

**SAN JUAN ISLAND EMERGENCY MEDICAL SERVICES  
SAN JUAN COUNTY PUBLIC HOSPITAL DISTRICT NO. 1**

**Standard Operating Guideline**

**Disease and Injury Prevention and Control**

**No.** 110-06 Date Issued: May 2, 2006  
Effective: Immediately  
**Date Revised: July 26, 2006**

**PURPOSE:** The District has an obligation to inform its personnel of health hazards in the work place. Exposure to contagious and infectious diseases in performance of duties constitutes health hazard. The District, further, has an obligation to ensure that infected District personnel do not spread a disease to the victim of an EMS emergency.

**SCOPE:** These guidelines are to be followed by all members of this District regardless of the municipality in which the emergency is located. Authority to deviate from this guideline rests with the person in charge who is solely responsible for the results of any deviation.

**SECTION 110-06-1 SPECIAL PRECAUTIONS DURING DAY-TO-DAY ACTIVITIES**

No special precautions are recommended for day-to-day business or personal activities between District personnel and persons at risk for AIDS (e.g. homosexual and bisexual men, I.V. drug abusers, etc.). Nevertheless, in certain situations, simple commonsense precautions will be used. The following are not special precautions relating to AIDS/ARC: rather, they will be observed when working with any member of the General Public to reduce the chance of contracting blood borne infections such as AIDS, hepatitis B and other communicable diseases.

**1. Assisting Victims of Trauma:**

It is always wise to be aware of infection control measures when assisting trauma victims. If contact with human blood, urine, feces, saliva or other secretions is anticipated, protective latex gloves will be worn by District Personnel. Goggles and protective masks should also be considered by EMS personnel under certain circumstances. District personnel shall always wear leather gloves during extrication guidelines to minimize the possibility of injury to the hands. The use of latex disposable gloves prior to donning leather gloves might also be considered.

2. Subsequent to all incidents involving contact with a patient's blood or other fluids, personnel should clean their hands while in the field with cleaner provided in both ambulances. Upon return to quarters wash hands and arms thoroughly. Prior to cleaning avoid hand-to-face contact. Clothing soiled with contaminants should be

changed as soon as practical. After changing contaminated clothing, wash them in a strong detergent and bleach. Avoid touching your mouth or eyes with your hands or items contaminated with blood, feces, or body secretions. It is particularly important for personnel with wounds, abrasions or scratches on their hands to wear disposable gloves if potential contact with contaminants is anticipated.

### **SECTION 110-06-2 HANDLING SHARP INSTRUMENTS**

Sharp instruments such as angiocatheter needles, hypodermic needles, pre-load ampoules, and scalpels should be handled with extreme caution during and after use. For example, needles should not be re-sheathed, a practice which causes many needle stick injuries. Care should be taken by all on-scene crews to place sharp instruments where they will not pose a hazard to the user or other personnel during cleanup of the scene. Special care should be taken to assure that these devices will not be placed in external I.V. bag containers that another district personnel may pick up and cause an inadvertent injury. All "sharps" should be placed in an appropriate biohazard container carried on medical response units.

### **SECTION 110-06-3 REPORTING OF POSSIBLE EXPOSURES**

Possible disease exposures, whether by personal injury and resultant exposure to the patient's bodily fluids, or whether by exposure by contact with mucous membranes or ANY OTHER potentiality will immediately be reported to the On-Call Paramedic, Incident Commander or the Physician at the scene and in no longer than 60 minutes from exposure. The On-Call Paramedic will utilize the "Employee Injury Checklist Protocol" to be sure that the guideline is properly followed. The EMT will complete the "Injury/Exposure Report" as soon as possible. Both completed forms will be given to the Chief/Administrator.

### **SECTION 110-06-4 HANDLING OF BLOOD, SECRETIONS AND TISSUE**

All blood, body secretions, and tissue specimens, regardless of from whom they are obtained, should be handled as if they were contaminated. In situations in which these materials are likely to come into direct contact with skin, protective gloves will be worn. If contamination does occur, wash as described in the sections above. Almost all

standard disinfectants are effective against the AIDS virus. If there is any risk of contamination of the face with body fluids, masks and goggles shall be worn.

#### **SECTION 110-06-4 DEALING WITH BELLIGERENT PATIENTS/PUBLIC**

When confronted with an uncooperative person who displays physical aggression, back away if possible. If safe retreat seems unlikely, it is advisable for all personnel on-scene to move toward the patient as a “team” and rapidly take the patient down, using the least forceful restraint necessary to subdue the patient and provide for the rescuers and patient’s protection.

#### **SECTION 110-06-5 PERFORMING CPR**

A ventilation device such as a BVM or pocket type mask with a one-way check valve will be employed for field use in all patient care contact situations. There should not be any direct mouth to mouth contact made without an appropriate barrier device by District personnel.

#### **SECTION 110-06-6 POST-INCIDENT HYGIENE AND EQUIPMENT CLEANSING**

1. After each incident, District personnel shall wash their hands and/or other potentially exposed body surfaces with the appropriate substance. All medical equipment and medical response units shall be disinfected with an appropriate solution with thought being given to the steering wheel and portable radios which are often overlooked. Disinfectants such as iodine (Betadine) should not be used on equipment which is subject to stain problems.

2. Personnel’s personal soiled or contaminated clothing should be changed at the earliest opportunity. After clothing has been changed, it is to be washed in a strong detergent and bleach, separately to prevent cross contamination utilizing the Aid Unit washing machine. Under no circumstances should contaminated clothing be taken home to be laundered. Personnel should pack an extra set of clothing in their personal vehicles that can be changed into before returning home.

#### **B. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

If one of our personnel is involved in an incident where exposure to blood borne pathogens may have occurred there are three things that we immediately focus our efforts on:

1. Providing appropriate and adequate assessment and treatment to the EMT for their health and well being.

2. Making sure that our personnel receive medical consultation and treatment (if required) as expeditiously as possible.
3. Investigating the circumstances surrounding the exposure incident.

San Juan Island EMS investigates every exposure incident that occurs in its operations. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:

- (1) When the incident occurred. (Date and time)
- (2) Where the incident occurred.
- (3) What potentially infectious materials were involved in the incident. (Type of material; blood, etc.)
- (4) Source of the material.
- (5) Under what circumstances the incident occurred. (Type of work being performed.)
- (6) How the incident was caused.
- (7) Personal protective equipment being used at the time of the incident.
- (8) Actions taken as a result of the incident.
  - A. Employee decontamination.
  - B. Cleanup.
  - C. Notifications made.

After this information is gathered it is evaluated, a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incident in the future (to help with this, we use the "Employee Injury/Exposure Report" and "Injury Checklist Protocol.")

In order to make sure that our personnel receive the best and most timely treatment if an exposure to blood borne pathogens should occur, our District has set up a comprehensive post-exposure evaluation and follow-up process. We use the "checklist" at the end of this section to verify that all the steps in the process have been taken correctly. This process was implemented on or before July 6, 1992 and is overseen by the following people:

- (1) EMS Administrator
- (2) County MPD

- (4) Officer in Charge of an incident.
- (5) Paramedic on duty.

We recognize that much of the information involved in this process must remain confidential, and will do everything possible to protect the privacy of the people involved.

As the first step in this process we provide an exposed employee with the following confidential information:

1. Immediate face to face meeting with the On-Call Physician for immediate initiation of exposure counseling, testing, and possible prophylactic medications.
2. Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
3. Identification of the source individual (unless not feasible or prohibited by law).
4. Next, if possible, we test the source individual's blood to determine HBV and HIV infectivity. This information will also be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.
5. Finally, we collect and test the blood of the exposed employee.

Once these guidelines have been completed, a follow up appointment is to be arranged by the exposed personnel and physician to discuss the personnel's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

### **C. INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL**

To assist the healthcare professional we forward a number of documents to them, including the following:

- (1) A copy of the Bloodborne Pathogens Standard.
- (2) A description of the exposure incident.
- (3) The exposed personnel's relevant medical records on file at IIMC.
- (4) Other pertinent information.

#### **D. HEALTHCARE PROFESSIONALS WRITTEN OPINION**

After the consultation, the healthcare professional provides our District with a written opinion evaluating the exposed employee's situation. We, in turn, furnish a copy of this opinion to the employee.

In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

- (1) Whether Hepatitis B Vaccination is indicated for the employee.
- (2) Whether the employee has received the Hepatitis B Vaccination.
- (3) Confirmation that the employee has been informed of the results of the evaluation.
- (4) Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

#### **E. MEDICAL RECORDKEEPING**

IIMC is responsible for keeping all necessary personnel medical records and utilizing them as necessary in the event of an exposure.