

	Lower Providence Emergency Medical Service Standard Operating Guidelines	
	Subject: <i>Infection Control</i> – Infection Control Plan	SOG #300-001
		Initiated: January 2022
Approved: Chief Christopher J. Reynolds	Revised: N/A	

Description: It is the intention of the Infection Control Plan to protect the members of Lower Providence Emergency Medical Service (LPEMS) and the community served from infectious diseases or exposure to infectious materials.

Procedures set forth in this plan are designed to provide the utmost safety and protection for the membership of LPEMS, failure to abide by this plan could result in unwanted health complications, and/or disciplinary actions per the LPEMS Disciplinary process.

Members will be educated on this plan, procedures of safe and proper handling, disposal, and recognition of infectious materials as well as infection control and Blood Borne pathogen training. All members will always have access to the Lower Providence Infectious Control Plan . It is the responsibility of each member to become familiar with this plan.

LPEMS has a Designated Infection Control Officer on call 24 hours, 7 days a week.

All members have the right to medical treatment if exposed to infectious materials. Additionally, all members have the right to refuse medical treatment if exposed to infectious materials. All members also have the right to limited immunizations and annual disease screening provided to them at no cost.

Lower Providence Emergency Medical Service recognizes that our members place themselves at risk to infectious materials to perform their duties. It is the intent of LPEMS to reduce the risk of occupational exposure and maintain compliancy with recommendations from the Centers for Disease Control (CDC) and Occupational Safety and Health Administration (OSHA).

Definitions:

Blood: Human blood, human components, and products made from human blood.

Blood-borne Pathogens: Pathogenic micro-organisms that are present in human blood and other bodily fluids that can cause harm and disease in humans. These pathogens are but are not limited to Hepatitis B (HBV), and Hepatitis C (HCV), and Human Immunodeficiency Virus (HIV).

Body Substance Isolation: A concept that considers all bodily fluids as potentially infectious.

Contaminated: The presence of reasonably anticipated presence of blood or other potentially infectious materials (OPIM).

Contaminated Equipment: Equipment or laundry that has been soiled with blood or OPIM.

Decontamination: The physical process and use of chemicals to remove, inactivate, or destroy blood-borne pathogens on a surface or equipment to the point it no longer capable of transmitting infectious particles. After this process equipment would be deemed safe for handling, use, or disposal.

Emergency: An unplanned interaction with a potentially life-threatening situation.

Engineering Controls: Controls that isolate or remove blood-borne pathogen hazards from the workplace. (Sharps containers, self-sheathing needles, etc.)

Exposure or Exposure Incident: A specific eye, mouth, or other mucous membrane, as well as non-intact skin that encounters blood or OPIM that results from the performance of a member's duties.

HBV: Hepatitis B Virus

HBV: Hepatitis C Virus

HIV: Human Immunodeficiency Virus

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performances of Member duties.

Other Potentially Infectious Materials: (OPIM)

- a. The following human body fluids: semen, vaginal secretions, cerebral spinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.
- b. Any unfixated tissue or organ (other than skin) from a human (living or dead).
- c. HIV containing cell or tissue cultures, organ cultures, and HIV, HBV, or HCV containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

Personal Protective Equipment: Special equipment or clothing worn for protection against a hazard. General work clothes (uniform pants, shirts, flight suits) are not intended to function as personal protective equipment.

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

Source Individual: Any individual, living, or dead, whose blood or OPIM may be a source of occupational exposure. Examples include but are not limited to hospital and clinic patients, clients in institutions for the developmentally disabled, trauma patients, clients of a drug and alcohol rehabilitation, residents of hospice and nursing homes, human remains, and individuals that sell or donate blood or blood components.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the way the task is performed. (Prohibiting the recapping of needles by a two-handed technique)

Purpose: To provide a process for our membership to avoid exposure to infectious materials at Lower Providence Emergency Medical Service through a comprehensive plan while accomplishing the following objectives in support of our membership and community:

- Correcting any unsafe acts and providing remediation training where needed.
- Ensuring safe operating practices during patient care and non-patient care situations.
- Providing support and access to medical treatment for any member who for any work-related exposure(s) may be unfit for duty due to infectious material or other related exposure.
- Ensuring that all members have completed a Medical Record Form (301-001#), provide proof of immunizations, testing, or waivers on file prior to first day on any LPEMS Unit.

All members are deemed at risk for exposure to infectious diseases and materials. For this reason, it is required that all members be screened on a set schedule for their protection and the protection of the community served. Prior to employment / volunteering it is required to have a TB surveillance / Test and Hepatitis Vaccination series.

Vaccinations will be provided at no cost if needed.

There are members that are deemed not to have risk to exposure. Most administrative positions do not demonstrate that there may be a reasonable or reasonably anticipated risk for occupational exposure. Therefore, these positions are exempt from the Infection Control Procedures. However, if these members feel they might be at risk, they have the option to participate in the vaccination and screening program and annual training.

Students that participate in precepting at LPEMS will not be covered under this plan. It is the recommendation of LPEMS Management, that all students prior to participating in patient care activities have already received TB surveillance and hepatitis B vaccinations prior to participating. Due to the nature of this business, students should have already been vaccinated, however if they are not, they will not be covered under the Infection Control Procedures at any time.

Observers that participate in the observation of LPEMS operations will not be covered under this plan. Observers should not participate in any patient care activities at any time. They should be situated so that their observation would not put them at risk of exposure.

All observers will be required, prior to participating as an observer, to contact the LPEMS DICO. They will receive a brief overview of what they possibly could be exposed to even though they are not participating in direct patient care activities.

All students and observers will be required to sign a waiver releasing LPEMS and its members from liability if they are exposed to an infectious disease.

Procedure: To avoid exposure to infectious materials at LPEMS, members shall always wear protective equipment during patient contact and decontamination of equipment. This should include universal precautions.

No member of LPEMS will be assigned to an emergency response until a Licensed Physician has deemed them fit for duty.

Applicants must provide written proof of the following Prior to duty:

- LPEMS Fit for Duty Physical (Tower Health Urgent Care)
- TB Skin Testing/Surveillance
- Hepatitis B Vaccination (Minimum of Initial Dose)

Additional information that members SHOULD provide for their medical records include:

- Demographic Information
- Past Medical History
- Current medications
- Medication and Food Allergies
- Current Vaccinations: MMR, Flu, Pneumonia, Etc...
- Hepatitis B Vaccination
- TB Tests (Every 5 Years)
- Emergency contact information
- Any documentation of an exposure while on duty at LPEMS

LPEMS will ensure that accurate record keeping will be established for all members deemed at risk for occupational exposure. These records will be maintained by the Designated Infection Control Officer, and HR Coordinator in the strictest of confidence.

Records will be updated annually.

Digital records will be kept on the LPEMS security enabled file drive with access limited to DICO and HR Coordinator.

Paper records will be kept in a locked fireproof file cabinet.

Designated Infection Control Officer

1. DICO shall attend an approved and certified course prior to being given any responsibilities.
2. DICO shall have a signed Statement of Authority on File prior to assuming the responsibility and being given any access.
3. The DICO will have a signed Job Description on file before being given any authority.
 - a. Job Description as defined in Appendix 301-001A.
4. The DICO shall receive annual training related to their job description.
 - a. This training included updates recommended by OSHA, CDC, and NFPA.

Exposure Plan

1. If an LPEMS Member is exposed to an infectious material, either air borne or blood borne, it is to be reported to the DICO immediately following the call or incident via the Potential Exposure Form.
 - i. It is law to report any exposure regardless of if the member wants to receive any medical treatment for the exposure.
 1. This includes but is not limited to needle sticks, blood or OPIM spray or splash on a member's mucous membrane, or open skin wounds.
 2. The members are to contact the DICO only.
2. The DICO will give instructions to the members on what to do.
3. The member is not to follow the source patient in any cases unless they are being transported to LPEMS's designated Occupational Health Facility.
4. There are certain forms that are required to be completed when exposed.
 - a. This shall include but is not limited to an Exposure Incident Report and Workmen's Compensation Form(s).
5. If a member declines medical treatment for exposure, they must sign a refusal of post exposure waiver completely releasing LPEMS from any liability and waiving their right to medical treatment.
 - a. The member has 90 days to void the waiver.
6. If the member grants permission to be treated they must follow all Professional Medical Instructions, and report for post exposure examinations.
 - a. If the member does not follow the strict instructions of professional medical advice, they could forfeit their medical treatment coverage from LPEMS.

Immediate Post Exposure Actions

Puncture or Open Wound Exposure

1. Let the area bleed freely.
2. Immediately wash the area with soap and water with available
 - a. If not available use waterless antiseptic solution
3. Immediately notify the LPEMS DICO

Blood or OPIM splash to non-intact skin/other potential exposure

1. Flush the area with water for 10 minutes.
2. Immediately notify the LPEMS DICO

Post Exposure Management

In compliance with OSHA 1910.1030 and the Ryan White Law, members will be instructed to contact the Designated Infection Control Officer if they feel they have been involved in an occupational exposure.

The Designated Infection Control Officer will conduct the initial investigation of the incident immediately.

Treatment will be conducted under the direct care of a licensed physician or healthcare provider that is knowledgeable with OSHA standards, and current treatment protocols for infectious diseases and exposures. All treatments for exposures will follow the published recommendations set forth by the United States Public Health Services, the Center for Disease Control, and or the Advisory Board on Immunizations Practices.

The established program for medical evaluation and follow up will be conducted through:

Responsibilities

LPEMS

Lower Providence EMS will furnish all relevant information to the contracted health care provider.

If the exposure was a needle stick injury or an exposure to TB resulting in a positive skin test result, it will be published in an OSHA 300 report.

Within 48 hours, a completed investigation will be filed with the results forwarded directly to the member and filed in the member's medical record for duration of 30 years.

Member

Members of Lower Providence EMS shall:

- Assume ultimate responsibility for their health.
- Use proper PPE as instructed at all appropriate times.
- Report any suspected or questionable exposures to the DICO or their Designee via the Reporting Form.
- Wash their hands with soap and water after all patient contacts; when water is not available approved hand sanitizer shall be used until access to water is available.
- Participate in education and training programs regarding infection control.
- Report any exposure to a communicable disease while off duty or while in service to another organization to the DICO or their designee prior to returning to duty at LPEMS.

Post Exposure Referrals

The Designated Infection Control Officer will advise members as to whether post exposure care is indicated. If it is indicated, the member should seek the medical treatment as advised.

If necessary, the member will be offered Hepatitis B testing, or HIV testing post exposure. If the member consents to baseline testing but does not wish the testing to be done at that time, the laboratory should preserve the blood for 90 days. Within the 90-day period the employee may elect to have the testing done.

Exposures which require medical treatment may include Prophylaxis medications and they will be offered to the member at no cost. The prophylaxis will be offered in accordance with the published protocols set forth by the Center for Disease Control and will be made available for the members to review.

Mental health counseling and other counseling will also be made available to the member at no cost and will be done by a health care professional that is familiar with pre and post exposure counseling.

All exposures will be kept in the strictest of confidentiality. To maintain this order of confidentiality, the exposed member must keep the incident confidential. Counseling will be provided by an Infectious Diseases Physician and all medical records and treatment will be kept confidential between the Physician and the Member.

1. Members are required to provide selective copies of the medical records to LPEMS for mandatory recording keeping.
2. It is the responsibility of the member to redact and/or limit these records to only provide LPEMS with the following:

- a. Records should only indicate and conclude that the Infectious Disease Physician has evaluated the member.
 - b. Do not provide diagnosis, treatment details, or test results.
3. It is the responsibility of the Office of the Infectious Disease Physician to notify the LPEMS DICO that the members did report for their examination.
- (A) The Infectious Diseases Physician is required to notify the DICO of Lower Providence Community Center Ambulance that a member did report for his or her examination.

DISEASE	WORK RESTRICTION/DURATION
CONJUNCTIVITIS	No patient contact until discharge ceases
COVID-19	Restrict from work until symptom free for 72 hours.
CYTOMEGALOVIRUS	No restrictions
DIARRHEAL DISEASES	
ACUTE STAGE WITH OTHER SYMPTOMS	Restrict from patient contact until symptoms resolve
CONCALESCENT STAGE (SALMONELLA)	Restrict from patient contact until symptoms resolve
DIPHTHERIA	
DIPHTHERIA	Exclude from duty- Antimicrobial therapy- (2) Cultures obtained 24 hours apart that test negative.
ENTEROVIRAL INFECTIONS	Restrict from patient contact until symptoms resolve
HEPATITIS	
HEPATITIS A	Restrict from patient contact until 7 days after onset of jaundice
HEPATITIS B	No restrictions
HEPATITIS C	No recommendation
HERPES SIMPLEX	
GENITAL	No restriction
HANDS (HERPETIC WHITLOW)	Restrict from contact until lesions heal
OROFACIAL	Restrict from contact until lesions heal
HUMAN IMMUNODEFICIENCY VIRUS (HIV)	
HUMAN IMMUNODEFICIENCY VIRUS (HIV)	No recommendation
MEASLES	
ACTIVE	Exclude from duty until 7 days after rash appears
POST EXPOSURE (SUSCEPTIBLE MEMBER)	Exclude from duty from the 5 th day after the 1 st exposure through the 21 st day after the last exposure and/or 4 days after rash appears
MENINGOCOCCAL INFECTIONS	
MENINGOCOCCAL INFECTIONS	Exclude from duty until 24 hours after start of effective therapy.
MUMPS	
ACTIVE	Exclude from duty after onset of parotitis
POST EXPOSURE (SUSCEPTIBLE MEMBER)	Exclude from duty from the 12 th day after the 1 st exposure through the 26 th day after the last exposure or until 9 days after onset of parotitis
DISEASE	WORK RESTRICTION/DURATION
PEDICULOSIS	Restrict from patient care until treated and

	observed to be free of adult and immature lice
PERTUSSIS	
ACTIVE	Exclude from duty from beginning of catarrhal stage through 3 rd week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
POST EXPOSURE (ASYMPTOMATIC MEMBER)	No restriction, prophylaxis recommended
POST EXPOSURE (SYMPTOMATIC MEMBER)	Exclude from duty until 5 days after start of effective antimicrobial therapy
RUBELLA	
ACTIVE	Exclude from duty until 5 days after rash appears
POST EXPOSURE (SUSCEPTIBLE MEMBER)	Exclude from duty from the 7 th day after 1 st exposure through the 21 st day after last exposure
SCABIES	
STAPHYLOCOCCUS AURES	Restrict from patient contact until cleared by medical evaluation
ACTIVE DRAINING SKIN LESIONS	Restrict from patient contact until skin lesions have resolved
CARRIER STATE	No restrictions unless member is epidemiologically linked to transmission of the organism
STREPTOCOCCAL INFECTION GROUP A	
STREPTOCOCCAL INFECTION GROUP A	Restrict from patient care until 24 hours of adequate treatment begins
TUBERCULOSIS	
ACTIVE	Exclude from duty until proven non-infectious
PPD CONVERTER	No restriction
VARICELLA	
ACTIVE	Exclude from duty until all lesions dry and crust
POST EXPOSURE (SUSCEPTIBLE MEMBER)	Exclude from duty from the 10 th day after 1 st exposure through the 21 st day (28 th day if VZIG is given) after last exposure.
ZOSTER	
LOCALIZED IN HEALTH MEMBER	Restrict from patient contact until all lesions dry and crust
GENERALIZED OR LOCALIZED IN IMMUNOSUPPRESSED MEMBER	Restrict from patient contact until all lesions dry and crust
POST EXPOSURE (SUSCEPTIBLE MEMBER)	Restrict from patient contact from the 8 th day after 1 st exposure through the 21 st day (28 th day if VZIG is given) after last exposure, or if varicella occurs, until all lesions crust and dry.
VIRAL RESPIRATORY INFECTIONS	
ACUTE FEBRILE	Consider excluding from duty until acute symptoms resolve for prevention of community breakout and RSV and Influenza

Record Keeping

LPEMS will ensure that accurate record keeping will be established for all members deemed at risk for occupational exposure. These records will be maintained by the Designated Infection Control Officer, and HR Coordinator in the strictest of confidence.

Records will be updated annually.

Digital records will be kept on the LPEMS security enabled file drive with access limited to DICO and HR Coordinator.

Paper records will be kept in a locked fireproof file cabinet.

Records will be kept at:

*Lower Providence Emergency Medical Services
10 Parklane Drive, Eagleville PA 19403*

Additional record may also be kept at

Our Occupational Medical Facility

Personnel medical records will include but not be limited to:

- Hepatitis B series Vaccinations (titer if necessary)
- Tuberculosis PPD (Every 5 years)
- Measles Vaccinations
- Mumps Vaccinations
- Other Childhood Vaccinations
- Current Prescription Medications (Other than short term)
- Medication Allergies
- Current Medical History
- Emergency Contact Information
- Any Exposure Records

Information required on the member's medical record may include, but it not limited to:

- Full Legal Name
- Date of Birth
- SSN
- Address (Current)
- Information listed above.
- Copy of TB Skin Test Results, Chest x-ray, or surveillance form

It is the responsibility of the members to notify the Designated Infection Control Officer as information changes.

Note: Social security numbers are required on a member's medical record. The members social security number is what identifies a member if there is an occupational exposure. The member's social security number identifies the member as a medical record number to ensure absolute confidentiality.

All members' medical records are kept in the highest level of security and with the high level of confidentiality. They will remain locked, Tagged as Red Folder (Highest Clearance Level) and maintained as a medical record number to ensure absolute confidentiality.

All member medical records are kept for a minimum of 30 years in accordance with the OSHA standard 1910.1030. and LPEMS Record Retention Procedure.

Should a member request access to their medical record it will be done in accordance with LPEMS Personnel File requirements as laid out in the Member Handbook.

Personal Protective Equipment

LPEMS shall provide personal protective equipment to all members at no cost. This equipment includes gloves, protective eyewear, Respiratory Protection, Gowns, and ventilation devices. This equipment shall be accessible to all patient care levels following appropriate training. Protective equipment must protect the member from exposure during normal working conditions for the duration of the item used. All protective equipment must be removed before leaving the work area and be placed in an appropriate container for disposal. Members are required to properly don the appropriate PPE on any response or event that has the potential for a blood or OPIM exposure.

It is everyone's responsibility to ensure that members are utilizing appropriate personal protective equipment. It is the responsibility of the DICO to ensure that adequate training and appropriate equipment needs are brought to the attention of the EMS Chief.

Refusal of any members to use personal protective equipment will not be tolerated and may be subject to disciplinary actions.

Gowns: Protective gowns (Barriers) must prevent blood and OPIM from passing through a member's uniform, undergarments, skin, eyes, mouth, or other mucous membranes.

Gloves: Gloves should be worn during all patient contacts. However, gloves should be worn when there is a reasonable likelihood of hand contact with blood, body fluids, infectious material, or OPIM.

- Gloves are required for all phlebotomy procedures.
- Gloves are to be changed when they become contaminated, torn, or punctured and between patients. Additionally, hands must be washed after removal.
- LPEMS carries latex free gloves and will authorize and provide gloves for members that are allergic to Nitrile on a case-by-case basis.

Masks, eye protection, and face shields: Masks, eye protection, and face shields are required when splashing, spraying, or splattering of blood or OPIM is anticipated.

- Prescription eyewear may be used if side shields are used.
- Any mask, eyewear, and face shield shall be worn in accordance with its manufacturer's recommendations.

Respirators: Respirators are required when aerosolization or exposure of harmful particulates of viruses, blood, or OPIM is anticipated.

- Respirators shall be selected based on protection needed.
- Only respirators certified by NIOSH shall be used.

Engineering Controls

All LPEMS members will adhere to the practice of Body Substance Isolation (BSI) to reduce the risk for exposure to Blood or OPIM. The use of this concept does not require that there be good visibility and a controlled work environment. Therefore, this will be followed in all work areas.

Bodily fluids that meet the criteria are listed but not limited to:

- Cerebral Spinal Fluid
- Synovial Fluid
- Amniotic Fluid
- Pericardial Fluid
- Semen
- Vaginal Secretions
- Any OPIM with gross amount of blood

Engineering controls are designed for safe storage and disposal of infectious waste. These containers are to be stored in a dry and secure area that the public would not have access to.

- Main Station Supply Closet
- Sub Station Basement Hallway

All containers are to be red, however if they are not, they are to be labeled with the standard biohazard sign.



Any needle or IV catheter must be disposed of in an approved sharps container. Sharps containers are in each LPEMS unit IV Tray, and Mobile Sharps Shuttles are in each LPEMS ALS First in Bag.

When Sharps containers become full, they must be removed from use and secured per LPEMS SOG 301-011 (Medical Waste Disposal). A new sharps container shall immediately be placed in the location of a removed container.

Safe Work Practices

Eating & Drinking- There shall be no eating or drinking in areas that are considered contaminated, or areas at risk for occupational exposure.

Hand Washing Facilities- Hand washing facilities are to be accessible and utilized by all members.

- At least (2) separate Sinks, soap dispensers & disposable paper towels are available to members at each LPEMS Station.
- Hand Sanitizer is in each front door of all LPEMS units.

Decontamination of Non-Disposable Equipment - All equipment that is contaminated must be decontaminated prior to use again. This equipment is the following but not limited to:

- Cardiac Monitors
- Lucas Devices
- Binder Lift
- Backboards
- Stretchers
- Stair Chairs
- Stethoscopes/BP Cuffs

LPEMS approved germicidal solution is to be used during these procedures that will protect against infectious diseases and the transmission of infectious diseases. If complete decontamination is not possible prior to being used, that area or equipment must be labeled with the standard biohazard sign until properly decontaminated.

LPEMS will dispose of all linen after patient contact at the hospital's designated area.

- If the patient does not arrive at a local hospital (Helicopter transport), the linen is to be placed in a clear Trash bag or Blue Plastic Linen Bag and secured for disposal at next appropriate hospital facility.
- Only linens grossly soaked in BSI shall be placed into a Red Biohazard bag.

Unit Decontamination- When suspected Blood, OPIM, or Viral contamination is suspected with any unit it shall be cleaned using the approved LPEMS Cleanser.

- Lysol Foaming Cleanser
- Lysol Lemon Multi Surface Cleaner
- Clorox Disinfecting Wipes
- PBI (Purple or Gray Top) Disinfecting Wipes

Post cleaning the unit shall be sprayed with the approved LPEMS Germicidal Disinfecting solution and allowed to remain on the surface for 5 minutes prior to re-occupying the unit.

- This shall be completed at the ER facility using supplied spraying equipment.

Once an LPEMS Unit is removed from 1st out service it shall be thoroughly sprayed with LPEMS approved Germicidal Disinfecting solution and allowed to remain on the surface for 5 minutes.

Compliance Monitoring

It is the responsibility of the DICO and the safety committee to observe for compliance of safety practices both included within this plan and within the LPEMS SOGs. Compliance is of the utmost importance for the safety of our members and the community; it is everyone's responsibility to remain vigilant and responsible.

Compliance failures will be handled progressively and in accordance with LPEMS SOGs to ensure a training first mentality.

Monitoring will be accomplished by the following methods:

- Observation
- Audits
- Review of Incident Reports & Prevention Techniques
- Safety Rounds

- Safety Committee Meetings

Education & Training

All training content will be reviewed annually to ensure the material is accurate and complies with OSHA, CDC and NFPA regulations.

Training will be offered at a minimum of once a year and will be offered in a manner that is appropriate for all members.

Yearly training is required to remain in good standing at LPEMS.

The training will include, but is not limited to:

- Review of Infection Control Procedures
- General explanation of the epidemiology of blood and air borne diseases and their symptoms
- TB Screening with testing if needed- Hepatitis Vaccination Program
- Review of tasks that are performed and how members might be at risk of infections materials.
- Information on reporting and documenting an exposure or potential exposure.
- Information of what is to be expected if there is an exposure.
- Medical Record updates
- Q&A session

Tuberculosis Questionnaire (Each Year)

All members will be given a surveillance form to complete. If any member has any symptoms consistent with TB they will be sent for a follow up.

Consent or Denial forms will be signed at each testing phase.

If a member tests positive, they will be required to have a chest x-ray and will continue to be surveilled. *These procedures are subject to change following recommendations from the CDC.*

Each member has the right to refuse this testing, however, it is not recommended.

If a member chooses not to be tested an Informed Denial must be signed and they will forfeit any medical benefits regarding this program provided by LPEMS.

Hepatitis B Vaccination Program

All operational members are deemed at risk to the Hepatitis B virus.

If an employee has already received their first vaccination or the entire series, they are required to produce proof and dates of the vaccination series prior to employment.

If the employee has not had either the first vaccination or the entire series the following will occur unless situation as described below occurs.

- 1st vaccination at time of employment
- 2nd 30 days after first vaccination
- 3rd 4 months after second vaccination.

Vaccination will be offered using Hepatavax HB (plasma derived).

Members that have a documented allergy to Hepatavax HB or mercury should decline this vaccination.

The vaccination series will be administered by a health care provider contracted by LPEMS, Consent or denial forms will be signed at the time of vaccination.

If a member does not have a vaccination series, it will be their responsibility to schedule the series and receive vaccinations when requested by our healthcare facility. It is the members' responsibility to inform and provide documentation to the Designated Infection Control Officer.

Titers will only be drawn on members if there is a documented exposure.

Each member has the right to refuse vaccination, however it is not recommended.

If a member chooses not to be vaccinated an Informed Denial must be signed and they will forfeit any medical benefits regarding this program provided by LPEMS.

