



# SNOHOMISH COUNTY MEDICAL RESERVE CORPS

WELCOME!

# MISSION

- The mission of the Medical Reserve Corps (MRC) is to supplement the health care system in times of community emergencies.



# PARTNERS & SPONSORS

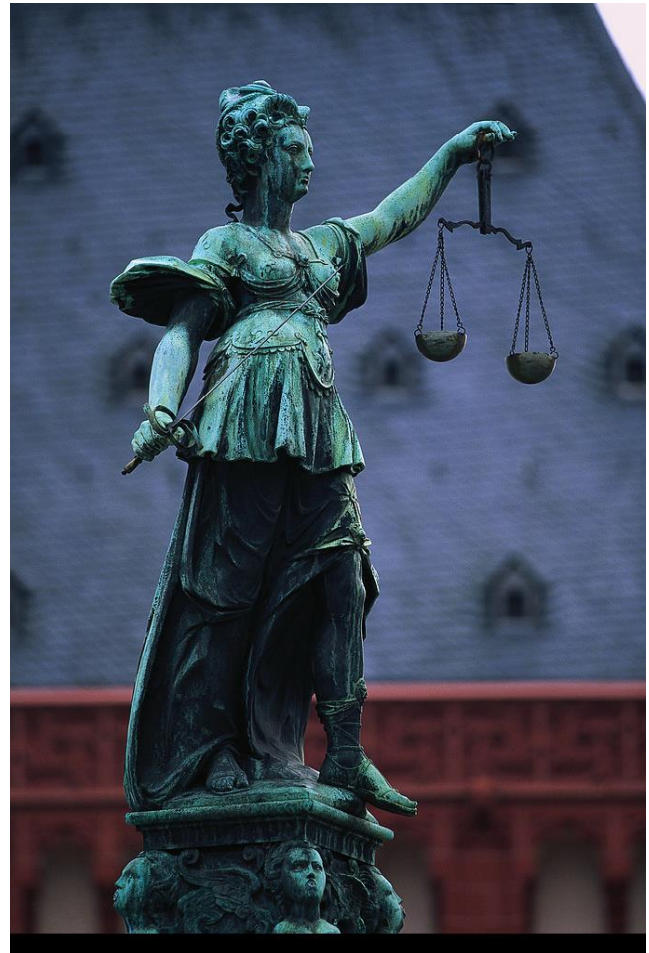


HEALTH COMMISSION  
SERVING SOUTH SNOHOMISH COUNTY



# LIABILITY PROTECTION

- Washington State laws give immunity to emergency workers who
  - Are registered as emergency workers
  - Are operating under a mission number
  - NO gross negligence or willful & wanton misconduct



# CORE COMPETENCIES

- Disaster  
Medicine Public  
Health (DMPH)  
Core  
Competencies  
– MRC  
Performance  
Qualifications  
(MRC PQ)



# MRC PQ #1



- Complete a personal and family preparedness plan
  - This meets DMPH #1

# PROTECT YOURSELF & YOUR FAMILY



- Before you can be deployed to help others you and your family must be safe.
  - Create a kit for your home, your car and where you work.
  - Make sure you have enough water for your family and your pets!



# PROTECT YOUR COMMUNITY

- CERT classes are a great way to learn skills to protect you, your family & your neighborhood
- **MAP YOUR NEIGHBORHOOD** is a great program that helps you to organize your neighborhood.





# EMERGENCY PLANNING

- Plan how you will contact other family members.
- Plan where you and family will go in different situations, i.e., school, work, etc.
- Select an out of state contact.
- Make sure everyone knows how to safely shelter in place
- Make sure everyone knows when to evacuate
- Make sure everyone knows how to triage the building/home.



# MRC PQ #2

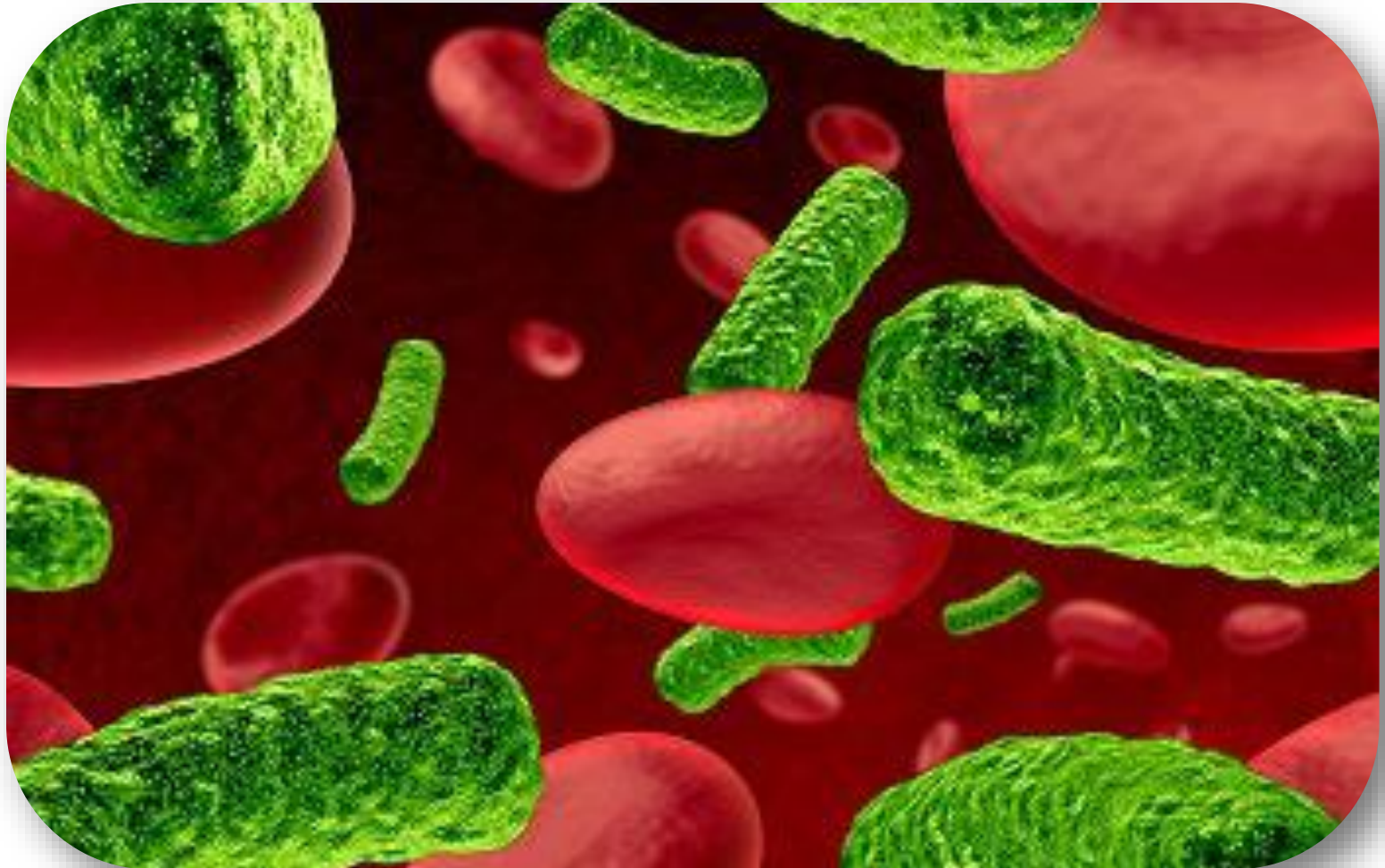
- Demonstrate safe behaviors during MRC Activities – meets DMPH Competency 5 & 10.



# PROTECT YOUR TEAM

- When you are deployed, there will be a team leader who will introduce herself to you. As a team member OR leader, you should stay connected with the other members of your team and provide any needed support.





# Bloodborne Pathogen Training 2017

# Training Objectives

By the end of this training you will be able to:

1. Explain what a bloodborne pathogen is
2. Explain prevention methods
3. List the steps you would take if an exposure happened



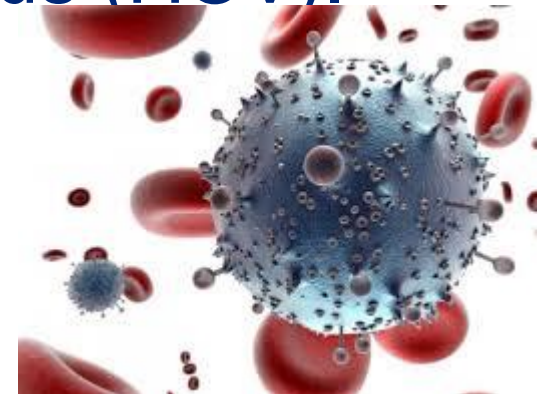
**Bloodborne Pathogens**

# Annual Training Requirement

- All MRC Volunteers are required to complete this training each year.

# What are Bloodborne Pathogens?

- Bloodborne pathogens (BBPs) are pathogenic microorganisms that are present in human blood and can cause diseases in humans.
- Of primary concern are Human Immunodeficiency Virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV).



# BBP Transmission

- BBPs can be transmitted through contact with infected blood or other potential infectious materials (OPIM) such as:
  - Semen or vaginal secretions
  - Cerebrospinal, synovial, pleural, or amniotic fluid
  - Saliva (in dental procedures, when blood is present)
  - All body fluids of an undetermined nature, or where blood is present





The following body fluids do not spread BBP unless contaminated with blood

Urine

Feces

Vomit

Tears

Sweat

Saliva

# What is a BBP exposure?



- An exposure occurs when the pathogen is introduced directly into the body through a break in the skin, by a needle stick, or through a cut with a contaminated object.

Needle sticks are the most common means of exposure to a bloodborne pathogens.

# Other types of BBP exposures

- BBP exposures can also occur with contact to mucous membranes (eyes, nose, mouth) or non-intact skin.

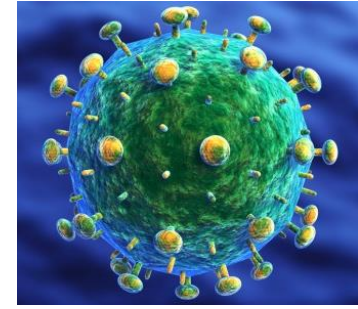
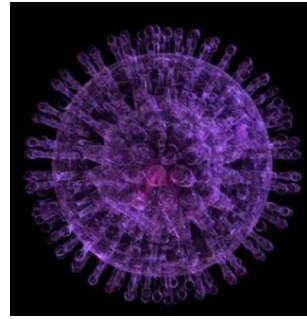
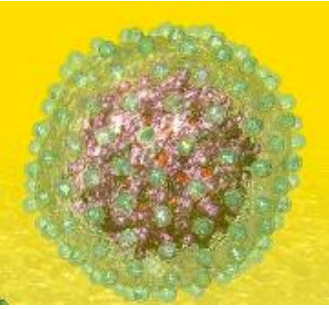


If blood is splashed on **intact** skin,  
the pathogen will **not** be spread.

# What does not spread BBP?

- Touching
- Hugging
- Kissing
- Arthropods (mosquitoes, ticks)
- Airborne routes
- Sharing eating/drinking/cooking utensils





# Bloodborne Diseases

# Hepatitis B (HBV)

- Hepatitis means “inflammation of the liver”
- Primarily transmitted through “blood-to-blood” contact
- May lead to serious liver conditions such as cirrhosis or liver cancer
- Virus can survive in the environment for 1 week or longer



# Overview of HBV

- Incubation period (time from exposure to onset of symptoms) is 2 weeks – 6 months
- Average incubation is 60-90 days
- Symptoms;
  - Fatigue
  - Loss of appetite
  - Abdominal pain
  - Nausea
  - Rash
  - Jaundice
  - Dark colored urine



# Phases of HBV

- **Acute phase** – time when a person becomes infected and for a few weeks to several months later
- **Chronic phase** – while some individuals recover after the acute phase, others remain infected for the rest of their lives. 2-6% of adults who contract hepatitis B become chronic carriers.



- Blood from persons with HBV infection contains the highest amounts of virus of all body fluids and is the most likely vehicle of transmission in the healthcare setting.



**There is a 30% risk of infection after a single positive needle stick**

# Occupational risk for HBV

- HBV is highly infectious, can be transmitted in the absence of visible blood, may remain infectious on environmental surfaces for at least 7 days.
  - Other transmission routes include: needle sticks, mucosal, and through non-intact skin.



# HBV Vaccine

- Given in a series of 3 injections over a 6 month period
  - After the series is complete a blood test will be done to confirm that antibodies have formed to protect you from the virus



# Hepatitis C Virus (HCV)

- Primarily spread by exposure to infected blood
- Incubation period ranges from 2 weeks to 6 months, most commonly 6-9 weeks
- Symptoms:
  - Anorexia, vague abdominal discomfort, nausea and vomiting

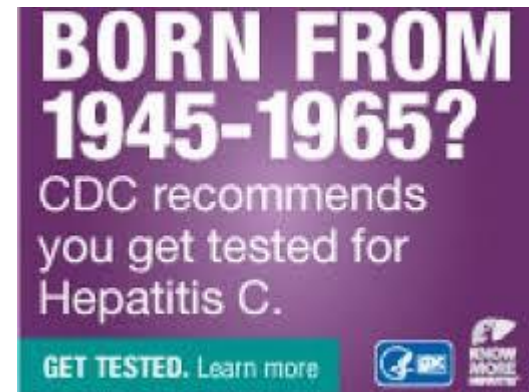


# HCV in the U.S.

- In the U.S., an estimated 2.7 – 3.9 million people have Hep C and don't know it.
- $\frac{3}{4}$  of those with Hep C were born between 1945 – 1965
- Many people with HCV infections do not recall or report having any specific risk factors.

# HCV testing recommendations

- The CDC recommends one-time HCV testing for persons born from 1945 – 65.
  - This population has a disproportionately high prevalence of HCV infection and related diseases.



# Occupational risk to HCV

- Risk of exposure in wet and dried blood.
  - Can live in dried blood for up to 6 weeks in temperatures of 39 to 72 degrees F.
- Bleach (1:10 dilution) is the most effective antiseptic. It was shown to eliminate HCV within 1 minute of exposure.

From: the Journal of Infectious Diseases. November 23, 2013



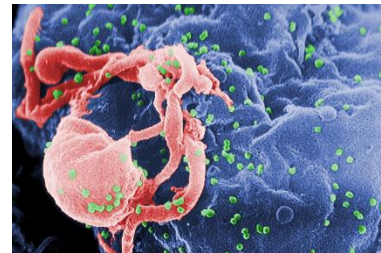
# Human Immunodeficiency Virus (HIV)

- Human Immunodeficiency Virus (HIV) is the virus that causes Acquired Immune Deficiency Syndrome (AIDS)
- Virus attacks the body's immune system, destroying the body's ability to fight infections
- Routes of exposure may include sexual contact, IV drug use, mother-to-child transmission during pregnancy, breastfeeding, and blood-to-blood contact



# HIV exposures

- As of 2010, 57 documented transmissions and 143 possible transmissions had been reported in the United States.
- No confirmed cases of occupational HIV transmission to health care workers have been reported since 1999.
- Health care workers who are exposed to HIV-infected blood via percutaneous routes at work have a 0.3% risk of becoming infected.
  - In other words, 3 of every 1,000 such injuries, if untreated, will result in infection.



# Occupations risk for HIV

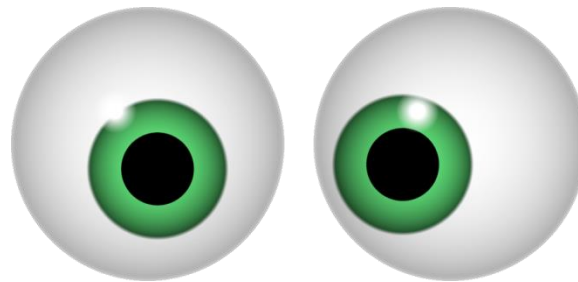
- Extremely fragile in the environment
- Probably only infective for minutes outside body fluids.
  - “When it dries it dies”



# Looking for more information about BBP?

- The Centers for Disease Control and Prevention can provide you with wide variety of information on Bloodborne Pathogens

<http://www.cdc.gov/niosh/topics/bbp/>



# Preventing BBP Exposure

# Universal / Standard Precautions

- A system which assumes that every direct contact with blood and other potentially infectious materials **is infectious**  
and
- Requires every employee exposed to these materials to be protected as though such materials were HBV, HCV, and/or HIV infected.



# Sharps containers

- Puncture resistant and closable – no pop bottles allowed!
- Labeled as “Biohazard” or color-coded red
- Leak Proof
- Available wherever blood is drawn or injections given
- Kept upright
- Replaced when full
- Lid closed and locked when filled



# Sharps handling

- Never recap or try to remove needle from disposable syringe
- Place all sharps in puncture resistant containers



# Work practice controls

- Defined as alterations in the way a task is performed to reduce the possibility of exposure to blood or other potentially infectious material
  - Gloves
  - Hand Washing
  - Using Personal Protective Equipment
  - Handling sharps according to manufacturer directions
  - Limiting personal activities in work areas





# Glove use



- Gloves will be provided by SHD
- Gloves will be worn by employees when performing tasks where exposure to blood or other potentially infectious materials may occur – not required for vaccine administration
- After use, gloves shall be removed, disposed of, and hands washed as soon as possible

# Hand washing

- Hands must be washed before and after all client contact
- When hand washing facilities are not available, hands may be cleansed with a hand sanitizer and washed with soap and water as soon as possible

Washing your hands is **the single most** important means of preventing the spread of infection

# Personal Protective Equipment (PPE)

- Defined as specialized clothing or equipment used by employees to protect themselves from direct exposure to blood or other potential infectious materials.



Snohomish Health District

# How to clean up a spill

- Wear gloves
- Use a dustpan and broom to complete clean-up
- Discard the broom and dustpan into a biohazard waste receptacle (i.e. red bag)



# Optional cleaning method

- Wear gloves
- Wipe up as much of the fluid as possible with paper towels. Put the towels in a plastic bag, seal, label properly, and dispose of in a biohazard waste container.
- Flood the area with a commercial disinfectant
- Clean the area thoroughly
- Remove and dispose of gloves in biohazard waste container
- Wash hands



# Exposure to a BBP

# Steps to take if you have an exposure to a BBP

- If you experienced a needlestick or sharps injury or were exposed to blood or other body fluid, **immediately follow these steps:**
  - Wash needlesticks and cuts with soap and water
  - Flush splashes to the nose, mouth, or skin with water
  - Irrigate eyes with clean water, saline, or sterile irrigants
  - Report the incident to your supervisor
  - Immediately seek medical treatment



# MRC PQ #3

- Follow procedures to successfully activate, report and demobilize – meets DMPH Competency #2





# ACTIVATION

- YOU MUST BE DEPLOYED !!!!!
- ACTIVATION PLANS
- CATASTROPHIC EVENT DEPLOYMENT PLANS
- TEAM LEADERS
- CHECK IN/CHECK OUT



# DEPLOYMENT OUT OF THE COUNTY

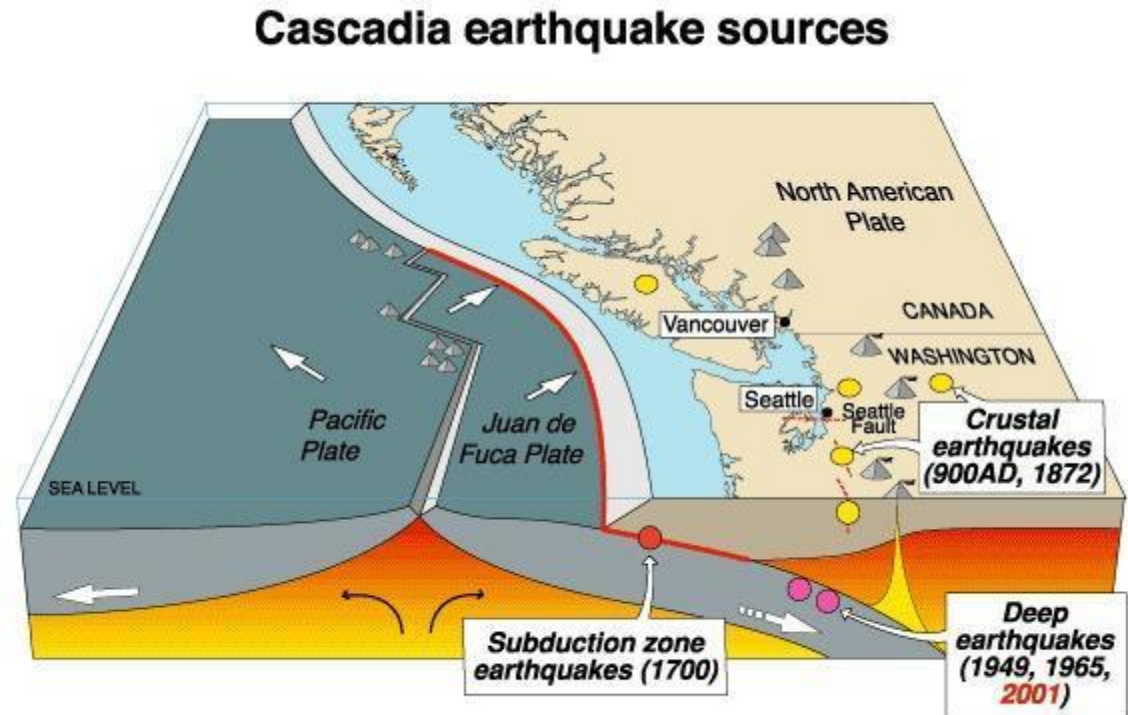
- If you are interested in being deployed out of Snohomish County, it is important for you to have completed the IS 100 & 700.
- WA Responds!

State of Washington



# CATASTROPHIC EVENT

- If there was a sudden catastrophic event such as an earthquake or terrorist attack – there will probably not be phones and/or power.



# ASSEMBLY SITES

- Growing list by zip code
  - **98201 -- Providence Everett Medical Center**
    - 1700 – 13<sup>th</sup> Street, Everett
  - **98026 – PSG Edmonds**
    - 21600 Highway 99, Suite 260, Edmonds
  - **98026 -- Swedish Edmonds**
    - 21601 – 76<sup>th</sup> Avenue W, Edmonds
  - **98223 – Cascade Valley Hospital**
    - 330 S. Stillaguamish Avenue, Arlington
  - **98272 – EvergreenHealth Monroe**
    - 14701 – 179<sup>th</sup> Avenue , Monroe

# MRC PQ #4

- Follow policies & procedures related to professional and ethical representation of the MRC – meets DMPH 2, 9, 10



# Privacy, professionalism, integrity

- Confidentiality
- Professional behavior
- Boundaries



# THE HIPAA PRIVACY RULE

April 14, 2003 Effective Date



# WHAT IS HIPAA?



- HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. HIPAA's Privacy Rule includes regulations for the use and disclosure of an individual's personal health information
- Besides privacy standards, HIPAA created new regulations to standardize medical claims processing and to protect the security of health information contained in electronic systems.



# WHY HIPAA?

- Consumer concern about confidentiality of personal health information based on:
  - Media coverage of high profile breaches (celebrities, elected officials)
  - Increased electronic transmission of information (how secure is the internet?)
  - Secondary uses of information (employment decisions, marketing, etc.)
- Consumer demand to control how personal health information is used or disclosed.



# WHO MUST COMPLY WITH HIPAA?

- All health care providers, health plans and health care clearinghouses that transmit protected health information in electronic form in connection with certain administrative and financial transactions are considered “covered entities” and are subject to the requirement of the Privacy Rule.



# WHAT INFORMATION IS PROTECTED UNDER HIPAA?

- All Individually identifiable health information maintained by a “covered entity” in any form – verbal, paper and electronic, and may be found in:
  - Medical Records
  - Computer systems/Electronic Records
  - Photographs, Videotapes, Audiotapes



# WHAT IS OUR COMMITMENT TO PRIVACY?

- We believe our clients have the right to have their medical information kept confidential and to understand how their information will be used.
- We balance protecting client information with ensuring health care providers have the information they need to properly care for our clients.
- We provide training and education about the HIPAA Privacy Rule to our entire workforce including student interns and volunteers.

# NOTICE OF PRIVACY PRACTICES

- The law requires health care providers to give individuals a notice detailing their privacy rights and explaining how their health information will be used and disclosed and who will have access to their medical records.



# HIPAA privacy rights

- Right to Receive Notice of Privacy Practices
- Right to Request Restrictions on Uses & Disclosures of Protected Health Information (PHI)
- Right to Request Confidential or Alternative Communications

# Privacy rights - Continued

- Right to Review Records and Have Copies of Protected Health Information
- Right to Request Changes to Inaccurate Protected Health Information
- Right to Request a Summary Log of Disclosures of Protected Health Information

# Sharing information with family members & friends

- General information regarding the client's condition may be shared with family members or friends directly involved in the client's care.
- Health care professionals will seek direction from the client. When this is not possible, health care providers will use professional judgment to determine what information to share.



# Sharing information for other purposes

- Health care providers are allowed to share information for the following purposes without the client's written permission:
  - Treatment
  - Payment
  - Healthcare Operations

# SHARING INFORMATION AS REQUIRED BY LAW

- Public Health Requirements
- Health Oversight Activities (Audits)
- Judicial & Administrative Proceedings
- Organ Donation
- Public Safety
- Government Proceedings
- Workers Compensation



# Accessing client health records

## Reasons to Access Client Records

- To provide medical information to new health care providers who are caring for the client
- Research and education
- To ensure the accuracy of the information contained in the records
- To verify charges for care

# How can individuals protect medical privacy?

- Read their health care provider's Notice of Privacy Practices
- Discuss confidentiality concerns with their health care providers
- Read authorization forms before signing them
- Be cautious with health web sites, health screening questionnaires, etc. - know how the information may be used or disclosed

# HIPAA SANCTIONS

Penalties for misuse of protected health information include both civil and criminal penalties.



# RESOURCES

- Department of Health & Human Services  
[www.hhs.gov](http://www.hhs.gov)
- Office of Civil Rights  
[www.hhs.gov/ocr/hipaa](http://www.hhs.gov/ocr/hipaa)

# MRC PQ #5

- Describe the chain of command (e.g. NIMS, ICS) during MRC activities – meets DMPH 2



# MRC, CHAIN OF COMMAND & DISASTERS

- Take the Incident Command System (ICS) 100 & 700 courses.
  - Then utilize the information when responding.





# MRC PQ # 6

- Describe the members' communication responsibilities & procedures – meets DMPH 4



## *Ease public concern*

- Empathy counts
- First impressions are lasting ones
- “Everything is being done to take care of the situation.”



**ALERT SENSE**

# MRC PQ #7

- Describe how MRC serves the community – meets DMPH 3, 6, 7 & 8



# EXERCISES & TRAINING

- Tabletop Exercises
- Functional & full scale exercises
- Health Screenings
- First Aid stations
- Lost Person Station
- Cold Weather Shelter



# MRC PQ #8

- Identify the impact of an event on the behavioral health of the MRC member and their family, team and community – meets DMPH 7 & 11



# IMPORTANT TRAININGS TO TAKE

- Psychological First Aid
- Red Cross Disaster Mental Health
- Mental Health First Aid



# MRC PQ #9

- Demonstrate cultural humility during MRC activities – meets DMPH 7, 8, 9, 10 & 11





# Golden Rule vs Platinum Rule



# MRC PQ #10



- Identify the role of public health in the community – meets DMPH 8

# MEDICATION STATIONS

- If we have a bio-terror event or pandemic, Public Health will need to get medication to everyone quickly.



# ALTERNATE CARE FACILITY

- We will be asked to help staff an alternate care facility, as well as triage facilities around the county.



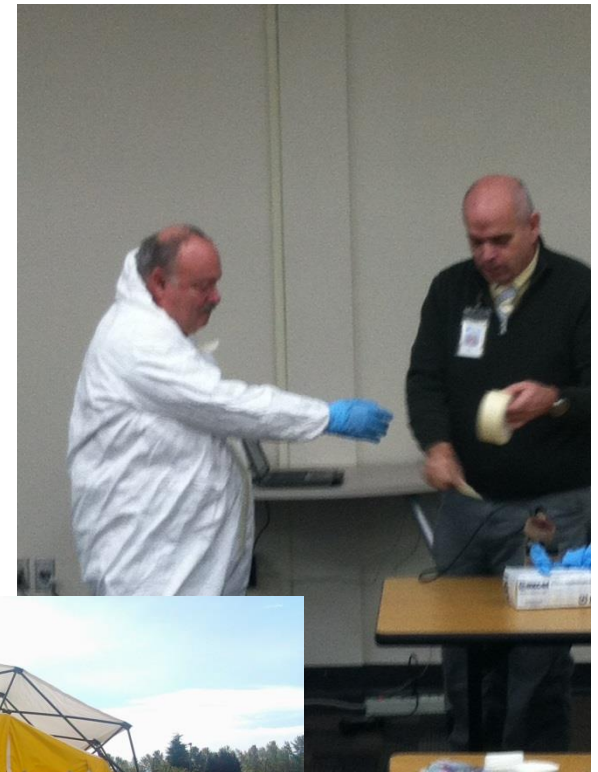
# SHELTERING

- Helping to staff shelters for medically fragile – evacuated nursing homes, etc.



# Surge Support

- Decontamination Team
- Triage Team
- Communications Team
- Logistics Team



# And more!

- Family Assistance Centers
- District Operations Center
- Patient Reception Area
- ?????



?????QUESTIONS??????????