

POLICY TITLE:

Preparing Ambulance for Service

PURPOSE:

To provide guidelines to assist in returning the ambulance to service following an emergency response.

POLICY STATEMENT:

Following the emergency response and transfer of patient care, the following steps should be performed:

- 1) Personal precautions should be taken:
 - 1.1. Contaminated clothing should be removed, and placed in a proper container for later cleaning.
 - 1.2. Hand washing will be performed according to SOPs.
- 2) Preparing Ambulance for next reponse:
 - 2.1. Responders will use PPE appropriate to the level of cleaning/disinfection required.
 - 2.2. Regulated waste transported from the scene should be disposed of at the receiving facility.
 - 2.3. Used linen should be exchanged at the receiving facility. Linen contaminated with body fluids should be separately bagged and labeled for protection of hospital laundry personnel. Linen too grossly contaminated for proper decontamination should be disposed of as biohazardous waste.
 - 2.4. Contaminated reusable equipment (such as back boards, straps, stretchers, bags, O2 cylinders, etc.) will be appropriately disinfected at the receiving facility before placing such items back in service. Items too grossly contaminated for effective disinfection at the receiving facility should be bagged and labeled for later disinfection, or if the item cannot be effectively disinfected, disposed of as biohazardous waste. To effectively clean reusable equipment, the following steps should be followed:
 - 2.4.1. Equipment should be cleaned by scrubbing thoroughly with soap and water.
 - 2.4.2. Disinfection or sterilization will be performed on equipment and they should be allowed to air dry.
 - 2.4.3. Decontaminated equipment should be placed in storage area, or returned to service.
 - 2.5. Body fluids in patient compartment should be soaked up with paper towels, rags, or commercial products.
 - 2.6. The mop water supplied at the hospitals should be used to clean the floors and disinfectant wipes used to clean other surfaces. These cleaning solutions should be allowed to air dry. Air drying allows the disinfectant to work, wiping dry prevents most disinfectants from doing their job.

- 2.7. After disinfection is complete, PPE should be removed and hand washing performed. PPE will be removed before restocking the ambulance to prevent cross contamination.
- 2.8. After completing disinfection, necessary equipment should be replaced. Special attention should be given to ensuring that PPE used on the previous call is replaced.
- 3) To clean contaminated clothing or uniform:
 - 3.1. Clean uniforms or contaminated clothing separately from other laundry to prevent cross contamination.
 - 3.2. Presoak contaminated laundry in detergent and hot water (if material allows), rinse thoroughly after presoaking.
 - 3.3 Clean clothing and uniforms in washer according manufacturer. If your washer permits, a double rinse cycle should be utilized to ensure removal of contaminants.

POLICY TITLE:

Reporting Exposures

PURPOSE:

To standardize reporting procedures in the event an occupational exposure occurs.

POLICY STATEMENT:

- 1) Any known or suspected exposure to blood or other potentially infectious materials will be reported to the Unit President or the Unit Infection Control Officer.
- 2) The Unit President should notify the EBCA Infection Control Officer and the Medical Director of the exposure.
- 3) A workmen's Compensation form will be completed and only the necessary personnel will be informed of the exposure.
- 4) In the event that these personnel are unavailable at the time of the exposure, the SOP regarding occupational exposure shall be followed until such time as one of these persons can assume responsibility for investigating and coordinating follow up on the exposure.
- 5) Exposures should be documented in both the run report and exposure incident form. Care should be taken that the information contained in both documents are consistent.

POLICY TITLE:

Occupational Exposure

PURPOSE:

To define the steps to be followed in the event an occupational exposure occurs.

POLICY STATEMENT:

The following chart shall be used to determine severity of the exposure event, keeping in mind that particular circumstances may increase or lessen the severity of exposure.

LEVEL OF SEVERITY	DEFINITION
Significant	A Significant exposure occurs when the source individual's blood or body fluids containing blood contact a responder through percutaneous inoculation, open wound, non-intact skin, or mucous membranes.
Moderate	A Moderate exposure occurs when a source individual's body fluids contact a responder's mucous membrane. This is to include a known or suspected T.B> or meningitis patient who is actively coughing, sneezing, etc.
Minimal	A Minimal exposure occurs when a source individual's blood or body fluids contact a responder's intact skin or when a source individual's intact skin contacts a responder's mucous membranes.
Minimal to None	A Minimal to None exposure occurs when a source individual's intact skin contacts a responder's intact skin. This presents a low risk of exposure to a communicable disease.

These levels of severity assume that the responder was able to clean the exposed area immediately after exposure occurred.

- 1) Once it has been determined an exposure has occurred, the communicable disease status of the source individual should be determined, and medical follow-up should be performed for the responder as indicated by SOPs.
- 2) Within 48 hours of exposure incident, and preferably more rapidly, the

receiving medical facility should be contacted to identify and document the disease status of the source individual, this contact should be followed with a written request with all appropriate documentation. All attempts to obtain the disease status should be documented.

- 2.1. If the source individual is determined to have an infectious disease and there are sufficient facts that the responder was exposed, the medical facility will notify the individual who will in turn notify the EBCA ICO that the responder was exposed to an infectious disease.
- 2.2. If the medical facility determines that there is insufficient evidence that the responder was exposed, the medical facility will notify the individual who will in turn notify the EBCA ICO that there is insufficient evidence that an exposure occurred.
- 3) If the EBCO ICO is notified that the responder exposed to an infectious disease, the ICO will immediately notify the Unit President who will contact each volunteer who responded to the emergency and who may have been exposed to an infectious disease. This notification shall include:
 - 3.1. Name of disease
 - 3.2. Medically appropriate action to take
 - 3.2. Date of emergency

If you have a body fluid exposure:

- Obtain identification of the patient to who you were exposed.
- Obtain a signed consent form to initiate testing of the patient (see page 25)
- Copy ER Physicians Request for testing letter to give to ER physicians (see page 22)
- Go to receiving facility and check in as "an exposure patient."
- Insure that billing for your visit is Worker's Compensation through Boise County.
- Complete Exposure to Infectious Disease Information Request form. (see page 31)
- Complete Significant Exposure Disposition Form. (see page 30)
- Sign form if you do not wish treatment. (see page 11)
- All forms must be turned in within 48 hours.**
 - Mail copies of the following to: EBCA ICO, 259 Evergreen Drive, Boise, ID 83716.
 - Exposure to Infectious Disease Information Request form
 - Significant Exposure Disposition form
 - Copy of your ER chart, labs and face sheet
 - Mail original forms to: Attention Idaho Dep't of Health and Welfare, 450 W. State St.
4th floor, Boise, ID 83720
 - Exposure to Infectious Disease Information Request form
 - Significant Exposure Disposition form
 - Contact your Unit ICO or your unit President or EBCA ICO and inform them of the exposure.

EBCA Emergency Room Physicians
Request for testing

Dear Emergency Room Physician/ Charge Nurse:

During a recent evaluation/ transport of a patient to your facility, one of our EMS Volunteers was involved in an event which may have resulted in exposure to body fluid or air borne pathogen.

Request you perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event please determine whether the EBCA volunteer is at risk for infection. Our specific concerns relate to HIV, HBV, HCV and TB.

If possible, our EMS volunteer will have obtained consent for testing from the source individual. If that has not been possible, we would appreciate your attempt to obtain this consent and proceed with testing.

We understand the need for confidentiality for the patient and the exposed worker and assure you that any information regarding this event is to be handled at the medical provider level.

We understand the information relative to HIV. AIDS has specific protections under the law and cannot be disclosed or released without written consent from the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this matter.

Sincerely,

Diane K. Shoemaker
EBCA Infection Control Officer
1-208-331-2799

EBCA Exposure Report Form
(page 1 of 2)

Responder Exposed _____
(Print name)

Patient Name _____
(Print name)

Date of Exposure _____ Time of Exposure _____

Description of Exposure Event:

Type of Suspected Exposure:

Type of Body Fluid Involved:

(circle as many as applies) blood urine feces mucus semen vaginal secretions

Breast milk amniotic fluid cerebrospinal fluid synovial fluid pericardial fluid

Unknown Other: _____

Specific Body Part Exposed:

Safe Practices Employed:

Infection Control Equipment Utilized:

EBCA Exposure Report Form
(page 2 of 2)

Description of Source Individual:

How Exposure Was Handled At Incident:

Information Patient Disclosed During Patient Interview:

Medical Treatment Received: (copy of medical chart acceptable)

Signature of responder exposed

Date/Time

Follow up: (to be completed by Unit ICO)

Signature of person completing form
July 2007

Date/Time

East Boise County Ambulance
Consent to Administer Communicable Disease Blood Testing

It has been brought to our attention that a member of East Boise County Ambulance has been exposed to your body fluids. We request your consent for blood testing for Hepatitis B virus (HBV), Hepatitis C virus (HCV), and Human Immunodeficiency Virus (HIV).

I have been informed of the nature of the blood tests, their expected benefits, risks and alternative and I have been given the opportunity to ask questions about the blood tests.

I understand that I will be informed of test results and the results will be included in my medical chart. I also understand that while these test results are confidential, state law requires that a positive test result for HIV antibodies/ antigens as well as other infectious diseased must be reported to the State Department of Health and Welfare and that the test results may be given to other persons with a legitimate need to know.

Subject to the foregoing, this agency, to the best of its ability, will not disclose the results of these tests to others except to the extent required by law or as required in order to safeguard the well being of the exposed EMS volunteer.

On this basis, I authorize blood testing to be performed for the above designated communicable diseases.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

In the event of a minor or unconscious patient:

Authorized Signature: _____ Date: _____

Relationship: _____

Witness: _____ Date: _____

POLICY TITILE:

Medical Follow up after an Occupational Exposure

PURPOSE:

To expedite medical evaluation and prophylactic treatment of emergency Responder's who have been exposed.

POLICY STATEMENT:

- 1) If an exposure has occurred, the exposed individual will immediately report to the receiving medical facility's emergency room, or report to the charge nurse at the facility and indicate that an exposure has occurred.
- 2) The medical evaluation and professional opinion of a qualified physician shall guide the IOC in handling the investigation and the follow up of exposure incident. The evaluating physician should be provided with the following information as soon as possible:
 - 2.1. Availability of source individual's blood for testing
 - 2.2. Disease status of source individual's blood, if tested.
 - 2.3. Antibody level in the exposed responder's blood.
 - 2.4. Documentation of the exposure incident.
 - 2.5. Responders medical records relevant to treatment, including vaccination and immunization status.
- 3) The recommendations of the evaluating physician regarding Prophylactic treatment, work status and subsequent testing should be followed. If the responder refuses to follow the evaluating physician's advice, a refusal form shall be signed. (See page 11)
- 4) The exposed responder should request the evaluating physician's professional written opinion. A copy of this opinion should be given to the responder, and the original kept on file in the responder's confidential medical records at the unit level.

POLICY TITILE:

Decontamination Guidelines

PURPOSE:

To provide guidelines for personnel to initiate the appropriate level of decontamination for various equipment.

STATEMENT POLICY:

- 1) All reusable equipment that has contacted mucous membranes should Undergo High Level Disinfection by placing the items in hot water (170°-212° F, 80°-100°C) for 30 minutes, or immersion in EPA Approved sterilizing agent for 10-45 minutes according to manufacturer's instructions.
- 2) All surfaces that contact intact skin and have been visibly contaminated with body fluids should undergo Intermediate Level Disinfection by wiping with an EPA registered disinfectant/ Chemical germicide that kills TB activity, wiping with a commercially available hard surface germicide, or by wiping with 1:100 chlorine bleach to water solution. These items include, but are not limited to:
 - 2.1. Back boards
 - 2.2. Splints
- 3) For routine cleaning or removal of soiling when no body fluids are visible, items should undergo Low Level Disinfection with an EPS registered hospital disinfectant. These items include, but are not limited to:
 - 3.1. Blood Pressure Cuffs
 - 3.2. Stethoscopes
 - 3.3. Monitors
 - 3.4. Oxygen regulators and tanks
 - 3.5. Pen lights
 - 3.6. Personal Equipment
 - 3.7. Scissors
 - 3.8. Straps
 - 3.9. Stretchers
 - 3.10. Portable suction units
 - 3.11. Bags

POLICY TITILE:

Personal Decontamination Following an Exposure

PURPOSE:

To provide precautionary steps to reduce the risk of developing a disease after an exposure has occurred.

POLICY STATEMENT:

- 1) The longer an area is exposed to a potentially infectious material, the greater the risk of disease transmission. Therefore, if the delay in patient care will not endanger the patient, another responder should take over the tasks being performed by the exposed responder.
- 2) Contaminated items should be removed prior to decontaminating exposed areas.
- 3) If body surfaces such as hands or face are exposed, the areas should be washed thoroughly with an antibacterial soap and water. If soap and water are unavailable, a commercially available antiseptic wipe should be used according to manufacturers instructions.
- 4) If the mouth is involved, responders should spit any fluid onto the ground or into a tissue and rinse mouth with copious amounts of water. Sterile water kept in patient compartment may be used if other suitable water is unavailable.
- 5) If the nose is involved, an attempt should be made to forcibly clear the nostrils of foreign matter by blowing into a tissue. The nostrils should then be rinsed with copious amounts of water. A saline flush may be used if other suitable water is unavailable.
- 6) If the eyes are involved they should be flushed with water or saline to remove foreign material. A saline flush may be used if other suitable water is unavailable.
- 7) Following emergency response and patient care transfer, notification of proper personnel, as indicated in the SOPs, should be followed.

East Boise County Ambulance
Responder Medical Record

Name: _____

Address: _____

Telephone: _____

Emergency Contact: _____

Relationship: _____ Alternate Telephone: _____

Immunizations:

TB testing:

Date	Results

HBV Vaccination:

Date	Results

HBV Antibody Level:

Date	Results

Exposures:

Date	Results	Follow up date:

Department of Health and Welfare
Significant Exposure Information Request
(Completed by person providing emergency or medical services)
Must be received within 14 days of incident

Name _____ Phone: Home: _____ Work: _____
Home Address _____

Street _____ city _____ state _____ zip code _____

Your Occupation: EBCA volunteer EMT Driver (circle one)

Emergency Service Affiliation: _____

Have you received Hepatitis B vaccine? Yes No (circle one)

Emergency Service Report Number: _____

Place Incident Occurred _____

Incident: Date: _____ Time: _____ a.m. / pm Type: _____ (ie: MVC)

Exposure Description:

A. Blood or body fluids:

- 1) _____ Blood or body fluids into natural body openings (nose, mouth, eye)
- 2) _____ Blood or body fluids into cut or wound.
- 3) _____ Needle stick with contaminated needle.
- 4) _____ Other(describe) _____

B. Respiratory

- 1) _____ Mouth-to-mouth resuscitation
- 2) _____ Resuscitation using airway device
- 3) _____ Other(describe) _____

C. Type of fluid to which you were exposed:

- 1) _____ blood
- 2) _____ Other(describe) _____

D. Any other information related to the incident: _____

Source of Exposure: Patient's Name: _____ Sex: M or F

Health Care facility receiving patient: _____

Additional Information:

A. Describe any action taken in response to the exposure to remove the contamination:
(ie. Hand washing) _____

B. What protective measures were being taken at the time of exposure: (ie. Gloves,
goggles.) _____

I hereby consent to the release of this medical record to the Idaho Department of Health
and Welfare and the local district health department and agree to hold in confidence
information regarding this report.

Signature: _____ Date: _____

July 2007

Significant Exposure Disposition Form

Date: _____

District: EBCA

Petitioner Name: _____

Petitioner Address: _____
Street _____ City _____ State _____ Zip Code _____

Incident Date: _____

Information Request or Significant Exposure is:

Disapproved (give reason) _____

Approved

Conclusion:

No information on HIV or Hepatitis B is available

The petitioner may have been exposed to:

HIV

Hepatitis B

The patient should be counseled and tested as appropriate, taking into consideration the petitioner's Hepatitis B immunity status and the petitioner's wishes for sequential HIV testing.

The absence of information on the source person does not assure that exposure to a communicable disease did not occur.

Signature: _____ Date: _____

Title: _____

