

# 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 Government

Program Title: Infectious Disease Exposure Control Policy & Plan for the Assessment, Management, and Control of Occupational Exposure to Infectious Pathogens

Program Category: Health & Human Services (Risk Management)

### 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 Achievement Awards Application: Prince William County Government

### *Plan for the Assessment, Management, and Control of Occupational Exposure to Infectious Pathogens*

Category: Health & Human Services (Risk Management)

#### Program Overview:

Prince William County (PWC) Government, Virginia has developed a comprehensive infection control program, known as the *Plan for the Assessment, Management, and Control of Occupational Exposure to Infectious Pathogens*, and more concisely called the Exposure Control Plan, or ECP.

The ECP vastly expands upon the more common plan required by OSHA's Bloodborne Pathogens Standard. The Plan encompasses a wider diversity of communicable diseases that can be transmitted from person to person, as well as incorporating the more comprehensive range of infectious disease exposures that employees may encounter, such as those transmitted via animals, plant, and insects. PWC's ECP serves as the overarching program guidance and policy for all potential employee pathogen exposures. The ECP adopts widely regarded risk and occupational safety and health management techniques, including risk identification, analysis, and control.

A key feature included with this expanded program has been the adoption of Fire and Rescue Health and Safety Officers (HSO) as the primary exposure incident managers for the entire County organization. Previously, each department had identified specific employees as primary infection control representatives who served as their department's overall program and incident managers; however, in most cases these representatives had less-than-optimal experience and subject matter knowledge to confidently manage anxiety-laden employee exposure incidents. There was unnecessary reliance on, and overutilization of, the County's contracted Occupational Health services, contracted infectious disease physicians, and local emergency departments.

Placing the Fire HSO as the 24/7 hotline for exposure incidents just made sense. These officers were already available on call for their own staff, and, by virtue of their training, and knowledge of, and relationships with local medical providers, were well placed to make competent incident command decisions and compassionately address the concerns of employees.

The HSO assumes overall command of potential exposure incidents for all the departments involved; they manage the incident from the first hotline call from a concerned employee through the resolution of the incident. Their duties include virtual handholding to answer employee questions, initiating medical evaluation and treatment, addressing source testing through the court system, and providing overall guidance throughout the organization. The Fire HSO command system has proven widely popular, effective, and efficient throughout the organization, and they have been applauded for their generosity and increased leadership by employees, directors, attorneys, and medical providers.

**Problem or Challenge Faced:**

Prince William County is similar to many other public organizations in that the services offered by the County are similar to those offered by other public entities. Employees are exposed to communicable diseases by working with the public generally and within specific occupations such as public safety, medical, and human services. County employees are also exposed to other pathogens not traditionally included within exposure control plans, such as via animals, insects, and plants.

PWC's location within the metropolitan Washington, D.C. area does trigger additional issues of potential exposure: there is a higher proportion of global travelers and immigrant populations who remind us that more global disease concerns, such as TB or Ebola, can more readily impact our community. The Nation's Capital also commonly experiences increased homeland security concerns. However, although these concerns may be more localized to larger metropolitan governments, by taking an all-hazards approach to infection control concepts, the PWC ECP readily translates to other entities as the basis for risk identification and controls.

PWC also has the advantage of establishing a long-term contract for Occupational Health services and had retained an infectious disease physicians group for employee consultations. These medical services helped provide the medical management for our exposures, but because they were external to our organization, they did not always provide the most cost- and time-effective management of employee exposures, nor did they provide the more personalized and organization-specific services we wished to provide our employees. Incorporating the Fire HSO brought employee insight and expertise into our program.

The HSO also more comprehensively manages multi-department infection control incidents and other issues, and more efficiently manages incidents as one, rather than involving a variety of staff sometimes working at duplicate or cross-purposes. We can't say enough about how well this has worked for the entire organization!

### **Development/Financing/Staffing/Results**

The development of the ECP took two years. The concept was to broaden the scope of the County's original Bloodborne/Airborne Pathogens Exposure Control Plan, so that it incorporated other pathogens and routes of exposure, such as fecal, animal, plant, and insects. The original plan required annual reviews and revisions, and many of the expanded elements had already been adopted in practice. The 2014 ECP was a long-term plan to identify and document exposures across all County occupations, and to provide a framework for continued expansion.

PWC already had an inter-departmental Infection Control Group in place, comprised of key department representatives responsible for their specific department programs. This group provided leadership, input, and review into the development of the revised Plan over multiple years, culminating in the final draft Plan review and incorporation. This group meets several times a year, and devoted additional hours reviewing the updated Plan. This group, along with other key staff from each of their departments, spent additional hours meeting with risk staff and an outside consultant to review and re-assess their current exposures, over the course of several weeks.

Other core issue groups are composed of the Fire Health and Safety Officers, key affected department representatives such as from public safety agencies, medical providers, the County Attorney's Office, and local health officials, and risk management staff. These groups met formally and informally to develop the Plan, for an estimated time of approximately 200 combined hours. They also spent about a week's worth of hours, each, in developing and delivering a training program for key department representatives.

Risk Management also developed and delivered a variety of training programs specific to identified exposures and tasks, as well as everyday hygiene programs for common everyday employee/customer interactions. Some of this training was developed and delivered through the use of an outside consultant, especially to expedite the program delivery during a time of increased organizational alert to local Ebola exposures.

Additional training was also developed in-house by Risk Management staff and the Fire HSO to be delivered to all public safety roll calls. This training consisted of a review of the new process flow and introduction of the one-page flow charts, and shared the benefits of this change with these agencies. These roll call sessions afforded the public safety staff an opportunity to meet the HSO staff who would be answering their calls and managing their incident; this training and program change was enormously well received.

Initially drafted by a consultant with formatting/development by tech writer and multi-agency staff participation over a period of two years led to the development of an exceptional infection control program! Approximately 800 hours were spent by staff consultant (subject matter expert, technical writer, consultant trainer aid), plus another approximately 1,000 hours by primary staff for meetings, discussions, program development, review, markup, revision, etc. The primary value, beyond the comprehensive safeguarding of our employees, came as a value through the streamlined approach to reporting for all 33 County agencies through the 24/7 HSO, with comprehensive, skilled experience and understanding of the program, exposure assessment, and exposure criteria. Long standing focus groups, core groups, quarterly formalized meetings and other communications also contributed to the culmination of the efforts into the program.

Significant cost (and service) savings alone experienced just through reduced visits to ER for non-exposure incident assessment. During the 18 months leading up to the implementation of the new program/process there were 52 exposures resulting in 16 ER visits. Since program inception there have been 86 potential exposures, which when assessed by a competent HSO resulted in 11 True exposures, five of which required medical treatment. This represents a potential reduction in excess of 400% of potential exposures seeking medical treatment when unnecessary prior to the program "upgrade."

Additionally, staff efficiency has been significantly improved through program efficiency. i.e. – previously a second employee was required to drive potentially exposed employee to ER, assistance by other staff not necessarily related to the incident, etc. are a few of the indirect costs that cannot easily be quantified but have been eliminated with the revised program.

Training design, development, and implementation: Initial: General Infection Control – The Basics; General Infection Control – Cleaning It Up; Everyday Infection Control; Program Roll Out (high tier exposure potential) have been designed and implemented both in house and with the use of a consultant and are ongoing. Reduction in off-hours calls by department supervisors to Risk Management staff: 100%!

## **Originality / Innovation**

The PWC ECP is more comprehensive than the average pathogens exposure plan. Most organizations will have the basic Bloodborne Pathogens Exposure Control Plan, and many will have additional elements for airborne pathogens. The PWC Plan addresses both communicable and all infectious exposures, to more effectively manage countywide exposures.

Especially unique is the adoption of the Fire and Rescue Health and Safety Officers as exposure incident command. These officers already provide the services for their own staff and have now added availability for all employees. This has resulted in better services for employees, less expensive medical utilization, reduction of duplicate efforts, and better coordination between departments.

As part of this new incident management process, a one-page process flow chart was developed for potential exposure incidents. Many departments have infrequent exposure incidents and therefore are not well versed on the basic procedures. This one-page, easy-to-understand chart directs the employee on “what to do” and “what to expect” of the process should a potential exposure occur. The flow charts have been posterized for placement in key employee areas.

Departments retain overall exposure management, but Fire provides the 24/7 hotline and overall program expertise. If you can convince your fire and rescue health and safety office to “take the call” for the other departments/agencies, it is a win/win for everyone!

## **Press Release / Brochure Summary**

Prince William County (PWC) Government, Virginia has developed a comprehensive infection control program, known as the *Plan for the Assessment, Management, and Control of Occupational Exposure to Infectious Pathogens*, and more concisely called the Exposure Control Plan, or ECP. This plan vastly expands upon the more common plan required by OSHA’s Bloodborne Pathogens Standard by encompassing a wider diversity of communicable diseases. PWC’s ECP serves as the overarching program guidance and policy for all potential employee pathogen exposures. The ECP adopts widely regarded risk and occupational safety and health management techniques, including risk identification, analysis, and control.

A key feature included with this expanded program has been the adoption of Fire and Rescue Health and Safety Officers (HSO) as the primary exposure incident managers for the entire County organization. Placing the Fire HSO as the 24/7 hotline for exposure incidents just made sense. These officers were already available on call for their own staff, and, by virtue of their training, and knowledge of, and relationships with local medical providers, were well placed to make competent incident command decisions and compassionately address the concerns of employees. The Fire HSO command system structure has proven widely popular, effective, and efficient throughout the organization, and they have been applauded for their generosity and increased leadership by employees, directors, attorneys, and medical providers.

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Prince William County Government made the program processes easy to understand by developing a flow chart. When potential exposures occur, employees are often under stress and benefit significantly from a step-by-step protocol at their fingertips. If you can convince your fire and rescue health and safety office to “take the call” for the other departments/agencies, it is a win/win for everyone!

