1. PURPOSE:

To provide a comprehensive infection control system which maximizes protection against communicable diseases for all employees. To identifying 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. And, to identify procedures for the evaluation of circumstances surrounding exposure incidents.

2. SCOPE:

This policy applies to employees of Eastern E.M.S. who, due to inherent conditions of providing emergency medical services may suffer exposure to communicable diseases. This plan is designed to provide guidance to prevent such exposure, and to outline appropriate responses when an exposure does occur.

3. DEFINITIONS: See Appendix “A”

4. POLICY STATEMENT:

Eastern E.M.S. recognizes that communicable disease is an occupational health hazard. The transmission of a communicable disease is possible during all aspects of an emergency medical care, including in-quarters operations. The health and welfare of each employee is of paramount importance to not only the employee and their families, but to Eastern E.M.S. as a whole. While each employee is ultimately responsible for his/her own health, Eastern E.M.S. recognizes a responsibility to provide as safe a work environment as possible. The goal of this program is to provide all of our employees with the training, knowledge and protective equipment to provide the best possible protection from occupationally acquired communicable diseases.

4.1. It is the policy of Eastern E.M.S. to:

4.1.1. Provide Emergency Medical Services to the public regardless of any known or suspected diagnoses of communicable disease in any patient.

4.1.2. Regard all patient contacts as potentially infectious. Universal precautions will be observed at all times and will be expanded to include all body fluids and other potentially infectious material (Full Body substance isolation).
4.1.3. Provide employees with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from communicable diseases.

4.1.4. Recognize the need for work-style modifications based on infection control concerns.

4.1.5. Encourage participation in continuing education programs.

4.1.6. Prohibit discrimination of any patient for health reasons, including infection and/or serum conversion with HIV or HBV virus.

4.1.7. To regard all medical information as strictly confidential: An employee’s health information will not be released without the signed written consent of the employee.

5. EXPOSURE PREVENTION:

5.1. Eastern E.M.S. shall employ the following in an effort to prevent exposure to, and infection from communicable diseases.

5.1.1. Education and Training.

5.1.2. Hepatitis vaccines will be offered to personnel with potential exposures to Bloodborne Pathogens at no cost to the employee.

5.1.3. Personal Protective Clothing will be provided in accordance with current Massachusetts OEMS and O.S.H.A standards for infectious disease protection.

6. EXPOSURE DETERMINATION:

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

6.1.1. Medical care and transportation of injured or ill patients.

6.1.2. Handling, recovery and/or removal of deceased patients.

6.1.3. Transportation and handling of transplant organs
6.2. The following job classifications are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious substances the performance of their duties:

6.2.1. Emergency Medical Technician

6.2.2. Chair Car Driver

6.2.3. Vehicle Maintenance and Cleaning Staff

6.2.4. Technical Services Personnel

7. PLAN IMPLEMENTATION:

7.1. The Infection Control Procedure is applicable to all employees, providing emergency medical care, and/or maintenance of vehicles and equipment, and is in effect at all times.

7.2. The Infection Control Procedures consists of a policy statement, identification of roles and responsibilities, operating procedures, training, record keeping, and post exposure response. Each of these is addressed as an individual section of the plan.

8. INFECTION CONTROL ROLES AND RESPONSIBILITIES:

8.1. Chief of Operations (COO)

8.1.1. Ultimately responsible for the health and welfare of all employees.

8.2. Chief of Technical Services (CTS)

8.2.1. Manages the Occupational Health and Safety Process, delegating responsibility and authority to appropriate officers and employees as required.

8.2.2. As part of his/her job function, The CTS will perform the duties of the Designated Infection Control Officer (DICO).

8.2.3. Will serve as the companies "Designated Officer" as required by the Ryan White Comprehensive AIDS Resource Act of 1990.
8.2.4. Will develop and maintain an effective infection control plan, updated as required by changing exposure conditions and infection control technology.

8.2.4.1. The Infection Control Plan will be reviewed updated at least annually.

8.2.4.2. The current Infection Control Plan will be placed in a binder in the crew quarters where it is accessible at all times, by all employees.

8.2.5. Will develop criteria for the purchase of Infection Control and Personal Protective Equipment.

8.2.6. In conjunction with Massachusetts O.E.M.S. and Federal O.S.H.A regulations, determine stocking levels of Infection Control PPE for each vehicle, and ready reserve stock.

8.2.7. Is responsible for ensuring that all response units are equipped with the determined stock of Infection Control PPE.

8.2.8. Conduct inspections and/or surveys at scene of patient care, in vehicles and of in-quarters activities to ensure employee compliance with the Eastern E.M.S. Infection Control Policy.

8.2.9. Posses the authority of the Chief of Operations to stop, or alter any activity, he/she observes, and deems to pose a threat to the safety and health of an employee, patient, or the public, etc.

8.2.10. Posses the authority of the Chief of Operations to implement temporary suspension of any employee for violation of the safety and health policies of Eastern E.M.S. pending further review by the appropriate Officers.

8.2.11. Evaluate exposure reports, provide written recommendations to the Chief of Operations for action by Eastern E.M.S., and/or an employee.

8.2.12. Coordinate the Eastern E.M.S. Immunization Program, ensuring that appropriate records and documentation are maintained in employee’s personnel file and in a secure binder in the Technical Services office.
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8.2.13 Assist the Eastern E.M.S. Training Officer in ensuring new employees receive appropriate indoctrination concerning Infection Control Procedures, and they attend the formal training program.

8.2.14 Maintain knowledge of new developments in the field of Infection Control, and implement these improvements as available.

8.3. TRAINING OFFICER

8.3.1 Responsible for educating new employees about the Eastern E.M.S. Infection Control Program, resources and procedures.

8.4. SUPERVISORY STAFF

8.4.1 Supervisory staff includes:

8.4.1.1 Chief of Operations
8.4.1.2 Chief of Technical Services
8.4.1.3 Shift Commanders
8.4.1.4 Asst. Field Service Supervisors
8.4.1.5 Weekend Dispatcher/Shift Commanders

8.4.2 The Supervisory Staff will:

8.4.2.1 Support and enforce compliance with the Eastern E.M.S. Infection Control Program.
8.4.2.2 Monitor operations, correcting unsafe behaviors, and refer employees for remedial infection control training if required.
8.4.2.3 Lead by example. Always employ safe operating practices and appropriate PPE during in-quarters, non-emergency duties, and in patient contact.
8.4.2.4 Refer for medical evaluation any member suspected to be unfit for duty as a result of an infectious disease, or other safety & health Issue.
8.5. EMPLOYEES

8.5.1. Emergency Medical Technicians

8.5.2. Chair Car Drivers

8.5.3. Vehicle Maintenance Staff

8.5.4. Technical Services Personnel

8.6. Every employee is responsible for his or her personal safety and health.

8.6.1. Employees shall employ universal precautions in all instances of patient contact.

8.6.2. Verbally report all suspected exposure incidents immediately to a member of the Supervisory Staff, then complete written documentation via an incident Report, and State DPH Unprotected Exposure Form. Forms are available in the dispatch office, the ambulances, and from any supervisor.

8.6.3. Report any diagnosis of communicable disease to the Infection Control Officer.

9. INFECTION CONTROL TRAINING:

9.1. All employees providing Emergency Services will be required to complete:

9.1.1. Infection Control Training at the time of initial employment.


9.2. Infection control training materials will be appropriate in content and vocabulary to the educational level, literacy, and language of those employees being trained.


9.4. Instructors shall be knowledgeable of program elements particularly as they apply to Emergency Medical Services provided by Eastern E.M.S.
9.5. Training records will be maintained for a minimum of three years after the date on which the training occurs. Training records will include:

- **9.5.1.** Dates(s) of the training session(s).
- **9.5.2.** Course topic and content.
- **9.5.3.** Name(s) and qualifications of the Instructor(s).
- **9.5.4.** Name(s), and job title of attendees.

10. **INFECTION CONTROL: DURING PATIENT CARE, & USE OF PERSONAL PROTECTIVE EQUIPMENT:**

- **10.1.** Eastern E.M.S. is responsible for the supply, repair, replacement and safe disposal of Personal Protective Equipment (PPE) for infectious disease.

- **10.2.** The Chief of Technical Services will ensure an adequate stock of PPE is available at all times, and, that supplies nearing expiration are used first.

- **10.3.** Responders will utilize the following PPE as applicable.

  - **10.3.1.** Gloves – Each first aid kit, Ambulance, etc. is equipped with multiple types and sizes of gloves.

    - **10.3.1.1.** Disposable Nitrile Gloves will be worn at all times when there is potential contact with blood, or other body fluids, mucous membranes, open wounds, performing skills which may result in an exposure, and/or when handling any potentially contaminated items.

    - **10.3.1.2.** In the event of extrication or other appropriate incident, leather work gloves will be worn when there is the potential of cuts or abrasion etc…

    - **10.3.1.4.** Hypoallergenic gloves will be made available for personnel who suffer from an allergic reaction to the nitrile gloves normally used. Contact the CTS if you need further information.

    - **10.3.1.5.** Should gloves become contaminated, remove them, and don clean gloves.
10.3.2. Hand Washing

10.3.2.1. Hand washing facilities are located at each medical facility, as well as in the ambulance garage and in quarters.

10.3.2.2. Antiseptic towelettes have been placed on each vehicle to serve as interim hand washing.

10.3.2.3. All employees shall immediately wash their hands after removal of gloves, or other Personal Protective Equipment.

10.4. Eye Protection/face shield - Each first aid kit, suction unit and ambulance is equipped with multiple types of eye and face protection. Appropriate eye/face protection must be used:

10.4.1. Anytime the member is assigned airway management responsibilities. Including suctioning a patient’s airway.

10.4.2. Anytime body fluids are being released in a manner to cause an airborne hazard. (i.e: vomiting, Arterial bleeding, gross bleeding, etc.)

10.4.3. Anytime a potential exists for exposure through eye contact.

10.5. Body/clothing protection – 2 Infection control kits have been placed in each ambulance.

10.5.1. Anytime body fluids will potentially, or are being released which will cause contamination of the body and/or clothing of the attendant.

10.5.1.1. If a protective garment is penetrated, saturated, or otherwise loses its protective capability, the member will immediately remove the PPE as soon as possible. Replacing with clean PPE.

10.6. Respiratory Protection – Three sizes of HEPA Respirators are provided in each Ambulance.

10.6.1. Patients with a cough are considered infectious. Personnel shall utilize High-Efficiency Particulate Air
11. INFECTION CONTROL: IN-QUARTERS:

11.1. Storage, Decontamination, and Disposal areas:

11.1.1. All decontamination and disinfecting of equipment will be conducted at the receiving hospital immediately after patient care has been transferred,

11.1.1.1 If it is not possible to decontamination and disinfecting at the receiving facility, the ambulance garage has a decontamination area provided for this purpose.

11.1.2. Medical waste and contaminated disposable equipment will be disposed of in appropriate containers at the receiving hospital whenever possible.

11.1.2.1. A garbage can marked "BIOHAZARD WASTE" has been placed in the ambulance garage for disposal of contaminated materials that could not be disposed of at a hospital.

11.1.3 Soiled or contaminated linen will be disposed of in the appropriate areas at the receiving hospital and replacements secured. (If it is not possible to swap linen at a receiving facility, see section 11.2.)

11.1.4. Clean patient care equipment, and infection control PPE is maintained in the Medical Supply Room (MSR) as well as the Rapid Re-supply Locker (RRL) located in the Ambulance Garage. Needed supplies are accessed via contact with any Technical Services Officer or Supervisor. Under NO CIRCUMSTANCES WILL CONTAMINATED EQUIPMENT, WASTE OR LINEN BE BROUGHT INTO THE MSR, CREW QUARTERS OR STORED IN THE RRL

11.1.5. Under no circumstances will crew quarters, kitchens, bathrooms, or office areas be used for decontamination, or storage of patient care equipment, or infectious waste.
11.2. Soiled or Contaminated Laundry area:

11.2.1. All linen used in conjunction with patient care is considered potentially contaminated.

11.2.2. When possible contaminated linen will be exchanged at the medical facility receiving the patient.

11.2.3. For those occasions where contaminated linens cannot be exchanged at a medical facility, a soiled laundry area is maintained in the rear of the garage consisting of a soiled lined bin, a washer and a dryer. Only ambulance linens and contaminated clothing will be washed and dried in this laundry area.

11.2.4. Crew Members will place soiled linen in the container marked “Soiled Linen”.

11.2.5. A member of the maintenance staff will launder the soiled lined using appropriate PPE and disinfecting procedures.

11.3. All uniforms and clothing suspected of being contaminated with body fluids or other biohazard contaminants MUST be washed In-Station.

11.3.1. **UNDER NO CIRCUMSTANCES WILL CLOTHES SUSPECTED OF BEING CONTAMINATED BE TAKEN HOME BY AN EMPLOYEE FOR WASHING.**

11.3.1.1. This is not only unsanitary; it is in direct violation of OSHA Regulations and exposes an employee’s family to both infectious and chemical contamination.

11.3.2. Employees must have available to them, at the station or their car, a spare full set of uniforms. (In the case of a part time or per diem employee, who has not been issued a second set of uniforms, a full set of civilian clothes is acceptable.), should it be necessary to launder their existing clothing.

11.3.3. In the event of an employee’s uniform becoming contaminated, the employee will:

11.3.3.1. Notify the dispatcher of the condition, and comply with the dispatcher/ supervisor’s directions
11.3.4. The dispatcher will, on being notified:

11.3.4.1. Place the unit out of service.

11.3.4.2. Notify the CTS, or the supervisor on duty.

11.4.1. The CTS, the Supervisor, or their designee, will:

11.4.1.1 Don PPE as appropriate to assist the crew with the decontamination functions.

11.4.1.2 Ensure that the effected crew member or members remain in the Decon Area to prevent cross contamination of other personnel, areas, vehicles or supplies.

11.4.1.3. Provide the crew with disposable coveralls from the decontamination locker.

11.4.1.4 Ensure privacy for the crew members to remove contaminated clothing change into coveralls.

11.4.1.5. Secure contaminated uniforms in red biohazard bags and place in the soiled linen bin pending being washed.

11.4.1.6. Direct and assist the crew in decontaminating the ambulance and medical equipment as required.

11.4.1.7. Once all the above functions are complete, direct the personnel to change into their clean uniforms and return to duty. (If the disposable coveralls are contaminated, they must be disposed of in the biohazard can in the garage)

11.4.1.7. Prepare an incident report detailing the decontamination procedures, and submit it to the CTS prior to the end of the shift.

11.5 Disposable gloves will be worn when handling potentially contaminated linen. The laundry area will be decontaminated following use.

12. POST EXPOSURE: NOTIFICATION BY EMPLOYEE OF SUSPECTED EXPOSURE TO BLOOD, BODY FLUIDS OR AIRBORNE DISEASES DURING PATIENT CONTACT:
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12.1. In the event of a potential exposure of an employee of Eastern E.M.S., the employee is responsible for the following.

12.1.1. Immediately utilize cleansing solutions, wipes and spray provided on each Ambulance to cleanse the area, wash hands and other affected parts thoroughly.

12.1.2. Immediately make verbal notification to their Supervisor and comply with their instructions.

12.1.3. Fill out the Massachusetts DPH UNPROTECTED EXPOSURE FORM in duplicate. (Forms are carried in the ambulance, Downloadable from the company website (www.EasternEMS.com) or available from any Eastern E.M.S. Supervisor). Deliver one copy of the form to the medical receiving facility with a copy of the call sheet. The second copy will be delivered to the DICO.

12.1.4. If it is not possible to fill out the form at the medical receiving facility, the dispatcher/supervisor on duty will offer guidance.

12.1.5. The employee is encouraged to seek immediate medical attention: This will be provided at no cost to the employee either through an emergency room, or your choice of physicians. There are some prophylaxis regimes that need to be started within hours of unprotected exposure.

12.2. Medical Evaluation: The DICO will refer the potentially exposed Employee to a licensed health cares provider for medical evaluation.

12.2.1. The DICO shall provide the physician with the following.


12.2.1.2. A copy of the Unprotected Exposure Form.

12.2.1.3. Relevant employee medical records as provided by the employee.

12.2.1.4. Any other information pertinent to medical treatment and care.

12.2.2. The health care provider will draw a blood sample from the exposed employee.
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12.2.2.1. If the employee declines having the drawn sample tested for HIV, the licensed health care provider will store the sample for 90 days. The employee may elect to have the sample tested at any time within those 30 days.

12.2.3. The Health Care Provider will counsel the employee based on the employee’s medical history, the evaluation of the source of potential exposure, and examination and make their recommendations to the employee.

12.2.4. The Health Care Provider will provide the Eastern E.M.S. DICO in writing within 15 days the following information only:
   12.2.4.1. If Hepatitis B Vaccine is indicated. (For those not previously vaccinated)

   12.2.4.2. Confirmation that the employee has been informed of the results of the evaluation and any testing.

   12.2.4.3. Confirmation that the employee has been advised of any medical conditions resulting from the exposure incident which required further evaluation.

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

12.3. The DESIGNATED INFECTION CONTROL OFFICER will be responsible to initiate an immediate investigation and make the following notifications within 48 hours of the incident.

   12.2.1. Chief of Operations

12.3. The D.I.C.O. will initiate the following actions based on the determination of the investigation.

   12.3.1. Assist the employee with completion of any necessary paperwork to document the incident to the Eastern E.M.S. Insurance carrier for worker’s compensation benefits.

   12.3.2. Provide the exposed employee with the results of the receiving medical facilities evaluation of exposure.

   12.3.2.1. Oral notification is made by the medical facility within 48 hours
12.3.2.2. Written notification is made by the medical facility within 72 hours

12.4. The DICO will recommend any necessary changes in policy to prevent future incidents of a similar nature.

13. NOTIFICATION BY MEDICAL TREATMENT FACILITY OF EXPOSURE TO PATIENT WITH COMMUNICABLE DISEASE:

13.1. In accordance with the Ryan White Act, each jurisdiction will appoint a “Designated Officer” The Designated Officer is responsible for gathering information regarding an exposure to an airborne, or bloodborne infectious disease and making notifications of those emergency response providers involved in patient care who may have been exposed.

13.2. Notification Procedure for Airborne Infection (i.e: Tuberculosis)

13.2.1. E.M.S. Provider treats or transports a patient who is found to be infected with a life-threatening airborne disease. The provider is not aware that the patient is infected.

13.2.2. Medical Care Facility diagnoses the disease in the patient transported.

13.2.3. Medical Care Facility makes notification of the “Designated Officer” within 48 hours.

13.3.4. The “Designated Officer” contacts the Eastern E.M.S. Chief who will notify the Infection Control Officer. In the event the E.M.S. Chief cannot be contacted, the Infection Control Officer will be contacted directly.

13.3.5. The Eastern E.M.S. Infection Control Officer implements actions consistent with Section 12.

14. INFECTIOUS WASTE DISPOSAL:

14.1. Materials identified as contaminated/Infectious waste will whenever possible be disposed of at the Receiving Medical Facility, such items include;

14.1.1. Items contaminated by body fluids (i.e: blood, urine, feces, vomitus, wound drainage...) which cannot be decontaminated.
14.1.2. Dressing and bandaging materials.

14.1.3. Bed Linens (disposable)

14.1.4. Bed Linens that cannot be cleaned by acceptable practice.

14.1.5. Discarded patient clothing.

14.1.6. Disposable Personal Protective Equipment (PPE) and/or Clothing.

14.1.7. Blood Samples


14.1.9. Sharps

14.1.10. Used syringes.

14.1.11. Used needles.

14.2. Ordinary trash not exposed to body fluids is NOT considered contaminated or as Infectious Waste and will be disposed of via ordinary trash receptacles.

14.4. The crew on providing medical care will secure all items identified as contaminated/Infectious waste at a scene. This shall include items such as bandaging and dressing wrappers, disposable gloves, and other items that the public may view as Contaminated/Infectious wastes.


14.6.1. Contaminated items which are to be placed in an approved "Sharps" container immediately after use.

14.6.1.1. IV Needle and contaminated catheter (NO PLASTIC NEEDLE COVERS).

14.6.1.2. IM/SQ Needles and barrels.

14.6.1.3. Contaminated Luer-lok Adapters and Multiple sample needles.

14.6.1.5. Pre-loaded syringe.

14.6.2. Contaminated items to be placed in designated and labeled Infectious waste biohazard bags, "RED PLASTIC BAGS" for disposal.

14.6.2.1. Contaminated/Infectious medical waste generated at the scene of a residential, commercial or roadside medical emergency, which is not listed in Section 14.6.1.

14.6.2.2. Items contaminated by body fluids (i.e: blood, urine, feces, vomitus, wound drainage...)

14.6.2.3. Dressing and bandaging materials.

14.6.2.4. Bed Linens (disposable)

14.6.2.5. Bed Linens that cannot be cleaned by acceptable practice.

14.6.2.6. Discarded patient clothing.

14.6.2.7. Disposable Personal Protective Equipment (PPE) and/or Clothing.

15. PACKAGING CONTAMINATED / INFECTIOUS WASTE MATERIALS

15.1. Full "RED PLASTIC BAGS" containing Contaminated/Infectious materials shall be sealed and double bagged in those cases of potential leakage from the container.

15.2. Full "SHARPS" containers are to be properly sealed before disposal.

16. DISPOSAL PROCEDURE FOR CONTAMINATED WASTE.

16.1. Immediately upon determination that an amount of waste exists, the INFECTION CONTROL OFFICER will arrange for disposal by approved disposal services.

16.1.1. At no time will any employee use their personal vehicle for transporting Biohazard Waste Materials. If necessary, materials will be transported via Ambulance or the Supervisor Blazer.
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16. STANDARD SUPPLIES FOR HAZARD PROTECTION;

16.1. Sharps container for Ambulance/Medic Unit.

16.2. "RED PLASTIC BAGS" for biohazard/medical waste trash receptacles.

16.3. "RED PLASTIC BAGS" shall ONLY be used for the disposal of Contaminated/Infectious medical waste.

17. GENERAL INFORMATION;

17.1. Eating, drinking, smoking, the application of cosmetics, and handling of contact lenses is prohibited in areas where there is reasonable likelihood of an occupational exposure.

17.1.1. Eating, drinking, or transporting food or open drink items in the patient compartment of the ambulance is prohibited at all times.

17.1.2. Employees riding in the front Driver & Passenger compartment may eat, drink, and transport food provided said member has properly washed his/her hands post patient handling, and before handling food or drink.

17.1.3. Employees having treated, and/or transported any patient which posed a reasonable threat of contamination will not eat, drink or carry food products until such time as said member showers, and dons clean clothing.

17.1.4. Food and/or drinks shall not be kept on shelves, cabinets, counter tops or bench tops or other areas where potentially infectious materials are present.

17.1.5. All procedures involving blood or body fluids shall be performed in such a manner as to minimize splashing, spraying, and splattering.

17.1.6. Use of the mouth to suction blood or other potential infectious materials is prohibited.

17.1.7. Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage.
18. EASTERN E.M.S. CONTACT INFORMATION.

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Work Phone</th>
<th>Mobile Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief of Technical Services</td>
<td>Henry J. Fackovec</td>
<td>781-246-5223 X 105</td>
<td>781-389-9848</td>
</tr>
</tbody>
</table>
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APPENDIX “A”: DEFINITIONS

Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis “B” Virus (HBV), and human immunodeficiency virus (HIV).

Contaminated – Presence or reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Sharps – Any contaminated object or tools that could penetrate the skin. Including, but not limited to needles, scalpels, and broken glass.

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

Exposure Incident – Specific contact with blood, or other potentially infectious materials resulting from the performance of the employees job. Contact is to the eye(s), mouth or other mucous membrane, through non-intact skin, or other parenteral contact.

Hand Washing Facility - A facility providing an adequate supply of running water, soap, and single use towels.

Occupational Exposure – Reasonably anticipated skin, eye, mucous membrane or other parenteral contact with blood, or other potentially infectious materials that may result from the performance of an employee’s duties.

Other Potentially Infectious Materials – The following human body fluids are considered Potentially Infectious; semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid contaminated with blood, and all fluids in situations where it is difficult or impossible to differentiate between body fluids.

Personal Protective Equipment – Specialized clothing or equipment worn by an employee for protection against known, and unknown hazard(s).

Source Individual – Individual living or deceased, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Universal Precautions – An all encompassing approach to infection control. All human blood and body fluids are treated as if known to be infectious for diseases transmitted via contact with same.