

Infection Control Procedure

A-019

Date 6-1-1992

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APPLICABLE TO: ALL UNION VALE FIRE DISTRICT PERSONNEL

SCOPE: This policy applies to all personnel (members/employees) who have a potential for occupational exposure to blood or other infectious materials.

PURPOSE: The purpose of this policy is to minimize or eliminate member exposure to communicable diseases.

AUTHORITY: 29 Code of Federal Regulations, Part 1910.103
29 Code of Federal Regulations, Part 1910.20
OSHA Instruction CPL 2-2.44C

POLICY STATEMENT

The Union Vale Fire District has established a written Exposure Control Plan that is available in the Fire House at all times. The Rescue Chief is the Infection Control Coordinator for this program. When the Rescue Chief is absent, the following persons are responsible for administering the program:

- * Rescue Captain or Lieutenant
- * Senior on-duty EMT
- * Fire Chief

The Union Vale Fire District is committed to full compliance with applicable laws and policies dealing with infection control. The District will develop plans leading to compliance for any deficient areas identified by this program.

Each member is responsible for following the policies and procedures outlined in the Infection Control Manual. The Infection Control Manual contains guidelines for the following areas:

1. Precautions and Prevention
2. Personal Protective Equipment
3. Scene Management
4. Cleaning and Disinfection
5. Infectious Waste Disposal
6. Immunizations
7. Exposure Determination
8. Post-Exposure Evaluation and Follow Up
9. Medical Surveillance
10. Record Keeping
11. Training Requirements

The Infection Control Program will be reviewed and updated annually to reflect significant changes in tasks or procedures.

1. PRECAUTIONS AND PREVENTION

Union Vale Fire District requires:

- A. That members wash their hands when possible after removal of gloves or other personal protective equipment that have contacted blood or other potentially infectious materials.
- B. Removal of personal protective equipment when possible upon leaving the emergency scene.
- C. That all members performing procedures involving blood or other body fluids so that they minimize splashing, spraying, or aerosols of these substances.
- D. That all sharp objects are not sheared, bent, broken, recapped, or resheathed with two hands. All used sharps will be placed directly into a sharps container when possible.

2. PERSONAL PROTECTIVE EQUIPMENT

Union Vale Fire District:

- A. Provides, and assures that members use, appropriate personal protective equipment where biomedical hazards are possible to exist.
- B. Assures that the appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site, or individually issued to the member.

3. SCENE MANAGEMENT

Union Vale Fire District:

- A. Uses the National Incident Management System (NIMS) to manage the emergency scene effectively.
- B. Assures that members follow infection control measures at all emergencies.
- C. Assures that members consistently and correctly answer infection control questions arising from contact with the public.

4. CLEANING AND DISINFECTION

Union Vale Fire District:

- A. Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- B. Remove protective before leaving the scene and after a garment becomes contaminated.
- C. Placed used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated or discarded.
- D. Designated areas or containers, which are used to clean or discard contaminated PPE.
For Disposables, use red bag containers on ambulance one and two.
For washing non-disposables use mop sink in truck room stations one and two.
Washing machines at stations one and two.
- E. Following any contact of body areas with blood or any other infectious materials you must wash your hands and any other exposed areas as soon as possible. Employees must also flush exposed mucous membranes (eye, mouth, etc.) with water.
- F. Never wash or decontaminate disposable gloves for reuse or before disposal
- G. Establishes a schedule for cleaning of medical equipment and provides methods for disinfecting same, based on the location, type of surface to be cleaned, type of contaminant present, and tasks or procedures done.

5. INFECTIOUS WASTE DISPOSAL

Union Vale Fire District:

- A. Assures that members place all infectious waste needing disposal in a closable, leak proof container or bag that is marked, color coded, or labeled, as required by law.
- B. Equips all EMS vehicles with puncture resistant containers for proper disposal of needles, disposable syringes, and other sharp surface instruments.
- C. Assures that members dispose of infectious waste according to applicable federal, state, and local regulations.

6. IMMUNIZATIONS

Union Vale Fire District:

- A. Makes available Hepatitis B vaccination to all members who have a potential for occupational exposure.
- B. Will provide a booster dose(s) for Hepatitis B at a future date, according to standard recommendations for medical practice at no cost to the employee.
- C. Recommends that members obtain other vaccinations recommended for health care workers by the Centers for Disease Control.

7. EXPOSURE DETERMINATION

Union Vale Fire District:

- A. Establishes an Occupational Exposure Incident as one of the following:
 - contaminated needle stick injury
 - blood or body fluid contact with mucous membrane of eyes, nose, or mouth
 - blood or body fluid contact with open skin (non intact skin)
 - cuts with sharp objects covered with blood or body fluid
 - injury sustained while cleaning contaminated equipment
- B. Provides members with a method for the reporting of occupational exposures.

8. POST-EXPOSURE

Union Vale Fire District:

- A. Provides post-exposure and follow up for all members with an occupational exposure per Union Vale Fire District Exposure Control Plan.
- B. Assures that a licensed physician does, or supervises, all medical evaluations and procedures.
- C. Assures that the member is informed of the results of the medical evaluation; and that the member is told about any medical conditions resulting from exposure to blood, or other potentially infectious materials, that require further evaluation or treatment.

9. MEDICAL SURVEILLANCE

Union Vale Fire District:

Provides all evaluations, procedures, vaccinations, and post-exposure management to the member at a reasonable time and place, and according to standard recommendations for medical practice at no cost to the member.

10. RECORD KEEPING

Union Vale Fire District:

- A. Maintains accurate medical records for each member as required by law.
- B. Keeps all member medical records confidential, and does not release them to any person within, or outside the workplace, except as required by law.
- C. Maintains all training records for five years in compliance with Section 29, Code of Federal Regulations, 1910.20.
- D. Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 days.

11. TRAINING REQUIREMENTS

Union Vale Fire District:

- A. Assures that all emergency response personnel who are at risk for potential occupational exposure participate in a training program.
- B. Provides training at the time of initial membership, and at least annually after that. This training is provided within ten (10) days of assignment to emergency response duties.
- C. Assures that the training program contains those elements required by law.

12. AUTHORIZATION BY:

Rescue Chief
Union Vale Fire District

Chairman of the Board
Union Vale Fire District

Chief
Union Vale Fire District

UNION VALE FIRE DISTRICT EXPOSURE CONTROL PLAN MANUAL

PURPOSE

This manual has been produced to elaborate on the infection control policies of the Union Vale Fire District and to educate its emergency response personnel about infection control in the workplace.

The goal of infection control is to prevent infection from occurring in the patient, emergency response personnel, and their families. The dangers faced by emergency response personnel are not always obvious. The occupational hazards of AIDS, hepatitis, and other communicable diseases are unseen but real. An effective Infection Control Program provides the means to minimize, but not eliminate, occupational health risks. This Exposure Control Plan is an integral part of that program.

TABLE OF CONTENTS

EMPLOYER RESPONSIBILITIES	7
MEMBER RESPONSIBILITIES	7
DEFINITION OF TERMS	7
COMMUNICABLE DISEASE	7
INFECTIOUS DISEASE	7
OCCUPATIONAL RISK	7
BODY SUBSTANCE ISOLATION	7
MODES OF TRANSMISSION	7
MEASURES FOR PREVENTION	8
HEALTH HISTORY	8
IMMUNIZATIONS/VACCINATIONS	8
PERSONAL PROTECTIVE EQUIPMENT	8
GLOVES	8
MASKS AND EYE PROTECTION	9
HAND WASHING	9
SHARP INSTRUMENTS	9
RESUSCITATION EQUIPMENT	9
SCENE MANAGEMENT	9
INCIDENT COMMAND	9
PUBLIC RELATIONS	10
CARE AND CLEANING	10
EQUIPMENT CATEGORIES	10
NON-CRITICAL EQUIPMENT	10
SEMI-CRITICAL EQUIPMENT	10
CRITICAL EQUIPMENT	10
CLEANING	10
DISINFECTION	10
STERILIZATION/HIGH-LEVEL DISINFECTION	10
CLEANING/DISINFECTING AREAS	11
LINENS	11
CARE OF SPECIFIC CONTAMINATED EQUIPMT	11
CLEANING KEY	11
BIOHAZARD WASTE	12
BIOHAZARD WASTE CONTAINERS	12
CONTAMINATED GLOVES	12
BIOHAZARD BAGS	12
SHARP INSTRUMENTS	12
OCCUPATIONAL EXPOSURES	13
LAUNDRY	13
EXPOSURE INCIDENT	13
POST EXPOSURE FOLLOW-UP	13
DOCUMENTATION	13
NOTIFICATION	14
VERIFICATION	14
TREATMENT	14
EXPOSURE INCIDENT PROTOCOL	15
Injuries involving unused, sterile needles	15
Exposures with a KNOWN contamination source	15
Occupational Exposures from UNKNOWN source	16
REPORTING REQUIREMENTS	16
CONFIDENTIALITY OF PATIENT INFORMATION	16
WORK RESTRICTIONS	17
TRAINING	17
APPENDIX I: DECLINATION FOR HEP B VACCINE	19
APPENDIX II: HAND WASHING PROCEDURE	20
APPENDIX III:	
Communicable Disease Exposure Report Form	21
Infection Control Coordinators Exposure RPT Form	22
APPENDIX IV: REFERENCES	23
APPENDIX V: EMPLOYEE ED TRAINING RECORD	24

EMPLOYER RESPONSIBILITIES

Union Vale Fire District provides policies that exist to:

- 1) Designate the Rescue Chief as the Infection Control Coordinator for the District.
- 2) Teach all health care workers in its employ about the Epidemiology, modes of transmission, and prevention of HIV and other blood-borne infections.
- 3) Emphasize the need for routine use of universal blood and body fluid precautions for all patients.
- 4) Provide equipment and supplies necessary to minimize the risk of infection with HBV, HIV and other blood borne pathogens.
- 5) Monitor member adherence to recommended protective measures. When monitoring reveals a failure to follow recommended precautions, appropriate counseling, education, or retraining will be provided. If these measures are unsuccessful, appropriate disciplinary action will be considered.
- 6) Review and update this document at least annually and whenever necessary to reflect new or modified tasks or procedures, which affect occupational exposure, and to reflect new or revised employee positions with occupational exposures.
- 7) Make this document accessible to all members within 15 working days of their request.

MEMBER RESPONSIBILITIES

The member must learn the basics of infection control, including modes of disease transmission, and exposure risks. Each member is responsible for ensuring compliance with the policies and procedures outlined in the Exposure Control Plan manual.

DEFINITION OF TERMS

COMMUNICABLE DISEASE

A communicable disease is a disease that can be transmitted from one person to another. It is also known as a contagious disease.

INFECTIOUS DISEASE

An infectious disease is an illness or disease resulting from invasion of a host by disease-producing organisms such as bacteria, viruses, fungi, or parasites.

OCCUPATIONAL RISK

Occupational exposure may occur in many ways, including needle sticks, cut injuries, or aerosols of body fluids. Health care workers are at high risk for blood-borne infections due to routinely increased exposure to body fluids from potentially infected patients. Any exposure to a communicable disease carries a certain amount of risk. Emergency response personnel are in an occupation that directly exposes them to body fluids and must be considered at substantial risk of occupational exposures.

BODY SUBSTANCE ISOLATION

The Centers for Disease Control (CDC) recommends the use of "Body Substance Isolation" when emergency response personnel work with blood or body fluids from any patient. This precaution says that emergency response personnel must consider all body substances from any patient as potentially infectious. Body Substance Isolation exceeds Universal Precautions, which states that blood or certain body fluids from any patient may be potentially infectious.

MODES OF TRANSMISSION

A communicable disease can be spread through two means: direct and indirect transmission. Blood-borne diseases spread through direct blood-to-blood contact. Blood is the single greatest source of HIV and HBV in the workplace setting. Airborne diseases spread via droplets expelled into the air by a productive cough or sneeze. For other definitions related to infection control, personnel can consult the publication, "Infectious Disease Handbook for Emergency Care Personnel." This book, written by Ms. Katherine H. West, R.N., an authority in the infection control field, is an excellent resource book.

MEASURES FOR PREVENTION HEALTH HISTORY

A complete and detailed health history for each member is a critical preventive measure. An individual's health history helps to identify potential high-risk areas that may require special attention. Emergency response personnel will receive periodic examinations as recommended in post exposure situations.

IMMUNIZATIONS/VACCINATIONS

Immunizations reduce the risk of contracting a communicable disease. This protects the health of the members and their families. Due to the nature of emergency services, all emergency response personnel are required by law to be vaccinated against hepatitis B. The CDC highly recommends that all personnel maintain immunizations against:

- * Measles, mumps, and rubella (MMR)
- * Diphtheria, polio, and tetanus (DPT)
- * Influenza (yearly)

The member is responsible for ensuring that all recommended immunizations/vaccinations are up to date. Union Vale Fire District complies with the OSHA mandate by providing the hepatitis-B vaccination free of charge to all emergency response personnel at a convenient time and place for the member.

Although Union Vale Fire District cannot require anyone to receive the immunization, it strongly recommends it.

Any Union Vale Fire District emergency responder who declines the vaccination must complete and sign a waiver. Such an individual may change their mind at any time and receive the vaccination free of charge. Hepatitis B vaccines are available for all personnel at the District's employee medical services provider, or other approved medical service provider. Contact the Infection Control Coordinator for details about the hepatitis-B vaccination series, or to obtain a waiver form if the vaccination is declined. A sample copy of this waiver is contained in Appendix I.

PERSONAL PROTECTIVE EQUIPMENT

Emergency response personnel often work in unpredictable and uncontrolled situations. To minimize the risk of exposure, safe work practices and appropriate protective equipment must be used. Personal protective equipment includes protective equipment for eyes, face, head, and extremities. The Union Vale Fire District will provide, and emergency response personnel must use, personal protective clothing to reduce personal exposure to infected blood or body fluids. Personal protective clothing must be maintained in a sanitary and reliable condition. Such clothing must be properly used when necessary because of hazard or environment. Emergency response personnel must ensure that any personal cuts, abrasions, wounds, etc., are always properly dressed for their own protection and that of their patients.

GLOVES

Disposable single-use gloves are a standard component of emergency response equipment in the Union Vale Fire District. All personnel should don gloves before initiating any emergency care tasks involving delivery of patient care. Gloves must be of appropriate material, usually intact latex, or intact vinyl, of appropriate quality for the procedures done, and of appropriate size for each emergency response personnel. Gloves should be changed after contact with each patient. Members should replace a torn glove

when possible. Apparatus drivers should change gloves before entering the driver's compartment. This will prevent contamination of the steering wheel, radio, seats, etc.

MASK AND EYE PROTECTION

Personnel are required to use masks and protective eyewear, or face shields, when there is a possibility for exposure to contaminated body fluids from the following:

- mucosal membranes
- eyes, mouth, or nose
- where splashes or aerosols of material are likely to occur

Such protective equipment is mandatory when providing emergency care to a patient's airway and during emergency childbirth. Masks may be placed on a patient when the potential for airborne transmission of disease exists. Routine care does not require the use of masks.

HAND WASHING

Hand washing is the single most important means of preventing the spread of infection. After removing gloves, hands and other skin surfaces will be washed thoroughly. Personnel should scrub hands briskly for 10-15 seconds with warm water and soap. Hand washing signs will be posted in all fire station rest rooms. A copy of the department hand washing procedure is contained in Appendix II.

Emergency response personnel must NEVER wash their hands in food preparation areas.

When hand-washing facilities are not available, personnel should use a waterless hand cleaner according to manufacturer's directions. Waterless micro-bacterial hand cleaner is available on all ambulances. When this method is used, the members must wash their hands according to the department hand washing procedure as soon as possible.

SHARP INSTRUMENTS

To prevent needlestick injuries, contaminated needles will not be:

- recapped with two hands
- purposely bent or broken by hand
- removed from disposable syringes
- otherwise manipulated with two hands

All EMS vehicles are equipped with puncture resistant containers (sharps container) to dispose of needles, disposable syringes, and other sharp surface instruments. If a needle must be recapped because a sharps container is not readily accessible, place the cap on a flat surface, or step on it. The needle can then be placed in the cap, and then secured with the other hand. Resheathing instruments, self-sheathing needles, or forceps may also be used to prevent recapping needles with two hands.

RESUSCITATION EQUIPMENT

Mechanical respiratory devices are available to all emergency response personnel that respond, or potentially respond, to medical emergencies or victim rescues. Disposable resuscitation equipment should be the primary means of artificial ventilation. Mouth-to-mouth ventilation is not an approved method employed by the Union Vale Fire Department.

SCENE MANAGEMENT

INCIDENT COMMAND

Emergency response personnel will use the National Incident Management System (NIMS) to manage the emergency scene effectively. This includes the following infection control measures, but is not limited to:

- proper use of PPE (gloves, masks, eye protection, etc.) for patient care vs. extrication
- proper packaging and disposal of contaminated equipment.

PUBLIC RELATIONS

The Incident Commander will assure that personnel answer infection control questions arising from contact with the public consistently. Citizen inquiries about the use of PPE will be answered as follows:

"Our use of personal protective equipment is as much for the patient's safety as ours.

Wearing such equipment assures your safety, and ours, from any contaminants that may be present."

CARE AND CLEANING

EQUIPMENT CATEGORIES

There are three distinct levels of patient care equipment, each of which requires a different level of cleaning/decontamination.

- **NON-CRITICAL EQUIPMENT** - such as stethoscopes and blood pressure cuffs. This level of equipment requires cleaning.
- **SEMI-CRITICAL EQUIPMENT** - such as stretchers, vehicle walls and floors, communication headsets, defibrillators, and drug boxes. This level of equipment requires disinfection.
- **CRITICAL EQUIPMENT** - such as resuscitation equipment and incubation equipment. This level of equipment requires sterilization or high-level disinfection. or be disposable.

CLEANING

Cleaning is the physical removal of dirt and debris. Personnel should use soap and water, combined with scrubbing action. The scrubbing action is the KEY to rendering all items safe for patient use. Cleaning is generally sufficient for non-critical equipment. However, if non-critical equipment has become grossly contaminated with blood or body fluids, they also must be disinfected.

DISINFECTION

Disinfection is reducing the number of disease-producing organisms by physical or chemical means. Personnel should clean the item with soap and water, and then apply a disinfecting solution. Solutions such as chlorine bleach and water at a 1:10 dilution ratio are acceptable disinfectants. A fresh disinfectant solution must be made every day. **DO NOT** use bleach solution in the cleaning of electronic equipment. Refer to the MSDS for each disinfectant solution to decide what personal protective equipment may be needed. Remember, disinfectants can be toxic or caustic. Disinfection solutions should have an EPA registry number and show that they are effective against mycobacterium tuberculosis. Routine disposal of the germicidal cleaning water in the septic drainage system is acceptable.

STERILIZATION/HIGH-LEVEL DISINFECTION

High-level disinfection is the use of chemical liquids for sterilization. Personnel should clean the items, and then place the items in special solutions for a prescribed time. Items must then be rinsed with sterile water. Refer to the Material Safety Data Sheets for each disinfectant solution to learn what personal protective equipment may be needed. Remember disinfectants can be toxic or caustic. Cidex (a chemical sterilization agent) or equivalent is an acceptable high-level disinfectant when used according to the manufacturer's directions. Routine disposal of the germicidal cleaning water in the septic drainage system is acceptable. Sterilization is the complete destruction of all microorganisms usually by steam or gasification.

CLEANING/DISINFECTING AREAS

Used equipment from an emergency incident should be bagged and transported to the designated cleaning area. Biohazard waste containers provided for contaminated equipment will have the biohazard symbol. A sample of a biohazard symbol is contained in Appendix III. Each station will allocate a specific area for cleaning contaminated equipment:

- * The area must only be used for cleaning contaminated equipment
- * This area must not be used for the cleaning of SCBA facepieces
- * This area must be away from the station personnel quarters
- * The area must be conspicuously marked with limited access to prevent accidental exposures.

Medical equipment must never be cleaned or disinfected in the station's living quarters, especially food preparation or eating areas. MSDS sheets for each disinfectant will be posted at a prominent place in the designated cleaning area.

LINENS

Disposable linens should be used aboard all emergency transport vehicles. Linen exchange with the receiving hospital is acceptable when disposable linens are not used. Linen soiled with body fluids will be handled with minimum agitation to prevent contamination of the person handling the linen. All soiled linen will be dealt with according to the receiving hospitals infection control guidelines.

CARE OF SPECIFIC CONTAMINATED EQUIPMENT

CLEANING KEY

- 1) Dispose
- 2) Cleaning (Multipurpose household or industrial cleaner)
- 3) Disinfection (1:10 Bleach/water solution)
- 4) High-level Disinfectant (Cidex)
- 5) Machine Washing

<u>ARTICLE</u>	<u>CLEANING PROCEDURE</u>
Airways (including ET tubes, Oropharyngeal, Nasopharyngeal)	1
1 B/P Cuffs	2
Backboards 2	3
Bag Valve Masks	1
Bite Sticks	1
Bulb Syringe	1
Cannulas, Masks	1
Cervical Collars	2 or 3
Dressings and Paper products	1
Electronic Equipment	3
Emesis Basins	1
Firefighter Protective Equipment	5
Humidifiers, Regulators, Tanks	2
KED	3
Linens	1 or 5
MAST Suit	3
Penlights	1 or 2
Pocket Masks	1 or 4
Restraints	2
Resuscitators (BVM)	1 or 4
Scissors	3

Splints	2
Stethoscope	2
Stretcher	3
Suction Catheters	1
Suction Unit (collection jars)	3
Uniforms	5

In cases where the level of contamination is relatively low, i.e., blood or vomit is present on the mechanical resuscitator's exterior; it should be cleansed and disinfected. Personnel should take care to make sure that all medical devices are still materially sound before placing them back in service whether they were used during the emergency operation or not. Disposable items are more susceptible to wear than non-disposable items. Repeated non-emergent handling of these items may cause their failure. When contaminants such as blood or vomit get into the interior of medical equipment it should be cleaned and disinfected or if this is not possible discarded and reordered.

For information about cleaning/disinfecting equipment not listed above, contact the Department Infection Control Coordinator.

BIOHAZARD WASTE

BIOHAZARD WASTE CONTAINERS

The Department of Environmental Conservation mandates the proper disposal of biohazard waste. Union Vale Fire District supplies biohazard containers that meet, or exceed, OSHA and EPA specifications. When personnel generate biohazard waste at an incident, it is their responsibility to dispose of that material in a properly marked biohazard container.

When transporting biohazard waste aboard emergency response vehicles, the members will place such waste in appropriately marked leak-proof containers. Each emergency response vehicle will have at least one biohazard container available for their use. When preparing a biohazard container for disposal, personnel will wear both gloves and eye protection.

CONTAMINATED GLOVES

When gloves become contaminated, they should be removed as soon possible taking care to avoid skin contact with the exterior of the gloves. All gloves will be considered contaminated and must be disposed of in an approved biohazard container. Personnel should never leave used gloves on scene or throw them in an ordinary waste receptacle.

BIOHAZARD BAGS

Objects contaminated with potentially infectious materials must be placed in an impervious bag. If outside contamination of the bag is likely, a second bag will be added. The bag will have the signal word "BIOHAZARD" or other biological hazard symbol and, in most cases, be red in color. The items may then be transported to an approved area for disposal or appropriate cleaning.

SHARP INSTRUMENTS

Disposable syringes, needles, scalpel blades, and other sharp items must be placed in the provided puncture-resistant containers for disposal. All patient care vehicles will have puncture-resistant containers on board.

OCCUPATIONAL EXPOSURES

The following is a quick reference guide concerning the different levels of exposure that personnel may encounter:

OCCUPATIONAL EXPOSURES

Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of a member's duties.

AREA	SCHEDULED CLEANING	DISINFECTANTS USED	SPECIAL INSTRUCTIONS
67-71	Weekly; As required	Level 3	
67-72	Weekly; As required	Level 3	
STATION 1	Weekly; As required	Level 3	
STATION 2	Weekly; As required	Level 3	

LAUNDRY

The following contaminated articles will be laundered.

- Members personal clothes
- Turnout gear (PPE)
- blankets

EXPOSURE INCIDENT

A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of a member's duties.

Any of the following are among those considered to be classified as an Exposure Incident:

- Contaminated needlestick injury.
- Blood or body fluid contact with rescuer's mucous membrane of eyes, nose, or mouth.
- Blood or body fluid in contact with non-intact skin.
- Cuts with sharp instruments covered with blood or body fluid.
- Any injury sustained while cleaning contaminated equipment.

Special Action Required. Complete **COMMUNICABLE DISEASE EXPOSURE FORM**. Notify the on-duty chief or line officer. Notify the Infection Control Coordinator. Follow the procedure outlined in the Exposure Incident Protocol contained on page 15 of this document.

POST EXPOSURE FOLLOW-UP

DOCUMENTATION

When a member experiences an Exposure Incident to a communicable disease, the incident must be documented within twenty-four hours of the suspected exposure on a "Communicable Disease Exposure Form." This documentation protects both the member and the department. Proper documentation is essential for insurance and compensation claims, and is useful for quality assurance and compliance monitoring.

All member medical records, including communicable disease exposures, are strictly confidential. The Communicable Disease Exposure Form will be forwarded to the Infection Control Coordinator who will investigate the incident further.

NOTIFICATION

Changes to the Ryan White act have removed the provisions for emergency response notification of possible exposure to infectious diseases. New York State Law (section 63.8(m) of Title 10 of the NYCRR) provides for notification in HIV exposures.

1. An incident report documenting the details of the exposure, including witnesses to the incident, if any, is on record with supervisory staff.
2. A request for disclosure of the patient's HIV status is made to the patient's physician or to the medical provider designated by the hospital or clinic to which the patient is brought. This request may be made by the exposed person (EMS provider) or by his or her physician as soon as possible after the alleged exposure if a decision relating to the initiation or continuation of post-exposure prophylactic treatment is being considered.
3. The medical provider of the EMS provider or the medical provider designated by the hospital or clinic must review, investigate and evaluate the incident and certify that:
 - the information is necessary for immediate decisions regarding initiation or continuation of post-exposure prophylactic treatment for the EMS provider; and
 - the EMS provider's status is either HIV negative or unknown and that if the patient's status is unknown, the EMS provider has consented to an HIV test; and
 - if the EMS provider's test result becomes known as positive prior to the receipt of the patient's HIV status, no disclosure of the patient's HIV status will be made to the EMS provider.
4. Documentation of the request is placed in the medical record of the EMS provider.
5. If the patient's physician or the medical provider designated by the hospital or clinic determines that a risk of transmission has occurred or is likely to have occurred in the reasonable exercise of his/her professional judgment, the patient's physician or medical provider designated by the hospital or clinic may release the HIV status of the patient, if known. The patient's physician or medical provider in the hospital or clinic may consult with the local director or commissioner of public health to determine whether a risk of transmission exists. If consultation occurs, both the medical provider of the hospital or clinic and the local director or commissioner of public health must be in agreement if the HIV information is to be disclosed. In the disclosure process the name of the patient shall not be provided to the EMS provider. Redisclosure of the HIV status of the source is prohibited except when made in conformance with Public Health Law Article 21, Title III.

In addition to the above, the NYSDOH recommends that, if the patient's HIV status is not known, consent of the patient be obtained for a rapid HIV test. Rapid test results are usually available within 30 minutes of testing. Rules regarding confidentiality and consent for testing are identical to those for other HIV tests. A form, titled "Informed Consent to Perform a Confidential HIV Test and Authorization for Release of HIV-related Information for Purposes of Providing Post-exposure Care to a Health Care Worker Exposed to a Patient's Blood or Body Fluids" (DOH- 4054, Rev 8/05) is enclosed. This form is available at the NYSDOH web site at: [Informed Consent to Perform HIV Testing and Authorization for Release of HIV-related Information](#) . The EMS providers' medical provider could request that the hospital try to secure a rapid HIV test of the patient.

TREATMENT

Treatment is medical care given to reduce the chance of contracting a communicable disease after exposure. The type and timing of treatment varies with different diseases. Depending on the disease, treatment may be short- or long-term. Diseases that usually require post-exposure treatment include, but are not limited to:

- * HIV
- * hepatitis B
- * non-A, non-B hepatitis
- * meningitis
- * tuberculosis

All post-exposure testing will be performed at the nearest Health care facility as specified in Union Vale Fire District Standard Operation Guideline (Policy) manual. The exception would be when the exposure is in conjunction with an injury, such as a laceration, that requires prompt emergency care. In such cases, the initial testing and treatment should be done simultaneously at the medical facility providing treatment. Emergency response personnel will be informed of the results of medical evaluation. They must be told

about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment. Serologic testing is available through the fire district's employee medical services provider or other designated health care facility. This is available to all emergency response personnel with concern about a possible communicable disease exposure, if they have documented the potential exposure. All testing and any required follow up treatment will be provided at no cost to the member.

EXPOSURE INCIDENT PROTOCOL

- 1) Injuries involving unused, sterile needles should be reported to the Rescue Chief or Fire Chief in the same manner as any other minor injury.
 - Care at the time of injury should consist of:
 - i) Local wound care - Local wound care will include washing the affected area with a germicidal soap and copious amounts of running water. When possible, the affected area should be soaked in a 1:10 solution of chlorine bleach and water for a period of 20 minutes. The injury site should then be dressed as any other wound.
 - ii) Consideration of need for tetanus-diphtheria toxoid.

- 2) Occupational Exposures with a **KNOWN** contamination source should be handled as follows:
 - i) The hospital receiving the patient will be contacted and informed that an Occupational Exposure Incident has occurred.
 - ii) The Infection Control Coordinator will contact the [**INFECTION CONTROL PRACTITIONER**] at the receiving medical facility to determine whether or not the patient has an infectious disease. Determination of risk will be based on medical information possessed by the medical facility treating the patient. The medical facility must respond to the Department's request in writing as soon as practical but not later than 48 hours after receipt of such request. Although every attempt will be made to secure permission from the suspected source individual to perform appropriate blood tests, New York State law does not permit testing for infectious disease without the permission of the patient.
 - iii) The injured member should be interviewed regarding any history of hepatitis, risk factors for exposure to hepatitis B, and hepatitis B immunization status. The following blood tests will be requested:
 - (a) Anti-Hep BsAg (antibody to Hepatitis B surface antigen)
 - (b) HIV antibody

Any personnel receiving an occupational exposure from a HIV positive patient should have an additional HIV antibody test done six weeks post-exposure. The HIV anti-body test must be repeated at 3, 6, and 12 month intervals.

The results of these tests will be provided to the member with counseling from a physician. The results of these tests will remain in strict confidence between the firefighter/EMS provider and the attending physician. These tests will be done at the expense of the Union Vale Fire District. The member will provide the District Infection Control Coordinator with information necessary to comply with worker's compensation laws, and other department policies only.

CLINICAL ACTION REQUIRED FOR OCCUPATIONAL EXPOSURE INCIDENTS

PATIENT TEST STATUS	DEPARTMENT MEMBER STATUS	ACTION REQUIRED FOR MEMBER
------------------------	-----------------------------	-------------------------------

Hepatitis BsAg positive	Anti-Hep BsAg negative	Administer Hepatitis B immune globulin within forty-eight hours of injury. This should be done even if they have received all of the Hepatitis B vaccine doses. Hepatitis B vaccine should be given within seven days of administration of the immune globulin. Repeat the anti/Hep BsAg one month post vaccination series.
Hep BsAg negative	Anti-Hep BsAg Negative	Administer the Hepatitis B vaccine series. Repeat the anti/Hep BsAg one Month post vaccination series.
Hepatitis B core antibody positive Hep BsAg negative	Not pertinent	The patient is not infectious; the patient is recovering from an infection. No therapy is needed.
Hepatitis B core antibody positive, Hep BsAg negative, and anti-Hep B negative	Not pertinent	Patient has an infection with Hepatitis B and is possibly infectious. Treat personnel with standard immune serum globulin.
Anti-Hep B	Not pertinent	Immunity to positive Hepatitis B is Assured, or they have contracted Hepatitis B. In either case prophylaxis Against Hepatitis B is not needed.
Elevated SGPT and SGOT levels	Not pertinent	Hepatitis-C is a possibility. Administer immune serum globulin.
Positive test for Hepatitis A	Not pertinent	Administer immune serum globulin.

3) Occupational Exposure Incidents from an **UNKNOWN** source should be handled as follows:

- i) Test for anti-Hep BsAg.
- ii) The HIV anti-body will be tested at 3, 6, 12 month intervals post exposure.
- iii) If member tests anti-Hep BsAg negative:
 - (a) Receive hepatitis B immune globulin
 - (b) Repeat dose of Hepatitis vaccine at time of injury and test for Anti-Hep BsAg one month post vaccination
- iv) Prophylactic treatment for the presence of the HIV virus.

The Operational Medical Director, in consultation with the Department of Epidemiology at the receiving health care facility or the District's employee medical services provider, will decide which agent is most appropriate.

REPORTING REQUIREMENTS

Employers have a responsibility under various federal and state laws and regulations to report occupational illnesses and injuries. Existing programs in the National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services; the Bureau of Labor Statistics, Department of Labor, and the Occupational Safety and Health Administration receive such information for the purposes of surveillance and other objectives. State Health Departments report cases of infectious disease, including HIV and HBV, to the Centers for Disease Control. For the purposes of reporting such information, the Union Vale Fire Department will cooperate with the medical professionals treating its members for exposure to infectious diseases.

CONFIDENTIALITY OF PATIENT INFORMATION DISCLOSURES

All patient related information must be considered confidential. Generally, notification laws emphasize patient confidentiality, not full disclosure to the attending emergency response personnel.

The social stigma associated with AIDS, or testing positive for the virus that causes AIDS (HIV), is very strong in this country. Anyone can become a victim of this deadly disease, and not always through behavior on their part. No matter the means through which a person gets, the disease AIDS destroys their life. Beyond the killing effects of AIDS, these people suffer humiliation, harassment, neglect, and abandonment by our society. This is just as true for the hemophiliac that gets AIDS from a blood transfusion as it is for the intravenous drug user.

EMS personnel learn things about patients through their patient care contact that the patient's most intimate friends, or relatives, do not know. They obtain this information because the patients trust them. Emergency services response personnel have a tremendous moral responsibility not to betray those confidences, as well as a legal one. On the federal level, there is legislation enacted in January 1992 designed to provide greater protection against discrimination to patients with HIV. The Americans with Disabilities Act classifies patients with AIDS or those who test HIV positive as handicapped citizens. This classification affords such patients the same protection against discrimination in our society as other handicapped citizens. This legislation will set the AIDS, or HIV positive, patient apart from patients suffering from other communicable diseases.

The Union Vale Fire District's emergency response personnel will use knowledge of a patient's communicable disease status for patient care only, not infection control purposes.

The same confidentiality standards apply to information regarding the communicable disease status of workers involved in emergency services response. This information is between the worker and the attending physician. The sharing of this information through any other means, including the "grapevine," is a violation of confidentiality standards. Appropriate disciplinary action will be taken towards individuals who violate these confidentiality standards.

WORK RESTRICTIONS

Under certain circumstances, the supervising physician may prescribe work restrictions or light duty assignment to members. These restrictions may be for infection control purposes or for other medical reasons. Members who are pregnant must provide the District with written documentation from their private physician indicating the extent of any work limitations, i.e., full duty, light duty, etc.

Any emergency response personnel having a communicable disease, such as influenza, lesions with morbid oozing of fluids, or HBV, will be assigned to duty that does not require patient contact.

TRAINING

The District's employee medical services provider will assure that all members receive education on precautionary measures, Epidemiology, modes of transmission and prevention of HIV/HBV.

Members will receive training regarding the location and proper use of personal protective equipment, work practices, and precautions to be used in handling contaminated articles and infectious waste within ten (10) days of their assignment to emergency response duties.

At a minimum, the training program will include the following:

1. An accessible copy of the Standard and an explanation of its contents.
2. A general explanation of the Epidemiology and symptoms of blood-borne diseases.
3. An explanation of the modes of transmission of blood-borne pathogens.
4. An explanation of the District's Exposure Control Plan and the means by which the members can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. An explanation of the basis for selecting personal protective equipment.
9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be provided at no cost to the member.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure occurs, including the method of reporting the exposure and the medical follow up that is provided to the member following an exposure.
12. An explanation of the signs and labels and/or color coding required by the Standard.
13. An opportunity for interactive questions and answers with the person conducting the training session.

The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the members' workplace. Training records will show the dates of training sessions, the content of those training sessions, the names of all persons conducting the training, and the names of all who attended the training. Training records will be maintained for five years. All new members will receive this training before making any patient care contact.

The Blood-Borne Pathogens training records will be maintained by the Union Vale Fire District in accordance with all applicable laws. Employee/member training records will be provided upon written request to the employee/member or the employee's/member's authorized representative within 15 days

APPENDIX I

MEMBER DECLINATION OF HEPATITIS B VACCINE

**Union Vale Fire District
P.O. Box 21
Verbank, NY 12585**

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signed _____

Printed Name _____

Witness _____

Printed Name _____

Date _____

APPENDIX II

HAND WASHING PROCEDURE

Hand washing is the single most effective means of eliminating the spread of infection. Hand washing should be done before and after contact with the patient, after contact with body fluids and soiled items and after removal of gloves. Remove all rings because these harbor dirt and organisms. Wear your watch well above the wrist or place in a plastic bag if needed. Wet your hands and wrists with warm water and germicidal cleanser. Hold your hands below elbow level to avoid contaminating clean areas. For a routine hand washing, wash vigorously for approximately one minute under a stream of water; this removes most transient flora. **Do not use bar soap.** Avoid splashing water on yourself or the floor, because pathogens spread more easily on wet surfaces and slippery floors are dangerous. Avoid touching the sink or faucet, which are considered contaminated. Work up a lather by rubbing your hands together vigorously. If you cannot remove your wedding band, move it up and down the finger to clean beneath the ring. Soap and water reduce organisms, which wash away in the lather. The more vigorously you rub your hands when washing, the more contaminants remove. Pay special attention to the area under fingernails and around cuticles and the thumbs, knuckles, and sides of hands because organisms thrive in these protected or overlooked areas. Rinse hands and wrists well because running water flushes suds, soil and pathogens away. Keep your hand in the sink to prevent residue from running back up your forearm. Pat hands dry with a paper towel. Avoid rubbing which can cause abrasion and chapping. Turn off faucets by gripping them with a dry paper towel to avoid recontamination of your hands. Discard paper towel in an appropriate receptacle.

APPENDIX III

**EXPOSURE CONTROL FORMS
UNION VALE FIRE DISTRICT
COMMUNICABLE DISEASE EXPOSURE REPORT FORM**

Incident Control # _____
Member: _____
Social Security #: _____ Company: _____
Phone Number: Home _____ - _____
Work: _____ - _____
Type of Incident: _____
Date of Exposure: ____/____/____
Time of Exposure: ____:____
Describe how exposure occurred (be specific):

Were you exposed to: Blood Tears Feces Urine Saliva Sweat Vomitis Sputum
Other (specify) _____

What part(s) of your body were exposed (check all that apply)?
Face Hands Arms Legs Chest Abdomen Eyes Mouth
Other (be specific): _____
Did you have open cuts, rashes, etc. that became exposed (be specific):

Did you seek medical attention? Yes No
If yes, location & time: _____
Officer notified (name): _____
Date: ____/____/____ Time: ____:____
Infection Control Coordinator notified _____
Date: ____/____/____ Time: ____:____ Name of Patient:
_____ Male Female

Address: _____
D.O.B: ____/____/____
Suspected or Confirmed Disease: _____
Transported to: _____
Transported by: _____
Member's Signature: _____
Date: ____/____/____
Officer's Signature: _____
Date: ____/____/____

Attach a copy of the Patient Care Report to this sheet if applicable

UNION VALE FIRE DISTRICT

INFECTION CONTROL COORDINATOR'S EXPOSURE REPORT FORM

Incident Control # _____

Member: _____

Social Security #: _____

Company: _____

Phone Number: Home _____ - _____

Work: _____ - _____

Type of Incident: _____

Date of Exposure: ____/____/____

Time of Exposure: ____:____

Date received ____/____/____

Hospital Contacted: _____

Contact Person: _____

Check one of the following:

 Patient has communicable disease

 Name of disease: _____

 Patient tested; no communicable disease identified

 Patient not tested; high suspicion of communicable disease

 Patient not tested; low suspicion of communicable disease

Follow up by Operational Medical Director: _____

Date of follow up: ____/____/____

Member contacted by: _____

Date: ____/____/____

I.C.C. name (typed or printed): _____

I.C.C. signature: _____

Date: ____/____/____

APPENDIX IV

REFERENCES

- OSHA Instruction CPL 2-2.44C, Enforcement Procedures for Occupational Exposures to Hepatitis B Virus and Human Immunodeficiency Virus, March 6,1992
- 29 Code of Federal Regulations 1910.1030, Occupational Exposure to Blood-borne Pathogens
- National Fire Protection Association 1500, Standard for Fire Department Occupational Safety and Health Programs, 1987
- National Fire Protection Association 1581, Standard on Fire Department Infection Control Program, May 1991
- Centers for Disease Control, Morbidity and Mortality Weekly Report, Vol. 38, No. S-6, 1989
- Guide to Developing and Managing an Emergency Service Infection Control Program, United States Fire Administration, June 1991

APPENDIX V

EMPLOYEE EDUCATION & TRAINING RECORD

EMPLOYEE _____ SERVICE DATE ____/____/____

JOB TITLE _____ DATE ASSIGNED ____/____/____

INITIAL TRAINING

SUBJECT	DATE	LOCATION	TRAINER	EMP SIGNATURE
a. standard				
b. epidemiology & symptoms of blood borne pathogens				
c. modes of transmission				
d. exposure control plan				
e. recognizing potential h exposure				
f. use & limits of exposure control methods				
g. personal protective equipment				
h. selection of ppe				
i. hbv immunization program				
j. emergencies involving blood or potential infectious material				
k. exposure follow-up procedures				
l. post exposure evaluation and follow-up				
m. signs and labels				
n. opportunity to ask questions				
ADDITIONAL SUBJECTS				
ANNUAL RETRAINING SUBJECTS				

APPENDIX IV

SITE SPECIFIC INFORMATION

The Union Vale Fire District is committed to full compliance with applicable laws and policies regarding infection control. The following is information specific to Union Vale Fire District Facilities.

Areas to clean / disinfect equipment are provided at both Fire stations. Under no circumstances are the kitchen / food preparation areas at either station to be used to clean/disinfect equipment. At station 1 the equipment cleaning area is located in the southwest corner of the apparatus bays. At Station 2 the area is located in the rear of the apparatus bays.

Members PPE or personal clothing which has become contaminated must be laundered at the Fire station . Under no circumstances should contaminated PPE or clothing be brought home to be laundered. Both Fire Stations are equipped with washer and dryer for personal clothing. PPE must be washed using the designated Washer and dryer located at Station 1. Contaminated PPE from Station 2 must be bagged in biohazard (RED) bags and transported to Station 1. Disposable scrubs are located on both ambulances for members to wear during the cleaning of their clothing.

Hand washing areas are located in all bathrooms at each fire station and at the designated equipment cleaning areas in each station. Both Ambulances as well as 67-14, 67-51 and 67-8 carry waterless hand washing supplies.

All biohazard materials must be disposed of at the receiving hospital .Union Valle Fire District facilities do not have the capacity to dispose of biohazard materials. In the event that an ambulance does not transport biohazard materials must be RED bagged and stored in an approved biohazard container located on either ambulance to be disposed of the next time the ambulance is at the hospital.

APPENDIX V

PLAN REVIEW AND UPDATE

In compliance with applicable law, The Union Vale Fire District Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure

The Union Vale Fire District Exposure Plan reviewed on October 5, 2008 for the purpose of complying with changes to the Ryan White Act regarding notification of exposures to infectious diseases.

The Union Vale Fire District Exposure Plan was also reviewed on:
JUNE 02, 2008

Since the last review the Union Vale Fire District has implemented the following appropriate commercially available and effective safer medical devices designated to eliminate or minimize occupational exposure:

Replaced the onboard suction on 67-72 with a unit that uses a disposable collection system thereby eliminating cleaning by hand.

Replaced the portable suction devices on both ambulances with a type that uses a disposable collection system thereby eliminating cleaning by hand.

Provided disposable scrubs in various sizes on both ambulances for use when members clothing/ PPE becomes contaminated.

APPENDIX VI

DISTRICT EMPLOYEE HEALTH CARE PROVIDER

As of the date of this review, the Union Vale Fire District's Employee Health Care Provider is:

TEK OCCUPATIONAL SERVICES

RT. 82

HOPEWELL JUNCTION, NY

845 226 3045

The Union Vale Fire District provides an Employee Assistance Program (EAP). As of the date of this review the provider is:

THE WORKPLACE AT ST. FRANCIS HOSPITAL

241 NORTH ROAD

POUGHKEEPSIE, NY

845 431 8740

NOTES