office of HIV testing to obtain free and anonymous testing. It is not the employer's responsibility to test in a non-work exposure situation.

WORK RESTRICTION GUIDELINES



RECOMMENDED WORK RESTRICTIONS FOR COMMUNICABLE DISEASES IN HEALTH CARE WORKERS

NOTE: ALL EXPOSURES AT HOME AS WELL AS AT WORK SHOULD BE EVALUATED		
POST-EXPOSURE	**WORK RESTRICTIONS**	**DURATION**
Acute febrile respiratory illness / influenza-like illness (ILI) (temperature ≥38º C or 100º F)	Exclude from work.	Until acute symptoms resolve and temperature <100°for at least 24 hours without the use of antipyretic medications.
Conjunctivitis (Bacterial)	Exclude from work.	Until discharge (constant tearing) ceases and for 24 hours after effective treatment is initiated.
Conjunctivitis (Viral)	Exclude from work if experiencing tenderness in front of ears (preauricular lymphadenopathy) temperature ≥100° F, work restrictions recommended by a physician, or eye drainage.	If adenovirus conjunctivitis is diagnosed, may RTW only when medically cleared by a physician (may remain infectious for ≥7 days).
Cytomegalovirus	No restrictions.	No restrictions.
Diarrheal diseases:		
· *Acute stage (diarrhea with other symptoms)*	Exclude from patient care and food handling.	Until symptoms resolve.
· *Clostridium difficile (C-diff)*	Exclude from work.	Until free from diarrheal stools for 72 hours and completion of antibiotic regimen.
· *E. coli*	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. **Food handlers require 2 negative stool cultures.**
· *Salmonella*	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. **Food handlers require 2 negative stool cultures.**
· *Shigella*	Exclude from work.	Until symptoms resolve. Consultation is needed to verify the employee is asymptomatic and is educated on hand hygiene. **Food handlers and direct care providers are required to be asymptomatic and have 2 negative stool cultures 24 hours apart and ≥48 hours from last dose of antibiotics.**
Diphtheria	Exclude from work.	Until symptoms resolve.

POST-EXPOSURE	WORK RESTRICTIONS	DURATION
Ebola Virus *(and other hemorrhagic fever viruses)*	Determine whether physical exposure has actually occurred. Follow CDC guidelines. Monitor to assess the presence of fever or other symptomatology.	Through day 21 post-exposure.
Enterovirus *(Hand Foot & Mouth Disease)*	Exclude from work.	Until symptoms resolve.
Hepatitis		
· *Hepatitis A*	Exclude from patient care, contact with patient's environment, and food handling.	Until 7 days after onset of jaundice or 14 days after diagnosis if no jaundice.
· *Hepatitis B*	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Until Hepatitis B serology indicates immunity to infection.
· *Hepatitis C*	May not perform exposure-prone invasive procedures until cleared by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Indefinitely (the majority of infected individuals become chronically infected).
Herpes Simplex		
· *Genital*	No restriction.	
· *Hands (herpetic whitlow)*	Exclude from patient contact and contact with patient environment.	Until lesions are healed/dry and crusted.
· *Orofacial*	Infection Control and Employee Health must evaluate each employee (according to location and severity of lesions) to assess the need to restrict from care of high-risk patients.	Until lesions are healed/dry and crusted.
HIV	May not perform exposure-prone invasive procedures until evaluated by Employee Health. Infection Control and Employee Health will review and recommend procedures the employee can perform.	Indefinitely
Influenza	Exclude from work .	Until afebrile (<38º C / 100º F) for 24 hours without the use of antipyretic medications.
Measles		
· *Active or Suspected*	Exclude from work.	Until 4 days after the onset of rash and temperature <100º F without the use of antipyretic medications.
· *Susceptible Employees*	Exclude from work.	From day 5 through day 21 post-exposure and 4 days after onset of rash.

POST-EXPOSURE	WORK RESTRICTIONS	DURATION
Meningococcus		
· asymptomatic employees	No restriction. Prophylaxis is recommended.	While asymptomatic.
· symptomatic employees (fever, intense headache, lethargy, stiff neck, and/or a rash that does not blanch under pressure)	Exclude from work. Close contacts and family members should be monitored.	Until 24 hours after start of effective therapy.
Methicillin Resistant Staphylococcus Aureus (MRSA)	Exclude from work. Must be cleared for RTW by Employee Health.	Until documentation of: · *negative nasal culture and* · *negative site culture* Cultures should be obtained ≥24 hours after antibiotics are completed.
Mononucleosis (Epstein-Barr Virus)	May work. Avoid mouth-to-mouth resuscitation.	May work. Avoid mouth-to-mouth resuscitation.
Mumps		
· *Active or Suspected*	Exclude from work.	Until 9 days after onset of parotitis.
· *Susceptible Employees*	Exclude from work.	From day 12 through day 26 post-exposure, or until 9 days after onset of parotitis.
Norovirus	Exclude from work.	Until 48 hours after symptoms resolve.
Pediculosis (Lice)	Exclude from work.	Until 24 hours after treatment and observed to be free from adult and immature lice.
Pertussis		
· *asymptomatic employees*	No restriction. Prophylaxis is recommended.	No restriction. Prophylaxis is recommended.
· *symptomatic employees*	Exclude from work.	From beginning of catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy.
Rubella		
· *Active or Suspected*	Exclude from work.	Until 7 days through day 21 post-exposure, after onset of rash and temperature <100°F without the use of antipyretic medications
· *Susceptible Employees*	Exclude from work.	From day 7 through day 21 post-exposure.
SARS	Exclude from work.	Until 10 days after onset of fever and temperature <100°F without the use of antipyretic medications

POST-EXPOSURE	WORK RESTRICTIONS	DURATION
Scabies	Exclude from work.	Until 24 hours after application of effective treatment.
Staphylococcus aureus (not MRSA)		
· *Active draining skin lesions*	May work if lesions can be adequately dressed and covered. If unable to completely dress and cover lesions, restrict from patient care, contact with patient's environment, and food handling.	Until lesions have resolved.
· *Carrier state*	No restriction unless the employee is epidemiologically linked to transmission of the organism.	Until colonization is cleared (as documented by culture).
Streptococcus, *group A*	Restrict from patient care, contact with patient's environment, and food handling.	Until 24 hours after adequate treatment started and no draining lesions.
Tuberculosis		
· *Active*	Exclude from work.	Until 3 negative AFB smears or cultures are obtained.
· *Positive TB skin test (TST) or IGRA (T-Spot or QuantiFERON) test*	All employees with a new positive TB test need to be evaluated by Employee Health to verify that they do not have active disease.	Once active disease is ruled out, employee may return to work with no restrictions
Vancomycin-resistant enterococcus (VRE)	Exclude from work.	Until cleared on a case-by-case basis by Infection Control and Employee Health.
Varicella (Chicken Pox or Shingles)		
· ***Non-immune employees*** *exposed to varicella zoster (chicken pox) or uncovered herpes zoster (shingles)*	Exclude from work.	From day 8 through day 21 post-exposure.
· ***Vaccinated*** *employees (those who have received 2 doses of vaccine)*	Monitor daily during days 8-21 post-exposure. Exclude from work immediately if symptoms develop (fever, headache, skin lesions).	Until varicella is ruled out or lesions are dry and crusted.
Zoster (Shingles)	Exclude from work if lesions cannot be covered with clothing. Infection Control and Employee Health will evaluate the potential for communicability.	Until lesions are dry and crusted.

Work Restrictions for HCP With SARS-CoV-2 Infection and Exposures

"Up to Date" with all recommended COVID-19 vaccine doses is defined in Stay Up to Date with Your Vaccines | CDC

For more details, including recommendations for healthcare personnel who are iimmunocompromised, have severe to critical illness, or are within 90 days of prior infection, refer to Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2 (conventional standards) and Strategies to Mitigate Healthcare Personnel Staffing Shortages (contingency and crisis standards).

Work Restrictions for HCP With SARS-CoV-2 Infection

Vaccination Status	Conventional	Contingency	Crisis
Up to Date and Not Up to Date	10 days OR 7 days with negative test†, if asymptomatic or mild to moderate illness (with improving symptoms)	5 days with/without negative test, if asymptomatic or mild to moderate illness (with improving symptoms)	No work restriction, with prioritization considerations (e.g., types of patients they care for)

Work Restrictions for Asymptomatic HCP with SARS-CoV-2 Exposures

Vaccination Status	Conventional	Contingency	Crisis
Up to Date	No work restrictions, with negative test on days 1‡ and 5–7	No work restriction	No work restriction
Not Up to Date	10 days OR 7 days with negative test†	No work restriction with negative tests on days 1‡, 2, 3, & 5–7 (if shortage of tests prioritize Day 1 to 2 and 5-7)	No work restrictions (test if possible)

†Negative test result within 48 hours before returning to work

‡For calculating day of test: 1) for those with infection consider day of symptom onset (or first positive test if asymptomatic) as day 0; 2) for those with exposure consider day of exposure as day 0

CDC

cdc.gov/coronavirus

MONKEYPOX EXPOSURE:

Monitoring Exposed Healthcare Professionals

Any healthcare worker who has cared for a monkeypox patient should be alert to the development of symptoms that could suggest monkeypox infection, especially within the 21- day period after the last date of care, and should notify infection control, occupational health, and the health department to be guided about a medical evaluation.

Healthcare workers who have unprotected exposures (i.e., not wearing PPE) to patients with monkeypox do not need to be excluded from work duty, but should undergo active surveillance for symptoms, which includes measurement of temperature at least twice daily for 21 days following the exposure. Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.

Healthcare workers who have cared for or otherwise been in direct or indirect contact with monkeypox patients while adhering to recommended infection control precautions may undergo self-monitoring or active monitoring as determined by the health department.

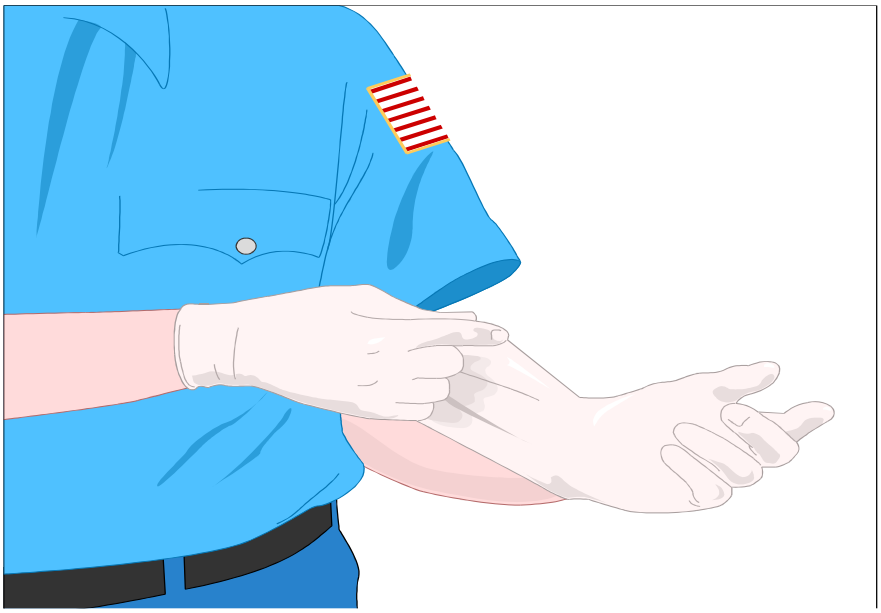
Transmission of monkeypox requires prolonged close contact with a symptomatic individual. Brief interactions and those conducted using appropriate PPE in accordance with Standard Precautions are not high risk and generally do not warrant PEP (vaccine).

Ebola – Ebola outbreaks in both Uganda and the DRC have ended (Jan. 2023)

It should be noted that when an outbreak is identified, any persons from the affected area planning travel to the U.S. will be reticketed to airports near one of the designated Regional Facilities. Then transported by a unit trained by the facility.

This makes the likelihood that exposure to Ebola by the average EMS system will probably not occur.

ENGINEERING CONTROLS
&
WORK PRACTICES



ENGINEERING CONTROLS

Engineering controls address redesign of equipment to insure employee risk reduction, procedures that serve to reduce exposure such as cleaning equipment or areas that have been contaminated, and the use of barrier techniques to reduce direct contact with blood and OPIM.

Employees of the Harnett County Emergency Services, will follow the enclosed protocols in the course of their daily work to assist with risk reduction. These protocols are in accordance with the guidelines/recommendations published by the CDC, the National Fire Protection Association (NFPA) 1581, Infection Control recommendations and OSHA.

ENGINEERING CONTROLS/WORK PRACTICES

All employees will adopt the practice of Standard Precautions to reduce the risk for exposure to blood and OPIM.

The term Body Substance Isolation or Standard Precautions is a concept that considers blood and ALL body fluids, except sweat, to be potentially infectious. Use of this concept does NOT require that there be good visibility and a controlled work environment. This can, therefore be followed in all work areas of employees.

Body Fluids That Fall Under - Other Potentially Infectious Materials (OPIM)

CEREBROSPINAL FLUID

SYNOVIAL FLUID

AMNIOTIC FLUID

PERICARDIAL FLUID

VAGINAL SECRETIONS (sexual contact)

SEMEN (sexual contact)

**** ANY BODY FLUID CONTAINING *GROSS VISIBLE* BLOOD**

HANDWASHING

PROCEDURE	**RATIONALE/ACTION**
Hands must be washed before and after patient contact.	Handwashing is the single most important means of preventing the spread of infection
Scrub hands for at least 15 seconds Use friction rub action after the Soap is applied	Friction will assist in the removal of dirt as well as bacteria and other organisms
When running water is not available. Use a waterless handwash solution	Waterless agent such as: Alcare, Hibistat and Cal-Stat may be used The routine use of antibacterial soap Is **NOT** recommended
Rinse hands well under running Water	
Dry with a paper towel	
Use paper towel to turn off water Faucets	Faucets were handled by soiled hands

PERSONAL PROTECTIVE EQUIPMENT

Appropriate personal protective equipment will be provided at no cost to the employees with occupational exposure. Personal Protective Equipment will be issued based on the needs of each particular work group and the anticipated exposure. Personal Protective Equipment (PPE) for personnel will include, but not be limited to: disposable gloves, protective eyewear & mask (surgical), Cover gowns, waterless hand wash solution, and a Biohazard bag. Extra supplies are located in the station. The designated officers will ensure that PPE is available.

1. An employee may decline the use of personal protective equipment in an emergency situation. An investigation will be conducted by the Infection Control Officer to determine if the non- use of personal protective equipment was warranted to meet the needs of the patient. This is in keeping with the OSHA Bloodborne Pathogens Regulation.

2. If clothing becomes contaminated with blood or OPIM then it shall be removed as soon as possible;

3. All PPE shall be removed prior to leaving the workplace; between calls, or if contaminated;

4. When PPE is removed, it shall be placed in an appropriate area and in a designated container for disposal, uniforms are to be placed in plastic bags for laundering at the fire station or at the Harnett County Emergency Services Center. This is at no cost to the employee.

5. PPE will be issued in appropriate sizes, and will be readily accessible at the worksite or will be issued directly to the employee. Allergies will be accommodated.

USE OF PERSONAL PROTECTIVE EQUIPMENT
GENERAL STATEMENTS

GLOVES -

Gloves shall be worn when it can be reasonably anticipated that an employee may have hand contact with blood or OPIM, mucous membranes, and non-intact skin, when performing patient care procedures, or handling or touching contaminated items or surfaces.

In an effort to comply with the **NIOSH Alert,** Harnett County Emergency Services will move toward more use of vinyl gloves and away from latex gloves as much as possible. The department will move toward becoming a non-latex workplace.

Disposable gloves shall be replaced as soon as practical when they become contaminated, torn or ripped.

Disposable gloves shall not be washed for reuse Following glove removal, hands should be washed

Heavy-duty utility gloves should be used when cleaning contaminated equipment, surfaces or when disposable gloves are insufficient.

Heavy duty utility gloves can be washed and reused as long as they are not torn or cracked.

Department authorized Gloves are to be worn for extrication and search activities.

MASKS -

Masks shall be used when there is suspect that an individual may have an airborne transmissible disease. The surgical style mask issued shall be the molded fitted type. Masks are placed on the patient. If not possible, then the care provider wears the mask.

- If the patient is SUSPECT for or DIAGNOSED with TB, a mask is required, place a surgical mask on the patient.
- Masks in conjunction with protective eyewear will be used when it is anticipated that there is the opportunity for gross splatter of blood or OPIM into the eye, nose or mouth.

N95 Respirators – used for aerosol-generating procedures – intubation, CPR

Dispatch – to advise persons requesting assistance to be wearing a mask prior to EMS arrival.

PROTECTIVE CLOTHING -

Appropriate protective clothing such as cover gowns or aprons or similar outerwear shall be worn in exposure situations. The type to be used will be based on the exposure anticipated.

POCKET MASKS -

All personnel trained in the administration of CPR will be trained in the use of either a bag/mask device or a pocket mask. All personnel will be trained in the proper use of the pocket mask, and the method for proper disposal or cleaning.

Ventilation – for transport the rear exhaust fan is to be on the high setting and the HVAC system on the non-recirculating cycle.

In station – air flow is to be increased and filters changed at the recommend time frame.

PERSONAL PROTECTIVE EQUIPMENT CLOTHING

Uniforms ***will be*** considered personal protective equipment for department personnel. Uniforms are considered to be contaminated when covered with blood/ OPIM and the area is too large to spot clean with a disinfectant solution.

All clothing contaminated with blood or other body fluids, to include personal clothing, will be laundered by personnel at the Harnett County Emergency Service Center located at 1005 Edwards Brothers Drive in Lillington.

ADDITIONAL PPE - supplied by the medical facility

Gloves – Nitrile – Curaplex Triton Grip SE
Utility Gloves -
Protective Eyewear/mask – Dynarex procedure mask
Waterless Handwash Solution- GelRite
Bag/Mask Device-
Cover gown- disposable – Tyvek suits (not needed)
Masks– surgical –
N95s – Kimberly Clark
PPE kits - Curaplex

Additional PPE is available in the back on the unit and in the EMS supply room.

**** Note that shoe covers and head covers are not necessary for PPE in FIRE/EMS activities.**

CLEANING SCHEDULE

CONTAMINATED AREAS OF THE VEHICLE WILL BE CLEANED AFTER EACH RUN. THIS PROCEDURE SHOULD BE COMPLETED AS SOON AS POSSIBLE.

Cleaning solution is:

Bleach/water - which will be used for ALL BLOOD cleaning activities

Decontamination of the vehicle will be done by following the posted weekly cleaning schedule. Cleaning will be conducted in the designated cleaning area. This will allow for adequate ventilation and rinsing of equipment. Documentation of the cleaning will be noted on the Cleaning Record Form. Variance from the standard will be set by the supervisor and based upon patient call volume.

Any equipment used and taken to the medical facility and left with the patient will be cleaned by the medical facility prior to return to the department. This is in accordance with OSHA 1910.1030.

All primary cleaning will be done at the hospital

CLEANING SCHEDULE

ALL CLEANING NOT PERFORMED AT THE HOSPITAL WILL BE DONE IN THE DECONTAMINATION AREA – at the station in the BayArea.

ROUTINE CLEANING the stock cleaning solution will be bleach/water brand cleaner or Bleach/water solution. All vehicles will be cleaned following contamination with blood/body fluids and this will be documented on the cleaning form. (See cleaning form).

Blood-covered areas will be cleaned with Bleach/Water solution at 1:100 dilution = ¼ cup bleach per gallon of water dilution. This can be used for 24 hours.

Diluted bleach solution must ***NOT*** be stored in glass bottles.

CARE AND CLEANING

EQUIPMENT CATEGORIES

There are three distinct levels of patient care equipment; each of which requires a different level of cleaning/decontamination.

Non-Critical Equipment - such as Stethoscopes and Blood Pressure Cuffs. This level of equipment requires **Cleaning.**

Semi-Critical Equipment - such as Stretchers, Vehicle Walls and Floors, Communication Headsets, Defibrillator. This level of equipment requires **Disinfection.**

Critical Equipment - such as Resuscitation Equipment or Intubation Equipment.

This level of equipment requires **Sterilization or High-Level Disinfection.**

Definitions:

CLEANING

Cleaning is the physical removal of dirt and debris. Members should use soap and water, combined with scrubbing action. The scrubbing action is the **KEY** to rendering all items safe for patient use. All equipment requires a minimum of cleaning. Cleaning must take place prior to any required Disinfection, High-Level Disinfection or Sterilization.

DISINFECTION

Disinfection is reducing the number of disease-producing organisms by physical or chemical means. Members should clean the item with soap and water then apply a Disinfection solution. Solutions such as bleach and water at a 1:100 dilution ratio are acceptable disinfectants. A fresh Disinfectant Solution must be made every day. **DO**

NOT use bleach solution in the cleaning of electronic equipment unless recommended by the manufacturer. Refer to the MSDS for each Disinfectant Solution to decide what personal protective equipment may be needed.

Remember, Disinfectants can be toxic or caustic. Disinfection Solution should have an EPA Registry Number. Routine disposal of the germicidal cleaning water in the drainage system is acceptable.

HIGH-LEVEL DISINFECTION

High-Level Disinfection is the use of chemical liquids for sterilization. Members should clean items then place the them in special solutions for a prescribed time. Items need to be removed using sterile process. Items must then be rinsed with sterile water.

Then items must be stored in sterile wrapping until the next use.

Refer to the Material Safety Data Sheets for each Disinfectant Solution to learn what personal protective equipment may be needed. Routine disposal of the germicidal cleaning water into the sanitary sewer system is acceptable.

GUIDE TO THE CARE OF SPECIFIC CONTAMINATED EQUIPMENT

key: 1 = DISPOSE

2 = CLEANING (Soap & water)

3 = DISINFECTION (Bleach/water @ 1:00, or SaniCloth Plus)

4 = HIGH-LEVEL DISINFECTION

5 = LAUNDER

ITEM	PROCEDURE
AIRWAY	1
BACKBOARDS	2,3
BITE STICKS	1
B/P/CUFFS	2,3,5
BULB SYRINGE	1
CERVICAL COLLARS	1 OR 2(gross contamination)
DRESSINGS/PAPER PRODUCTS	1
DRUG BOXES	2,3
ELECTRONIC EQUIPMENT	CHECK MANUFACTURERS RECOMMENDATIONS
FIREFIGHTER , PPE	5
KED	3
LARYNGOSCOPE BLADES	1
LINENS	1 or 5
NEEDLES/SYRINGES	1
O2 CANNULAS/MASKS	1
HUMIDIFIERS	1 OR 2
PENLIGHTS	2
POCKETS MASKS	1
RESTRAINTS	2
BAG/MASK DEVICE	1
SCISSORS	2 OR 3
SPLINTS	2, 3
STETHOSCOPE	2
STRETCHER	2 OR 3
STYLETS	1 OR 4
SUCTION CATHETERS	1
SUCTION JARS	1
UNIFORMS	5

POST TRANSPORT CLEANING

Following patient transport to the hospital, cleaning will be conducted at the hospital using solution supplied by the medical facility and cleaning will be conducted by department personnel. Any medical equipment that must be left with the patient at the hospital should be cleaned by the hospital staff before pick up by Harnett County Emergency Services personnel. If not cleaned, it should be properly bagged in accordance with OSHA 1910.1030 for transport to the station for cleaning.

Cleaning is to focus on high touch items – what the patient was in contact with and equipment used to care for the patient.

Infection Control Cleaning Log

Week of:_____

Area	Mon.	Tues.	Wed.	Thurs.	Fri.
Stock dates checked					
Bench and Doors cleaned					
Driver Area Cleaned					
PPE stocked					
Sharps Container checked Empty when ¾ full					

Daily cleaning in compliance with Department Policy –

LINENS

The department uses an exchange linen system for transport services. The hospitals will exchange linens with the department. Cleaning of linens is performed by hospital staff.

HANDLING OF CONTAMINATED LAUNDRY

All bags containing contaminated laundry will be placed in appropriate bags and taken to the designated area at the station for cleaning. Contact the Designated Infection Control Officer for any questions. Harnett County Emergency Services will verify that the individual charged with laundering the contaminated clothing will put on gloves (heavy duty-dishwashing style). Carefully open the bag and empty the contents into the washing machine. If there is the chance for blood splatter, then a cover gown should be worn. No special solution needs to be added to the wash. No special washing cycle is required. No special washing machine is required. Use a normal washing method.

Procedure for Cleaning Glucose Monitoring Devices

Procedure	Action/Rationale
<u>Fingerstick pens – reusable</u>	**Have been linked to Hepatitis B outbreaks**
Never to be used for more than one person **Use single use lancets**	**Failure to change, lancets, disposable platforms or endcaps between each patient**
Auto-disabling fingerstick devices	**Should be used – disposable**
Dispose in sharps container	**Sharps are medical waste**
<u>Blood Glucose Meters</u>	
Assign to each person	
Wear gloves	**Potential exposure to blood-**
Change gloves between each patient	**Gloves are general trash**
If shared, clean and disinfect after every use	**Basic infection control practice**
Follow the manufacturer's instructions	

Adapted from-www.cdc.gov/injectionsafety/blood-glucose-monitoring

CPR MANIKIN CLEANING AND TRAINING ISSUES

Basic Considerations:

1. Students should be told in advance that the training sessions will involve "close physical contact" with fellow students.

2. Students should not actively participate in training sessions if they have dermatological lesions on hands or oral areas; if they are known to currently be infected with a communicable disease, or if they have been exposed to an infectious process.

3. If more than one cardiopulmonary resuscitation (CPR) manikin is used, students should be assigned in pairs, with each pair having contact with only one manikin.

4. All persons responsible for CPR training should be thoroughly familiar with good handwashing procedures and the proper cleaning of manikins.

5. Manikins should be inspected routinely for cracks or tears in the plastic surfaces; these could make cleaning more difficult.

6. The clothes and hair of the manikin should be washed monthly or whenever visibly soiled.

Cleaning After Each Participant:

1. After each participant, the manikin's mouth and lips should be wiped with a 2X2-gauze pad wetted with a solution of 1:100 bleach and water solution or 70% isopropyl alcohol. The surface of the manikin should remain wet for at least 30 seconds before it is wiped dry.

2. If a protective face shield is used, it should be changed for each student.

For Two-Rescuer CPR:

1. During the two-rescuer CPR, each student should have his/her own CPR mask, as there is not time to disinfect between students. The second student to practice ventilation should "simulate ventilation. This recommendation is consistent with the current training recommendations of the American Heart Association.

2. Training in the "obstructed airway procedure" involves the student using his/her finger to sweep foreign matter out of the manikin's mouth. This action could contaminate the student's finger, if there is an open area, with saliva from the previous student. The finger sweep should be either simulated, performed on a manikin which has been decontaminated or use a finger cot.

Cleaning of Manikins:

1. Rinse all surfaces with fresh water

2. Wet all surfaces with a mixture of bleach and water at a ***1:100 dilution*** (1/4-cup bleach per gallon of water). This solution must be mixed fresh for each class.

3. Rinse with fresh water and dry all surfaces. Rinsing with alcohol will aid drying time of internal surfaces and will prevent the survival and growth of bacteria and/or fungus.

POST - EXPOSURE NOTIFICATION, MANAGEMENT & RECORDKEEPING

CLARIFYING EXPOSURE TO BLOODBORNE PATHOGENS

THE FOLLOWING OCCURRENCE SHOULD BE REPORTED DIRECTLY TO THE DESIGNATED OFFICER **:**

1. **A contaminated needlestick injury**

2. **Blood/OPIM in direct contact with the surface of the eye, nose, or mouth**

3. **Blood/OPIM in direct contact with an open area of the skin**

4. **Cuts with a sharp object covered with blood/OPIM**

5. **Human bites/ blood drawn**

IMMEDIATE NEEDS POST-EXPOSURE:

1. **IF THE EXPOSURE IS A SHARPS INJURY;**

    A. **LET THE AREA BLEED FREELY**

    B. **WASH THE AREA WITH SOAP AND WATER OR THE WATERLESS HANDWASH SOLUTION**

    C. **NOTIFY THE DESIGNATED OFFICER**

2. **IF THE EXPOSURE WAS A SPLASH TO THE EYE, NOSE OR MOUTH;**

    A. **FLUSH THE AREA FOR 10 MINS. WITH WATER**

    B. **NOTIFY THE DESIGNATED OFFICER**

DESIGNATED OFFICERS FOR DISEASE / EXPOSURE REPORTING AND MEDICAL FOLLOW-UP

Employees who feel that they may have had an exposure should contact the Designated Officer:

<u>Designated Officer</u> - Robert West Barefoot, AC

910 – 391 – 4784 Cell
910 – 893 - 0723 Office

<u>Alternate Officer:</u> **Jena Owen – Compliance Officer**

910 – 893 - 0728 Day
919 – 625 – 1168 Cell

POST EXPOSURE MANAGEMENT

In accordance with OSHA 1910.1030, and the Ryan White Law, Part G, employees will be instructed to contact the Designated Officer if they feel that they have been involved in a possible exposure situation. **The employee should call the DICO from the medical facility where they delivered the patient. This is to expedite source patient testing.** Exposure reporting will be done with regard to bloodborne and airborne/droplet transmissible diseases.

The Designated Officer will conduct the initial investigation of the incident and contact the appropriate hospital contact, if needed.

Should exposure management/treatment be deemed indicated, employee will be advised by the Designated Officer, where to seek additional medical treatment and what that treatment should include.

Post-exposure evaluation and medical treatment will be made available at no cost to the member. It will be set up at a reasonable time at the office of Harnett Health – Lillington medical center located at 7 East Duncan Street in Lillington as has been presented to employee in the training sessions.

Treatment will be conducted by or under the direct supervision of a licensed physician or other health care professional who is familiar with the OSHA standard, the Centers for Disease Control and Prevention medical follow up guidelines and the criteria for pre and post exposure counseling.

All treatment for exposure management will follow the published recommendations set forth by the U.S. Public Health department -(the Centers for Disease Control and/or the Advisory Committee on Immunization Practices).

The established program for medical evaluation and follow-up will be conducted by an accredited laboratory at no cost to the employee. All laboratory tests will be conducted through Harnett Health.

Medical records of exposure medical management will be **confidential**

Confidential elements will include the following;

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred
2. The identification of the source individual, unless it is not feasible, that this information be obtained.
3. In the State of No. Carolina, consent is NOT required if there has been an actual exposure of a health care provider.
4. Results of the testing of the source individuals blood test shall be made available to the exposed employee. The exposed employee **should hold this information- confidential.**
5. IT is NOT a HIPPA violation for the exposed employee to receive source patient test results

POST EXPOSURE REFERRAL

General Guidelines Bloodborne Exposures

Harnett County EMS will have the Designated Officer advise the exposed employee as to whether a true exposure occurred. If yes, then the Designated Officer will request the medical facility to conduct source patient testing. If the source tests positive, then the Designated Officer will initiate the referral for post-exposure management.

The employee, if deemed necessary, will be offered Hepatitis B (HBV), Human IMMUNODEFICIENCY virus (HIV), rapid Hepatitis C and rapid VDRL testing. If the Patient tests positive, then baseline will be drawn on the employee.

It should be noted that rapid HIV and rapid syphilis testing is now a routine part of health care.

Exposures that require medical treatment (prophylaxis) will be offered treatment that is in accordance with the published protocols set forth by the CDC. Protocols for HBV, HCV, HIV, Syphilis and Tuberculosis are to be available**.**

ALL exposed employees will receive counseling, this will be conducted by a health care professional who has been trained in pre-and post test counseling.

Airborne/Droplet Disease Exposures

Under the new disease listing in the Ryan White Law, Part G, it is the responsibility of the medical facility to notify the DICO if a crew has transported a patient suspect for or diagnosed with an airborne or droplet transmitted disease. The DICO will then interview the crew to determine whether or not an exposure occurred. If it is determined that an exposure did occur, the employee will be referred for post exposure testing and counseling.

Receiving Hospital's Responsibilities

The Hospital will be furnished a listing of the exposed employee's job duties as they relate to the exposure incident. This provider will make final exposure determination. The hospital is responsible for obtaining *source* patient blood sample for testing.

Documentation of the route of exposure and the circumstances of the exposure will be furnished by the Designated Officer to assist with this determination, if the designated officer disagrees with this, the public health officer will be contacted.

**The Hospital will carry out exposure notification/management ASAP no longer than within 48 hours as outlined in the Ryan White Law (Part G).

The receiving hospital is responsible for source patient blood testing. Rapid HIV, rapid HCV, and rapid VDRL is the test to be performed on the source patient. This is done to comply with the 2001/2005/2017 CDC Guidelines and to expedite testing on the behalf of the exposed employee. Rapid testing takes 10 – 100 minutes depending on the test ordered for the laboratory to perform. Source patient test results will be called to the Designated Officer. The Designated Officer will then review the results with the exposed employee.

Harnett Health's Responsibility

Counseling and baseline testing of the employee will be done in the office. Baseline tests drawn on the employee will depend on the availability of source patient test results and a positive HBV titer test on file.

If the employee insists on treatment when a non-exposure has been ruled, the physician at Harnett Health will contact the designated officer.

If the exposure involves HIV and falls under the CDC Guidelines for offering post exposure prophylaxis (PEP) the physician will access the CDC consultation line "expert" recommendations. The CDC consultation line can be reached by calling – 1-888-448-4911.

Harnett County EMS's Responsibilities

The organization will furnish any and all relevant medical information to the office of the designated medical care provider.

If the exposure was a needle stick injury or an exposure to TB resulting in a positive skin test, the Designated Officer will complete an OSHA 300-report form and the Sharps Injury Log

The Designated Officer **WILL** receive a summary of the written opinion within the 15 days time frame set forth in the regulation. An additional letter of written **opinion** will be forwarded directly to the employee by the physician at Harnett Health, the medical care provider for the department.

The Designated Officer will document that the employee has been informed of the evaluation results. This should be in accordance with the 48-hour time frame set forth in the Ryan White Law.

Any additional medical follow up will be conducted by Harnett Health.

All records will be maintained for duration of the employee's department plus an additional thirty (30) years as set forth in the OSHA regulation.

RECORD KEEPING REQUIREMENTS FOR SHARPS INJURIES

The OSHA 300 Log

List sharps injuries in with all other work-related injuries. This is a different document with different requirements than the Needlestick Injury Log.

A work-related sharps injury is recordable on the OSHA 300 log if:

- It causes a death
- It causes an illness
- It involves an injury which requires medical treatment beyond first aid (even if treatment is offered and refused).
- Sharps injury = exposure

First Aid	Medical Treatment (recordable)
❑ **Antiseptics during first visit**	❑ **Treatment of infection**
❑ **Application of bandage**	❑ **Application of antiseptics at 2nd and 3rd visits**
❑ **Use of non-prescription medications**	❑ **Administration of >1 dose of prescription medication**
❑ **Single dose of prescription medication**	❑ **Administration of hepatitis vaccination**
❑ **Administration of tetanus shot or booster**	❑ **Lab test or x-ray that shows injury or infection**
❑ **Lab test or x-ray that shows no injury or infection from that injury**	

The Sharps Injury Log **(States may have additional requirements)**

All contaminated sharps injuries must be recorded. Non-sharp related exposures are not recorded here.

- **The report has names**
- **Department where exposure incident occurred**
- **How the incident occurred**
- **Type and brand of sharp involved in the exposure incident**

This information may be recorded on a separate document or may be included in the data you collect following an exposure investigation. It is acceptable to maintain the information in computer files if you are able to sort the report for sharps injuries only and access it in a timely manner for OSHA if requested

SUMMARY RECORDKEEPING

On or before September 30, 1992, Harnett County EMS will ensure that accurate recordkeeping will be established and maintained for each employee deemed to be at risk for occupational exposure.

These records will be maintained by the Designated officer – in conjunction with the medical offices of Harnett Health. Records can be accessed upon written request. Contact the Designated Officer at Harnett County EMS to obtain access to medical records.

Any fee for copies of medical records will be paid for by the department.

Information for the medical records will include:

1. Name of the employee
2. A copy of the hepatitis B vaccine record, titer results, and PPD status
3. Consent/Denial forms
4. A copy of results of examinations and follow up procedures
   As required by the OSHA regulation
5. A copy of the healthcare providers written opinion(s) following an exposure
6. A copy of the information provided to the healthcare provider as required to assist with medical follow up

ALL APPLICABLE EMPLOYEE MEDICAL RECORDS WILL BE KEPT CONFIDENTIAL. ALL FILES WILL BE LOCKED AND MAINTAINED BY HARNETT HEALTH AND THE DESIGNATED INFECTION CONTROL OFFICER.

Employee medical records will be maintained for at least the duration of their employment plus thirty years in accordance with the OSHA standard, 1910.1030. All records are electronically maintained with limited access.

Should an employee submit a written request for a copy of their medical records, this will be done within 15 days of the request. Records are located at Harnett Health and retained in the Designated Officers office in a locked file. Contact the Administrative Assistant for requesting copies of medical records.

TRAINING RECORDS

Training records will include;

1. dates of the training session
2. the content (outline) or summary of the material presented
3. the name and qualifications of the instructor
4. the names and job titles of all persons attending the training session
5. the employees signature

ALL training records will be maintained for three (3) years.

Training records are <u>not</u> confidential records and will be provided upon request to the employee or the employee's representative within 15 days of the request. If the Harnett County EMS should cease to do business, it shall notify the Director of the No. Carolina State Dept. of Labor office- at least three months prior to the end of business. The Director may require that all records be transferred to him/her before the end of the three-month period.

All medical records will be kept confidential. Contents will *not* be disclosed or reported to any person within or outside the workplace

without the employees express written consent, except as required by law or regulation.

Department members who wish to obtain a copy of their medical record, must fill call the Designated officer and the records will be available within 15 days at no cost.

STATE TESTING LAWS

10A NCAC 41A .0202 CONTROL MEASURES – HIV

The following are the control measures for the Acquired Immune Deficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV) infection:

(1) Infected persons shall:

(a) refrain from sexual intercourse unless condoms are used; exercise caution when using condoms due to possible condom failure;

(b) not share needles or syringes, or any other drug-related equipment, paraphernalia, or works that may be contaminated with blood through previous use;

(c) not donate or sell blood, plasma, platelets, other blood products, semen, ova, tissues, organs, or breast milk;

(d) have a skin test for tuberculosis;

(e) notify future sexual intercourse partners of the infection;

(f) if the time of initial infection is known, notify persons who have been sexual intercourse and needle partners since the date of infection; and,

(g) if the date of initial infection is unknown, notify persons who have been sexual intercourse and needle partners for the previous year.

(2) The attending physician shall:

(a) give the control measures in Item (1) of this Rule to infected patients, in accordance with 10A NCAC 41A .0210;

(b) If the attending physician knows the identity of the spouse of an HIV-infected patient and has not, with the consent of the infected patient, notified and counseled the spouse, the physician shall list the spouse on a form provided by the Division of Public Health and shall mail the form to the Division. The Division shall undertake to counsel the spouse. The attending physician's responsibility to notify exposed and potentially exposed persons is satisfied by fulfilling the requirements of Sub-Items (2)(a) and (b) of this Rule;

(c) advise infected persons concerning clean-up of blood and other body fluids;

(d) advise infected persons concerning the risk of perinatal transmission and transmission by breastfeeding.

(3) The attending physician of a child who is infected with HIV and who may pose a significant risk of transmission in the school or day care setting because of open, oozing wounds or because of behavioral abnormalities such as biting shall notify the local health director. The local health director shall consult with the attending physician and investigate the following circumstances:

(a) If the child is in school or scheduled for admission and the local health director determines that there may be a significant risk of transmission, the local health director shall consult with an interdisciplinary committee, which shall include school personnel, a medical expert, and the child's parent or guardian to assist in the investigation and determination of risk. The local health director shall notify the superintendent or private school director of the need to appoint such an interdisciplinary committee.

(i) If the superintendent or private school director establishes such a committee within three days of notification, the local health director shall consult with this committee.

(ii) If the superintendent or private school director does not establish such a committee within three days of notification, the local health director shall establish such a committee.

(b) If the child is in school or scheduled for admission and the local health director determines, after consultation with the committee, that a significant risk of transmission exists, the local health director shall:

(i) notify the parents;

(ii) notify the committee;

(iii) assist the committee in determining whether an adjustment can be made to the student's school program to eliminate significant risks of transmission;

(iv) determine if an alternative educational setting is necessary to protect the public health;

(v) instruct the superintendent or private school director concerning protective measures to be implemented in the alternative educational setting developed by school personnel; and

(vi) consult with the superintendent or private school director to determine which school personnel directly involved with the child need to be notified of the HIV infection

in order to prevent transmission and ensure that these persons are instructed regarding the necessity for protecting confidentiality.

(c) If the child is in day care and the local health director determines that there is a significant risk of transmission, the local health director shall notify the parents that the child must be placed in an alternate child care setting that eliminates the significant risk of transmission.

(4) When health care workers or other persons have a needlestick or nonsexual non-intact skin or mucous membrane exposure to blood or body fluids that, if the source were infected with HIV, would pose a significant risk of HIV transmission, the following shall apply:

(a) When the source person is known:

(i) The attending physician or occupational health care provider responsible for the exposed person, if other than the attending physician of the person whose blood or body fluids is the source of the exposure, shall notify the attending physician of the source that an exposure has occurred. The attending physician of the source person shall discuss the exposure with the source and, unless the source is already known to be infected, shall test the source for HIV infection without consent unless it reasonably appears that the test cannot be performed without endangering the safety of the source person or the person administering the test. If the source person cannot be tested, an existing specimen, if one exists, shall be tested. The attending physician of the exposed person shall be notified of the infection status of the source.

(ii) The attending physician of the exposed person shall inform the exposed person about the infection status of the source, offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred, and, if the source person was HIV infected, give the exposed person the control measures listed in Sub-Items (1)(a) through (c) of this Rule. The attending physician of the exposed person shall instruct the exposed person regarding the necessity for protecting confidentiality.

(b) When the source person is unknown, the attending physician of the exposed persons shall inform the exposed person of the risk of transmission and offer testing for HIV infection as soon as possible after exposure and at reasonable intervals up to one year to determine whether transmission occurred.

(c) A health care facility may release the name of the attending physician of a source person upon request of the attending physician of an exposed person.

(5) The attending physician shall notify the local health director when the physician, in good faith, has reasonable cause to suspect a patient infected with HIV is not following or cannot follow control measures and is thereby causing a significant risk of transmission. Any other person may notify the local health director when the person, in good faith, has reasonable cause to suspect a person infected with HIV is not following control measures and is thereby causing a significant risk of transmission.

(6) When the local health director is notified pursuant to Item (5) of this Rule, of a person who is mentally ill or mentally retarded, the local health director shall confer with the attending mental health physician or mental health authority and the physician, if any, who notified the local health director to develop a plan to prevent transmission.

(7) The Division of Public Health shall notify the Director of Health Services of the North Carolina Department of Correction and the prison facility administrator when any person confined in a state prison is determined to be infected with HIV. If the prison facility administrator, in consultation with the Director of Health Services, determines that a confined HIV infected person is not following or cannot follow prescribed control measures, thereby presenting a significant risk of HIV transmission, the administrator and the Director shall develop and implement jointly a plan to prevent transmission, including making recommendations to the unit housing classification committee.

(8) The local health director shall ensure that the health plan for local jails include education of jail staff and prisoners about HIV, how it is transmitted, and how to avoid acquiring or transmitting this infection.

(9) Local health departments shall provide counseling and testing for HIV infection at no charge to the patient. Third party payors may be billed for HIV counseling and testing when such services are provided and the patient provides written consent.

(10) HIV pre-test counseling is not required. Post-test counseling for persons infected with HIV is required, must be individualized, and shall include referrals for medical and psychosocial services and control measures.

(11) A local health department or the Department may release information regarding an infected person pursuant to G.S. 130A-143(3) only when the local health department or the Department has provided direct medical care to the infected person and refers the person to or consults with the health care provider to whom the information is released.

(12) Notwithstanding Rule .0201(d) of this Section, a local or state health director may require, as a part of an isolation order issued in accordance with G.S. 130A-145, compliance with a plan to assist the individual to comply with control measures. The plan shall be designed to meet the specific needs of the individual and may include one or more of the following available and appropriate services:
(a) substance abuse counseling and treatment;
(b) mental health counseling and treatment; and
(c) education and counseling sessions about HIV, HIV transmission, and behavior change required to prevent transmission.

(13) The Division of Public Health shall conduct a partner notification program to assist in the notification and counseling of partners of HIV infected persons.

(14) Every pregnant woman shall be offered HIV testing by her attending physician at her first prenatal visit and in the third trimester. The attending physician shall test the pregnant woman for HIV infection, unless the pregnant woman refuses to provide informed consent pursuant to G.S. 130A-148(h). If there is no record at labor and delivery of an HIV test result during the current pregnancy for the pregnant woman, the attending physician shall inform the pregnant woman that an HIV test will be performed, explain the reasons for testing, and the woman shall be tested for HIV without consent using a rapid HIV test unless it reasonably appears that the test cannot be performed without endangering the safety of the pregnant woman or the person administering the test. If the pregnant woman cannot be tested, an existing specimen, if one exists that was collected within the last 24 hours, shall be tested using a rapid HIV test. The attending physician must provide the woman with the test results as soon as possible. However, labor and delivery providers who do not currently have the capacity to perform rapid HIV testing are not required to use a rapid HIV test until January 1, 2009.

(15) If an infant is delivered by a woman with no record of the result of an HIV test conducted during the pregnancy and if the woman was not tested for HIV during labor and delivery, the fact that the mother has not been tested creates a reasonable suspicion pursuant to G.S. 130A-148(h) that the newborn has HIV infection and the infant shall be tested for HIV. An infant born in the previous 12 hours shall be tested using a rapid HIV test. However, providers who do not currently have the capacity to perform rapid HIV testing shall not be required to use a rapid HIV test until January 1, 2009.

(16) Testing for HIV may be offered as part of routine laboratory testing panels using a general consent which is obtained from the patient for treatment and routine laboratory testing, so long as the patient is notified that they are being tested for HIV and given the opportunity to refuse.

History Note: Authority G.S. 130A-135; 130A-144; 130A-145; 130A-148(h);
Temporary Rule Eff. February 1, 1988, for a period of 180 days to expire on July 29, 1988;
Eff. March 1, 1988;
Amended Eff. February 1, 1990; November 1, 1989; June 1, 1989;
Temporary Amendment Eff. January 7, 1991 for a period of 180 days to expire on July 6, 1991;
Amended Eff. May 1, 1991;
Recodified from 15A NCAC 19A .0201 (d) and (e) Eff. June 11, 1991;
Amended Eff. August 1, 1995; October 1, 1994; January 4, 1994; October 1, 1992;
Temporary Amendment Eff. February 18, 2002; June 1, 2001;
Amended Eff. November 1, 2007; April 1, 2005; April 1, 2003.

POST - EXPOSURE TREAMENT PROTOCOLS

EXPOSURE REPORT FORM

Patient Information:

Name: _____ ____ ____ _____

Sex Age Patient #

Exposure Information: ☐ Bloodborne ☐ Airborne

Exposed to:

☐ Blood
☐ Bloody Fluid
☐ Other _____

Area Exposed:

☐ Hands ☐ Nose
☐ Face ☐ Mouth
☐ Eyes ☐ Other _____

Personal Protective Equipment Used: ☐ Yes Type: _____
☐ No

Task Being Performed: _____

Needle Safe Device Used: ☐ Yes ☐ No

Employee Information:

Name: _____

Phone # (H) _____ (W) _____

Exposure Date: _____ Exposure Time: _____

Exposure Location: Facility _____ Unit _____

Reported To: _____

First Aid Performed: ☐ Yes ☐ No

Source Patient Blood Drawn: (HIV rapid test, HBV, rapid HCV, rapid VDRL) ☐ Yes ☐ No

Reporting Process:

Preceptor/Instructor Notified: ☐ Yes ☐ No

Designated Officer Notified: ☐ Yes ☐ No

Post-Exposure Follow Up:

Employee Given Source Patient Test Results: ☐ Yes ☐ No

Date: _____ Time: _____Employee Medical Follow Up Referral to: _____

Employee: Must attach a written signed explanation of how the exposure event occurred within 24 hours of the incident. This is to be sent to the Designated Officer.

Description of Exposure Event:

Employee Signature: _____

Date: _____

HARNETT COUNTY EMERGENCY SERVICES

DECLINATION FORM

POST-EXPOSURE MEDICAL TREATMENT

I understand that due to my occupational exposure I may be at risk for acquiring _____ disease. I have been given the opportunity to be treated prophylatically for this exposure, at no charge to myself. However, I decline follow up medical treatment at this time. I understand that by declining this treatment, I continue to be at risk for acquiring the disease to which I have been exposed. I understand that if I acquire this disease I will be placed under the departments work restriction guidelines.

Printed Name: _____

Signature: _____

Date: _____

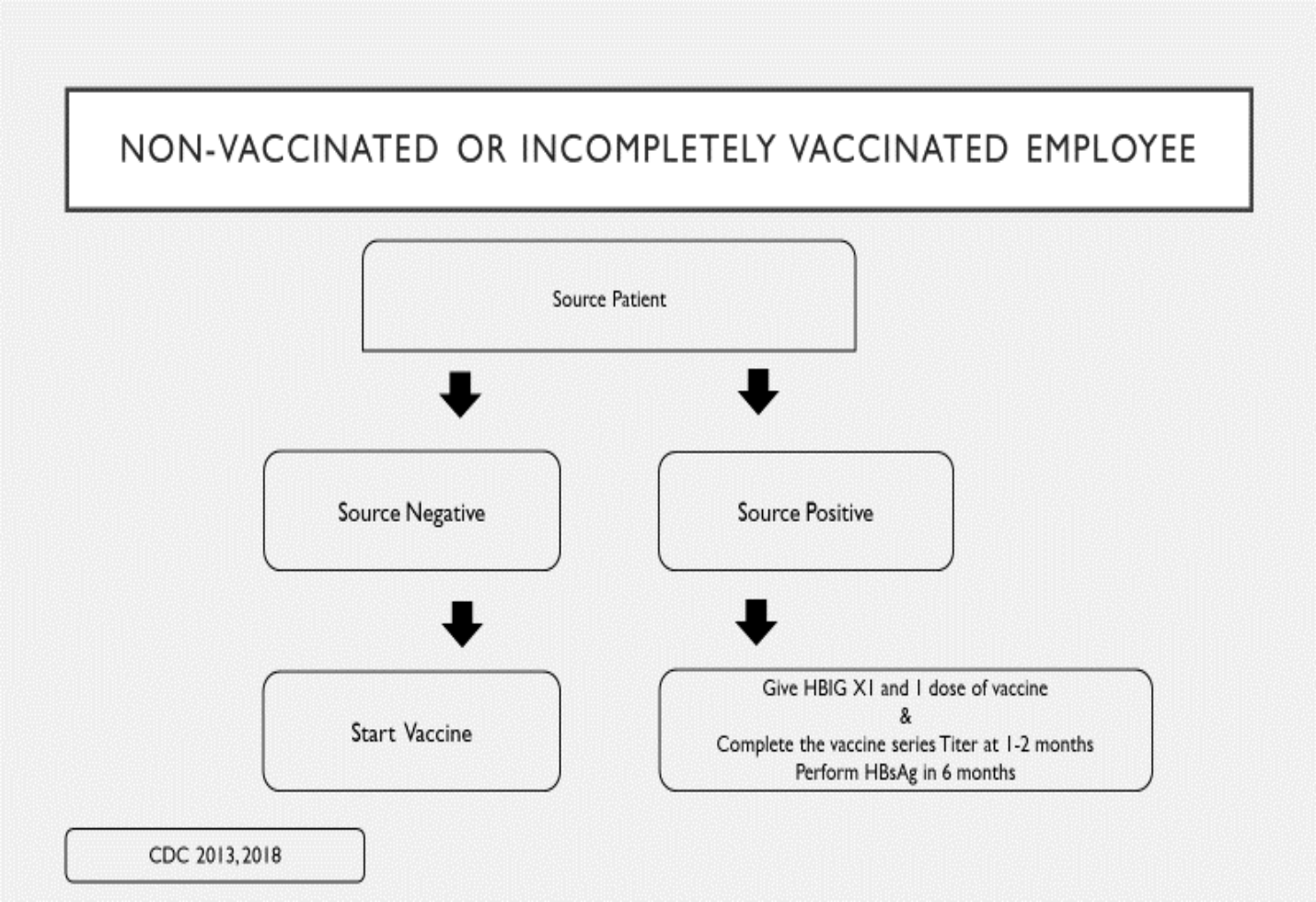
Witness: _____

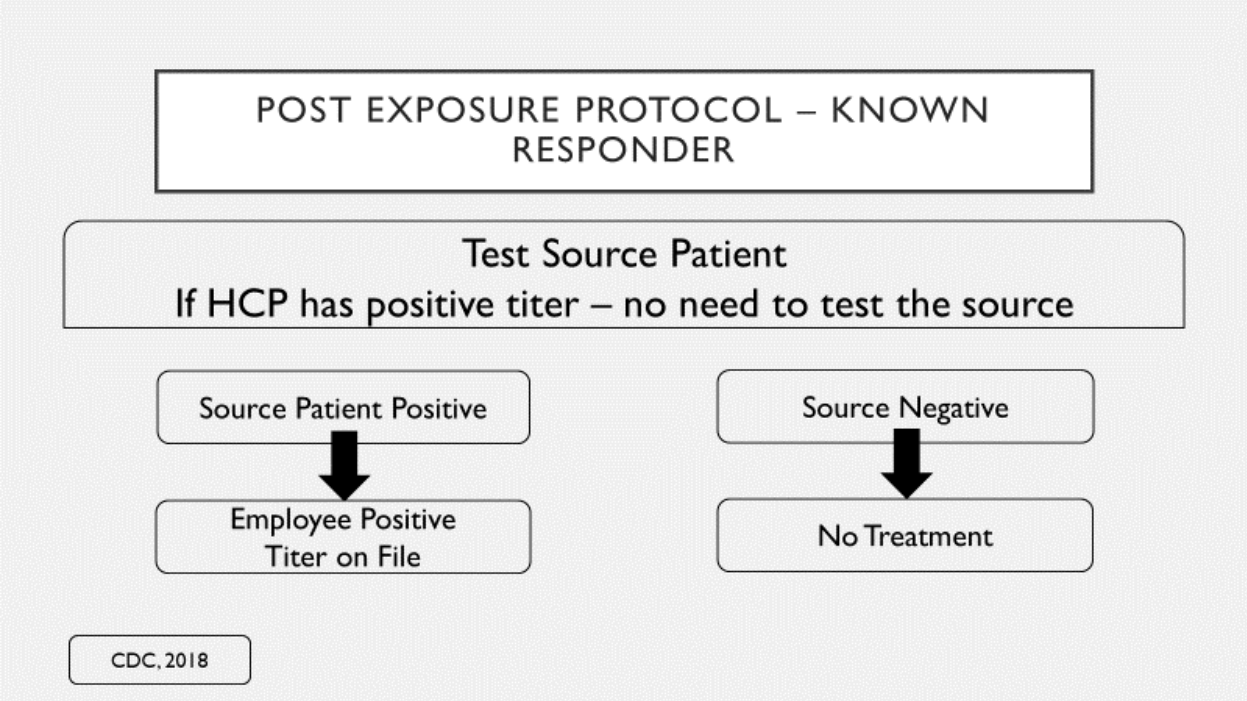
Reason: (optional) _____

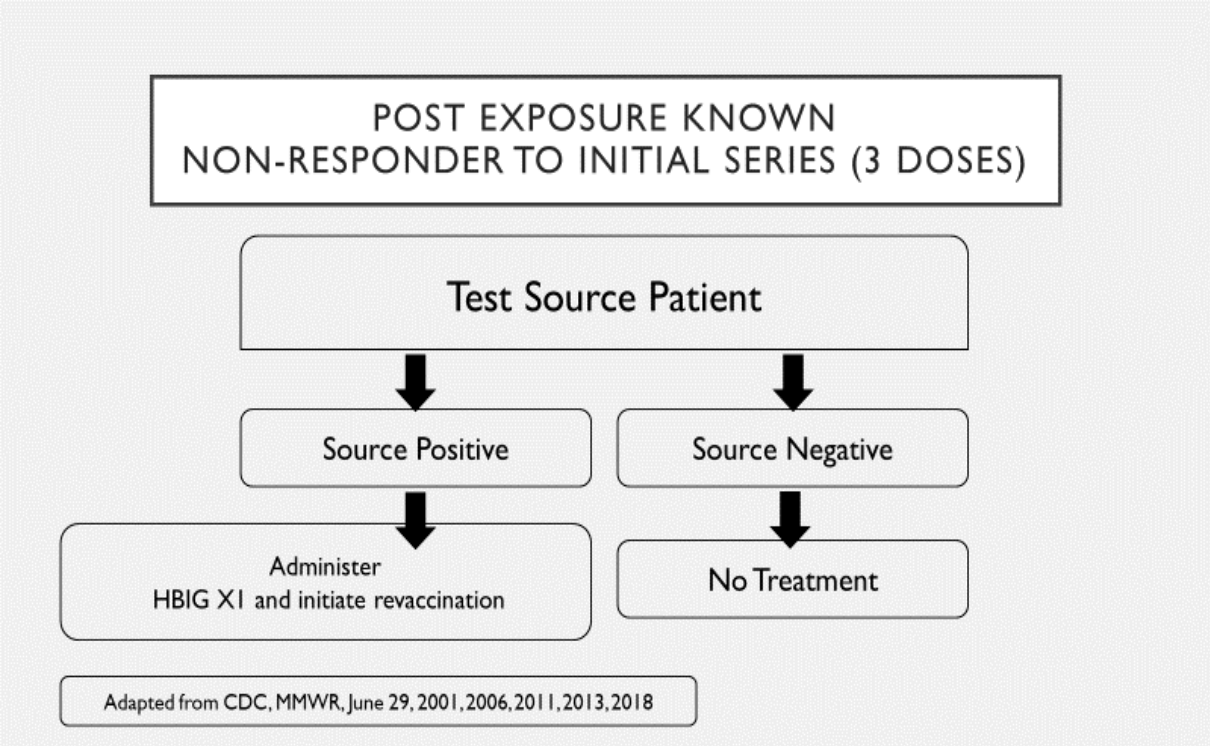
FOLLOWING EXPOSURE TO A DECEASED PATIENT

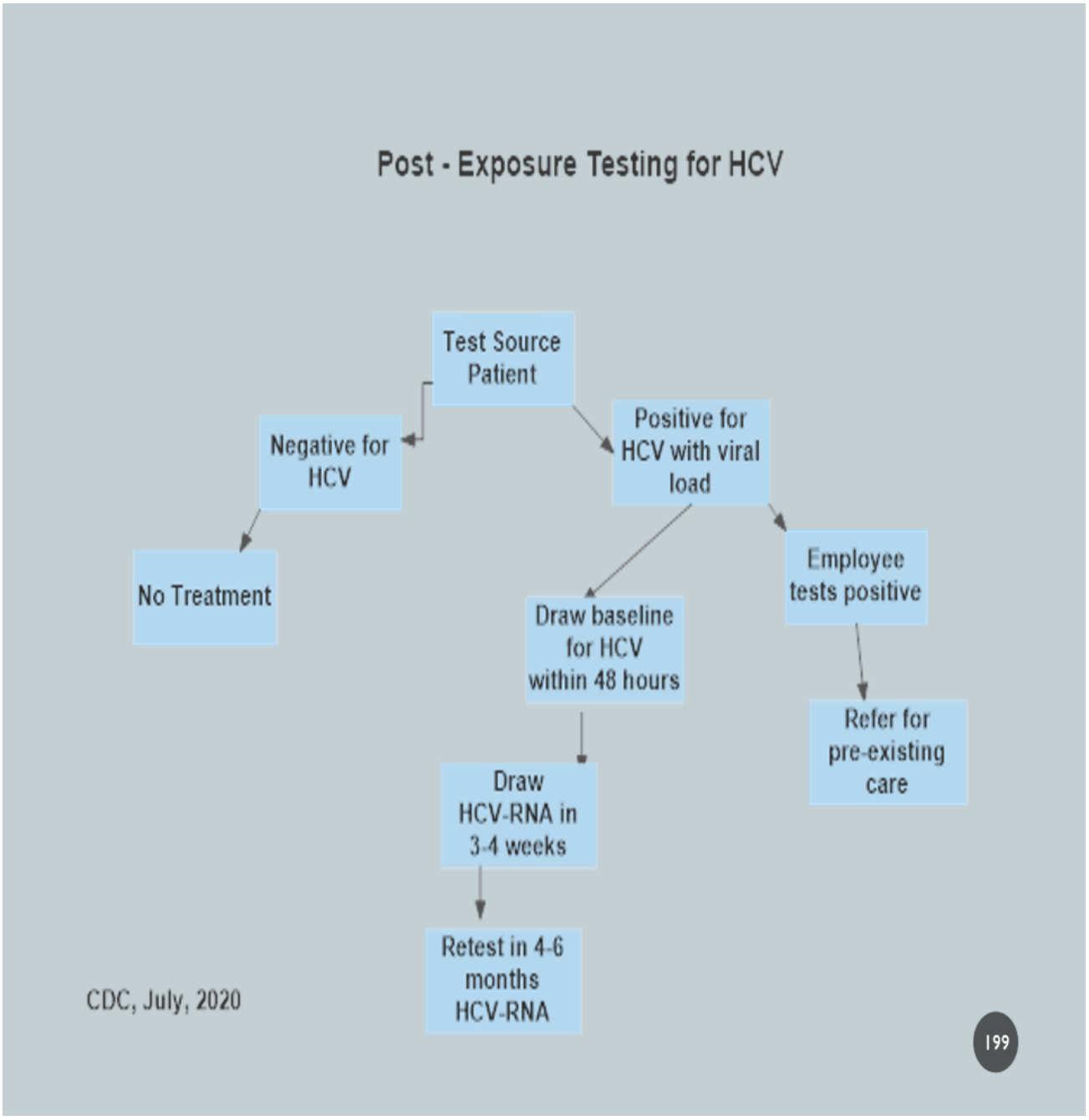
The Medical Examiner will perform necessary blood testing on the deceased patient if there is a documented health care worker exposure. The Medical Examiner will expedite the testing process to assist in meeting the prescribed time frames for post-exposure medical follow up. Notification of the Medical Examiner will be done by the Designated Officer. This is stated on page 10 of the Ryan White Notification Law.

** NOTE: It may be helpful to tag the body bag to note that an exposure has occurred.

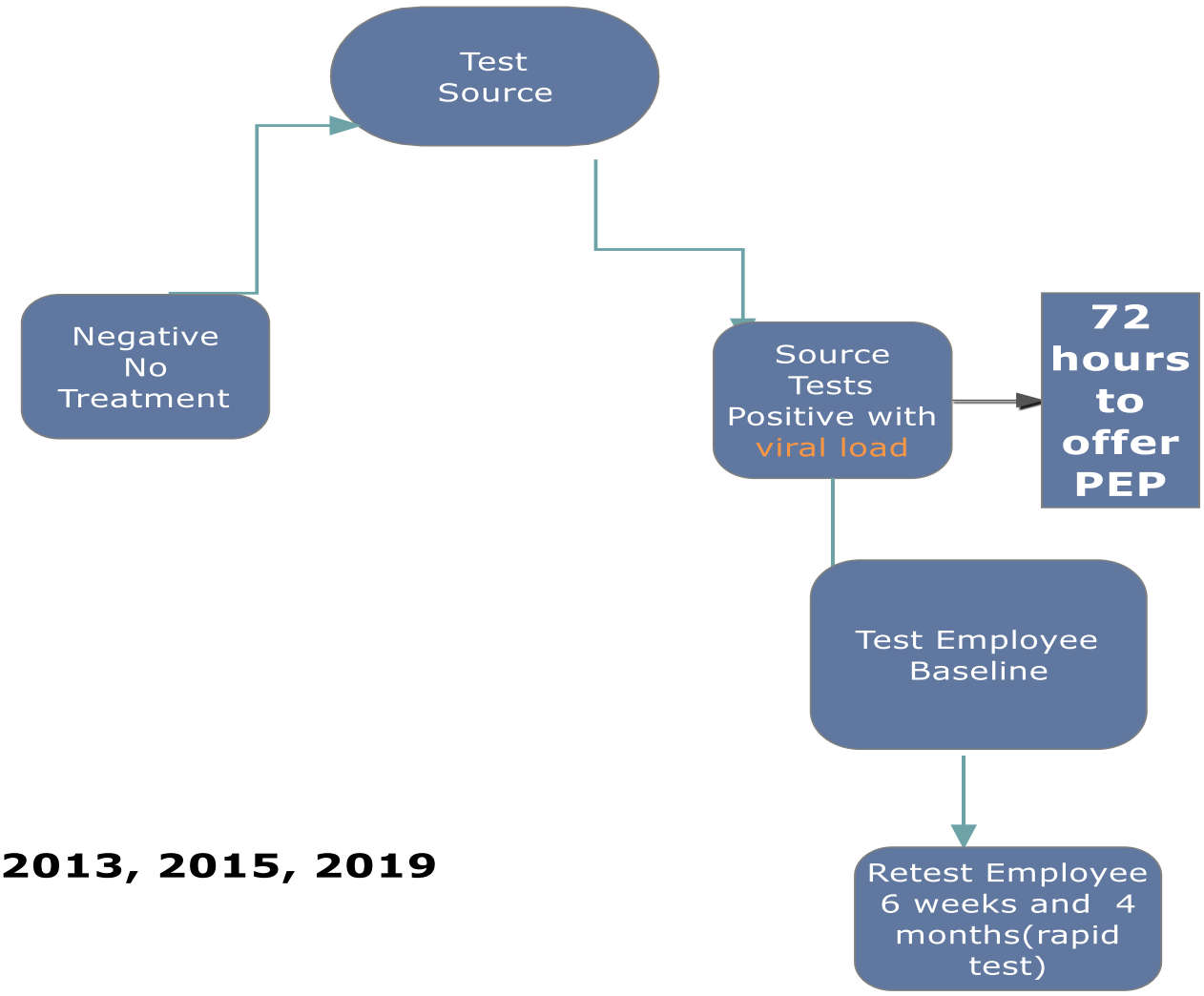

NON-VACCINATED OR INCOMPLETELY VACCINATED EMPLOYEE
Source Patient
Source Negative
Source Positive
Start Vaccine
Give HBIG X1 and 1 dose of vaccine
&
Complete the vaccine series Titer at 1-2 months
Perform HBsAg in 6 months
CDC 2013, 2018


POST EXPOSURE PROTOCOL – KNOWN RESPONDER
Test Source Patient
If HCP has positive titer – no need to test the source
Source Patient Positive
Employee Positive Titer on File
Source Negative
No Treatment
CDC, 2018


POST EXPOSURE KNOWN
NON-RESPONDER TO INITIAL SERIES (3 DOSES)
Test Source Patient
Source Positive
Source Negative
Administer
HBIG X1 and initiate revaccination
No Treatment
Adapted from CDC, MMWR, June 29, 2001, 2006, 2011, 2013, 2018


Post - Exposure Testing for HCV
Test Source Patient
Negative for HCV
Positive for HCV with viral load
No Treatment
Draw baseline for HCV within 48 hours
Employee tests positive
Refer for pre-existing care
Draw HCV-RNA in 3-4 weeks
Retest in 4-6 months HCV-RNA
CDC, July, 2020
199

Post Exposure Protocol - HIV



2013, 2015, 2019

POST-EXPOSURE PROTOCOL
HIV

POST-EXPOSURE PROPHYLAXIS (PEP)

I understand that the exposure that I sustained meets the criteria for offering antiretroviral drug treatment in accordance with the Centers for Disease Control and Prevention's recommendations dated May 15, 1998, June 29, 2001, September, 2005 September, 2013.

I understand that these drugs are offered because "theoretically initiation of antiretroviral PEP soon after exposure may prevent or inhibit systemic infection by limiting the proliferation of virus in the initial target cells or lymph nodes".

I understand that post-exposure prophylaxis (PEP) is a four- (4) week course of treatment. I understand that this drug treatment is associated with an increased risk for side effects. I have been advised that side effects may include; nausea, vomiting, malaise/fatigue, headache, or insomnia.

I have been offered counseling by a licensed health care provider and have had an opportunity to ask questions regarding the following:

_____ Source patient test results (include viral load test if HIV positive)
_____ What is known and unknown about PEP
_____ Side effects
_____ Use of drugs in pregnancy (need for pregnancy testing)
_____ Baseline and every 2-week blood work
_____ Current medication & drug interaction
_____ Drug allergies
_____ Efficacy/toxicity of these drugs
_____ Refraining from sexual activity, donating blood, tissues or organs
_____ Importance of using condoms if sexually active

Based on this counseling session, I elect to receive PEP treatment in accordance with the current recommendations.

Employee Signature:_____ Date:_____

Physician Signature: _____

Physician's Name (print): _____

POST-EXPOSURE PROTOCOL
SYPHILIS

PROCEDURE	**ACTION/NOTES**
Wash area well with soap & water	Reduces the number load of organisms
Report exposure and complete any necessary reporting forms	Assists with exposure recordkeeping and documentation for work comp.
Await source patient test results **Rapid test – 10 mins.**	Exposure healthcare personnel are Entitled to this information
Report for medical evaluation and/or testing	If results are positive on the source then post exposure treatment is appropriate
Treatment – IM injection of long-acting Penicillin 2.4 million units	If penicillin allergic, oral Doxycycline or tetracycline may be given

POST-EXPOSURE PROTOCOL
TUBERCULOSIS

PROCEDURE	**ACTION/NOTES**
If an unprotected exposure occurs, And, the Employee has no documented negative test in the past three months, and was not previously positive, a	Persons who have tested positive in the past should not be tested PPD/TST skin test is good for 3 months
MANTOUX skin should be given as soon as possible	QFT-G may be used instead of skin testing
If this skin test is negative, the Employee Should be retested in 8-10 weeks	Person with a positive test on file, DO NOT require a skin test. The incubation period is 4-12 weeks
If the exposed Employee tests positive, (>5mm reaction) or shows signs or symptoms of TB, a chest x-ray should be preformed	
Employees testing positive following an exposure should be evaluated for preventive therapy in accordance with the current CDC guidelines	Evaluation is important for each person because some may develop drug induced hepatitis. Pregnant employees also need close evaluation
If INH or RIF therapy is prescribed, then liver function studies should be monitored on a monthly basis	Alcoholic beverages should be avoided
Healthy Employee who are receiving prevention treatment for TB exposure should be allowed to continue to work	

Note: a new short course of treatment 12 doses may be offered (CDC, 2012)

POST – EXPOSURE PROTOCOL
CHICKENPOX (VARICELLA)

In the event that a non-immunized employee is exposed to the chickenpox, the employee should complete an incident report and communicate with the Designated Officer.

The Designated officer will refer the exposed employee for post-exposure medical management. Healthy staff members will be offered vaccine post exposure. Staff who are pregnant or immuno-compromised will be offer VariZIG. Post-exposure treatment may involve antibody testing and consideration of the administration of Varicella-zoster immune globulin (VariZIG).

The exposed employee should be removed from duty for the 10th day following the exposure until the 21st day. If the employee has not developed the chickenpox, they may then return to duty. If the employee does develop the chickenpox, then he/she may not return to work until all lesions are crusted and dried.

Employees who have an on the job exposure will be covered under workers compensation for time off.

POST-EXPOSURE PROTOCOL
MEASLES, MUMPS, RUBELLA

Procedure	**Action/Rationale**
Check employee medical record for immunity documentation	This will establish the need for treatment
No documentation is available	
Offer MMR vaccine as a prevention Measure for measles, Rubella	There is no need to titer before offering vaccine
If exposure to mumps, place on Work restriction	Mumps vaccine is NOT effective given post exposure

POST-EXPOSURE PROTOCOL
BACTERIAL MENINGITIS

Procedure	**Action/Rationale**
Document exposure: Mouth-to-mouth, spraying of secretions, direct contact with patients oral or nasal secretions, contact with vomitus in eye, nose, mouth	CDC Guidelines define
If exposure confirmed to bacteria Meningitis, post exposure treatment May included;	
• Rifampin PO x 2days	Turns all body fluids orange
Should not be administered to Women on birth control pills	Will interfere with pregnancy protection
• Cipro 1 x oral	Not to be given to anyone who is pregnant May cause joint and tendon damage
• Rocephin	for a pregnant member following an exposure

POST-EXPOSURE PROTOCOL
PERTUSSIS

Procedure	Action/Rationale
Document an actual exposure-	Considered highly communicable
An obvious exposure that involves direct contact with respiratory, oral, or nasal secretions from a case-patient during the contagious period (e.g., a cough or sneeze in the face, sharing eating utensils, sharing water bottles, kissing, mouth-to-mouth resuscitation, or performing intubation or nasotracheal suctioning without a mask).	
Check vaccination record	Vaccination does not always confirm immunity
No Tdap booster documented- May not eliminate risk for disease	Z pack or Erythromycin PO x 14 days
Infected Healthcare worker contact- Contacts may remain in the workplace if they comply with prophylaxis and lack respiratory symptoms; they should be under surveillance for 21 days after their last known exposure	

CDC Immunization Guidelines, Nov, 2011

POST-EXPOSURE PROTOCOL
COVID – 19

Procedure

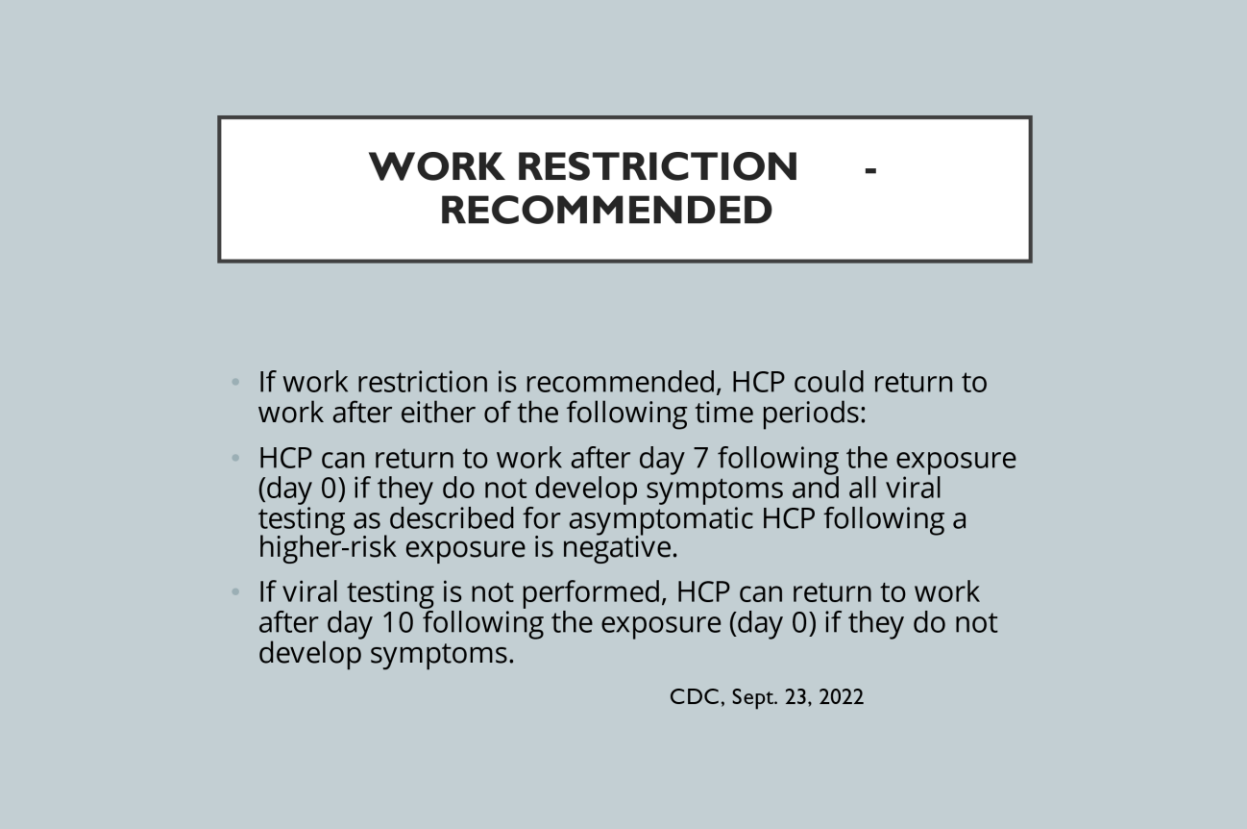
The DICO will determine if an occurred

If an exposure occurred, and the Employee has no signs or symptoms;

Rationale

The DICO will document Exposure exposures

Exposure Does Not mean infection



POST-EXPOSURE PROTOCOL MONKEYPOX

Monitoring Exposed Healthcare Professionals

Any healthcare worker who has cared for a monkeypox patient should be alert to the development of symptoms that could suggest monkeypox infection, especially within the 21-day period after the last date of care, and should notify infection control, occupational health, and the health department to be guided about a medical evaluation.

Healthcare workers who have unprotected exposures (i.e., not wearing PPE) to patients with monkeypox do not need to be excluded from work duty, but should undergo active surveillance for symptoms, which includes measurement of temperature at least twice daily for 21 days following the exposure. Prior to reporting for work each day, the healthcare worker should be interviewed regarding evidence of fever or rash.

Healthcare workers who have cared for or otherwise been in direct or indirect contact with monkeypox patients while adhering to recommended infection control precautions may undergo self-monitoring or active monitoring as determined by the health department.

Transmission of monkeypox requires prolonged close contact with a symptomatic individual. Brief interactions and those conducted using appropriate PPE in accordance with Standard Precautions are not high risk and generally do not warrant PEP (vaccine).

If the employee has previously received smallpox vaccination – this offers 85% protection against monkeypox.

POST-EXPOSURE PROTOCOL
EBOLA

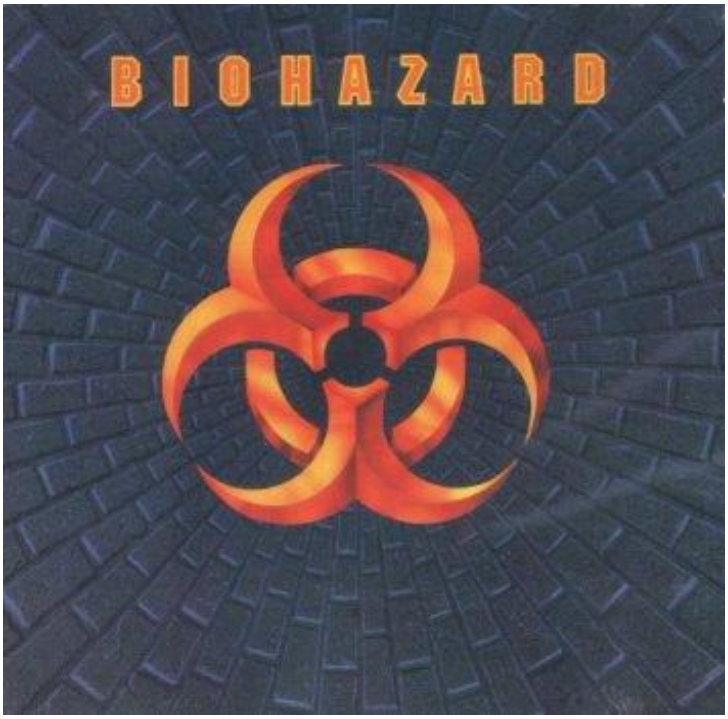
Procedure	**Action/Notes**
If in contact with blood/body Fluids of a patient suspect for Or confirmed with Ebola;	
Perform first aid: Skin area wash with soap and water Mucous Membrane – irrigate with large amounts of water	Lower risk by first aid

Notify your Designated officer. Your designated officer will confirm exposure event and start documentation.

Receive medical evaluation**,**

Placed on work restriction **Monitor for fever twice daily** **For 21 days**	**Voluntary quarantine**

MEDICAL WASTE ISSUES



MEDICAL WASTE ISSUES - NORTH CAROLINA

Medical Waste is as defined by the attached document published by the State of No. Carolina.

All medical waste will be contained in accordance with no. Carolina State Law and the Environmental Protection department.
All sharps will be placed directly into a rigid container that is leak-proof, puncture-resistant and exhibit the universal biohazard symbol.

Other waste such as dressings, contaminated medical equipment, and contaminated clothing will be placed in a designated red bag and given over to the Harnett County Health Department for disposal or reprocessing. Health Department is located at 307 W. Cornelius Blvd. in Lillington, NC 27546.

HANDLING OF MEDICAL WASTE

All items meeting the State of No. Carolina definition for medical waste (see State Medical Waste Regulation) will be placed into red biohazard waste bags. When bags are full ¾, leave at the receiving facility in the designated container. Full containers awaiting pick up should be stored in the secured designated area with a bio-hazard label on the door. This is in accordance with No. Carolina State Law and OSHA regulations.

STATE MEDICAL WASTE REGULATIONS

MEDICAL WASTE GUIDANCE AND INTERPRETATION

INTRODUCTION

This document is provided to help you understand the North Carolina medical waste management rules. If you would like further information contact John Patrone at 336-776-9673 or email: john.patrone@ncdenr.gov. You may also contact the Environmental Specialist with the North Carolina Department of Environmental Quality (NCDEQ), Division of Waste Management - Solid Waste Section at the NCDEQ office nearest you.

GENERAL INFORMATION

The Solid Waste Section regulates the packaging, labeling, storage, transportation, treatment and disposal of medical waste in North Carolina. Treatment, storage and disposal facilities that accept medical waste from outside of the facility cannot operate without a permit from the Solid Waste Section. Please read this entire document. Due to the complex nature of medical waste regulations, failure to read this entire document may result in failure to comply with the rules.

This guide is not intended as legal advice, but as an aid to understanding the current North Carolina medical waste management rules.

Effective Date

The medical waste management rules became effective October 1, 1990. The most recent amendments were made in April 1993.

Enforcement of the Rules

The medical waste management rules are enforced by the Solid Waste Section and, in some cases, the local law enforcement authority.

Pre-Emption of Local Solid Waste Laws on Medical Waste

These rules pre-empt local solid waste laws on medical waste where local laws are more lenient.

Joint and Several Liability

Under state regulations a solid waste generator is responsible for the storage, collection and disposal of his or her solid waste. The generator is responsible for ensuring that solid waste is disposed of at a site or facility that has all applicable permits required to receive the solid waste. (15A NCAC 13B .0106)

Medical Waste Definition

Medical waste means any solid waste which is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals, but does not include any hazardous waste identified or listed pursuant to this Article, radioactive waste, household waste as defined in 40 Code of Federal Regulations 261.4(b)(1) in effect on 1 July 1989, or those substances excluded from the definition of solid waste in this section. (NCGS 130A-290(a)(17a))

Regulated Medical Waste Definition

Regulated medical waste means blood and body fluids in individual containers in volumes greater than 20 ml, microbiological waste, and pathological waste that have not been treated pursuant to .1207. Regulated medical waste must be treated prior to disposal. After treatment these wastes may be handled as general solid waste. (.1201(12))

Percentage of the Medical Waste Stream That Is Regulated Medical Waste

Most medical waste may be handled as general solid waste and does not require treatment. Regulated medical waste makes up only a very small portion of the total medical waste stream. The percentage of a facility's waste stream comprised of regulated medical waste is dependant on the activities at that facility. Roughly 9 percent to 15 percent of the waste stream at hospitals is regulated medical waste. Some facilities, such as long-term care facilities, generate medical waste but little or no regulated medical waste.

Microbiological Waste
Microbiological waste means cultures and stocks of infectious agents, including but not limited to specimens from medical, pathological, pharmaceutical, research, commercial and industrial laboratories. (.1201(5))

Pathological Waste
Pathological waste means human tissues, organs and body parts; and the carcasses and body parts of all animals that were known to have been exposed to pathogens that are potentially dangerous to humans during research, were used in the production of biologicals or in vivo testing of pharmaceuticals, or that died of a known or suspected disease transmissible to humans. (.1201(9))

Blood and Body Fluids
Blood and body fluids means liquid blood, serum, plasma, other blood products, emulsified human tissue, spinal fluids and pleural and peritoneal fluids. Dialysates are not blood or body fluids under this definition. Please note that the definition of regulated medical waste specifies blood and body fluids that are in a liquid state and in a container, such as a suction canister. This does not refer to blood absorbed by materials such as bandages and dressings. (Some waste items contaminated with blood may be subject to OSHA labeling requirements). (.1201(1))

Blood and Body Fluids in Individual Containers in Volumes Equal to or Less Than 20 ml
These "containers" are commonly vacuum tubes used for blood samples. If not stored in a secured area, accessible only to authorized personnel, these containers must be packaged either in a container suitable for sharps or in a plastic bag in a rigid fiberboard box or drum. Treatment is not required prior to disposal. (.1202(c))

Medical waste such as dressings, bandages, gloves, tubing
These items are not included in the definition of regulated medical waste and may be disposed without treatment.(.1201(10))

Urine and Feces
Urine and feces should be disposed of through sanitary sewage or septage disposal practices. Soiled diapers are not regulated medical waste and may be disposed as general solid waste.

Registration of Medical Waste Generators
North Carolina does not require generators of medical waste to register.

Artificial Body Parts and Implants Removed or Replaced During Surgical Procedures
Items such as artificial limbs and pacemakers are considered medical waste. However, they are not generally considered regulated medical waste because they do not fall within a class of regulated medical waste.

Medical Waste Reduction Techniques
Information about medical waste reduction techniques is available from the Solid Waste Section and the Division of Pollution Prevention and Environmental Assistance.

SHARPS

Sharps .1201(11) "Sharps" means and includes needles, syringes with attached needles, capillary tubes, slides and cover slips, and scalpel blades.

Disposal of Sharps
The rules do not require treatment of sharps before disposal. They must be packaged in a container that is rigid, leak-proof when in an upright position and puncture resistant. The package then may be disposed of with general solid waste. (Generators should comply with any relevant OSHA requirements for labeling and packaging). (.1202(b)). Generators should contact their local government - solid waste department to confirm that there are no local restrictions against this practice.

Compaction of Sharps
Sharps cannot be processed in small compaction units inside the generating facility. The rule does not prohibit hauling sharps to the landfill on trucks that compact waste. Also, it does not prohibit processing sharps containers in large commercial compactors where the waste will be transported to a disposal facility without being transferred to another container. (.1202(b))

Sharps Generated in Private Households
Household waste is not included in the definition of medical waste and is not subject to the medical waste management rules. However, home users of sharps are urged to place sharps in hard-wall containers before disposal in order to protect garbage collectors from needlesticks. A few counties have imposed local restrictions on sharps disposed from private homes. Home healthcare agencies may find it prudent to assist in proper disposal of sharps used to administer care to patients in their homes. This is not specifically required by the rules. Used needles from farms are subject to the rules and are not considered household waste. Such waste is more similar to veterinary waste than household waste.

PACKAGING AND STORAGE

Storage of Regulated Medical Waste That Will Be Shipped Off Site for Treatment
A waste generator who stores regulated medical waste that will be shipped off site for treatment must store the waste in a package suitable for transportation. (.1204(a)).

Packaging Requirements for Regulated Medical Waste Which Will Be Treated On Site
The packaging requirements in section .1204 only apply to regulated medical waste that is being shipped off site for treatment. There is no packaging requirement for regulated medical waste treated on site.

Packaging Regulated Medical Waste for Off-Site Treatment
Regulated Medical Waste must be packaged in a plastic bag in a rigid fiberboard box or drum in a manner that prevents leakage of the contents. The outer surface must be labeled with a biohazard symbol; the words "INFECTIOUS WASTE" or "MEDICAL WASTE"; the date of shipment; and the name, address and phone number of the generator, transporter, storage facility and treatment facility. The medical waste management rules do not require a biohazard label on the plastic bag or use of red bags. However, generators should be aware that OSHA rules may require labeling of bags containing some types of medical waste. (.1204(a)(4)).

Storage of Regulated Medical Waste Prior to Shipment Off Site for Treatment
All medical waste, including regulated medical waste, must be stored in a manner so as not to create a nuisance either by noxious odors or by encouraging the presence of vermin. Regulated medical waste must be maintained in a non-putrescent state. Regulated medical waste must be stored in a manner that maintains the integrity of the package, including labels and markings. Areas used to store regulated medical waste must be accessible only to authorized personnel. Vermin and insects must be controlled. All floor drains in the storage area must discharge directly to an approved sanitary sewer (sewer or septic system). Ventilation must be provided. A plan must be maintained at the facility to ensure proper management of regulated medical waste. (.1206)

Storage Requirements for Medical Waste Which Is Not Classified as Regulated Medical Waste
If none of the medical waste being stored is regulated medical waste, the waste is subject to the storage requirements of general solid waste. As with regulated medical waste, non-regulated medical waste must be stored in a non-putrescent state, and vermin and insects must be controlled.

TRANSPORTATION

Manifesting Requirements
North Carolina does not have a manifesting requirement and does not require "cradle to grave" tracking of medical waste.

Generator Responsibilities for Proper Disposal by Commercial Facilities
Generators are responsible for ensuring that medical waste is disposed of properly. If there is any

question about a commercial treatment facility's permit, please contact the Solid Waste Section. (15A NCAC 13B .0106)

Self-Transporting Regulated Medical Waste

The requirements in Section .1205 apply to any person transporting regulated medical waste off site for treatment. There are no manifest or registration requirements. Haulers must comply with any relevant Department of Transportation regulations.

Shipping Non-Regulated Medical Waste Off-Site for Treatment

Only regulated medical waste is subject to the packaging, labeling and transportation requirements. Other medical waste may be handled as general solid waste so long as it meets applicable packaging requirements for sharps and containers of blood with 20ml or less.

Packaging and Labeling Requirements for Regulated Medical Waste That Will Be Treated On Site

Regulated medical waste that will be treated on site is not subject to the packaging and labeling requirements. Generators still must comply with any relevant OSHA requirements for packaging and labeling for workplace safety.

TREATMENT AND DISPOSAL

Treatment Facilities for Regulated Medical Waste

Regulated medical waste may be treated on site or at a facility that is an integrated part of the generating facility. (See .1201(3)) Otherwise, it must be sent to a regulated medical waste treatment facility permitted by the Solid Waste Section or by the [out-of] state government where the regulated medical waste is treated. Many generators choose to ship and incinerate non-regulated medical waste such as gloves, bloody bandages, dressings, and tubing. Generators who incur this expense should be reminded that this is not required by OSHA or any other state agency. Such medical waste may be landfilled untreated even though it may be designated as regulated waste by OSHA. (.1203(a))

Permitting of Medical Waste Treatment Facilities

Solid waste permits are not required for facilities that treat only medical waste generated within the facility. Permits are required for facilities that treat medical waste generated off site and not within an integrated medical facility.

Disposal of Large Volumes of Blood and Body Fluids

Incineration or sanitary sewage are acceptable treatments for blood and body fluids in individual containers in volumes greater than 20 ml. If neither of these options is available on site, a vendor must be obtained to treat the material.

Urine and Feces

Disposal of items such as bloody gauze, used gloves, tubing, and dressings are not regulated medical waste and, therefore, do not have any specific treatment requirement. They may be disposed of as general solid waste. Note that some of these items may be subject to packaging and labeling requirements by OSHA. The Solid Waste Section does not recommend removing these labels at the point of disposal.

Arranging for Incineration of Regulated Medical Waste by a Neighboring Hospital

Any facility treating medical waste that is generated off site and outside of an integrated medical facility must obtain a permit from the Solid Waste Section. All packaging, labeling, transportation, storage, and treatment requirements apply.

The "50 Pound per Month" Record-Keeping Exemption

This exemption, in Section .1204(b), exempts generators from the record-keeping requirement if they ship less than 50 pounds per month of regulated medical waste.

Rejection of Properly Packaged Sharps or Treated Regulated Medical Waste at the Local Municipal Landfill

Landfill operators have the right to reject any solid waste for disposal in the landfill, even if state regulations allow landfill disposal of such solid wastes.

Managing Medical Waste After It Has Been Treated

Treated medical waste is subject to the same requirements as general solid waste. (.1203(c))

FUNERAL HOME PRACTICES

Disposal of Regulated Medical Waste with Casketed Remains

Caskets containing human remains were intended for interment or cremation, so they will not be regulated under the rules. Remains intended for disposal may not be placed in a casket as a means of disposal; such medical wastes are considered pathological wastes and are subject to all applicable requirements.

Special Cases Where Religious Practices Require That a Body Be Interred with Removed Organs as Well as Tubing and Sharps

These practices are acceptable. The rules are not intended to interfere with the religious preferences of any individual.

Sharps Used During the Course of Preparing a Body for Interment, Including Scalpels, Needles and Other Instruments

These sharps are medical waste and therefore subject to all applicable requirements in the medical waste rules. (.1202(b))

Using Crematoriums for Incineration of Regulated Medical Waste

Crematoriums do not meet the incineration requirements of the medical waste management rules.

Contracts with Commercial Medical Waste Treatment Companies to Treat Funeral Home Waste

With the exception of blood, which can be treated by sanitary sewer, most funeral homes do not generate regulated medical waste. Non-regulated medical waste may require special packaging (.1202), but it does not require incineration.

SPECIAL ARRANGEMENTS FOR TREATING WASTE GENERATED OFF-SITE - EXAMPLES

Facility "G" (the generator) sends its regulated medical waste to facility "T" for treatment. What packaging, labeling, record-keeping, transportation and treatment requirements apply?

To answer this question, two determinations must be made:
1. whether sites G and T are an "integrated medical facility" (See definition below); and
2. whether G is "on-site" or "off-site" relative to facility T. That is, if you are at one facility, is the other on-site? (See definition below).

After determining whether a facility is an integrated medical facility and/or on or off- site, the table below may be used to find out what requirements apply. See examples.

	Integrated Facility	Non-Integrated Facility
On-site	Exempt from packaging, labeling, storage, and record-keeping requirements.	Exempt from packaging and labeling requirements. Subject to storage and record-keeping requirements. Treatment facility must hold a permit issued by the Solid Waste Section

Off-site	Exempt from recordkeeping and storage requirements. Subject to packaging, labeling and transportation requirements.	Subject to all packaging, labeling, storage, record-keeping and transportation requirements. Treatment facility must hold a permit issued by the Solid Waste Section.

Definitions:

Integrated medical facility means one or more health service facilities as defined in NCGS 131E-176(9b) that are:

(a) located in a single county or two contiguous counties;
(b) affiliated with a university medical school or that are under common ownership and control; and
(c) serve a single service area. (.1201(3))

"Health service facility" means a hospital; long-term care hospital; psychiatric facility; rehabilitation facility; nursing home facility; adult care home; kidney disease treatment center, including freestanding hemodialysis units; intermediate care facility for the mentally retarded; home health agency office; chemical dependency treatment facility; diagnostic center; hospice office, hospice inpatient facility, hospice residential care facility; and ambulatory surgical facility.NCGS 131E-176(9b))

Funeral homes, veterinary hospitals, dental and research labs are not integrated facilities.
On-site means the same or geographically contiguous property which may be divided by public or private right-of-way. (.1201(8))
Off-site means any site which is not on-site. (.1201(7))

The following examples will help to determine what requirements apply under a variety of situations.

Example A
Facility G is a hospital sending its pathological and microbiological waste across town to facility T, also a hospital, for treatment. G and T are under common ownership and in the same county but not on a geographically contiguous piece of property. What requirements apply?
Step 1. Are G and T an integrated medical facility?
Yes. G and T meet the three criteria for being an integrated facility - they are under common ownership, serve a single service area and are located in a single county.
Step 2. Are T and G on-site? (Or, if you are at facility T, is G on-site?)
No. The facilities are not on-site because they are not on a geographically contiguous piece of property.
Answer: The table shows facilities that are integrated and off-site are exempt from the record-keeping and storage requirements, but must comply with packaging, labeling and transportation requirements.

Example B
Facility G, a veterinary hospital, is sending animal carcasses that are infected with rabies to facility T, a hospital, for treatment. The facilities are not under common ownership and are on separately owned pieces of property that are geographically contiguous. What requirements apply?
Step 1. Are the facilities an integrated medical facility?
No. The facilities are not under common ownership. Furthermore, veterinary facilities are not included in the definition of a health care facility.
Step 2. Are the facilities on-site?
Yes. The facilities are on geographically contiguous property.
Answer: The facilities are non-integrated and on-site. The table shows they are exempt from the packaging and labeling requirements, but are not exempt from the storage and record-keeping requirement. Additionally, the treatment facility must hold a permit issued by the Solid Waste Section.

Example C
A university hospital, T, treats waste from a hospital affiliated lab, G, across campus. The campus is a geographically contiguous piece of property. What requirements apply?
Step 1. Are they an integrated medical facility?
Yes. The facilities are located in the same county, affiliated with a university medical school and serve the

same area.
Step 2. Are the facilities on-site?
Yes. They are on a geographically contiguous piece of property.
Answer: The facilities are on-site and integrated. The table shows that they are exempt from packaging, labeling, storage and record-keeping requirements.

Example D
A pathology laboratory, G, sends regulated medical waste to a local hospital, T, across town. The pathology lab and the hospital are not under common ownership or on geographically contiguous property.
Step 1. Are the facilities integrated?
No. They are not under common ownership.
Step 2. Are the facilities on-site?
No. They are not on the same or geographically contiguous property.
Answer: The facilities are off-site and non-integrated. The table shows that they are each subject to the packaging, labeling, storage, record keeping and transportation requirements. The treatment facility would need a permit issued by the Solid Waste Section.

INTERFACE WITH OSHA REGULATIONS

Impact of the OSHA Bloodborne Pathogen Standards on Medical Waste Disposal Requirements

The new OSHA standards do not address disposal methods, and no changes have been made in state medical waste treatment and disposal rules. OSHA Instruction CPL 2-2.44D states "that while OSHA specifies certain features of the regulated waste containers, including appropriate tagging, the ultimate disposal method (landfilling, incineration, and so forth) for medical waste falls under the purview of the EPA and possibly State and local regulations.

Comparison of the Definition of Regulated Medical Waste with the OSHA Definition of Regulated Waste

There are substantial differences in the two definitions. For example, the OSHA definition of regulated waste may include waste such as bloody gauze, blood-saturated dressings, used gloves, or tubing. These items are not included in the state definition of regulated medical waste and are exempt from treatment requirements. It is essential the generator understand both definitions. Generators who apply the OSHA definition of regulated waste to designate waste for treatment by incineration may unintentionally incur additional expense. The OSHA definition of regulated waste is not intended to designate waste that must be incinerated or otherwise treated before landfilling.

Disposal of Blood and Body Fluids into the Sanitary Sewer

The sanitary sewage treatment system is designed for disposal of body fluids. OSHA regulations do not address disposal and do not prohibit such disposal. Workers disposing blood are of course subject to OSHA requirements, such as wearing protective clothing.

Different Labeling Requirements

Generators must be familiar with both sets of requirements. OSHA may require a red bag or biohazard-labeled bag for some waste that can be safely disposed in the landfill without treatment. That could include properly containerized sharps, used gloves, bloody gauze and dressings, and properly containerized blood and body fluids in volumes of 20 mL or less. State waste disposal regulations require the words "INFECTIOUS WASTE" or "MEDICAL WASTE" on packages of regulated medical waste that are taken off site for treatment and disposal. State medical waste disposal regulations no longer require the use of red bags since the red dyes may contribute heavy metals, such as lead and cadmium, to incinerator ash disposed in landfills. State solid waste goals include reducing the toxicity of landfilled waste. Users of red bags should check with their vendors to ensure they are using bags that do not create toxic residues after incineration.

Disposal of Red Bags That Contain Only Medical Waste Not Classified as Regulated Medical Waste by the State Medical Waste Management Definition

Bags that contain only non-regulated medical waste in accordance with state rules and are labeled as

biohazardous in the workplace, are "over-labeled" for disposal purposes. Such labels were previously reserved to designate waste that was banned from the landfill and must be treated. Red bags and biohazard-labeled bags that contain only non-regulated medical waste may be disposed with general solid waste, provided no local rules prohibit it.

The Solid Waste Section has alerted North Carolina landfills to expect increased disposal of non-regulated medical waste in red bags or biohazard-labeled bags as the OSHA rules are implemented. In some counties, landfill operators initially may not accept such bags, even though they had previously accepted the same waste in plain, unlabeled bags. In most cases, this can be worked out through local discussions and better communications with the landfill. Landfill operation is regulated by the Solid Waste Section, and local waste management specialists are available to provide assistance, guidance, and education for landfill operators.

As described in paragraphs (g)(1)(i)(B),(C),(D), and (E) of the OSHA standards, the OSHA labeling requirements can be satisfied by the use of either red bags or bags with a biohazard label. Facilities sending waste to the landfill may find plain bags with the appropriate biohazard label an easy solution.

Risks to Waste Industry Workers

Waste transport and disposal is mechanized, and waste handlers are trained to safely deal with all types of waste that contain human pathogens. To keep things in perspective, it is important to realize that household garbage has on average 100 times more pathogenic microorganisms than general medical waste.

Problems with Using the OSHA Definition of Regulated Waste to Designate Waste That Must Be Treated and Cannot Be Disposed at the Landfill

The OSHA definition designates waste that poses a threat in the workplace, and does not designate waste that should be incinerated or treated by other means. Applying this definition to disposal would constitute imposing treatment requirements to additional categories of medical waste. Requiring treatment of very broad categories of medical waste may increase waste management costs substantially, while providing no benefit for the environment or public health.

Adopting Uniform Definitions for the Department of Labor and Department of Environmental Quality

The rules do not conflict, but they address two entirely different concerns. Federal OSHA rules address waste management in the workplace to ensure worker safety; state solid waste management rules ensure storage, shipping, treatment, and disposal practices that protect the environment and public health. Categories of waste that present special infectious hazards in the workplace do not necessarily present the same hazards to the environment or public health once in the disposal process.

COMPLIANCE MONITORING

COMPLIANCE MONITORING

The Harnett County Emergency Services recognizes its responsibility to provide personal protective equipment, education and training, post exposure reporting/follow-up for its employee at risk for exposure. It also notes the responsibility of the employees to comply with the established policy/procedures set forth in the Exposure Control Plan. Thus, employers who have employees identified, as having job responsibilities that place them at risk, will conduct compliance monitoring activities on a regular basis. The time frame between monitoring will be decided by the designated officer.

The purpose of compliance monitoring is to verify that the program for reducing member exposure is "on track". It will also ensure that the department is in compliance with all applicable laws, standards and guidelines. Compliance monitoring will also serve to identify training needs or problem identification. The Department's disciplinary action policy will be followed for employees who do not comply with this established plan.

Compliance monitoring is noted as a requirement in the OSHAct of 1970, Section 5 Part B.

- each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct".

COMPLIANCE MONITOR – EMS

Scene Monitor – Check List _____ Date: _____

Task/Procedure	Compliance Yes	Compliance No	Comments
1. Personal protective equipment was available	☐	☐	
2. Handwashing was observed	☐	☐	
3. Needle/Sharps container was used	☐	☐	
4. Gloves were used according to established policy	☐	☐	
5. Eyewear was indicated and used as per SOP	☐	☐	
6. Masks were used according to SOP	☐	☐	
7. Personal protective equipment was appropriate	☐	☐	
8. Patient was advised regarding the use of PPE	☐	☐	
9. If PPE was not used per SOP, explain the circumstances	☐	☐	
10. Patient history information was handled according to department policy	☐	☐	
11. Patient family was advised regarding use of PPE	☐	☐	
12. Exposures were promptly reported	☐	☐	
13. All needles and debris were removed from the scene	☐	☐	
14. PPE was properly disposed of according to Department procedures	☐	☐	
15. Vehicles were cleaned following transport	☐	☐	
16. Cleaning was done using the proper agent	☐	☐	
17. Contaminated areas were cleaned	☐	☐	

Intervention- Compliance Monitor

Employee Name:

Employee Interview:

Date:_____

Observer:_____

EMS STATION
COMPLIANCE/QUALITY MONITOR

Date: _____ Area: _____

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Exposure incidents and follow up are in the Employee health record	☐	☐		
Immunization records are in each Employee health file	☐	☐		
Education and training records are in each Employee health file	☐	☐		
Employee job descriptions contain information on OSHA Category assignment	☐	☐		
Employees are participating in the hepatitis B vaccine program	☐	☐		
Employees have reviewed the departments infection control program	☐	☐		

Action/Follow Up

Date for Next Review: _____

Employee Interview:

EMS STATION
COMPLIANCE/QUALITY MONITOR

Date: _____ Area: _____

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Station area is clean	☐	☐		
Kitchen is clean/orderly	☐	☐		
Refrigerator is set at _____°	☐	☐		
Trash is in a covered container	☐	☐		
Bathrooms are clean	☐	☐		
Handwashing solutions are available	☐	☐		
Handwashing solution containers are filled	☐	☐		
Waterless hand wash solutions are available	☐	☐		
Personal Protective attire is readily available	☐	☐		
Laundry facilities are provided ☐ **In Station** ☐ **Contracted Service**	☐	☐		
Specified area for cleaning equipment	☐	☐		
Contaminated linen is bagged and labeled as biohazard	☐	☐		
Stocked medical supplies are in a clean area	☐	☐		

Action/Follow Up

_____

Date for Next Review:

EMS STATION
COMPLIANCE/QUALITY MONITOR

Date: _____ Area: _____

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Solutions for high level disinfection are in date, covered and in an appropriate container	☐	☐		
There is documentation of all routine cleaning of vehicles/equipment	☐	☐		
Needle-disposal containers are located in each decontamination area	☐	☐		
Staff is aware of the policy for reporting exposure situations	☐	☐		
Bio-hazards signs are properly posted	☐	☐		
Infectious waste containers are readily available	☐	☐		
There is a designated area for storage of infectious waste	☐	☐		
Records area maintained for infectious waste removal and disposal	☐	☐		
Blood specimens being sent out are properly labeled, contained	☐	☐		
Exposure incidents have been reviewed and discussed	☐	☐		
Exposure follow up is documented for each incident	☐	☐		

Action/Follow Up Date for Next Review: _____

DISCIPLINARY ACTION POLICY

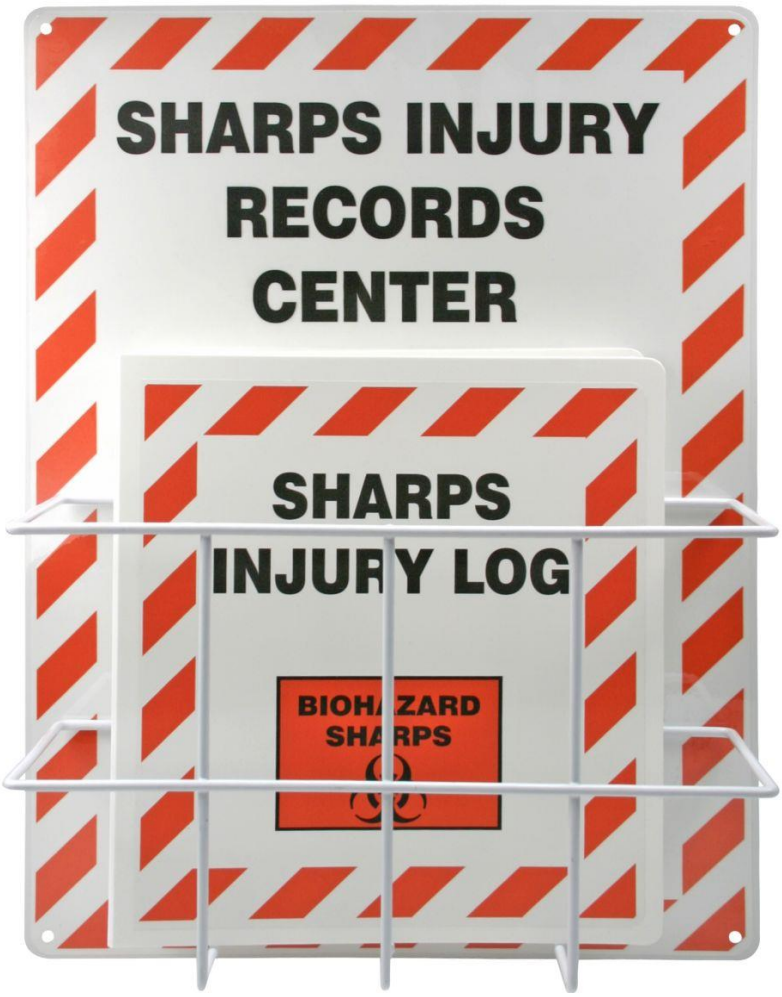
The purpose of the exposure control plan is to reduce the risk for occupational exposure. Our plan is effective if followed as written. Periodic and unannounced monitoring will be conducted to ensure that employees are complying with this plan.

Compliance with the exposure control plan is a member responsibility. Non-compliance will be noted and records maintained of each incident and member interview. Retraining and education will be offered.

Any additional needed action will be handled according to the Department's existing policy.

This follows the OSHA General Duty Clause, Duties, Section 5 (b) - "each employee shall comply with occupational safety and health standards and all rules, regulations, and orders issued pursuant to this Act which are applicable to his own actions and conduct".

SHARPS INJURY LOG SHEET



Month:_____

Employee Name	Device Used	Task Performed	Location of the Incident	Description of Incident

OSHA Regulations (Standards - 29 CFR)

Sample authorization letter for the release of Member medical record information to a designated representative (Non-mandatory) - 1910.1020AppA

- Standard Number: **1910.1020AppA**
- Standard Title: **Sample authorization letter for the release of Member medical record information to a designated representative (Non-mandatory)**
- SubPart Number: **Z**
- SubPart Title: **Toxic and Hazardous Substances**

I, _____, (full name of worker/patient) hereby authorize _____ (individual or organization holding the medical records) to release to _____ (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

_____

_____

(Describe generally the information desired to be released).

I give my permission for this medical information to be used for the following purpose:

_____

_____

but I do not give permission for any other use or re-disclosure of this information. (Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

_____

_____

Full name of Member or Legal Representative

_____

Signature of Member or Legal Representative

_____

Date of Signature [6R 31427, June 20, 1996]