

Al Derocher, Building and Zoning Director, stated business in his office is slow but steady. According to attorney Dan White, the Rifkin Steel case will be settled soon and the outcome could be potentially favorable for the County.

COMMITTEE REPORTS

Commissioner Pete Hennard discussed employee supplemental insurance. Motion by Hennard, second by Colclasure, the Ogemaw County Board of Commissioners authorize *Benefits for Life* to meet with County elected officials, department heads, and employees with regard to supplemental insurance. Meeting to be scheduled on January 7, 2008, to explain the available employee supplemental benefit/insurance plans. Roll call vote. Ayes – Scott, Reetz, Illig, West, Hennard, Wolfe, and Colclasure. Motion carried. [12-1-#9]

Commissioner Hennard commented on his meeting with the Ogemaw County Road Commission. He stated the City of West Branch wants to charge the Commission on Aging more for the use of the Senior Center.

Motion by Hennard, second by Wolfe, the Ogemaw County Board of Commissioners concur with the Ogemaw County Commission on Aging By-Laws amendment as discussed. Voice vote. Ayes – all. Motion carried. [12-1-#10]

Motion by Colclasure, second by Hennard, the Ogemaw County Board of Commissioners accept the tentative agreements with both the Ogemaw County Sheriff's Department Police Officers Labor Council Bargaining Unit (POLC), and the Ogemaw County Sheriff Department Police Officers Association of Michigan Bargaining Unit (POAM), until such time as the final draft is available and delivered to the County Clerk or Sheriff. Roll call vote. Ayes – Reetz, Illig, West, Hennard, Wolfe, Colclasure, and Scott. Motion carried. [12-1-#11]

Commissioner Scott Colclasure updated the Board on the proposed new EMS location. Motion by Colclasure, second by Illig, the Ogemaw County Board of Commissioners allow building inspector, Larry Dantzer, to inspect the county building's boiler yearly and to purchase for \$100.00 a current operations manual for the boiler. Roll call vote. Ayes – Illig, West, Hennard, Wolfe, Colclasure, Scott, and Reetz. Motion carried. [12-1-#12]

Commissioner Bruce Reetz stated he attended a Personnel/Policy meeting.

Commissioner John West stated he will meet soon with the 911 Dispatchers regarding negotiations. Commissioner West also updated the Board on his meetings with the Insurance Committee, the 911 Advisory Board, and Department of Human Services.

Motion by Illig, second by Scott, the Ogemaw County Board of Commissioners amend motion 11-2-#7, [Motion by Illig, second by Wolfe, the Ogemaw County Board of Commissioners approve the Friend of the Court Enforcement Officer position be moved from part time to full time status. The position is currently held by Tonya Schagel. There will be no additional cost to County Appropriations for the Friend of Court 2008 fiscal year.] to include *full time position to commence on January 1, 2008*. Roll call vote. Ayes – West, Hennard, Wolfe, Colclasure, Scott, Reetz, and Illig. Motion carried. [12-1-#13]

Motion by Illig, second by Wolfe, the Ogemaw County Board of Commissioners pay claims in the amount of \$145,696.15. Roll call vote. Ayes – Hennard, Wolfe, Colclasure, Scott, Reetz, Illig, and West. Motion carried. [12-1-#14]

Motion by Wolfe, second by Hennard, the Ogemaw County Board of Commissioners approve the *Bloodborne Pathogen Exposure Control Policy* and to authorize the purchase of any supplies needed to help implement this policy. Roll call vote. Ayes - Wolfe, Colclasure, Scott, Reetz, Illig, West, and Hennard. Motion carried. [12-1-#15]

Discussion of building security. Motion by Wolfe, second by Hennard, the Ogemaw County Board of Commissioners enforce the locking of all county building doors at 5:00 p.m. Roll call vote. Ayes - Colclasure, Scott, Reetz, Illig, West, Hennard, and Wolfe. Motion carried. [12-1-#16]

Motion by Wolfe, second by Reetz, the Ogemaw County Board of Commissioners approve the repair of the County Clerk's department entrance door. Funds to come out of Contingency. Roll call vote. Ayes – Scott, Reetz, Illig, West, Hennard, Wolfe, and Colclasure. Motion carried. [12-1-#17]

Commissioner David Wolfe discussed AED/CPR training.

OGEMAW COUNTY BLOODBORNE PATHOGENS EXPOSURE CONTROL POLICY

The purpose of this policy is to establish an "Exposure Control Plan" to prevent job-related transmission of and exposure to bloodborne pathogens. The policy also provides for response procedures in the event an exposure incident occurs. This policy applies to all employees (excluding Ogemaw County EMS Department) serving in positions or performing tasks that have been identified as providing potential exposure to blood, blood products, or body fluids.

The *Ogemaw County Exposure Control Policy* is hereby adopted as the official procedure policy of Ogemaw County for bloodborne pathogen exposure control. These procedures may be changed as the situation or prevailing law dictates.

Any *elected official or department head* whose employee becomes exposed to bloodborne pathogens shall investigate the cause of the exposure and take appropriate action to prevent future exposures. All exposure incidents are required to be reported to the *County Clerk's* office and the involved employee offered the opportunity for a *confidential medical evaluation and follow-up* which will be paid for by the county.

EXPOSURE DETERMINATION:

Employee contact with blood and/or other body fluids is possible during normal county operations. It is normally anticipated/expected that County EMS Department employees shall face the greatest potential risk of exposure; however, these employees are under the jurisdiction and purview of the Ogemaw County EMS Authority Advisory Board.

This policy addresses county employees outside the realm of *county emergency medical services and county sheriff department personnel*. Therefore, this "employee grouping" consists of individuals with jobs that do not normally require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. Each elected official and/or department head is to provide the County Clerk's office with information that may place department employees at risk to exposure not herein noted.

UNIVERSAL PRECAUTIONS:

In Ogemaw County universal blood and body fluid precautions are and will be consistently used with all individuals regardless of their bloodborne infection status. Body fluids to which universal precautions include: blood, semen, vaginal secretions, synovial fluid, amniotic fluid, cerebrospinal fluid and other body fluids whether blood is visible or not. Under circumstances in which differentiation among body fluid types is difficult or impossible, all body fluids are considered potentially infectious materials and *Universal Precautions* apply. *Universal Precautions* are included as Attachment A to this policy.

ANTIBODY TESTING:

In the event a *bloodborne pathogen exposure incident* occurs, any/all employee(s) shall receive counseling with regard to medical risks and benefits before undergoing any evaluations, procedures, vaccinations, or post-exposure prophylaxis. The evaluation and subsequent medical treatment will then be offered to the employee(s) and paid for by the county.

EVALUATION PROCEDURE FOR EXPOSURE INCIDENTS:

All exposures to blood or other potentially infectious materials shall be recorded on the "Infection Control Incident Report Form" and immediately submitted to both the employee's supervisor and County Clerk's office. Additionally, the *Pre-Hospital Provider Request Form for HIV/Hepatitis B Testing of Source Individual* should be completed (herein located on pages 6 – 9). The County Clerk's office shall then obtain complete information from the appropriate department head or elected official. It is important that procedures are followed as detailed in the *Exposure Incident & Management Instructions*.

Following receipt of an *Infection Control Report Form*, the County Clerk's office shall arrange for a confidential medical evaluation by an appropriate medical professional as pre-arranged by the County of Ogemaw. If an employee declines to receive a complete medical evaluation, the employee must sign a statement declining medical treatment/evaluation being offered.

The appropriate *elected official or department head* will review the circumstances pertaining to the exposure, discuss how this could have been prevented or minimized and implement work place or procedural changes that could reasonably be used to prevent future exposure.

Records of *exposure incidents* for all county employees shall be retained by the County Clerk's office and shall be held in confidential medical files. Upon execution of a release of information form by an employee, the health care professional who evaluates the employee shall be provided (by the employer) all medical records or information maintained by the employer relative to the appropriate treatment of the employee, including vaccination. Furthermore, in the interest of the health care professional providing an optimal level of care, the county will supply any other pertinent information relative to the exposure incident as deemed appropriate.

RECORDKEEPING:

The County Clerk's office will establish and maintain medical records for all employees. The records shall include the name and social security number of the employee, a copy of the employee's HBV status (if applicable) including the dates of all HBV vaccinations, any medical records relative to the employee's ability to receive vaccination, a copy of all results of examinations, medical testing and follow-up procedures, the employer's copy of the health care professional's written opinion, and a copy of the information provided to the health care professional.

The County Clerk's office shall also ensure that the employee's medical records required are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of the workplace, except as required by law. Records of occupational exposures will be stored in the locked confidential files and will be maintained for the duration of employment plus 30 years or as required by law.

COUNTY OF OGEMAW
MANAGEMENT OF A BLOOD-BORNE PATHOGEN
EXPOSURE INCIDENT & MANAGEMENT INSTRUCTIONS

Rapid and concise management of an exposure incident will serve to minimize the severity of an exposure, help to secure a source blood sample, and will ultimately assure all of us the highest degree of good health and peace of mind.

1. Prior to arrival at the county designated medical facility, clean/irrigate the exposure site. If necessary, to assure aggressive cleaning/irrigation, enlist the assistance of your partner, or other health care worker.
 - a) Previously existing cuts or sores with well developed scabs should be irrigated with saline or water then cleaned with antiseptic towelette or soap and water. This will be accomplished *on site* or *AS SOON AS POSSIBLE* thereafter. Do not squeeze these wounds, as squeezing may disrupt barrier protection offered by the scab.
 - b) New per-cutaneous (through the skin) wounds should be allowed to bleed a small amount. Squeeze the wound to promote bleeding. Irrigate and clean as in (a) above.
 - c) Eye, nose, & mouth exposures should be irrigated/cleansed as needed. Rinse mouth/nose with water, saline or mouth wash. Blow nose. Irrigate eyes with water or saline. Clean face with antiseptic towelette.
3. Upon arrival at the county designated medical facility, notify them about exposure incident, and ASAP thereafter, wash hands, with soap and water. For eye, nose & mouth exposures, wash face, as well. Repeat irrigation/cleaning of exposure site. Clean and/or change clothing as needed.
4. Notify your Department Head immediately about the exposure incident
5. Locate one Ogemaw County Infection Control Report form (page four of this paperwork bundle). Paying great attention to detail, complete this form and return to your department head.

COUNTY OF OGEMAW
INFECTION CONTROL REPORT FORM

Please complete this form if you feel that an unprotected exposure has occurred. Return form to your department head/supervisor who in turn, will deliver to the County Clerk's office.

Unprotected exposures are defined as:

- A. Blood or body fluid splashed into the eyes, nose and/or mouth.
- B. Blood or body fluids coming in direct contact with open cuts or other breaks (i.e. rash) in the skin.
- C. Puncture wounds or cuts to the skin with contaminated needles or other sharp instruments, including human bites.
- D. Intimate contact with oral secretions such as would occur with mouth to mouth resuscitation.

Date of Exposure	Time of Exposure	Current Date	Current Time

Name _____ Department _____

Address _____
City _____ State _____ Zip _____

Patient name _____
Age _____ Sex _____

Circumstances of exposure _____

Location of exposure: _____

If another person is directly involved in this incident and agrees to HIV testing, I wish to be informed if this person is determined to be positive for HIV or agents in other categories: Yes _____ No _____

Employee Signature _____ Date _____

Department Head/Supervisor Signature _____ Date _____

UNIVERSAL PRECAUTIONS
(ATTACHMENT A)

It is the purpose of this policy to establish guidelines that reduce the potential exposure to blood and/or body fluids in the pre-hospital setting.

1. Non-porous gloves will be worn in all situations where the potential for exposure to blood and/or body fluids exists.
 - a) Gloves shall be replaced if they become torn or punctured.
 - b) Personnel will not allow gloves used during treatment of one patient to be used for treatment of a second patient. Gloves must be changed between patients.
 - c) Personnel will wash hands as soon as possible after gloves are removed.
2. Eye protection will be worn in all situations where potential exposure to droplets or splashing of blood and/or body fluids exists.
3. Masks or face shields will be worn in all situations where potential exposure to droplets or splashing of blood and/or body fluids exists.
4. Gowns should be considered in all situations where the potential for splashing of blood and/or body fluids exists.
5. Precautions outlined above will be utilized when cleaning contaminated or potentially contaminated equipment as well.

**PRE-HOSPITAL PROVIDER REQUEST FORM
FOR HIV/HEPATITIS B TESTING OF SOURCE INDIVIDUAL
In Accordance with Michigan Public Act 419 of 1994**

TO BE COMPLETED BY EXPOSED INDIVIDUAL (PLEASE PRINT)

Name of Exposed Person: _____

Job Classification: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone Number: _____

Employer: _____

Employer's Name: _____

Employer's Address: _____

City/State/Zip Code: _____

Date of Exposure: _____

Source Individual Name (if applicable and known) _____

Route of Exposure:

___ Contaminated Sharp/Needle stick

___ Mucous Membrane (Splash)

___ Non-Intact Skin (Open Wound)

___ Other: _____

Detailed Description of Exposure:

Personal Protective Equipment Used When Exposed: (Check all that apply)

___ Gloves ___ Gown ___ Eye Protection ___ Face Mask ___ Turnout Gear ___

___ None Other: _____

Exposure information provided by:

Signature of Person Providing Information

Date

Pre-Hospital Provider Form
HIV/Hepatitis B Testing of Source Individual
Page Two

BASED UPON MY EXPOSURE DESCRIBED ABOVE, I am requesting that the source individual be tested for:

☐ HIV ☐ Hepatitis B ☐ Both

I would like the test results sent to (please check only one of three options below):

1. ☐ Me ☐ Home address ☐ Work address

Address: _____

2. ☐ My Physician _____

Name: _____

Address: _____

Phone Number: _____

3. ☐ Other Health Care Professional

Name: _____

Address: _____

Phone Number: _____

I understand that the NAME of the *Source Individual* to be tested, and that person's test results are confidential according to Section 5131 of the Michigan Public Health Code. I understand that a person who disclosed information in violation of this *section* is guilty of a misdemeanor.

Signature of Exposed Individual

Date

Note to Exposed Individual: Please contact the health care facility if the test results on the emergency patient are not received with ten (10) days. Results will not be provided over the telephone.

Pre-Hospital Provider Form
HIV/Hepatitis B Testing of Source Individual
Page Three

TO BE COMPLETED BY HEALTH FACILITY (PLEASE PRINT)

Name of Exposed Individual: _____

Evaluation of Exposure:

___ EXPOSURE DID OCCUR based upon the information provided. The type of exposure was determined to be:

___ Percutaneous

___ Mucous Membrane

___ Non-Intact Skin (open wound)

NOTE: The exposed individual SHOULD BE *counseled* and *tested* for HIV and Hepatitis B.

___ NO EXPOSURE OCCURRED:

Explanation _____

Signature of Health Care Worker Making Determination

Date

TO BE COMPLETED BY HEALTH FACILITY (PLEASE PRINT)

Source Individual was tested for: ___ HIV ___ Hepatitis B

Test Results

HIV: ELISA ___ Positive ___ Negative

Western Blot: ___ Positive ___ Negative ___ Indeterminate

Hepatitis B: HBsAg ___ Positive ___ Negative

Pre-Hospital Provider Form
HIV/Hepatitis B Testing of Source Individual
Page Four

Source Individual was NOT tested: (Check all reasons below that apply)

- ☐ Source Individual expired before test(s) could be performed.
- ☐ Source Individual refused testing/to have blood drawn.
- ☐ Source Individual was released from health facility before testing could be done.
- ☐ Source Individual did not present to this facility for care.

Signature of person providing test results

Title of person providing test results

Date lab results were completed _____

Date lab results were mailed _____

Lab results were mailed to : _____

Notes/Comments: