**Infection Control Policy Draft Language**

 It is the intention of [INSERT AGENCY NAME HERE] to abide by the rules and regulations regarding Infection Control as outlined in 105 CMR 170.330 and reporting of unprotected exposures as outlined in 105 CMR 172. The [INSERT TITLE OF LEAD ADMINISTRATOR] shall be the designated Infection Control officer unless the [INSERT TITLE OF LEAD ADMINISTRATOR] believes another member of the department is better qualified to handle this responsibility. Should another member be named the designated infection control officer notification shall be made to the entire department.

Members shall practice industry standard universal precautions/body substance isolation when engaged in activities that produce the potential for contamination, exposure, and/or infection. The department shall provide all necessary supplies to facilitate these practices and meet state and federal regulations regarding the use and storage of these supplies. Cleaning of reusable equipment and personal protective equipment shall meet or exceed manufacturer’s recommendations with either a solution of bleach and water or a commercial disinfectant of the appropriate classification, concentration, delivery method, and dwell time. Any equipment or personal protective equipment that cannot be properly cleaned shall be replaced at the service’s expense. Potentially biohazardous materials and items contaminated by them shall be placed in appropriate containers or bags and properly marked as per federal standards. The [INSERT AGENCY NAME HERE] station shall have approved containers and equipment for proper disposal of hazardous waste. This includes properly bagged items as well as sealed sharps containers. [INSERT AGENCY NAME HERE] also maintains understanding with its local receiving emergency departments to dispose of properly bagged and labeled hazardous waste in the proper containers at their facilities.

 In accordance with the current guidance from the Massachusetts Department of Public Health (DPH) universal masking is no longer part of normal state operations in regards to personal protective equipment (PPE). During normal state operations surgical masks or equivalent must be provided by [INSERT AGENCY NAME HERE] for any members that choose to wear one and any patients who request them. Surgical masks shall be the minimum respiratory protection worn by both crew and patients for any situations involving respiratory complaints, fevers of unknown etiology, and when any party is subject to recent known COVID exposure or infection per the timelines within the current DPH guidance. Anytime aerosol generating procedures are used or when dealing with confirmed/suspected COVID infection the minimum PPE for the crew shall include eye protection and a fit-tested N-95 mask or equivalent. Isolation gowns may be added for situations when there is concern for direct or indirect contact with other potentially infectious materials. If at any time any patient requests that providers wear a mask, providers will don the appropriate respiratory protection for this patient request.

[INSERT AGENCY NAME HERE] will work in concert with guidance from local public health authorities, DPH, the Center for Disease Control & Prevention for indications of increased risk of respiratory illnesses, including but not limited to COVID-19, influenza, and RSV. When such activity is identified the [INSERT TITLE OF LEAD ADMINISTRATOR] shall issue notification to all members of elevated risk state operations. Elevated risk state operations shall include universal masking for all parties in potential patient care areas. The normal state guidance for aerosol generating procedures will be used during elevated risk state operations for all situations involving respiratory complaints, fevers of unknown etiology, and when any party is subject to recent known COVID exposure or infection per the times within the current DPH guidance. [INSERT TITLE OF LEAD ADMINISTRATOR] shall issue additional communication when [INSERT AGENCY NAME HERE] will be departing from elevated risk state operations when the period of increased risk is quantified as over by the local public health authorities, DPH, and/or the Center for Disease Control & Prevention.

Should a member have an unprotected exposure the [INSERT TITLE OF ROLE DESIGNATED AT DICO] shall be notified immediately. The area of exposure shall be appropriately decontaminated and the member evaluated at the receiving hospital where the patient was transported. If a member experienced the unprotected exposure during an event that did not result in a patient transport they should be evaluated at the [INSERT NEAREST AFFILIATED HOSPITAL] Emergency Department or Work Health Department. The purpose of these evaluations is to determine the need for immediate intervention to prevent infection. Members involved in this process are considered out of service until released from the care of the evaluating medical facility and may be replaced for a portion or the remainder of the shift at the discretion of a supervisor. It is the supervisor’s responsibility to notify the [INSERT TITLE OF ROLE DESIGNATED AT DICO] about these events as soon as possible.

The member who experienced the unprotected exposure has the responsibility of completing the Massachusetts Department of Public Health Unprotected Exposure Form. [INSERT AGENCY NAME HERE] has the responsibility of ensuring this form is available in all ambulances and stations in either paper or digital format. The necessary completion of this form does not supersede the priority given to immediate decontamination and treatment. Completed copies of this form shall be left with the receiving hospital or the hospital treating the member if the exposure was not related to a patient transport, forwarded to the designated Infection Control Officer, and forwarded to the [INSERT TITLE OF ROLE DESIGNATED AT DICO] for proper filing. The service and [INSERT TITLE OF ROLE DESIGNATED AT DICO] bear the responsibility of maintaining this record for no less than thirty years and for notifying the affected member of any pertinent communications from the hospital or Department of Public Health. [INSERT AGENCY NAME HERE] is responsible for funding any treatment associated with an unprotected exposure. If warranted by the nature of the exposure, supervisors should follow their organizational procedures for potentially quarantining their members for a period of time, at a location, and in a manner recommended by a physician, the Department of Public Health, or any recognized public health authority.

**\*\*\*\* It is recommended that if this language is inserted into a larger SOG/SOP document that a version number and date be added to the parent document to denote when the last edit was made along with the name of the party creating the edit and their dated signature. If this is to be used as a stand-alone document an agency lead’s name and dated signature is recommended.\*\*\*\***