



# Lexington County Fire Service

Standard Operating Procedures  
Infectious Disease Control ADM-007

**EFFECTIVE:** April 25, 2007    **ISSUED BY:** Russell R. Rawl, Fire Service Coordinator

---

**RECINDS:** Previous Policy

**SCOPE:** This Standard Operating Procedure (SOP) applies to the policies, methods and equipment associated with Lexington County Department of Public Safety's Infectious Disease Control (IDC) Program. All personnel who are assigned to field operations must comply with the provisions of this document.

## **PURPOSE**

The purpose of this SOP is to establish and implement procedures within the Department of Public Safety, which will minimize the risk of communicable disease infection to employees, volunteers and patients. The approach taken in developing these policies and procedures are designed to meet the standards established by the Occupational Safety and Health Administration (OSHA) of the U.S. Department of Labor, and the South Carolina Department of Health and Environmental Control, along with the recommendations of the Lexington Medical Center Occupational Health Division.

## **POLICY**

### **I. Authority/Responsibility**

The Public Safety Director will implement this SOP through the normal chain of command.

The EMS Training Officer or designee will be designated to perform necessary in-processing, training, ensure proper training records, perform annual reviews of this SOP and will serve as Infection Control Officer.

The Lexington County EMS Medical Control Physicians will incorporate the IDC program into the Quality Assurance In-Service Training activities and perform compliance monitoring.

Each Public Safety Division Director is responsible for implementing these policies and procedures on a daily basis, to include compliance monitoring.

Each Public Safety Division Director is responsible for ensuring that all infection control products, including Personal Protective Equipment (PPE) are readily available and in adequate supply to maintain the needs of the service.

Public Safety personnel are responsible for implementing applicable procedures on a daily basis.

When applicable to infection control, Workers' Compensation actions are a responsibility of the County Human Resources Director.

## **II. PROCEDURES**

### **A. Training**

#### New Personnel Orientation

The Training Officer for each Public Safety division will provide Bloodborne Pathogen training and review this SOP with the new personnel. The personnel will be required to successfully complete a bloodborne pathogen quiz prior to their duty assignment in which there is a chance of occupational exposure. The Training Officer for each Public Safety division must complete a Bloodborne Pathogen Initial Training form and forward this form to the Infection Control Officer who will maintain that record for a period of three years.

The Training Officer for each Public Safety department must ensure that new personnel undergo respirator fit testing as outlined in Federal Register, Part II, Department of Labor, O.S.H.A., and 29CFR1910.134 and maintain a copy in the individual's personnel file.

#### Scheduled In-Service Training

Infection control subjects and skills tests that include infection control are incorporated yearly into the In-Service Training program of all divisions of Public Safety. The training officer for each Public Safety division maintains these records.

### **B. Personnel Health**

#### Health Screenings

Lexington Medical Center's Occupational Health Program provides health care screenings for all new personnel prior to their assignment to a duty in which there is a chance of occupational exposure. These screenings include a review of the employee's current immunization status. Hepatitis B and other age and gender specific vaccinations, boosters, titer, and tuberculin (TB) skin testing will be administered or initiated as established by the current standards of care, as determined by the Occupational Health Program Healthcare Professionals.

Comprehensive health screenings and fitness program recommendations must be provided for all personnel within their first year. Personnel must either participate in the vaccine program or waiver out of the program. If personnel decide to opt out of the vaccine program, they must receive counseling from the Infection Control Officer on the benefits and risk in waiving any vaccine and then sign a declaration, which will be filed in their medical record. These screenings must comply with OSHA CFR 1920.156, subpart L, Appendix A.

The Infection Control Officer will maintain all personal medical health records for each employee. The medical records may include:

- Name of employee
- Results of all medical examinations
- Medical diagnoses and recommendations
- Treatment and prescriptions
- Immunization record, including hepatitis B
- Follow-up procedures and post-exposure evaluations
- Employee medical complaints and symptoms
- Record of medically caused work restrictions

#### C. Compliance Monitoring

The Medical Control Physicians will observe Public Safety personnel for IDC compliance on a continuing basis as they arrive at the hospital emergency department.

Public Safety Supervisors will routinely observe personnel for compliance on a daily basis.

Appropriate corrective measures will be taken to resolve deviations from this S.O.P., which may include additional training or disciplinary action.

#### D. Body Substance Isolation

Body Substance Isolation refers to a strategy developed by the Center for Disease Control. It focuses on the isolation of all moist and potentially infectious body substances (blood, feces, urine, sputum, saliva, wound drainage, and other body fluids) and stresses that all patients should be assumed infectious for HIV and other

bloodborne pathogens. All employees will take the following precautions to prevent contact with these potentially infectious body substances.

#### E. Hand Washing

Hand washing is the most important aspect of infection control. Hand washing with warm soap and water must always be completed under the following circumstances:

- Before coming on or off duty and after using the restroom.
- Before and after meals.
- Following any patient contact.
- After cleaning the public safety vehicle or patient care equipment, or after handling contaminated supplies or laundry.
- Following the removal of disposable gloves.
- Anytime the hands have been soiled.

When appropriate washing facilities are not available, the waterless antiseptic hand cleaner (alcohol gel), located in each EMS unit in wall dispensers, will be used for hand washing.

#### F. Equipment

##### Disposable Gloves

Disposable gloves are an effective method of protecting the hands from contamination. However, gloves do have limitations and must be used appropriately. The following guidelines are important:

- In order to be effective, gloves must fit tightly, particularly around the wrist.
- Special caution must be exercised when dealing with vehicle accident victims, due to broken glass on the patient and sharp objects of the wreckage.
- When dealing with multiple patients, gloves must be changed between patient contacts.
- Gloves should not be worn until you are ready to make patient contact.
- Great care must be taken in avoiding contact with personal items, you and your partner, once gloves have been contaminated.
- Always wash your hands after removing gloves.
- Gloves should be changed frequently.
- Gloves must be removed before performing procedures not related to patient care.

##### Disposable Face Mask

In general, masks are recommended to prevent transmission of infectious agents through the air. When a mask is indicated, it must be used only once and discarded.

## Respirator Protection

All Public Safety personnel will be required to use N95 or more efficient respirator when:

1. They care for or transport a patient suspected or confirmed to have infectious tuberculosis.
2. They enter a room with a patient that presents with symptoms of infectious TB. These include productive cough, coughing up blood, weight loss, loss of appetite, weakness, night sweats or fever.
3. They conduct a high hazard procedure such as endotracheal intubation, suctioning or aerosolized medication administration on a known or suspected TB patient.

## Ventilation

Exposure to airborne pathogens can be minimized by:

1. Using the exhaust vent for the patient care area
2. Opening windows
3. Placing a non-rebreathing mask on the patient

## Safety Glasses, Goggles or Shields

Protective eyewear must be worn when contamination of the eyes with patient's blood or other body fluids is likely. Situations such as endotracheal intubation, suctioning, and projectile vomiting may cause contamination and diseases such as Hepatitis B may be transmitted.

## Disposable Surgical Gowns

Disposable surgical gowns are useful in preventing contamination to an individual's own clothing. When an employee's own clothing is contaminated it should be changed as soon as possible and bagged as contaminated laundry. Washing the associated area of the body or taking a shower is also indicated.

**Because of the above, all Public Safety personnel are required to have available one extra complete uniform each shift.**

## Resuscitation Equipment

Public Safety personnel should not perform direct mouth to mouth/nose ventilations. A wide range of mechanical resuscitation equipment has been provided for this purpose, and is readily available, which include:

- Infant, child, and adult bag valve mask

- Positive pressure ventilation
- Mechanical Resuscitator
- Pocket masks

### Equipment Disposition

In order to be effective, IDC equipment must be available when and where it is needed. Each division is responsible for maintaining adequate supplies of IDC equipment.

### Levels of Protection

Within the Public Safety operations, categories of IDC protection have been divided into four (4) levels:

- Level One - (Gloves)  
During patient contact or procedures, in which body fluids will be contacted, including post call cleaning and handling contaminated waste or laundry.
- Level Two - (Gloves, Mask)  
When indicated by known or suspected airborne pathogens.
- Level Three - (Gloves, Mask, Goggles)  
Anytime a procedure or situation could result in the employee's face being splashed, sprayed by blood or body fluids to include post call cleaning.
- Level Four - (Gloves, Mast, Goggles, Gown)  
Anytime the employee's body/clothing are subject to being sprayed/splashed with blood or body fluids to include post call cleaning.

## G. Work Practice Controls

### Safety with Sharp Instruments

Whenever possible, needleless safety systems will be used to prevent accidental needle sticks. All personnel will take precautions to prevent injuries caused by needles, sharp instruments or equipment. Needles will not be re-capped, bent, removed from syringes, placed or inserted into areas not designated for needle disposal. No needles will be manipulated by hand. After use, syringes, lancets, needles or any other sharp items will be placed in a puncture-resistant container designated for needle disposal. This disposal must be accessible at all times and whenever intravenous, intramuscular or subcutaneous therapy is being performed. In the event that needles are used outside the unit, the needle disposal will be placed within arm's reach of the personnel performing the procedure. No sharp instruments will be left on the scene.

Needles will not be forced into the disposal and at no time will personnel insert their hands into the container. The needle container will be manipulated by the top only.

### Management of Blood Samples

In the event that blood samples are obtained, they will be labeled and placed in self-sealing plastic bags. Samples will be handled with appropriate personal protection devices.



## H. Cleaning, Decontamination, Labeling and Waste Disposal

### Protection Measures and Safety while Cleaning


All used equipment will be considered contaminated and handled in the following manner. Gloves will be worn when cleaning or handling contaminated equipment or supplies, including laundry. Higher levels of protection will be used during cleaning when splashing is likely. This may include goggles, mask, or gowns.


Caution will be exercised in handling needles or other sharp instruments. Additionally, care must be taken in avoiding injuries from broken glass, which may have been brought on board with the patient. All needles and other sharp instruments will be disposed of in the needle disposal (on board each EMS unit). When the needle disposal is three-fourths (3/4) full, it will be sealed and stored in the designated area within Lexington Medical Center or the Operations Center and replaced.

### Labels and Signs

Biohazard labels  must be affixed to any containers of regulated waste. The labels shall be fluorescent orange or orange-red, and shall include the universal biohazard symbol . Red bags or containers with the universal biohazard symbol may be substituted for labels.

### Contaminated Waste/Laundry Disposal

All disposable items grossly contaminated (supersaturated) with blood or body fluids will be contained in a red biohazard plastic bag . The sealed bag will then be disposed of in accordance with the policies of the receiving hospital.

Grossly contaminated (supersaturated) laundry may be placed in the appropriate container at Lexington Medical Center. If transporting from another facility, the contaminated laundry will be contained in a sealed red biohazard bag , and transported to Lexington Medical Center or the Operations Center.

Grossly contaminated reusable equipment must be cleaned prior to replacing on the unit. If transporting from another facility, the contaminated equipment will be

contained in a sealed red biohazard bag(s) ~~6~~, and transported to the Operations Center for proper cleaning.

### Cleaning and Disinfecting Solutions

Different cleaning agents should not be mixed except as described in this SOP or as recommended by the manufacturer. All soak solutions and spray bottles will be labeled as to content and date prepared. Spray bottle and bucket wash solutions will be changed daily.

Whenever hypochlorite (bleach) solutions are used, they should be mixed no stronger than a 1:100 concentration (6 cc's in 22 oz of water, or 2 cups (500 cc's) in 1 gallon of water). Do not mix stronger concentrations or combine cleaning agents together.

All use of cleaning solutions should be accomplished in a well-ventilated area, particularly when using sprays.

### Cleaning Procedures

Patient Care Vehicle - Daily and Weekly:

At the end of each shift the patient compartment, walls, and floors will be sprayed and wiped down with 1:100 hypochlorite solution.

Weekly cleaning will be performed on Sundays during the day and Thursday during the night shifts. Weekly cleaning of the patient care vehicle involves the completion of the daily routine. In addition, all equipment will be taken out and each piece of patient care equipment sprayed and wiped with 1:100 hypochlorite solution. All patient care equipment will be inspected and cleaned in the same manner. Patient care equipment will then be tested and secured in the proper manner.

Substation - Daily Routines:

Blood and Body Fluid Spills:

To remove visible blood or body fluid on any surface, cover the contaminate with disposable towels and spray with 1:100 hypochlorite solution. Allow it to set for 30 seconds and remove the spill with the towel in a circular motion. Spray the spill area again with 1:100 hypochlorite solution and wipe with additional disposable towel. Dispose of the used towel as contaminated waste if it is supersaturated with blood or body fluids.

Disposal of Body Fluid or Waste:

In the event that body waste or fluids must be collected (i.e. emesis, feces, or urine), it will be contained in plastic containers such as bedpans, emesis basins,

convenience bags or trashcans. The container will then be placed in plastic bags and sealed. The waste must be disposed of in accordance with the policies of the receiving facility.

#### Patient Care Vehicle – Post Call:

The Patient Care Vehicle will be cleaned and disinfected immediately following each call. The patient compartment will be swept and all trash secured within the trashcan. Trashcans will be emptied as necessary. The floor will be sprayed with 1:100 hypochlorite solution and wiped clean. All visible matter should be cleaned from any surface, and spills will be removed as described above. Contaminated laundry, waste and needles will be disposed of in accordance with this SOP.

All linen used with the main stretcher (FW) will be replaced. Any visible matter should be removed from the main stretcher and components using a 1:100 hypochlorite solution and wiped clean.

#### Equipment Decontamination:

All equipment associated with a patient care event should be cleaned/disinfected immediately following each call. Equipment that cannot be cleaned at the receiving facility will be contained in a plastic bag and sealed. The equipment will be cleaned/disinfected immediately upon arriving at an appropriate facility.

#### Reusable Equipment:

Reusable equipment includes "E" stretchers, scoop stretchers, backboards, reeves sleeve, KED, FW, splints, etc.

- Remove major contaminants as described in blood/body fluid spills
- Wash equipment using warm water and soap and long handled brush, when possible. Pay close attention to seams, buckles, and Velcro straps.
- Spray with 1:100 hypochlorite solution and rinse with clear water. Allow to air dry.
- Whenever water is unavailable, the equipment should be cleaned as outlined under blood and body fluid spills.
- Grossly contaminated reusable patient care equipment must be cleaned prior to replacing on the vehicle. In the event that suitable cleaning facilities are not present, the contaminated equipment must be contained in sealed red biohazard bags, and transported to the Operations Center for proper cleaning and decontamination.

#### Respiratory (Ventilation) Equipment:

Whenever possible, disposable systems will be used. Any respiratory equipment that requires a high level of disinfection must be soaked in a Cidex Solution. This includes, but is not limited to the diaphragm, and outlet adapters of the MI 1007.

Care must be used whenever using Cidex, such as: gloves, eye protection, or gown as needed. As with all chemicals, be aware of splashing hazards.

- Test the soak as indicated and log the results in the Cidex logbook.
- Disassemble the equipment.
- Thoroughly rinse all instruments and clean with a mild detergent to remove all visible materials prior to soaking in Cidex.
- Thoroughly rinse all surfaces with water to remove any residual detergent.
- Remove excess moisture by gently drying to avoid diluting the solution.
- Submerge clean, dry instruments completely in the Cidex solution.
- Cover securely and soak for 12 minutes.
- Following disinfection, rinse all surfaces thoroughly.
- Dry completely, reassemble and test the equipment to ensure proper operation.
- Properly store the equipment.

Laryngoscope, Blades, and McGill forceps

Following any patient contact, the batteries will be removed from the handle and all items will be disinfected as indicated under respiratory equipment.

Suction Units:

After disposing of the contents as outlined under Body Fluids and Waste, the unit will be completely disassembled. The exterior components will be rinsed thoroughly to remove all visible material. They will then be sprayed with a 1:100 hypochlorite solution, rinsed thoroughly and allowed to dry. Replace all disposable items, reassemble, and test.

Biomedical Equipment:

Biomedical equipment includes, but is not limited to, the EKG Monitor, AED, Pulse Oximeter, Glucometer and BP Monitor. Biomedical equipment may be wiped with a cloth and a mild detergent or isopropyl alcohol. Avoid pouring fluids on the devices and do not allow fluids to penetrate the exterior surfaces of the device. Use a soft cloth for cleaning the displays, to prevent scratching.

## I. Exposure Incidents

For the purpose of this SOP, an exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials and to human bites that result from the performance of field operation duties.

Should you think you have been contaminated but you are not sure, talk to your Supervisor, consult with the receiving hospital physician, or review this S.O.P. Do not stop pursuing the matter until you are satisfied it has been resolved.

When an exposure incident has occurred, the following steps shall be taken.

- The responder must decontaminate the exposed area as soon as practical. Per mucosal exposures must be thoroughly flushed with water and percutaneous exposures must be thoroughly washed with soap and water. In the event that adequate facilities are not available, sterile saline solutions and alcohol gel must be used until facilities become available.
- The responder must be seen by the physician on-duty at Lexington Medical Center or the LMC Urgent Care. All recommendations made by the physician or infection control staff must be followed exactly.
- The Supervisor must verify the responder's case as Workers' Compensation with the treating facility.
- The responder must complete an Exposure Incident Report Form.
- The Shift Supervisor must:
  1. Complete the Supervisor's Investigation Report
  2. Fax a copy, then forward the original to the Risk Manager
  3. Forward copies of all paperwork to the Infection Control Officer
  4. If the incident was a result of a needlestick, complete an Needlestick Injury Log
- The Infection Control Officer will assist the personnel in establishing appointments with the appropriate health care professionals at Lexington Medical Center, LMC Occupational Health, Lexington County Department of Health or other health care professionals for continued care or counseling as might be necessary.
- The Infection Control Officer will establish and maintain contact with the Infectious Control Practitioner at Lexington Medical Center, LMC Occupational Health, and Lexington County Department of Health. If the personnel are not comfortable with the recommendations, they will be referred to an infectious disease physician.
- The Infection Control Officer will maintain all medical records related to any exposure incident in a secure area for 30 years beyond the personnel departing from Lexington County.
- At all times, absolute confidentiality must be observed. The responders will be reminded to keep all information in confidence to protect the patient's and their privacy.
- The Infection Control Officer must review this SOP yearly and update it as necessary.

## V. **Standards and References**

Federal Register, Part II, Department of Labor, O.S.H.A., 29 CFR 1910.1030, Occupational Exposure to Blood Borne Pathogens, May 30, 1989.

Federal Register, Part II, Department of Labor, O.S.H.A., 29CFR1910.134

Center for Disease Control, MMWR, June 23, 1989, Volume 38, Number 5-6. Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis to Health Care and Public Safety Workers.

Occupational Health and Safety Administration Information Memorandum, Number 88X77

Needlestick Safety and Prevention Act (Pub. L. 106-430)

South Carolina Department of Health and Environmental Control, Regulation 61-7.

Ryan White CARE Act Amendments of 2000

Guidelines for Preventing the Transmission of TB in Health-Care Facilities, 1994

Guide To Managing An Emergency Service Infection Control Program, USFA 2002

## APPENDIX A

### LEXINGTON COUNTY DEPARTMENT OF PUBLIC SAFETY BLOODBORNE PATHOGEN INITIAL TRAINING FORM

*Please Print*

This form is to verify that \_\_\_\_\_-attended

(Print personnel's name)

bloodborne pathogen training that meets the OSHA Guidelines for providing direct patient care on \_\_\_\_\_.

(Date)

I was informed about:

- The Bloodborne Pathogen Standard (29CFR1910.1030);
- The epidemiology and symptoms of bloodborne and other pathogens;
- The mode of transmission of bloodborne and other pathogens;
- Lexington County Department of Public Safety IDC Standard Operating Procedure (exposure control plan);
- A review of the use and limitations of methods that will prevent or reduce exposure, including
  - engineering controls,
  - work practice controls, and
  - personal protective equipment;
  - selection and use of personal protective equipment including gloves, gowns and eye protection;
- Visual warning of biohazards including labels, signs and color-coded containers;
- Information on Hepatitis B Vaccine; and
- The procedure to follow if an exposure incident occurs.

\_\_\_\_\_  
Personnel's Signature

\_\_\_\_\_  
Date

This is to certify that the employee/student named above has completed the above training.

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date



**APPENDIX B**

**LEXINGTON COUNTY DEPARTMENT OF PUBLIC SAFETY  
EXPOSURE INCIDENT REPORT FORM**

Personnel's Name: \_\_\_\_\_

Social Security # \_\_\_\_\_

Date: \_\_\_\_\_ Call# \_\_\_\_\_ Supervisor: \_\_\_\_\_

Description of Incident: (be specific and include date, approximate time and place and route(s) of exposure and circumstances under which an exposure incident occurred) Use back of sheet if needed:

---

---

---

---

---

Immediate Actions Taken To Reduce Your Exposure:

---

---

---

---

---

Source of Blood or OPIMs (include name of source individual, if known. Attach DHEC if source was a patient):

---

---

---

Route(s) of Exposure:

---

The work practices and protective equipment or clothing used at the time of the exposure incident: \_\_\_\_\_

---

---

---

---

Hepatitis B Vaccination Status (check one if known): \_\_\_ declined vaccine \_\_\_complete  
\_\_\_1st shot \_\_\_2nd shot\_\_\_ 3<sup>rd</sup> shot

Personnel Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

## APENDIX C

### LEXINGTON COUNTY Department of Public Safety Needlestick Injury Log

Name of Personnel \_\_\_\_\_

Personnel SSN \_\_\_\_\_

Assigned Injury ID # \_\_\_\_\_

Certification Level \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

<p><b>Location of Injury</b> (Check all that apply)</p> <p><input type="checkbox"/> Finger</p> <p><input type="checkbox"/> Hand      <input type="checkbox"/> L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Arm                      <input type="checkbox"/></p> <p>L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Face or Head</p> <p><input type="checkbox"/> Torso</p> <p><input type="checkbox"/> Leg              <input type="checkbox"/> L <input type="checkbox"/> R</p> <p><input type="checkbox"/> Other:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><b><u>Sharp Involved</u></b> (If known) Type:</p> <p>_____</p> <p>Brand: _____</p> <p>Model: _____</p> <p>Lot #: _____</p> <p style="text-align: center;"><b><u>Body Fluids Involved:</u></b></p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Did the sharp being used have engineered injury protection(s)?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Don't Know</p> <p>Was the protective mechanism activated?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Don't Know</p> <p>When did the injury occur?</p> <p><input type="checkbox"/> Before activation    <input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> During activation</p> <p><input type="checkbox"/> After activation</p>
---	---	--

Location of Incident	Procedure Being Performed
<input type="checkbox"/> EMS Unit <input type="checkbox"/> Residence <input type="checkbox"/> Roadway <input type="checkbox"/> Emergency Department <input type="checkbox"/> Patient's Room <input type="checkbox"/> Other: _____ _____ _____ _____	<input type="checkbox"/> Drawing venous blood <input type="checkbox"/> IM or SC Injection <input type="checkbox"/> Starting IV or INT <input type="checkbox"/> Heparin/Saline flush <input type="checkbox"/> Pleural Decompression <input type="checkbox"/> Cutting <input type="checkbox"/> Other: _____ _____ _____ _____

**Describe, in detail, how the exposure incident occurred (e.g., the procedure being performed, the device being used, the body part affected, objects or substances involved and how they were involved):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by \_\_\_\_\_  
 Date \_\_\_\_\_

## APPENDIX D

### LEXINGTON COUNTY DEPARTMENT OF PUBLIC SAFETY

#### EXPOSURE CONTROL CHECKLIST

Once an exposure has been determined, the following procedures must be completed and *initialed* by the appropriate personnel. The Infection Control Officer must maintain all documentation of the incident.

Exposures to bloodborne pathogens consist of:

- A. Needle-sticks or cuts from sharp instruments that are contaminated with blood.
- B. Contact of the eye, nose, mouth, or non-intact skin with blood or body fluids containing blood.
- C. Human bites.
- D. Incidents in which a Lexington Medical Center Emergency Department Physician advises an exposure occurred.

\_\_\_\_\_ Immediately following an exposure to blood or bloody body fluids, the personnel must:

- 1. Clean wounds with soap and water.
- 2. Flush mucous membranes with clean water.
- 3. Flush eyes with clean water.

\_\_\_\_\_ Personnel advises the EMS Shift Supervisor

\_\_\_\_\_ Supervisor notifies Infection Control Officer and Division Director immediately

\_\_\_\_\_ Supervisor sends personnel to Lexington Medical Center for follow-up within 1-2 hours

\_\_\_\_\_ Supervisor/personnel provides information about the source patient to treating facility if known

\_\_\_\_\_ Supervisor confirms Worker's Compensation with the treating facility as necessary

\_\_\_\_\_ Supervisor completes a SUPERVISOR'S REPORT OF INJURY

\_\_\_\_\_ Completed SUPERVISOR'S REPORT OF INJURY faxed to Risk Management

\_\_\_\_\_ Personnel completes a NEEDLESTICK INJURY LOG

\_\_\_\_\_ Personnel completes a Lexington County Public Safety EXPOSURE INCIDENT REPORT FORM

\_\_\_\_\_ All applicable paperwork (including Run Reports related to the call) is compiled forwarded to the Infection Control Officer

Date completed: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Shift Supervisor

\_\_\_\_\_ Infection Control Officer will follow up with the Infection Control Nurse at Lexington Medical Center the next weekday

\_\_\_\_\_ Infection Control Officer will gather any further information and ensure that all paperwork has been properly processed.

\_\_\_\_\_ Infection Control Officer will assist the personnel with scheduling appointments

\_\_\_\_\_ Infection Control Officer ensures all applicable paperwork is compiled and filed in a secure location

Date completed: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Infection Control Officer

All information is considered confidential and must be maintained in a secure location at all times.