

C. First try to wash contaminated equipment in the washroom at the hospital. As a second choice, equipment can be washed in the airpack room sink or bay sink. The sink area shall be cleaned and sanitized after decontaminating equipment. The kitchen or bathroom facilities shall not be used to clean EMS equipment.

D. Bedding contaminated with body fluids shall be put in the hospital's laundry bag. Always wear gloves when handling contaminated linen.

E. Sharps containers shall have a marked fill line and shall not be filled above that line. Sharps containers that are full shall have the lid closed and taken to the hospital for disposal.

VII. Follow-up Procedures After Percutaneous Exposure

A. Employees sustaining percutaneous exposure (body fluids introduced through a needle stick, break in the skin or cut) or mucous membrane exposure (splash of body fluid to the eye, nasal mucosa, or mouth to bodily fluids or a cutaneous exposure where the skin is not intact, such as chapped or abraded skin) shall report the incident to the Incident Commander or Officer on scene.

B. An infectious exposure report shall be completed as soon as possible and forwarded to the designated people. The ER shall be contacted as soon as possible or within 24 hours to determine if there was a possible exposure. Follow-up care shall follow the hospital's procedures.

C. If consent is refused or if the source patient tests positive, the member shall be evaluated clinically and by HIV antibody testing as soon as possible. Medical evaluation shall be sought for any acute febrile illness that occurs within 12 weeks after exposure.

D. The Department shall track reported exposures to human blood or other potentially infectious materials. The exposed employee shall submit a completed Infectious Exposure Report to the Chief within 48 hours.

E. Strict confidentiality of patient and provider test results must be maintained.

F. All exposed employees shall be offered a post exposure medical evaluation and follow-up.

G. The Department will offer a Hepatitis B shot (HBIG) after a Hepatitis B exposure, even if the department member declined the vaccine earlier.

H. The Chief will be the Infection Control Officer. This person shall act as a liaison with the hospital on any issues concerning exposure identification.