Carroll County Department of Fire & EMS

POLICY AND PROCEDURES

Standard Operating Procedure: 6.02	**Effective Date: May 21, 2024 (interim)**
Subject: Infection Control Policy	**Section: Health and Safety**
Authorized: AC Dennis Brothers	**Revision Date:** N/A

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I. PURPOSE

To provide a comprehensive infection control system this maximizes protection against communicable/infectious disease for all personnel, paid or volunteer, and for the public that they serve. This policy applies to all personnel, paid or volunteer, who provide fire, rescue, or emergency medical services.

II. PLAN PURPOSE

To identify those tasks and corresponding job classifications for which it can be reasonably anticipated that an exposure to blood, other body fluids, or other potentially infectious materials may occur; to establish a schedule for implementation of the infection control plan; and to identify the procedure for the evaluation of circumstance surrounding exposure incidents.

I. Exposure Determination

A. The following tasks are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious materials:

Provisions of emergency medical care to injured or ill patients;

Rescue of victims from hostile environments, including burning structures or vehicles, water contaminated atmospheres, or oxygen deficient atmospheres;

Extrication of persons from vehicles, machinery, or collapsed excavations or structures;

Recovery and/or removal of bodies from any situation cited above;

Response to hazardous materials emergencies, both transportation and fixed-site, involving potentially infectious substances.

B. The following job classifications are reasonably anticipated to involve exposure to blood, body fluids, or potentially infectious substance in the performance of their duties:

Firefighter

Driver/operator

First Responder

Operational Officer

Emergency Medical Technician Field Supervisor

Intravenous Technician Divers

Specialized Rescue /ATR member

Paramedic

Hazardous Materials Response member

Other Emergency Response personnel not otherwise classified

III. **Definitions**

Infectious Control Officer- is the administrator for the infectious control policy. The Chief of the Department has designated the Assistant Chief of EMS as the county infectious control officer. In his absence the on-duty shift commander will assume this role.

Health and Safety Officer – is the administrator of the health and safety program. The Chief of the Department has designated the Assistant Chief of Training, Health and Safety as the health and safety officer of the county.

IV. **Implementation**

The Infection Control Policy is applicable to all personnel, paid or volunteer, providing fire, rescue, and/or emergency medical services. It is effective immediately.

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The Infection Control Policy consists of a policy statement identification of roles and responsibilities, Policies, training, and recordkeeping. Policies identify specific procedural guidelines for all aspects of response and station environments where disease transmission can be reasonably anticipated, as well as training, administrative aspects of the program, and postexposure evaluation/investigation.

III**. Evaluation of Exposure Incidents**.

The procedure for the evaluation/investigation of circumstances surrounding incidents of exposure to blood, other body fluids, or other potentially infectious materials is detailed in Policy: Post-Exposure Protocols. Medical follow-up, documentation, recordkeeping, and confidentiality requirements are also defined in Post-Exposure Protocols.

V. POLICY

Post-Exposure Protocols

A situation that constitutes and exposure incident includes:

♣ Human Bites

♣ Cuts from contaminated sharps or glass

♣ Contact with blood or other potentially infectious materials to non-intact skin, eyes nose or mouth

♣ Respiratory secretions entering through eyes nose, or mouth

Step I: Any personnel exposed to potentially infectious material will immediately wash the exposed area with soap and water or saline eye wash if eyes are involved. If available also cleanse the area with alcohol or betadine. In the absence of these cleaners, a waterless cleaner may be used. Bandage any area that is bleeding or presents an exposure risk. **[Washing with soap and water is the best method.]**

Step II: After an exposure incident has occurred the personnel will proceed directly to the Primary Medical Facility during business hours as appropriate. After business hours personnel will report to closest Emergency department.

Step III: An Airborne/Bloodborne Exposure will be reported to his/her supervisor. The supervisor will notify the Infection Control Officer immediately. Any personnel having any other occupational communicable/infectious disease exposure will report the exposure to his/her supervisor as soon as possible.

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Step IV: The personnel will fill out an exposure report before completion of shift/duty for any of the following exposures but not limited to:

- Needle stick injury.

- Break in skin caused by a potentially contaminated object, a human bite, or a human scratch.

- Splash of blood or other potentially infectious materials onto eyes, mucous membranes, or non-intact skin.

- Mouth-to-mouth resuscitation without pocket mask/one-way valve. - Other exposure that the personnel may feel is significant.

Step V: Personnel involved must complete a departmental first report of injury sheet. The Workers Compensation First Report of Injury/Illness Form: Must be completed by appropriate department officer.

Follow-up for a post-exposure will be arranged between the Carroll Occupational Health Physician, Personnel, and Infection Control Officer. Follow-up may include counseling and medical evaluation at baseline and periodically for at least a year post-exposure (e.g., 6 weeks, 12 weeks, 6 months, and 1 year), and should observe precautions to prevent possible secondary transmission.

The report will include details of the task being performed, the means of transmission, the portal of entry, and the type of PPE in use at the time.

The Infection Control Officer will evaluate the report for exposure hazards under the direction of the Carroll Occupational Health Physician. If a possible exposure occurred, then a medical evaluation by Carroll Occupational Health will be arranged by the Infection Control Officer, immediately post-exposure. If no exposure took place, then the personnel will be counseled on exposure hazards by the Infection Control Officer.

The Infection Control Officer will complete the exposure report, indicating disposition of medical management, and file the report in the office of Carroll Occupational Health.

The Infection Control Officer will perform infection control retraining if indicated.

Stress management counseling should be available as part of the post-exposure protocol as prescribed by the Carroll Occupational Health.

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Carroll Occupational Health will provide appropriate diagnostic workup and treatment of personnel with any exposures. Services will include long-term follow-up and personnel/spousal counseling.

Medical treatment facilities will provide similar notification of diagnosis of bloodborne or other potentially communicable/infectious disease if personnel provide care or transportation to the source patient, and if disease transmission could have taken place. This policy will be carried out through cooperative agreements between medical treatment facilities and the Infection Control Officer. Patient confidentially will be preserved in any notification procedure.

Under Annotated Code of Maryland Health-General Title 18. Disease Prevention, Subtitle 2, Reports; Preventive Actions: the firefighters, emergency medical technicians, rescue squad man will be notified of an exposure to contagious disease or virus. The medical care facility will notify the individual personnel, and the Infection Control Officer as described by the annotated code. The on-duty Shift Commander will assume the role of Infection Control Officer in his/her absence. The dispatch center will be notified when this occurs, and the notification will be sent to the stations.

Needle Stick Exposure Protocol

A situation that constitutes a needle stick exposure incident includes:

- ♣ If any personnel is stuck with a needle stick during or after performing glucose check fingerstick, Intravenous and/or Intraosseous therapy (IV/IO). This includes any contaminated needles(including any used needles)
- ♣ If any personnel is stuck with a needle during or after performing finger stick for glucose measuring.

Ensure the Transport and transfer of care of their patient to the receiving facility.

1. Seek first aid and seek medical attention as needed. (As outlined in Step one under Post-exposure protocol.)

2. Ensure that blood sample or other body fluids are collected from the source patient.

3. Notify the receiving facility’s charge nurse that a needle stick occurred.

4. Notify Members Department Infection Control Officer immediately as described in the post-exposure protocol.

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5. Association or Member Department Infection Control Officer will facilitate with the receiving facility, the testing of the source patient as described under Federal, State, and Local laws and regulations. The charge nurse shall notify their hospital infectious disease officer as soon as feasible.

6. The emergency department charge nurse will start the infectious disease exposure protocol on the exposed/injured personnel and provide a further treatment that is necessary at that time.

Infection Control Training

* All personnel providing emergency services will be required to complete:

  - Initial infection control training at time of assignment to tasks where occupational exposure may occur.

  - Refresher infection control/bloodborne pathogen training at least annually thereafter.

* All infection control training materials will be appropriate in content and vocabulary to the educational level, literacy, and language of personnel being trained.

* Training will be in accordance with MIEMSS Blood borne Pathogen Training Program and in compliance with NFPA standard 1581 and OSHA Regulation 29 CFR 1910-1030 and shall include:

- An accessible copy of 29 CFR 1910-1030 and an explanation of its contents.

- A general explanation of the epidemiology and symptoms of bloodborne diseases;

- An explanation of:

  • Modes of transmission of bloodborne diseases;

  • Association exposure control plan and how the employee can obtain a copy.

  • Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infection materials

  • Basis for selection personal protective equipment

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- General Information on:

  • Types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment

  • Hepatitis B vaccine

    ♣ Efficacy

    ♣ Safety of vaccine

    ♣ Benefits of being vaccinated;

    ♣ Notification (Vaccination are provided at no charge.)

- Information on the appropriate actions to take and persons to contact in an emergency involving blood or potentially infectious materials.

- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.

- Information on the post-exposure evaluation and follow-up that the department required to provide following an exposure incident.

- An explanation of the signs and labels and/or color coding required for biohazard materials; information on the proper storage and disposal of biohazard materials.

- Opportunity for interactive questions, answers, and concerns.

* Infection control trainers shall be knowledgeable in the entire program element listed above, particularly as they relate to emergency services provided by the stations

* Written records of all training sessions will be maintained for three years after the date on which the training occurs. Training records will include:

- The dates of the training sessions;

- The contents or a summary of the training sessions;

- The names and qualifications of persons conducting the training; and

- The names and job titles of all persons attending the training sessions.

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Health Maintenance

* No personnel will be assigned to emergency response duties until an entrance physical assessment has been performed by Carroll Occupational Health, and the personnel have been certified as fit for duty.

* Work restrictions for reasons of infection control may be initiated by the Carroll Occupational Health Physician and the personnel's personal physician. These may be temporary or permanent. As an example, personnel with extensive dermatitis or open skin lesions on an exposed area may be restricted from providing patient care or handling and/or decontamination of patient care equipment.

* All personnel will be offered immunization against hepatitis B, influenza, measles, mumps, rubella, tetanus, and diphtheria. The risks and benefits of immunization will be explained to all personnel, and informed consent obtained prior to immunization.

* Personnel may request serologic testing prior to hepatitis B, hepatitis C, measles, mumps, and rubella immunization to determine if previous immunity exists. Personnel may refuse immunizations or may submit proof of previous immunization. Personnel who refuse immunization will be counseled on the occupational risks of communicable/infectious disease and required to sign a refusal statement and may later receive immunization upon request.

* All personnel will be required initial and yearly screening for tuberculosis exposure by Carroll Occupational Health during the personnel's medical evaluation.

* All personnel will be offered HIV/AIDS screening with the initial medical evaluation and will be available annually at the request of the personnel.

* Personnel returning from an inactive period of work following communicable/infectious disease injury or illness (occupational or non-occupational) will be cleared by the Carroll Occupational Health Physician prior to resuming emergency response duties. * Personnel will receive an exit health evaluation upon being reassigned to nonemergency response duties.

* The Infection Control Officer and all Physicians will maintain records in accordance with OSHA's 29 CFR 1910-1030. Personnel participation in the Infection Control Program will be documented, including:

- Name and Social Security number of personnel.
- Immunization records.
- Circumstances of exposure to communicable/infectious diseases.
- Post-exposure medical evaluation, treatment, and follow-up.

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* Infection control records will become part of the personnel's personal health file and will be maintained for duration of employment plus thirty (30) years.

* Medical records are strictly confidential. Medical records will be maintained in the office of Carroll Occupational Health and will not be kept with personnel records. Medical records will not be released without the signed written consent of the personnel. There will be no exceptions to this policy for County Officials, or insurance companies other than required by law.

* Abstracts of medical records without personal identifiers may be made for quality assurance, compliance monitoring, or program evaluation purposes, if the identification of the individual cannot be determined from the abstract.

* Communications between medical and personnel sections will focus on fitness to work or recommended restrictions, rather than upon specified diagnoses.

* To preserve personnel confidentiality, the EMS Medical Director will not conduct health assessments on personnel.

Facilities Environment

Facilities shall ensure that the worksite maintained in a clean and sanitary condition. All facilities must comply with health and infection control laws, regulations, and stands for public use facilities.

Storage, decontamination and disposal areas:

> Ensure storage of clean patient care equipment and infection control personal protective equipment.

Storage of biohazard waste.

Ensure appropriate containers for disposal of biohazard waste are used.

Facilities for the safe storage, use, and disposal of cleansing and disinfecting solutions.

> Safety data sheets (SDS) for cleansing and disinfecting solutions.
>
> All personnel using these solutions will be familiar with the SDS and will use the recommended PPE.
>
> Infectious waste storage areas will be marked with biohazard signs and will be maintained in accordance with all EPA and local regulations.
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> Contaminated sharps will be stored in closed puncture-resistant containers (sharp boxes) with appropriate biohazard markings and color coding.

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If outside contamination of a disposal bag is a possibility, a second bag with identical markings will be placed over the first.

All disposal of biohazard waste will be in accordance with EPA and local regulations and will be performed by an approved licensed contractor designated by the member department.

Laundry area (Recommendation Only)

All stations will maintain a clean laundry area with washer, dryer, and wash sink.

All contaminated work uniforms will be washed in-station. This will help protect personnel's families from both infectious and chemical contamination.

All personnel will maintain extra clean work uniforms in the station, so that potentially contaminated uniforms can be exchanged upon return to quarters.

All linen used for patient transport is considered potentially contaminated. Contaminated linen will be exchanged at and by the medical facility receiving the patient. Contaminated linen should not be washed in station's laundry facilities. Disposal medical latex-free gloves shall be worn when handling potential contaminated linen.

Personal Protective Equipment

Standards for personal protective equipment will be developed by the Infection Control Officer and the Health and Safety officer and updated or modified as needed.

The Department of Fire and EMS is responsible for the supply, repair, replacement, and safe disposal of infection control PPE. The department will determine proper stock supply levels of PPE both for stations, and for response vehicles and as outlined in Maryland Fire Service Health and Safety Consensus Standard or outlined in the standards of the association. [See Attachment] Disposable medical gloves will be constructed of latex-free material rather than plastic.

Sharps containers will be closeable, puncture resistant, and leakproof. Sharps containers will be color coded, labeled as a biohazard, and immediately accessible.

All personnel will be issued a pocket mask with one-way valve and should carry the masks on their person while on duty. Bag-Valve-Mask will be carried on every response vehicle and stocked in each station. Replacement one-way valve will be available from the stations. The pocket mask will be disinfected, and the contaminated one-way valve will be proper disposed.

*** Selection and use of personal protective equipment.**

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Emergency response often is unpredictable and uncontrollable. While blood is the single most important source of HIV, HBV, and HCV infection in the workplace, in the field it is safe to assume that all body fluids are infectious. For this reason, PPE will be chosen to provide barrier protection against all body fluids.

In general, personnel should select PPE appropriate to the potential for spill, splash, and/or exposure to body fluids. No standard operating procedure for PPE ensemble can cover all situations. Common sense must be used. When in doubt, select maximal rather than minimal PPE. Disposable medical latex-free gloves will be worn during any patient contact when potential exists for contact with blood, body fluids, nonintact skin, or other infectious material. All personnel will carry extra pairs of disposable medical latex-free gloves in turnout coats and/or EMS jumpsuits.

Disposable medical latex-free gloves will be replaced as soon as possible when soiled, torn, or punctured. Wash hands after glove removal. Disposable medical latex-free gloves will not be reused or washed and disinfected for reuse.

Where possible, disposal medical latex-free gloves should be changed between patients in multiple casualty situations. Structural firefighting gloves will be worn in situations where sharp or rough edges are likely to be encountered.

Heavy-duty utility gloves may be used for the handling, cleaning, decontamination, or disinfection of potentially contaminated patient care equipment.

Facial protection will be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a face mask and eye protection or by using a full-face shield. When treating a patient with a suspected or known airborne transmissible disease, face masks or particulate respirators will be used.

The first step is to mask the patient; if this is not feasible, second step is to mask all personnel.

Face shields on structural firefighting helmets will not be used for infection control purposes.

Fluid resistant gowns or fluid resistant coveralls are designed to protect clothing from splashes. Structural firefighting gear also protects clothing from splashes and is preferable in fire, rescue, or vehicle extrication activities. Gowns may interfere with, or present a hazard to, the personnel in these circumstances. The decision to use barrier protection to protect clothing, and the type of barrier protection used will be used will be left to the personnel. Structural firefighting gear will always be worn for fire suppression and extrication activities.

Under certain circumstances, head covers and/or shoe covers will be required to protect these areas from potential contamination. Structural firefighting gear (impervious boots, helmets) also may be used for barrier protection.

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Particulate respirators shall be fit tested to all personnel for appropriate size prior to usage.

*** Summary.**

-If it's wet, it's infectious - use gloves.

-If it could splash onto your face, use eye shields and mask or full-face shield.

-If it's airborne, mask the patient and/or yourself.

-If it could splash on your clothes, use a gown or structural firefighting gear.

-If it could splash on your head or feet, use appropriate barrier protection.

Scene Operations

* The blood, body fluids, and tissues of all patients are considered potentially infectious, and Standard Precautions (formerly Universal precautions) / Body Substance Isolation procedures will be used for all patient contact.

* The choice of personal protective equipment is specified in PPE section of this policy. Personnel will be encouraged to use maximal rather that minimal PPE for each situation.

* While complete control of the emergency scene is not possible, scene operations as much as possible will attempt to limit splashing, spraying, or aerosolization of body fluids.

* The minimum number of personnel required to complete the task safely will be used for all on-scene operations. Personnel when not immediately needed will remain a safe distance from operations, where communicable/infectious disease exposure is possible or anticipated.

* Handwashing is the most important infection control procedure.

Personnel will wash hands:

-After removing PPE.

-After each patient contact.

-After handling potentially infectious materials.

-After cleaning and/or decontaminating equipment.

-After using the bathroom.

-Before eating.

-Before and/or after handling and/or preparing food.

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* Handwashing with soap and water will be performed for ten to fifteen seconds. If soap and water is not available at the scene, a waterless hand wash may be used (per manufacture directions), provided that a soap and water wash is performed immediately upon return to the station or arrival at a hospital.

* Eating, drinking, handling contact lenses, or applying cosmetics or lip balm is prohibited at the scene of operation. Exception for rehab: A designate area shall be assigned by the Incident Commander.

* Used needles, blood draw barrels & luer adapters, and other sharps must be disposed of in an approved sharp container. Needles will not be recapped, resheathed, bent, broken, or separated from disposable syringes. The most common occupational blood exposure occurs when needles are recapped.

* IV restricting bands will be single patient use and disposed of appropriately to avoid cross-contamination between patients.

* Sharps containers shall be easily accessible on-scene.

* Disposable resuscitation equipment will be used whenever possible. For CPR, the order of preference is:

1. Disposable bag-valve mask.

2. Disposable pocket mask with one-way valve.

* Mouth-to-mouth resuscitation will be performed only as a last resort if no other equipment is available. All personnel must be issued a pocket mask with one-way valve to minimize the need for mouth-to-mouth resuscitation. Disposable resuscitation equipment will be kept readily available during on-scene operations.

* Patients with suspected airborne communicable/infectious diseases will be transported wearing a face mask or particulate respirator whenever possible. Ambulance windows will be open and ventilation systems turned on full/high setting whenever possible.

* Personal protective equipment will be removed after leaving work area, and as soon as possible if contaminated. After use, all PPE will be placed in leakproof bags, color coded and marked as a biohazard, and transported back to the station for proper disposal.

* No medical information will be released on the scene. Media queries will be referred to the department Public Information Officer. Patient confidentiality and HIPAA regulations will be maintained at all times.

* At conclusion of on-scene operations, all potentially contaminated patient care equipment will be removed for appropriate disposal or decontamination and reuse.

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Transportation:

Pediculosis cases that are in need of transport will be securely covered and transported to the closest appropriate facility. All sheets and covers will be left at the facility.

Upon removal of the patient from the medic unit the doors will be closed and remain closed until the wheeled stretcher is returned to the medic unit.

Fumigation / Disinfecting of transport unit and personnel after transport of pediculosis cases.

Whenever personnel deem it necessary to have a transport unit fumigated or disinfected because of Pediculosis cases the unit will be placed out of service. The following procedures will be followed:

- Personnel on the unit will fumigate/disinfect the unit using a pressure sprayer filled with an appropriate solution and following all directions and recommendations of the solution's manufacturer. The transport unit will not be placed in service until the unit is dry and aired out in accordance with the manufacturer's recommendations.

- Personnel will shower wash head with appropriate solution and change uniforms

_Complete an exposure form

-Notify the Infection Control Officer as soon as possible.

NOTE: The changing of uniforms and showering of personnel are generally not necessary for most Pediculosis cases. Cases that would warrant such measures include severe infestation or direct, prolonged patient contact. In cases in which such procedures are questionable, the Infection Control Officer will make decisions on these procedures.

Post - Response

Upon returning to station, contaminated equipment will be removed and replaced with clean equipment. Supplies of PPE on response vehicle will be replenished.

Contaminated equipment will be stored only in the decontaminated area. Cleaning and decontamination will be performed as soon as practical.

Disposal equipment and other biohazard waste generated during on-scene operations will be stored in the biohazard disposal area in appropriate leak-proof containers. Sharps containers, when full, will be closed and placed in the biohazard disposal area.

Gloves will be worn for all contact with contaminated equipment or materials. Other PPE will be depending on splash or spill potential. Heavy-duty utility gloves may be used for cleaning, disinfection, or decontamination of equipment.

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Disinfection will be performed with an approved disinfectant or 1:10 solution of bleach in water. All disinfectants will be tuberculocidal and EPA approved and registered.

Any damaged equipment will be cleaned and disinfected before being sent out for repair.

The manufacturer's guidelines will be used for the cleaning and decontamination of all equipment. Unless otherwise specific:

Durable equipment (backboards, splints, PASG's) will be washed with hot soapy water, rinsed with clean water, and disinfected with an approved disinfectant or 1:10 bleach solution. Equipment will be allowed to air dry.

Delicate equipment (radios, cardiac monitors, etc.) will be wiped clean of any debris using hot soapy water, wiped with clean water then wiped with disinfectant or 1:10 bleach solution. Equipment will be allowed to air dry.

Stretcher mattress and pillows shall be provided moisture-proof protective covers the mattress and for any reusable pillows. All Federal, State, and local laws, regulations will be followed. (Note: Split or torn mattresses are unacceptable and must be placed out of service.)

Compliance and Quality Monitoring/Program Evaluation

* Compliance and quality monitoring.

- Health and Safety Officer reserves the right to collect compliance and quality monitoring data, with the Infection Control Officer, including but not limited to:

• Inspections of station facilities.

• Observation of on-scene activities

• Analysis of reported exposures to communicable/infectious diseases.

- The Health and Safety Officer shall conduct an investigation/inspection if any complaint is received in reference to a compliance issue.

*** Program evaluation.**

- The Infection Control Program will be reevaluated at least annually by the Health and Safety Officer to ensure that the program is appropriate, effective, and up-to-date.

- In addition, the Infection Control Program will be reevaluated as needed to reflect any significant changes in assigned tasks or guidelines; in medical knowledge related to infection control; or in regulatory matters. - The Infection Control Officer and the Health and Safety

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Officer will actively participate in the program reevaluations to ensure that the program remains state of the art and to be in compliance with the Federal, State, and Local Laws.

ROLES AND RESPONSIBILITIES

The tasks of managing the countywide Health & Safety and Infection Control programs are delegated to appropriate officers. The ultimate responsibility for the health, safety, and welfare of all personnel (Paid and/or Volunteer) remains that of the Chief of the Department of Fire and EMS. The Chief has designated the Assistant Chief of Training, Health and Safety as the department's Health and Safety Officer. The chief has designated the Assistant Chief of EMS as the department's Infectious Control Officer.

The Health and Safety Officer will:

Assess and review the immunization program.

Develop and implement a pre and post - exposure program.

Provide technical assistance and guidance to the infection control program.

Provide technical assistance and guidance in the development of appropriate infection Control training.

The Infection Control Officer will:

Evaluate possible personnel exposures to communicable/infectious diseases and coordinate communications between the station, area hospitals / Trauma Centers, and the Health Department;

Collect quality assurance data on the Department's Infection Control Program and present these data to the Health & Safety Officer on a regular basis;

Notify Fire/Rescue Operations and EMS Operations Committees if quality assurance data indicates a safety hazard requiring immediate attention;

Ensure all stations are in compliance with this infection control policy

Maintain a confidential database of exposures and treatment as required by law;

Provide train the trainer training and development of the infection control curriculum;

Keep abreast of new developments in the field of infection control and make appropriate recommendations to the Health & Safety Officer.

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Consult with the Carroll Occupational Health Physician about exposure reports and continuous open communications with matter related to infection control in regard to this policy.

Program Physician

The Carroll Occupational Health Physician will:

Serve as the physician or physician group in charge of the Health Maintenance Program under the Health and Safety Officer. presently Carroll Occupational Health provides baseline and annual physicals.

Determine fit for duty and maintain confidentiality of all exposures.

Shall have continuous open communications with the Infection Control Officer about exposure reports and continuous open communications with matter related to infection control in regard to this policy.

County Health Department

The Health Department may be consulted, as needed, by the Health and Safety Officer or the Carroll Occupational Health physician in the event of an exposure.

Primary Medical Facility

Carroll Occupational Health will serve as the primary medical facility, when appropriate, for treatment and reporting of any work-related injury, illness, and/or exposure.

A Trauma center may serve in lieu of primary medical facility if the work-related injury, illness, or exposure warrants transport to a Trauma Center.

A local emergency department/hospital will serve in lieu of the primary medical facility during off-hours and weekends.

Attorney

The Carroll County attorney will also serve as the Infection Control attorney. The attorney should review the Infection Control Policy, and each subsequent revision as needed. The Attorney should inform the Infection Control Officer and the Health and Safety Officer of any new regulations (local, state, and/or federal) that may have an impact on the Infection Control Policy. The attorney may review this infection control program at any time at the department's discretion.

Department officers

All station level officers and supervisors including acting officers will:

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* Support and enforce compliance with the Infection Control Policy.

* Correct any unsafe acts and refer members for remedial infection control training if required.

* Mandate safe operating practices on-scene and in-station.

* Refer for medical evaluation any personnel possibly unfit for work for infection control or other reasons.

* Station Officers will not allow new personnel to assume emergency response duties until initial medical evaluation, immunizations, and infection control training have been completed and documented.

* Report personnel that were or may have been occupational exposure to communicable/infectious disease to the Infection Control Officer.

Department personnel

All personnel will:

* Assume ultimate responsibility for own health and safety.

* Always use appropriate PPE as the situation dictates.

* Report any suspected occupational exposure to communicable/infectious disease to a supervisor immediately as possible.

* Report any diagnosis of communicable/infectious disease (occupational or nonoccupational) to the Carroll Occupational Health physician during the annual medical evaluation or postexposure protocol.

VI. RECISION

This Standard Operating Procedure rescinds all directives regarding Infection Control Plan or similar content previously issued for personnel of the Carroll County Department of Fire & EMS.

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