

MOUNTAIN BROOK FIRE DEPARTMENT

POLICY NO. 102.02 **VOLUME:** 1

SUBJECT: Exposure Control Policy

SIGNED: _____ **6/15/2009**
ROBERT W. EZEKIEL, FIRE CHIEF **DATE**

Scope and Purpose:

The Mountain Brook Fire Department has developed this policy in an effort to protect its employees from infectious agents that they may come in contact with during the performance of their duties. This need was identified by the U.S. Department of Health and Human Services, Public Health Service. "Because emergency and public safety workers work in environments that provide inherently unpredictable risk of exposures, general infection-control procedures should be adapted to these work situations", Morbidity and Mortality Weekly Report, June 23, 1989/Vol. 38/No. S-6/pg. 9.

Policy:

The Mountain Brook Fire Department recognizes the potential exposure of its members to communicable diseases in the performance of their duties and in the normal work environment. The Mountain Brook Fire Department is committed to a program that will reduce this exposure to a minimum and will take whatever measures are feasible to protect the health of its members.

The Mountain Brook Fire Department recognizes the requirements and limitations, re: the Health Insurance Portability and Accountability Act of 1996.

In the emergency care setting, the infectious disease status of patients is frequently unknown by fire department personnel. All patients must be considered infectious. Blood and body fluid precautions must be taken with all patients.

To minimize the risk of exposure, the Department will provide its members with proper infection control protective equipment including disposable medical gloves, face masks, gowns, and eyewear and will provide necessary cleaning and disinfecting supplies. The Department will also provide initial instruction and continuing education in preventative health care practices so that fire fighters possess a basic awareness of infectious diseases, understand the risks and severity of various types of exposures, and exhibit proper skills in infection control.

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Standard prophylactic medical treatment will be given to exposed members, and necessary immunizations will be made available to protect members from potential exposure to infectious disease.

The Mountain Brook Fire Department members will contact the fire department Safety Officer as well as his shift supervisor and the Shift Commander after any actual or suspected exposure to a contagious disease. The Safety Officer 1 will contact the receiving hospital to initiate patient follow-up and determine the need for treatment of the exposed individual. A contagious disease exposure tracking system is a component of the medical records system that is maintained for each member.

The Mountain Brook Fire Department believes that its members have the right to be fully informed if a patient is found to carry a communicable disease and if a probable exposure occurred. The responsibility for informing the fire department should rest with the medical institution receiving the patient and should occur as soon as possible after the medical institution becomes aware of the condition.

The Mountain Brook Fire Department also recognizes the health concerns that may be involved in the station work environment, where a number of members share living quarters and work areas and, in some cases, use the same equipment. There is a particular need to isolate this environment from the infectious hazards that members may encounter in providing emergency care to the general public. There is also a need to provide facilities and equipment that do not expose members to additional health risks. This also extends to preventing the spread of health risks encountered in the work environment to member's home, family, and friends.

The Mountain Brook Fire Department also believes that infectious disease exposure should be considered an occupational health hazard and supports the presumption that contracting a contagious disease, in the workplace, should be considered an occupationally related condition.

Therefore, the Mountain Brook Fire Department hereby adopts a policy on infectious disease control, in the work environment, based on the current standards and recommended practices.

Exposure Control Procedures:

In all circumstances, Universal Precautions, as recommended or defined by the Centers for Disease Control (CDC) and/or the Occupational Safety and Health Administration (OSHA), will be observed in order to prevent contact with blood and other potentially

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infectious materials, unless they interfere with the proper delivery of healthcare or would create a significant risk to the personal safety of the worker. Personal Protective Equipment will be used in accordance with Attachment A entitled Guidelines.

An employee of the Mountain Brook Fire Department who may be exposed to potentially infectious materials will be offered, at no cost, a vaccination for Hepatitis B and Tetanus, unless the employee has had a previous vaccination or antibody testing revealing the employee to be immune. If an employee declines the vaccination, he/she must sign a waiver form. A copy of this form is found as Attachment B of this Plan.

The Mountain Brook Fire Department will be responsible for inspection and maintenance of these controls. Records will be maintained for frequency of inspection and repairs.

Exposure Reporting:

An exposure can be defined as contact with any possible infectious agent by inhalation, percutaneous inoculation, contact with a wound, nonintact skin, or mucous membrane.

The following are examples of significant exposures requiring immediate medical attention. If there is a question, the Shift Commander or the Safety Officer should determine significance.

- a. Needlesticks
- b. Break in the skin caused by potentially infectious materials
- c. Splash of blood or other potentially infectious materials into eyes, mucous membranes, or nonintact skin
- d. Mouth-to-mouth resuscitation without pocket mask/one-way valve

The following steps should be adhered to in the event of an exposure:

Step 1

Immediately remove the employee from the exposure situation.

Step 2

Immediately wash area exposed with soap and water or saline eye wash if eyes are involved.

Step 3

Notify your company officer first. Then notify the Shift Commander and the Safety Officer so that source testing can be arranged as soon as possible. Upon arrival at the hospital, immediately notify the supervising nurse of the situation. If the member does not arrive at the emergency room, contact should be made with the supervising nurse or charge nurse

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as soon as possible and request patient testing.

Step 4

A detailed report should be filed immediately upon returning to the station (Attachment C). This report will be forwarded to the Safety Officer and serve as a basis for future medical surveillance. If a significant exposure occurred, fill out a First Report of Injury Form. (Attachment D)

Step 5

Forward Attachments C, D and E to the Safety Officer immediately. If the Safety Officer is unavailable, contact should be made with the EMS Officer.

Step 6

The Safety Officer will perform a risk analysis of the exposure to determine if the exposure was significant or insignificant. (Attachment G)

- a. If a significant exposure has occurred, a medical assessment will be arranged through Concentra within 48 hours or Brookwood Hospital ER if necessary. (Attachment H and I)
- b. If no significant exposure has occurred, the Safety Officer will complete the infectious exposure report and risk analysis indicating the disposition of medical management. It will be placed in the employee's health record.

In both circumstances the Safety Officer will trace the source patient by contacting the receiving hospital's infection control nurse (Attachment J). Notification of exposure and a request for patient testing will be made at this time per the Ryan White Act.

Step 7

If the exposure was significant, a long term testing schedule will be maintained by the Safety Officer. (Attachment K)

- a. Immediate and long-term care and testing will be maintained by the designated physician at no cost to the member.
- b. Confidential counseling will be offered by the Mountain Brook Fire Department for member and spouse at no cost to the member by Medical Business Management, Inc. Employee Assistance Program. Phone (205) 879-7957 or 1-800-925-5427.

The Safety Officer for the Mountain Brook Fire Department can be reached at 438-2797 (cell) or 802-3833 (office).

In the absence of the Safety Officer, contact should be made in the following order:

EMS Officer: 438-2796 (cell) or 802-3837 (office)

Chief Robert Ezekiel: 438-2569 (cell) or 802-3838 (office)

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Required Work Practices (General):

1. Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.
2. All personal protective equipment must be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
3. Used needles and other sharps may not be sheared, bent, broken recapped or resheathed by hand. Used needles may not be removed from disposable syringes. Recapped is permitted only if no other alternative is feasible and must be done using an approved mechanical device or one-handed technique.
4. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure.
5. All procedures involving blood or other potentially infectious materials will be done in a manner which minimizes splashing, spraying, and aerosolization of these substances.
6. If conditions are such that handwashing facilities are not available, antiseptic hand cleaners are to be used. Because this is an interim measure, employees are to wash hands at the first available opportunity.

Waste Disposal:

All infectious waste destined for disposal shall be placed in closable, leakproof containers or bags that are color-coded or labeled as herein described. It shall be the responsibility of the Mountain Brook Fire Department to assure that waste is properly disposed and the following rules are observed.

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1. If outside contamination of the container or bag is likely to occur, then a second leakproof container or bag which is closable and labeled or color-coded (as per OSHA specifications) will be placed over the outside of the first and closed to prevent leakage during handling, storage and transport.
2. Immediately after use, sharps shall be disposed of in closable, puncture resistant, disposable containers which are leakproof on the sides and bottom and that are labeled or color-coded, per OSHA specifications.
3. These containers will be easily accessible to personnel and located in the immediate area of use.
4. These containers will be replaced routinely and not allowed to overfill. Employees must not have to insert hands into the container in order to dispose of a sharp.
5. When moving containers of sharps from the area of use they must be closed immediately prior to removal or transport.
6. Reusable containers may not be opened, emptied or cleaned manually or in any other manner which would pose the risk of percutaneous injury.
7. Disposal of contaminated personal protective equipment will be provided at not cost to employees.

Information and Training:

All workers with occupational exposure potential will participate in Exposure Control training prior to their initial assignment and at least annually thereafter. This training will be free of charge to employees and scheduled during working hours.

The person responsible for providing this training and coordinating the program is the Safety Officer of the Mountain Brook Fire Department.

At the end of each training session, employees will acknowledge their participation in the program by signing a form provided by the department, an example of which may be found in Attachment L of this Plan. Training records shall be kept for 3 years. These records will be maintained in the training office.

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Employees will receive training and information in the following areas:

- a. A general explanation of the epidemiology and symptoms of bloodborne diseases;
- b. An explanation of modes of transmission of bloodborne pathogens;
- c. An explanation of the appropriate methods for recognizing tasks and procedures that may involve exposure to blood or other potentially infectious materials;
- d. An explanation of the use and limitations of practices that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment;
- e. Information on personal protective equipment which will address types available, proper use, location, removal, handling, decontamination and/or disposal;
- f. Information of the Hepatitis B and tetanus vaccine, including information on its efficacy, safety, and the benefits of being vaccinated.
- g. Procedures to follow if an exposure incident occurs, including the method of reporting the incident; and
- h. An explanation of signs, labels, and/or color-coding;
- i. A question and answer session with the trainer.

Recordkeeping:

The Mountain Brook Fire Department shall ensure that a confidential, permanent health file is established and maintained on each individual member. The individual health file shall record the results of department requested medical evaluations and functional capacity evaluations if any; medical evaluations and; any occupational illnesses or injuries; and any events that expose the individual to known or suspected hazardous materials, toxic products, or contagious diseases.

Health information shall be maintained as a confidential record for each individual member. These medical records will be kept for the length of the worker's employment plus 30 years. Records will be maintained in the Fire Chief's office to assure confidentiality.

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**BLOODBORNE PATHOGENS
Quick Check List**

Examples of a Significant Exposure:

- a. Needlestick
- b. Break in the skin caused by potentially infectious materials
- c. Splash of blood or other potentially infectious materials into eyes, mucous membranes, or non-intact skin
- d. Mouth-to-mouth resuscitation without pocket mask/one-way valve
- e. Shift Commander deems the event to be a significant exposure

PROCEDURES TO FOLLOW:

1. Remove the employee from the exposure situation.
2. Immediately wash area exposed with soap and water or saline eye wash if eyes are involved.
3. Notify your company officer.
4. Notify Shift Commander and the Safety Officer if available.
5. Shift Commander will arrange for/or transport employees to Concentra or Brookwood Emergency Room as appropriate.
6. Shift Commander should contact the Infection Control Nurse at the hospital receiving patient for source testing as soon as possible.
7. Immediately upon return to station complete:
 - a. Infectious Control Form (Attachment C)
 - b. First Report of Injury (Attachment D)
8. Forward completed forms to the Safety Officer immediately.

If no significant exposure occurred, the Safety Officer and employees will complete the infectious exposure report and risk analysis. The reports will be placed in the employee's health record.

Attachment J

Infection Control Nurses

UAB West	481-7000	Lori Thomas	869-0026
Trinity	592-1000	Ginger	869-1775
Brookwood	877-1000	Cathy Sanders	877-1341
Children's	939-9100	Gladys Roper	939-2310
Cooper Green	930-3200	Valerie Williams	930-3754
Princeton	783-3000	Pat Beck	877-1341
Shelby		Susan Bloomstein	620-8785
St. Vincent's	939-7000	Becky Mckinney	939-7598
St. Vincent's East	838-3000	Jennifer Roberts	838-3390
UAB	934-9999	Cecilia Simms	934-5324
UAB Highlands	930-7000	Lisa Maheo	407-1026
Veteran's	933-8101	Barbara Taylor	918-7718

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Communicable Disease Request/Declination Form

REQUEST FOR VACCINE

My department has provided me information about vaccination for HBV. I have had the opportunity to ask questions. I understand and accept the responsibility of receiving the vaccination. I am knowledgeable of the risk incurred if I am not vaccinated.

Therefore, I agree to hold harmless, my department and any and all of its agents, officials, employees or other associates from any injury, complication or side effect caused by my receiving the HBV vaccination.

EMPLOYEE'S NAME

Position/Function

EMPLOYEE'S SIGNATURE

Date

HEPATITIS B VACCINE DECLINATION

I understand that due to my occupational exposure to blood or 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 vaccination at this time. I understand that by declining in the future, 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 series at no charge to me.

EMPLOYEE'S NAME

Position/Function

EMPLOYEE'S SIGNATURE

Date

HEPATITIS B VACCINE/PREVIOUSLY VACCINATED

I have received the hepatitis B vaccine previously and do not need to be vaccinated at this time. However, I realize that it is my responsibility to request that my blood be drawn and checked to see if I am immune to the hepatitis B virus at no cost to me. I also understand that if I request the hepatitis B vaccine in the future, it will be provided at no cost to me.

EMPLOYEE'S NAME

Position/Function

EMPLOYEE'S SIGNATURE

Date

Attachment C

Infectious Exposure Form

Member's Name _____ SSN _____

Job Classification _____ Phone # _____

Department Run # _____ Shift _____ Company _____

Name of Patient _____ Sex _____

Age _____ Location of Exposure _____

Suspected or Confirmed Disease _____

Transported To _____

Transported By _____

Did member accompany patient to hospital? Y N

Contacted the Charge Nurse of receiving hospital? Y N

If "Yes", Name of Nurse _____

Date of Exposure _____ Time of Exposure _____

Type of Incident _____

What were you exposed to (check all that apply): Blood Tears Feces Sweat
Vomit Sputum Saliva Urine Other

What part of your body was exposed? (be specific) _____

How did exposure occur? (be specific) _____

PPE being used at time of Exposure _____

Was this a significant exposure? Y N

(if NO the report will be placed in the member's health record)

Did you seek medical attention prior to this report? Y N

Where _____ Date _____

Member _____ Date _____

Company Officer _____ Date _____

EMS Officer _____ Date _____

Fire Chief _____ Date _____

Blood/Body Fluid Exposure Work Report

Type of Exposure

A. Skin	B. Mucous Membrane	C. Clothing
Puncture, Incision	Eye	Drop(s)
Laceration, Abrasion	Mouth	Soaked
Eczema		Diluted
Hangnail		(If blood soaks through
Pierced Ears		clothing, Mark A and
Needle Stick		complete appropriately.)
Open Sore, Lesions		

Exposure Grades (use above information to grade)

1. If A is checked and any area under A was exposed.
2. If B is checked and area under B was exposed.
3. If C is checked along with A and/or B.
4. If A or B is checked, but no area under A or B was exposed.
5. If C is checked, but A and B are not, change contaminated clothing immediately.

Rate Exposure (use above grade number)

GRADE	1	2	3	4	5
Circle a number	INFECTION POTENTIAL PRESENT TAKE ACTION			POTENTIAL NOT PRESENT FILE REPORT	

Disposition

Needs Follow-Up	No Follow-Up Needed
To Change Clothing	Other:
To Counseling On (Date)	To Testing On (Date)
Reviewed by QA (Date & Initials)	Report Closed and Filed (Date)

Date of Last IC Class and Location _____ Date _____

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

Medical Surveillance Form (send to physician)

Department Run #	Hospital Control #
Name	SSN
Job Title	Date of Exposure
Job Risks	

Employee's Hepatitis B vaccination (Series Completed) Y N

Type of Exposure:	Needlestick _____	Cut/Puncture _____
	Splash/Eyes _____	Spit/Vomit _____
	Inhalation _____	Mucous Membrane _____
	Bare Skin _____	Other (describe) _____
	_____	_____
	_____	_____

Other Pertinent Medical Information _____

Source Patient Test Results (if Known): Source Unknown __
HIV: +__ - __ Unknown __ HBV: +__ - __ Unknown __
TB: +__ - __ Unknown __ Other _____

Employee Test Results Prior to Exposure:
HIV: +__ - __ Unknown __ HBV: +__ - __ Unknown __
TB: +__ - __ Unknown __ HBV: +__ - __ Unknown __

HBIG Recommended: Y N Provided: Y N

HIV Surveillance Recommended _____

DATA Provided:
OSHA Standards _____ Medical File _____ Incident Report _____

Safety Officer Signature _____ Date _____