

East Fork Fire and Paramedic Districts Policy

Procedure Title: Infection Control Program		Number: Revision Number: 2
Developed	Date: 03 Jan 2009	Reviewed By: D. Fogerson Approved By: T. Carlini
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Review	Date:	
Revision	Date:	

This procedure pertains to all East Fork Fire and Paramedic District employees and volunteers:

The purpose of this policy is to provide minimum criteria for infection control in the fire station, in fire apparatus, during procedures at an incident scene and at any other area where fire department members are involved in routine or emergency operations. This policy will also outline the procedure for post incident follow-up to an exposure to bloodborne pathogens, airborne pathogens or other potentially infectious materials.

I. Definitions

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means 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).

Body substance isolation (BSI) is an approach to infection control. According to the concept of BSI, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the 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, or disposal.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, liquid soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needless systems means a device that does not use needles for:

- (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; or
- (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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

Other Potentially Infectious Materials (OPIM) means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an

employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

II. Exposure Determination

- A. All of the following East Fork Fire and Paramedic Districts personnel are subject to occupational exposures defined in this policy
 - 1. District Chief
 - 2. Deputy Chief
 - 3. Battalion Chief
 - 4. Training/Safety Captain
 - 5. Inspector/Captain
 - 6. Captain
 - 7. Firefighter/Paramedic
 - 8. Firefighter/EMT
 - 9. Fire Inspector

10. Seasonal Firefighter (including Lead)
 11. Volunteer Firefighter
 12. Any personnel (career or volunteer) who provide emergency medical care or CPR while in the performance of their duty to act
- B. Some of the following East Fork Fire and Paramedic Districts personnel are subject to occupational exposure as defined in this policy
1. Office staff
 2. Warehouse Staff
 3. Other District specialty technicians when functioning in the capacity of an observer or called to assist in providing emergency care on an emergency medical
- C. Procedures or closely related tasks in which occupational exposure occurs and that are performed by East Fork Fire and Paramedic Districts employees are, but are not limited to the following:
1. CPR
 2. Venipuncture
 3. Intraosseous (IV) access
 4. Blood glucose testing
 5. Medication administration
 6. Airway and stoma suctioning
 7. Endotracheal intubation
 8. Surgical airway intervention
 9. Pericardial synthesis
 10. Bleeding control, bandaging and splinting
 11. Emergency childbirth
 12. Inducing vomiting
 13. Lifting and moving patients
 14. Handling surfaces soiled with blood or body fluids or bloody body parts
 15. Cleaning of apparatus and related equipment, and other surfaces soiled with blood or body fluids.

III. METHODS OF COMPLIANCE

- A. Body Substance Isolation
1. Treat all blood and other body fluids as if they are known to be infectious for bloodborne pathogens

B. Engineering Controls

1. Engineering controls shall be used to eliminate or minimize employee exposure. These controls include but are not limited to:
 - a) Disposal exam gloves
 - b) Eye protection
 - c) Face mask/Eye shields
 - d) Plastic sharps containers
 - e) Bio-Hazard waste bags
 - f) Needles systems
 - g) Needle covering devices
 - h) Disposable equipment
 - i) Mop labeled ambulance only
 - j) Disinfectant in spray bottle
2. At an absolute minimum, disposable exam gloves and long pants will be the minimum level of protection. Protective eye wear is highly recommended.

C. Work Practice Controls

1. Work practice controls have been implemented to minimize exposure to bloodborne pathogens
2. Supervisors shall be responsible for implementing, evaluating, and monitoring compliance with these work practice controls
3. East Fork Fire and Paramedic Districts has adopted the following Work Practice Controls as part of our Infection Control Program:
 - a) Wash hands with liquid soap and water after removal of disposable gloves or other PPE
 - b) Wash hands or other exposed skin with liquid soap and water following any contact of body areas with blood or any other infectious materials
 - c) Mucous membranes and eyes shall be rinsed thoroughly following exposure to blood or OPIM
 - d) Wear only long pants or turnout pants on medical incidents
 - e) Following any contamination of the employee's clothing, the employee will change out of soiled clothing, wash exposed skin, and launder contaminated clothing. Soiled PPE shall be cleaned in accordance with the PPE cleaning procedure
 - f) Do not eat, drink, smoke, apply lip balm, or apply contact lenses in areas where there is a likelihood of occupational exposure
 - g) Sharps containers will be stored in the upright position and will be replaced when three-quarters full to avoid overfilling. Do not force sharps into a full container

- h) Do not attempt to recap, bend, or leave needles on the floor, furniture, bench seat, or action deck once used. Immediately place used needles and other sharps in plastic sharps containers
 - (1) The one-handed recap can be used for non-contaminated needles (i.e. drawing up of medications prior to administration). This shall be in accordance with career field training.
- i) All contaminated equipment shall be cleaned and decontaminated at the hospital prior to returning to service. If the patient was not transported, go to the nearest hospital for cleaning and decontamination
- j) Disposable items shall be discarded immediately after use. Contaminated items shall be placed in red bio-hazard bags
 - (1) Bio-bags shall be disposed of in the fire station bio-trash can as soon as practical.

D. Personal Protective Equipment

1. Personal Protective Equipment shall be used in conjunction with engineering controls and work practice controls
2. At an absolute minimum, disposable exam gloves and long pants will be the minimum level of protection. Protective eye wear is highly recommended.
3. Equipment includes but is not limited to:
 - a) Nitrile gloves
 - (1) Minimum acceptable protection to be used in the care or injured/ill patients
 - b) Eye Protection including face shield
 - (1) To be worn when giving respiratory care such as endotracheal intubation, suctioning, etc
 - c) Pocket mask
 - (1) To be worn in cases when advanced airway equipment is not immediately available
 - d) Gowns
 - (1) To be worn when clothing may become soiled with blood or other body fluids, secretions or excretions
 - e) Surgical mask
 - (1) To be worn by the patient if there is risk of respiratory problem such as Tuberculosis, flu, etc. or if the patient has a violent discharge of body fluids as a result of coughing, spitting, sneezing etc.
 - f) N99 (HEPA) Respirator or cartridge style half mask respirator
 - (1) Worn when a patient is suspected of having or has been identified as having symptoms of Tuberculosis, SARS or influenza
 - (2) Must be fit tested

- (3) Members lacking a HEPA mask shall avoid patient contact (including the patient compartment in the ambulance) until they have a HEPA mask or are wearing an SCBA.
4. The EMS supply person at Station 14 shall be responsible for resupply of infection control equipment.
5. The Training/Safety Captains shall be responsible for conducting annual fit testing of all personnel issued a HEPA mask.

E. Housekeeping

1. Employees shall keep the worksite in a clean and sanitary condition including:
 - a) Office
 - b) Kitchen
 - c) Living area
 - d) Dormitories
 - e) PPE
 - f) Apparatus
2. Ambulances will be decontaminated on the 1st and 15th of each month and as needed after calls (See attached Cleaning Guidelines)
3. Discard any disposable equipment into a bio-hazard bag after use
4. Clean and sanitize equipment at the hospital whenever possible.
5. Use the appropriate level of PPE while cleaning equipment.
6. At no time shall the fire station's kitchen sink be used for equipment cleaning nor after incident hand washing.
7. Liquid soap shall always be used for hand washing.

F. Laundry

1. Contaminated towels should be dropped off at the hospital and exchanged for clean towels
2. Towels used for cleaning at the station shall be washed in hot water with soap and bleach
3. A clean cycle shall be run following a load of contaminated towels
4. Linens used for patient care shall not be laundered at the station

G. Regulated Waste and Plastic Sharps Containers

1. Bio-hazard bags shall be disposed of at the facility whenever possible or in large "Bio-Hazard" or "Regulated Waste" cans at career stations
2. Volunteer units needing to dispose of bio-hazard bags shall tie the bag closed, put it the ALS ambulance, and notify the crew that the bag has been left to be disposed of

3. Never reach into or force sharps into a sharps container
4. Station Captains shall notify the District Office when the large “Bio-Hazard” or “Regulated Waste” can needs to be disposed of
 - a) The District Office will contact the disposal company and make arrangements for pick up

IV. EMPLOYEE HEALTH

- A. All members shall receive the Hepatitis A and B vaccination upon employment with East Fork Fire and Paramedic Districts
- B. All members shall be screened for Hepatitis A, B,C, HIV, and TB at the annual physical
 1. Those members wishing to decline the vaccination may do so on a vacation declination form only after consultation with the District’s Occupational Medicine Provider.

V. AIRBORNE PATHOGENS

- A. Tuberculosis
 1. Tuberculosis (TB) is carried via airborne particles that can be generated when a person with TB coughs, sneezes, speaks, or sings.
 2. Particles are so small that they can be carried through a room
 - a) Although it is not easily transmitted, it is more easily transmitted in confined spaces such as in an ambulance
 3. Transmission of TB has been associated with close contact with an infectious patient as well as procedures such as:
 - a) intubation
 - b) suctioning
 - c) Mechanical ventilation
 - d) Aerosol treatments
 4. TB can not be transmitted through contact with
 - a) Clothing
 - b) Bedding
 - c) Food or eating utensils
 5. Most people exposed to TB do not become infected
 6. Signs and symptoms of suspected TB
 - a) Bloody cough
 - b) Persistent cough

- c) Sudden weight loss
 - d) Fever
 - e) Anorexia
7. If you suspect TB
- a) Wear HEPA respirator (requires fit- testing)
 - b) Use a surgical mask or non-rebreather on the patient
 - (1) Putting the patient on a mask does not relieve the employee of using a respirator
 - c) Notify receiving that you are using “respiratory precautions”
 - d) Following transport
 - (1) Wash hands thoroughly
 - (2) Air out ambulance for 20 minutes
 - (3) Decontaminate ambulance surface

VI. EXPOSURE TO BLOODBORNE or AIRBORNE PATHOGENS

- A. When an employee has an exposure or presumes to have had an exposure, he/she must wash the affected area thoroughly with soap and water
 - 1. When no running water exists, initially clean the exposure with a bio-wipe that is stocked in all apparatus. Upon return to a site with running water, wash the site again.
- B. When an employee has an exposure or presumes to have had an exposure, he/she must notify their supervisor **immediately**
 - 1. If the exposure happens during transport to a facility out of the District, make contact prior to leaving the facility
- C. The supervisor shall contact the on duty Training/Safety Captain or the on duty Battalion Chief in the absence of the Training/Safety Captain
- D. The Training/Safety Captain (or Battalion Chief) will interview the employee using the Exposure Determination Matrix (attached)
 - 1. This matrix is also located in the exposure control packets kept by the Training Captains, Battalion Chiefs and Duty Chiefs.
- E. If it is determined that an exposure has occurred by use of the exposure determination matrix, the employee and the Training/Safety Captain (or Battalion Chief) will immediately go to the Carson Valley Medical Center for treatment
 - 1. Occupational Health will be used between 0800 and 1600 Monday thru Friday
 - 2. Emergency Room will be used if Occupational Health is closed
 - a) Emergency Room Physician will schedule the employee a follow-up appointment with Occupational Health prior to leaving the ER

3. If the exposure occurs while transporting the patient to a facility outside of the District, the employee will receive treatment at that facility and the Physician will forward all documentation to Occupational Health (Release attached)
 - a) Contact the CVMC ER and get a follow-up appointment with Occupational Health
4. Treatment will be based on the facilities Post Exposure Treatment protocols and may include:
 - a) blood draw
 - b) post exposure prophylaxis
 - c) follow up draws
 - d) counseling
- F. The Training/Safety Captain (or Battalion Chief) will be responsible for the following documentation
 1. C-1
 2. C-4
 3. Exposure Report Form (attached)
 4. Fire RMS report
 5. Sweet soft report if the member is treated for an injury
- G. The Duty Chief and Exposure Control Officer shall be notified as soon as practical (within 12 hrs.)
 1. The Deputy Fire Chief responsible for Training and Safety is the District's Exposure Control Officer. Duties may be delegated as necessary.
 2. The Exposure Control Officer shall perform a post incident follow-up with the employee and Occupational Health
- H. If exposure occurs from a deceased patient and/or there is no transport to a facility, notify the Exposure Control Officer
 1. Exposure Control Officer will contact Coroner and District's Occupational Medicine Provider

VII. RECORD KEEPING

- A. Records of an exposure incident will be kept in the employees' medical file at Carson Valley Medical Center Occupational Medicine
- B. The Exposure Control Officer shall keep a file of completed Exposure Report Forms
- C. The Exposure Control Officer will keep a Sharps Injury Log (attached) available for review upon request
- D. Appropriate workers compensation forms shall be forwarded to Douglas County Human Resources within 24 hours of an exposure.

VIII. TRAINING

- A. Employees shall be trained during the East Fork Orientation Course and updated annually regarding the hazards and control of bloodborne and airborne pathogens
- B. Training shall include:
 - 1. Epidemiology
 - 2. Transmission
 - 3. Signs and symptoms of infection
 - 4. Infection Control Policy
- C. Training and Safety Division shall maintain training records.

IX. EXPOSURE CONTROL OFFICER

- A. The Exposure Control Officer shall be responsible for overall management and support of the District Infection Control Program
- B. Activities which are delegated to the Exposure Control Officer include but are not limited to:
 - 1. Implementation of the Infection Control Program
 - 2. Working with management and other employees to develop and administer any addition bloodborne/airborne related policies/procedure or practices needed to support effective implementation of the program
 - 3. Identify ways to improve the District Infection Control Program
 - 4. Review and make recommendation to update the Infection Control Program as needed
 - 5. Keep records including Exposure Reports and Needle Stick Logs for use in developing trends and program improvement
 - 6. Knowing current requirements concerning Infection Control
 - 7. Duties of the exposure control officer may be delegated but not ignored.
 - 8. The Exposure Control Officer is highly recommended to use the District's Safety Committee for annual review of this document, suggesting equipment and training needs as well as reviewing exposures on a quarterly basis to better protect members.

X. Responsibilities of all members

- A. All members who respond to medical incidents shall be familiar with and follow the District's Infection Control Policy.
- B. All members acting in supervisor roles shall be responsible for enforcing the District's Infection Control Policy.

XI. Attachments

- A. Exposure Determination Matrix

- B. Exposure Reporting Form
- C. Sharps Injury Log
- D. Release of Records
- E. Letter from the Nevada Attorney General's Office regarding exposure liability

EAST FORK FIRE AND PARAMEDIC DISTRICTS EXPOSURE DETERMINATION MATRIX AND REPORTING PROCEDURE

Name: _____

Date: _____

A. Define Exposure:

Regarding communicable diseases, **EXPOSURE** is the condition of being subjected to a fluid or substance capable of transmitting an infectious agent in a manner that may have a harmful effect.

B. Did an Exposure Occur?

1. Is the fluid or substance with which contact was made one of the following?

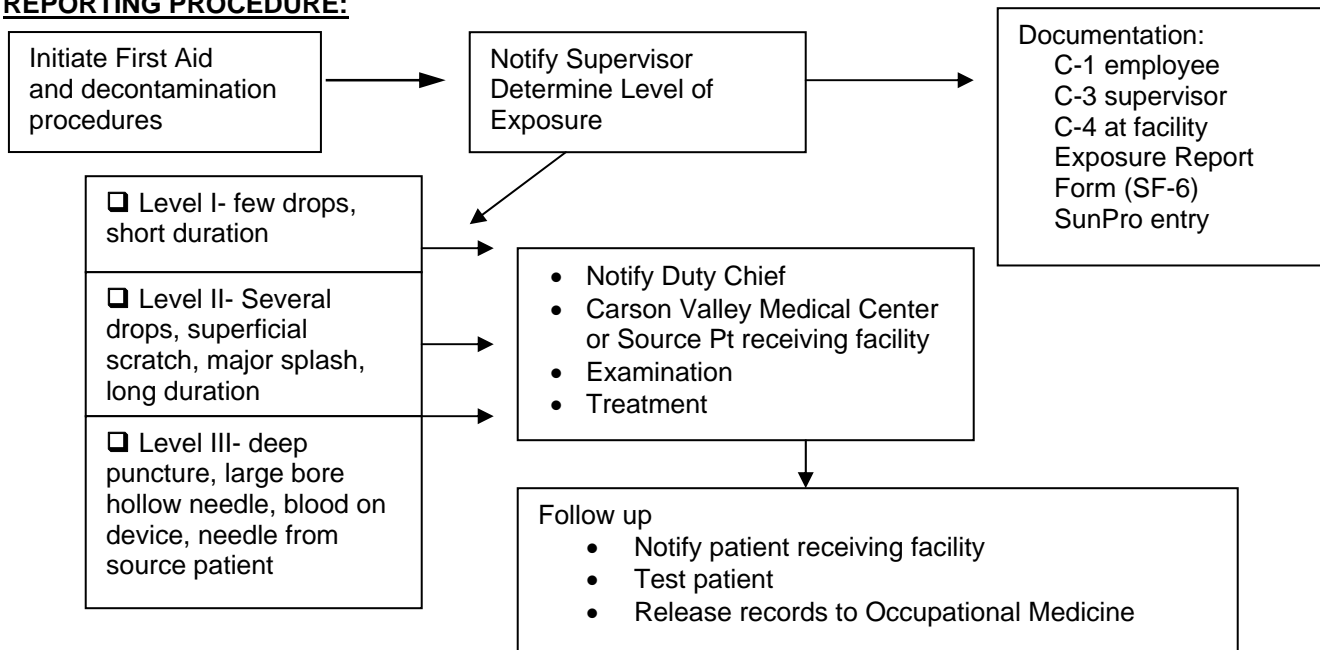
	YES	NO
a. Blood	<input type="checkbox"/>	<input type="checkbox"/>
b. Semen / Vaginal Secretions	<input type="checkbox"/>	<input type="checkbox"/>
c. Any body fluid or matter visibly contaminated with blood	<input type="checkbox"/>	<input type="checkbox"/>
d. Respiratory secretions (droplets, nuclei/aerosolized particles, suspected meningitis)	<input type="checkbox"/>	<input type="checkbox"/>
e. Other Potentially Infectious Material: _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Did the fluid or substance (identified in #1 above) enter the body through any of the following "portals of entry?"

	YES	NO
a. Needle stick Injury (Fill out Sharps Injury Log)	<input type="checkbox"/>	<input type="checkbox"/>
b. Laceration by contaminated object, (e.g., broken glass, blade, other sharp object)	<input type="checkbox"/>	<input type="checkbox"/>
c. Open cut, wound or weeping lesion, (i.e., non-intact skin)	<input type="checkbox"/>	<input type="checkbox"/>
d. Splash or contact with eyes, mouth, nose (mucous membranes)	<input type="checkbox"/>	<input type="checkbox"/>
e. Prolonged respiratory contact	<input type="checkbox"/>	<input type="checkbox"/>

If there ARE any YES answers in **BOTH #1 AND #2**, the employee **DID** sustain an exposure and **MUST COMPLETE AN EXPOSURE REPORT FORM AND SEEK FURTHER MEDICAL EVALUATION.**

REPORTING PROCEDURE:



East Fork Fire and Paramedic Districts

EXPOSURE REPORTING FORM

1 GENERAL INFORMATION			
Employee Name:		SSN:	
Date of Exposure:	Time of Exposure:	IR Number:	
Name of Supervisor Reported to:		Date and Time Reported	
2 SOURCE PATIENT INFORMATION			
Patient Name:		DOB:	SSN:
Street Address:		City:	State: Zip:
Phone Number:		Receiving Hospital:	
3 SOURCE OF EXPOSURE			
<input type="checkbox"/> Spit/Saliva <input type="checkbox"/> Puss <input type="checkbox"/> Feces <input type="checkbox"/> Droplet		<input type="checkbox"/> Blood <input type="checkbox"/> Emesis <input type="checkbox"/> Urine <input type="checkbox"/> OPIM	
4 PERSONAL PROTECTIVE EQUIPMENT USED			
<input type="checkbox"/> Gloves <input type="checkbox"/> Mask/Splash Shield <input type="checkbox"/> Other:		<input type="checkbox"/> Eye Protection <input type="checkbox"/> TB (N95/HEPA) Mask	
If PPE was not used, fully describe why it was not:			
5 EXTENT OF EXPOSURE			
Estimate amount of fluid involved, size of area exposed, duration of exposure, significant circumstances			

6 IN DETAIL, EXPLAIN HOW THE EXPOSURE OCCURRED

7 IN DETAIL, EXPLAIN IMMEDIATE INTERVENTIONS TAKEN AFTER EXPOSURE
Example: Washing, flushing, antiseptic wipes, removal of clothing, ect.

8 TYPE OF EXPOSURE

Skin <input type="checkbox"/> Puncture, Incision <input type="checkbox"/> Laceration, Abrassion, Skin Tear <input type="checkbox"/> Eczema, Rash	Mucous Membrane <input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Mouth
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Airborne <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Meningitis <input type="checkbox"/> Other:	Is the source patient known to be infectious <input type="checkbox"/> Yes <input type="checkbox"/> No
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10 REPORT COMPLETED BY

Name:	Date:
-------	-------

Signature:

12 REPORT RECEIVED BY

Name:	Date:
-------	-------

Signature:

East Fork Fire and Paramedic Districts
Sharps Injury Log

Date	IR #	Pt #	Unit	Description of Incident	Recommend Improvements



EAST FORK FIRE AND PARAMEDIC DISTRICTS

P.O. Box 218
1594 Esmeralda
Minden, NV 89423
(775) 782-9040 (775) 782-9043

Tod F. Carlini, District Fire Chief
Steve Tognoli, Deputy Chief/EMS
Steve Eisele, Deputy Chief/Fire Marshal
Dave Fogerson, Deputy Chief/Training & Safety

RELEASE OF MEDICAL RECORDS

Per East Fork Fire and Paramedic Districts Policy and Procedure regarding Infection Control, I am requesting all records of Post Incident Exposure be forwarded to:

**Carson Valley Medical Center
Occupational Health Services
Attn: Dr. Carol Coats
Fax: 775-782-1671**

This information should include all labs for the exposed member and the source patient; and any Post Exposure Prophylaxis procedures performed on the exposed member.

Your cooperation is greatly appreciated.

David Wm. Fogerson
Deputy Fire Chief/ Exposure Control Officer
775-782-9096
dfogerson@co.douglas.nv.us

ATTORNEY GENERAL
NEVADA DEPARTMENT OF JUSTICE

100 North Carson Street
Carson City, Nevada 89701-4717

GEORGE J. CHANOS
Attorney General



May 8, 2006

RANDAL R. MUNN
Assistant Attorney General

TO: Contracted Medical Care Providers

RE: NRS 617.481 Exposure Testing of Nevada Police and Firemen
Potential Liability Issues

Dear Medical Care Provider:

I am providing the following information to you at the request of Nevada's Risk Management Division. It has come to the attention of the Risk Management Division that some peace officers and firefighters have been denied screening for contagious diseases subsequent to their exposure to bodily fluids because the type of exposure is outside the CDC protocol for testing. In 2001 the Nevada Legislature passed a law that requires peace officers and firefighters to be tested within 72 hours of an exposure. This State law supersedes the CDC guidelines.

Do you know?

Under state law, police officers, correctional officers and firefighters are required to submit themselves for testing within 72 hours of being exposed to a contagious disease in order to qualify for worker's compensation. NRS 617.481 was enacted in 2001, and it differs from CDC protocol regarding blood borne or other infectious materials testing. Accordingly, anytime a police or correctional officer or a firefighter presents for a medical evaluation subsequent to any level or type of exposure to bodily fluids, they should be immediately tested, regardless of whether or not the exposure falls under CDC guidelines for testing. Failure to follow the appropriate protocol established by this statute could result in liability to you and/or your medical facility.

The Statute:

NRS 617.481 Certain contagious diseases as occupational diseases.

1. Notwithstanding any other provision of this chapter and except as otherwise provided in this section, if a person employed in this State contracts a contagious disease during the course and scope of his employment that results in a temporary or permanent disability or death, the disease is an occupational disease and compensable as such under the provisions of this chapter if:

(a) It is demonstrated that the employee was exposed to the contagious disease during the course and scope of his employment;

(b) The employee reported the exposure to his employer in compliance with the reporting requirements adopted by the employer; and

(c) A test to screen for the contagious disease that is approved by the State Board of Health is administered to the employee:

(I) Within 72 hours after the date of the exposure and the employee tests negative for exposure to the contagious disease; and

(II) After the incubation period for the contagious disease, as determined by the State Board of Health, but not later than 12 months after the date of the exposure, and the employee tests positive for exposure to the contagious disease. .

(III) "Exposed" or "exposure" means the introduction of blood or other infectious materials into the body of an employee during the performance of his official duties through the skin, eye, mucous membrane or parenteral contact. (Emphasis added).

Liability Concern:

If a medical provider fails to test a qualified State employee for Hepatitis A, B, and C, and HIV, upon the officer's request within 72 hours after the employee has had an exposure at work, and a workers' comp claim is subsequently denied as a result of this failure to test, the employee may consider a civil action against the medical provider that failed to test them. Also a failure to test a qualified employee for Hepatitis A, B, and C, and HIV at the time of the exposure could result in the employer/insurer being responsible for a non-work related condition. The insurer then may consider subrogation action against the medical provider that failed to test the employee as is required pursuant to this statute.

In summation, when a Nevada peace officer or firefighter presents themselves to your medical facility stating that they have had a blood or bodily fluid exposure at work you are encouraged to immediately test for Hepatitis A, B, and C, and HIV regardless of the severity of the exposure.

Your assistance in this matter is greatly appreciated. If you have any further questions, I can be reached in the Carson City Attorney General's Office at (775) 684-1214 or via email at selee@ag.state.nv.us.

Sincere regards,

GEORGE J. CHANOS
Attorney General

By: Susan E. Lee
SUSAN E. LEE
Deputy Attorney General

SEL:sm

Cc: Sue Dunt, Manager