

# 2015 Achievement Awards Virginia Association of Counties

## APPLICATION FORM

All applications must include the following information. Separate applications must be submitted for each eligible program. **Deadline: June 1, 2015.** Please include this application form with electronic entry.

### PROGRAM INFORMATION

Locality: Prince William County

Program Title: Designated Infection Control Officer Program

Program Category: Criminal Justice & Public Safety

### CONTACT INFORMATION

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### SIGNATURE OF COUNTY ADMINISTRATOR OR CHIEF ADMINISTRATIVE OFFICER

Name: Christopher E Martino

Title: Deputy County Executive

Signature: Christopher E Martino

**VACo 2015 Achievement Award Entry**

**Prince William County Department of Fire and Rescue**

**Designated Infection Control Officer Program**

**Brief Summary**

During the course of two years, Risk Management, along with guidance and assistance from other agencies, updated its original Bloodborne/Airborne Pathogen Program to the Assessment, Management, and Control of Occupational Exposure to Infectious Pathogens Plan.” One very important issue that needed to be addressed in this update was a protocol for all departments to follow in the event of an exposure incident.

The Department of Fire & Rescue realized that the logical and best fix was to have their own Duty Safety Officer (DFRDSO) as the County’s Designated Infection Control Officer and they would take the calls from all departments when there was a potential exposure. This would benefit the County because they would be the single point of contact 24/7. Why is this important: these employees are trained in infection control, they would make determinations on the information received by the department’s contact, and would then, when necessary, interface with the infectious disease physicians, the Employee Health Clinic (INOVA), and Prince William Health Department. They would ensure medical treatment and follow-up consultations are provided, support the Good Samaritans when possible.

The Duty Fire Safety Officers rotate being on call weekly. Not only have they taken on this extra responsibility of providing exposure determination and assessment, they helped provide the training to the various agencies that had the greatest impact by

this change. Risk and DFRDSO provided training at every police roll call, Sherriff, and the Adult Detention Center. They have taken an increased leadership role throughout the infection control program, but perhaps the greatest service to their fellow employees, has been to provide both the expertise and over-the-phone hand holding during potential exposure incidents. In the first two months of this change, they managed 19 incidents that included 65 people.

### **Overview**

During the course of two years, Risk Management, along with guidance and assistance from other agencies, updated its original Bloodborne/Airborne Pathogen Program to the Assessment, Management, and Control of Occupational Exposure to Infectious Pathogens Plan.” One very important issue that needed to be addressed in this update was a protocol for all departments to follow in the event of an exposure incident. In the past, some departments had an Infection Control Manager who would be contacted should an exposure occur. Since many of these departments had infrequent employee exposures, they were often left to make important medical management decisions that often resulted in an employee being taken to the emergency room when it was not necessary. At this time and currently, there is a 24 hour infectious disease physicians group that provides consult and treatment; however there was often confusion on how to handle these types of incidents especially when these occurred after hours.

The Department of Fire & Rescue realized that the logical and best fix was to have their own Duty Safety Officer (DFRDSO) as the County’s Designated Infection Control Officer and they would take the calls from all departments when there was a potential exposure. This would benefit the County because they would be the single point of contact 24/7. Why is this important: these employees are trained in infection control, they would make determinations on the information received by the department’s contact, and would then, when necessary, interface with the infectious disease physicians, the Employee Health Clinic (INOVA), and Prince William Health Department. They would

ensure medical treatment and follow-up consultations are provided, support the Good Samaritans when possible.

Additionally, many incidents involve several departments so it made sense to have a centralized, consistent, subject matter expert to manage the incidents. This new protocol became reality after this was approved by the Fire Chief.

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### **Abstract of the Program**

Prince William County's fire and rescue service is provided through a combination of career and volunteer firefighters and emergency medical technicians. The combined personnel of the Prince William County Department of Fire and Rescue and the County's ten volunteer fire and rescue companies comprise the Fire and Rescue Association (FRA). Collectively, these organizations work together to provide high quality and efficient fire protection, emergency medical services, and safety education to the community of Prince William County.

In July 2014, Prince William County's Office of Risk Management released the updated County Infection Control Plan. The document is aptly named, the Assessment, Management, and Control of Occupational Exposure to Infectious Pathogens Plan. The document is the product of extensive research and technical writing through the cooperation of all County departments. The Plan is a comprehensive guide to managing an infection control program, including handling the occupational exposures of County employees from all departments.

### **Problem/Need for the Program**

One important subject that needed to be addressed in this update was the development of a protocol for all departments to follow in the event of an infectious disease exposure incident. In the past, some County departments had an Infection Control Manager (ICM) who would be contacted in the event of an exposure. Since these departments infrequently had employee exposures, they were often left to make important

medical case management decisions on their own and without much experience. This was an inefficient process that resulted in employees unnecessarily receiving medical evaluations and treatment and increased workers compensation costs. To assist department ICMs there is a 24 hour infectious disease physicians group that provides analysis, treatment; and counseling however there was confusion about how to utilize this resource, especially after hours.

During discussions regarding the plan update, the Department of Fire & Rescue recognized that the best and most logical solution was to have their own Duty Safety Officer (DFRDSO) act as the Designated Infection Control Officer (DICO) for all departments and respond to calls when there was a potential exposure. This was an excellent solution because; the DFRDSOs are trained in infection control management.

### **Description of the Program**

The DFRDSO's would be the single point of contact 24 hours a day, seven days a week. They would make exposure determinations based on the information received by the department's contact, and would then, when necessary, interface with the infectious disease physicians, the Employee Health Clinic (INOVA), and Prince William Health Department. They would ensure appropriate medical treatment and follow-up consultations are provided to employees and Good Samaritan care providers when possible. Additionally, many incidents involve more than one department, so it made sense to have a centralized, consistent, subject matter expert to manage the incidents. This new protocol became reality after this was approved by the Fire Chief.



### **The cost of the program**

The utilization of the DFRDSO as the County-Wide DICO does not create any additional cost. In the past, each department had an Infection Control Manager who had inconsistent training and experience in handling occupational exposures. This created an inefficient system which sometimes created anxiety for employees who sustained an infectious disease exposure. The benefit of this program is exponential considering the impact it has in supporting employees at no additional cost.

### **The results/success of the Program**

The DFRHSO's rotate on-call responsibility on a weekly basis. Not only have they taken on this additional responsibility of providing exposure determination and assessment, they helped provide the training to the various agencies that had the greatest impact by this change. Risk and DFRDSO's provided training at every police roll call, for the Sheriff's Department, and the Adult Detention Center. They have taken a leadership role throughout the infection control program, but perhaps the greatest service to their fellow employees, has been to provide expertise during potential exposure incidents. In the first two months of this change, they managed 19 incidents that included 65 people. This service to their fellow employees often provides confidence and security in the face of uncertainty following an occupational exposure to an infectious disease at no additional cost to the departments or the County as a whole.