SCOPE AND PURPOSE: The Mountain Brook Fire Department is committed to providing employees with a safe and healthful work environment. 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 department has developed the following exposure control plan (ECP) in an effort to eliminate or minimize occupational exposure to bloodborne pathogens.

The protocols and guidance contained within this policy have been established in accordance with the requirements of the Needlestick Safety and Prevention Act of 2000 and recommendations from Occupational Safety & Health Administration (OSHA): standard 29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens; NFPA 1581: Standard on Fire Department Infection Control Program.

The ECP includes:

- Program Administration
- Determination of employee exposure
- Exposure control methods:
  - Universal precautions
  - Engineering and work practice controls
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

Policy: 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.
Program Administration

The Battalion Chief of Safety and Training (Safety 1) is appointed by the Fire Chief as program administrator. The program administrator and/or a designated representative shall be responsible for:

- The annual review, maintenance, and update to the Exposure Control Plan (ECP)
- Coordination of bloodborne pathogen infection control training and documentation
- Providing access to written ECP to all Mountain Brook employees
- Conducting annual safety check of Personal Protective Equipment (PPE) and station safety concerns
- Reviewing injuries or illnesses that involve potential and actual exposures
- The maintenance of related records

The Deputy Chief of EMS and Operations (Chief 2) shall be responsible for the following:

- Maintain all necessary PPE to reduce exposure to blood or other potentially infectious materials (OPIM)
- Engineering controls such as red bags, sharps containers, labels, and safer medical devices
- Medical supplies for decontamination

Implementation and Control

Universal Precautions will be followed by all employees according to annual training and recommendations from the Center for Disease Control (CDC) and OSHA. Body substance isolation practices shall be followed and include the use of proper PPE when appropriate.

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens to include:

- Sharps disposal containers and biohazard bags located on apparatus that shall be inspected daily to prevent overfill
- Medical waste (Red) containers located at each station shall be inspected for disposal monthly. Contact WestMed Disposal, Inc. 205-938-3333 for all handling of medical waste disposal
- Annual review of engineer controls and work practices shall be assessed by EMS committee, employees, and consultation of industry publication

Annual Safety Review/Housekeeping:

Annual inspection of PPE will be conducted by Safety 1 to ensure capabilities and replacement guidelines. PPE checks shall ensure that employees have access to appropriate sized disposable medical gloves, masks, gowns, eye protection, as well as approved cleaning and disinfecting
supplies. A guideline for PPE selection is provided in Attachment A. For more information on universal precautions visit https://www.cdc.gov/hai/pdfs/ppe/ppeslides6-29-04.pdf.

Vaccinations:

Safety 1 will provide employees with training on hepatitis A/B vaccinations as well as optional MMR and Tetanus. In the event that an employee of the Mountain Brook Fire Department is exposed to potentially infectious materials the vaccination status of the employee will be evaluated.

Vaccinations such as Hepatitis A/B, MMR (Measles, Mumps, & Rubella), and Tetanus will be provided with the following exceptions:

1. The employee has had a previous vaccination series,
2. Antibody testing revealing the employee to be immune, or
3. Medical evaluation shows that vaccination is contraindicated

Vaccination waiver form Attachment B is provided for any employee declining the vaccination. Vaccination records are maintained and secured in the employee personnel files.

Bloodborne Pathogen Contact

In the event that a member becomes exposed to blood or bodily fluids, actions to be taken include:

- Thoroughly wash the area as soon as possible with soap and water
  - Use of hand sanitizer may be used if soap and water are not immediately available
  - Avoid eating, drinking, smoking, or touching any exposed skin until gloves have been removed and your hands have been washed
- Dispose of contaminated sharps, glass, or needles in puncture resistant and leak proof containers with proper warning labels
- Remove and place contaminated gloves in red biohazard bags on apparatus or a responding ambulance
  - Biohazard bags should be placed in collection bins at each station
- Remove clothing that contacts bodily fluids as soon as possible, place in biohazard bag and label contents
  - Battalion 1 shall collect and send bagged clothing to station three for decontamination in extractor according to guidelines
  - As a further precaution, clean external exposed areas of the extractor and any contaminated equipment using a ¼ cup bleach per gallon of water mixture

Post Exposure Evaluation and Follow Up
Immediately:

- Wash the exposed area thoroughly with soap and water
- Flush exposed area around the nose or mouth with water
- Irrigate exposed eyes with clean water, saline, or sterile irrigates for a duration of twenty minutes

Remove and clean/dispose of contaminated clothing, as described above.

**Notification shall be made as follows:**

- Company Officer
- Shift Commander (Battalion 1)
- Safety 1 cell. 205-438-2797 office. 205-802-3833

An immediately available confidential medical evaluation and follow-up will be conducted by Alacomp or Brookwood Emergency Room (if after hours).

At the Emergency Department:

Upon arrival at the hospital, immediately notify the supervising nurse of the situation. If the employee does not arrive at the emergency room, contact should be made with the supervising nurse as soon as possible and request patient testing.

- Affected employee(s) should ask for the Infection Control Representative (during normal business hours) or the Charge Nurse (during evenings, nights and weekends)
  - Determination will be made by Safety 1 and the Infection Control Representative or their designee if the exposure is considered a significant exposure
    - If the exposure meets the criteria for a significant exposure, blood samples will be taken from both the source patient and the exposed member
    - If the exposure does not meet the criteria of a significant exposure, no blood samples will be taken

**Exposure Reporting:**

The direct supervisor shall complete the following documentation as soon as possible after occurrence:

- Communicable Disease Request/Declination Form (Attachment B)
- Infectious Exposure Form (Attachment C)
- State of Alabama Employers First Report of Injury Contact 1-855-660-5200 (Attachment D)

Forward to Safety 1 so that a level of exposure can be determined and appropriate protocol
established. Safety 1 can be reached at 438-2797 (cell) or 802-3833 (office). In the absence of Safety 1, contact should be made in the following order: Chief 2: 438-2569 (cell) or 802-3831 (office) Chief 1: 438-2796 (cell) or 802-3837 (office).

- Safety 1 will consult Infectious Control Nurse, Occupational Physician, and complete Exposure Work Report (Attachment E). In the determination of a significant exposure, employee will be provided with an immediate confidential medical exam through Alacomp if not already completed at Emergency Room.
  - The attending physician will be given the Medical Surveillance Form and Physician Evaluation of Infectious Exposure Incident forms (Attachments F and G)
  - The Infectious Control Nurse will be contacted at the receiving hospital in order to obtain the source patient infectious status. (Attachment H)
  - All documentation will be placed in employee’s permanent health record

Significant Exposure Follow Up:

- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual’s test results were conveyed to the employee’s health care provider and employee according to confidentiality laws
- Hospital-required testing and treatment for consenting exposed employee will be paid for by the City of Mountain Brook and treated as an on-the-job-injury (see policy 106.08) (Attachment I)
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible

Confidential counseling is available for employees and family through the city of Mountain Brook Employee Assistance Program (EAP) by American Behavioral, Phone (205) 868-9607 or 205-868-9612.

Employee Training

All employees who have occupational exposure to bloodborne pathogens receive initial and annual training conducted by the company officer as determined by Safety 1.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the OSHA bloodborne pathogen standard
- an explanation of our ECP and how to obtain a copy
· an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
· an explanation of the use and limitations of engineering controls, work practices, and PPE
· an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
· an explanation of the basis for PPE selection
· information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
· information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
· an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
· information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
· Employees will complete Personnel Training (Attachment J)

**Recordkeeping**

The Mountain Brook Fire Department shall ensure that a confidential, permanent health file is established and maintained on each employee. Records will be maintained and secured in the Administrative office to assure confidentiality and will include:

· Medical evaluations, health screenings, AEA results, any occupational illnesses or injuries, exposure reports, and first report of injury records.
· Vaccination records
· Records are to be maintained for length of employment plus 30 years

A Sharps Injury Log (Attachment K) will be maintained and record all percutaneous injuries. This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.
### Bloodborne Pathogens

**Personal Protective Equipment Guidelines**

<table>
<thead>
<tr>
<th>Procedure:</th>
<th>Wash Hands</th>
<th>Wear Gloves</th>
<th>Use Gown</th>
<th>Use Mask</th>
<th>Use Eyewear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Talk w/Patient</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Adjust IV fluid rate or non-invasive equipment</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
<td>none</td>
</tr>
<tr>
<td>Examining patient without touching blood, fluids or mucous membranes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Examining patient w/ significant cough</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>Examining patient including contact w/ blood, fluids, mucous, &amp; drainage</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drawing Blood</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inserting venous access</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suction</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interting catheters</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Handling soiled waste, linen, other mat.</td>
<td>yes</td>
<td>yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intubation</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
<td>yes</td>
</tr>
</tbody>
</table>

*Use gown, mask, and eyewear if blood and/or body fluid spattering is likely.*
# Mountain Brook Fire Department

## 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.

<table>
<thead>
<tr>
<th>Employee’s Name</th>
<th>Position/Function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 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.

<table>
<thead>
<tr>
<th>Employee’s Name</th>
<th>Position/Function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>Employee’s Name</th>
<th>Position/Function</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee Name</td>
<td>Current Position</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Date of Incident</td>
<td>Date of Report:</td>
</tr>
<tr>
<td>Time of Incident</td>
<td>Time of Incident:</td>
</tr>
<tr>
<td>Shift: A B C</td>
<td>Company:</td>
</tr>
<tr>
<td>Type of Incident:</td>
<td>Run Number:</td>
</tr>
<tr>
<td>Patient Name:</td>
<td>Sex: M F</td>
</tr>
<tr>
<td>Age:</td>
<td>Transported To:</td>
</tr>
<tr>
<td>Transported By:</td>
<td>Employee Transported with Patient: [ ] Y [ ] N</td>
</tr>
<tr>
<td>Suspected or Confirmed Disease: [ ] Y [ ] N</td>
<td>Significant Exposure: [ ] Y [ ] N</td>
</tr>
<tr>
<td>Type of Exposure:</td>
<td>Was Skin Intact:</td>
</tr>
<tr>
<td>Clothing Affected: [ ] Y [ ] N</td>
<td></td>
</tr>
<tr>
<td>Mucous</td>
<td>Yes</td>
</tr>
<tr>
<td>Eye</td>
<td>No</td>
</tr>
<tr>
<td>Nose</td>
<td>Unknown</td>
</tr>
<tr>
<td>Mouth</td>
<td>Skin</td>
</tr>
<tr>
<td>Other: ______</td>
<td></td>
</tr>
<tr>
<td>Type of Fluid:</td>
<td>Was Skin Intact:</td>
</tr>
<tr>
<td>Clothing Affected: [ ] Y [ ] N</td>
<td></td>
</tr>
<tr>
<td>Blood</td>
<td>Visibly bloody fluid</td>
</tr>
<tr>
<td>Vomitus</td>
<td>Mucous / Droplets</td>
</tr>
<tr>
<td>Unknown</td>
<td>Other: ______</td>
</tr>
<tr>
<td>Feces</td>
<td>Urine</td>
</tr>
<tr>
<td>Saliva</td>
<td>Other: ______</td>
</tr>
<tr>
<td>Type of Exposure:</td>
<td>Was Skin Intact:</td>
</tr>
<tr>
<td>Clothing Affected: [ ] Y [ ] N</td>
<td></td>
</tr>
<tr>
<td>Superficial</td>
<td>Moderate</td>
</tr>
<tr>
<td>Deep</td>
<td>Other: ______</td>
</tr>
<tr>
<td>Blood Visible on Device Before Exposure?</td>
<td>Was Skin Intact:</td>
</tr>
<tr>
<td>Clothing Affected: [ ] Y [ ] N</td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Body Part Exposed / Injured:</td>
<td>Was Skin Intact:</td>
</tr>
<tr>
<td>Clothing Affected: [ ] Y [ ] N</td>
<td></td>
</tr>
<tr>
<td>Face</td>
<td>Mouth</td>
</tr>
<tr>
<td>Nose</td>
<td>Eyes</td>
</tr>
<tr>
<td>Arm</td>
<td>Hand</td>
</tr>
<tr>
<td>Fingers</td>
<td></td>
</tr>
<tr>
<td>Body Trunk</td>
<td>Leg</td>
</tr>
<tr>
<td>Other:___________</td>
<td></td>
</tr>
</tbody>
</table>
Indicate location below with an X

Personal Protective Equipment Worn/Used at Time of Exposure:

- [ ] Gloves  - [ ] Eye Protection  - [ ] Face Shield  - [ ] Gown
- [ ] Mask  - [ ] CPR Barrier  - [ ] Other:________________________

Location of Exposure:

- [ ] Scene  - [ ] Ambulance  - [ ] En Route  - [ ] Hospital
- [ ] Station  - [ ] Other:______________________

Contacted Charge Nurse of Receiving Hospital: [ ] Y [ ] N
If “Yes”, Name of Nurse:__________________________________________________________________

Narrative Description of Incident:

Employee
Signature: __________________________ Print Name: __________________________ Date: ________________

Supervisor
Signature: __________________________ Print Name: __________________________ Date: ________________

Shift Commander Signature: __________________________ Print Name: __________________________ Date: ________________
24/7 Workplace Injury Triage Hotline

1-855-660-5200

- Immediately following a workplace injury, the Injured Worker should notify their Supervisor of the incident.

- The Supervisor and Injured Worker should immediately call the Triage Hotline which will connect them directly with a Registered Nurse.

- The Nurse will gather details from the Injured Worker regarding the injury to provide appropriate medical triage according to established protocols. This may include instructions for self-care/first aid (per protocols), a referral to a preferred provider clinic, or a referral to the Emergency Room.

In the event of life or limb threatening injuries, please call 911 or go directly to the nearest Emergency Room. Do not call the Triage Hotline.
## Mountain Brook Fire Department
### Bloodborne Pathogen Exposure Determination Report

**Attachment E**

### TYPE OF EXPOSURE

<table>
<thead>
<tr>
<th>A. SKIN</th>
<th>B. MUCOUS MEMBRANE</th>
<th>C. CLOTHING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Puncture, Incision</td>
<td>Eye</td>
<td>Droplet(s)</td>
</tr>
<tr>
<td>Laceration, Abrasion</td>
<td>Mouth</td>
<td>Soaked</td>
</tr>
<tr>
<td>Eczema</td>
<td></td>
<td>Diluted</td>
</tr>
<tr>
<td>Hangnail</td>
<td></td>
<td>(If blood soaks through clothing, mark A and complete appropriately.)</td>
</tr>
<tr>
<td>Pierced Ears</td>
<td></td>
<td>clothing, mark A and</td>
</tr>
<tr>
<td>Needle Stick</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Open Sore, Lesions</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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 any area under (B) was exposed.
3. If (C) is checked along with (A or B).
4. If (A or B) is checked, but no area (A or B) was exposed.
5. If (C) is checked, with no exposure in (A or B) see BloodBorne Pathogen Contact Protocol.

### RATE EXPOSURE (USE ABOVE GRADE NUMBER)

<table>
<thead>
<tr>
<th>GRADE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circle a Number</td>
<td>Infection Potential Present (Take Action)</td>
<td>Potential Not Present (Report Only)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DISPOSITION

<table>
<thead>
<tr>
<th>Need Follow Up [ ]</th>
<th>No Follow Up Needed [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE Contamination [ ] Y [ ] N</td>
<td>Other:</td>
</tr>
<tr>
<td>To Counseling On (Date)</td>
<td>To Testing On (Date)</td>
</tr>
<tr>
<td>Reviewed by Safety 1 (Date &amp; Initials)</td>
<td>Report Closed and Filed (Date)</td>
</tr>
</tbody>
</table>

_________________________ ___________________________ ___________
Employee Name Employee Signature Date

_________________________ ___________________________ ___________
Supervisor Name Supervisor Signature Date
Mountain Brook Fire Department  
Medical Surveillance Form (send to physician)

<table>
<thead>
<tr>
<th>Department Run #</th>
<th>Hospital Control #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Name**  
**SSN**

**Job Title**  
**Date of Exposure**

**Job Risks**

**Employee HBV Status:** (series completed) [ ] Y [ ] N

Other: ________________________________

**Type of Exposure:**
- Needlestick ______
- Laceration/Puncture ______
- Splash/Eyes ______
- Spit/Vomitus ______
- Inhalation ______
- Mucous Membrane ______
- Bare Skin ______
- Other (describe) ______

**Medical Information:**

____________________________________________________________________________________
____________________________________________________________________________________

**Source Patient Test Results (if known):** Source Known [ ] Y [ ] N

- HIV: +___ - ___ Unknown___
- HBV: +___ - ___ Unknown___
- TB: +___ - ___ Unknown___
- Other ______________________

**Employee Test Results:**

- HIV: +___ - ___ Unknown___
- HBV: +___ - ___ Unknown___
- TB: +___ - ___ Unknown___
- Other ______________________

**HBIG Recommended:** [ ] Y [ ] N  
**Administered:** [ ] Y [ ] N

- HIV Surveillance Recommended: _______________________________________________________

**DATA Provided:**

- OSHA Standard ______________  
- Medical Records ____________  
- Incident Report ____________

- Safety Officer ___________________________  
- Date __________________________
Department Run #: __________________________
Hospital Control #: __________________________

I have evaluated _____________________________ (employee/patient name) for possible complications from a recent exposure to bloodborne pathogens. I have reviewed the materials provided to me by the Mountain Brook Fire Department and performed an assessment of _____________________________ (employee/patient name). I have discussed the results of all of the available tests with the patient named above.

I have discussed the possibility of various medical conditions from exposure to blood, bodily fluid, or other infectious materials with the employee/patient named above.

Other:
_________________________________________________________________________________
_________________________________________________________________________________

The employee is a candidate for HBV vaccination [ ] Y [ ] N
The employee has received the HBV vaccination [ ] Y [ ] N
The employee is determined to be immune to HBV [ ] Y [ ] N
The employee should receive HBV vaccination as a result of the recent exposure incident [ ] Y [ ] N

**ALL FINDINGS SHALL BE KEPT CONFIDENTIAL**

PHYSICIAN NAME (PRINT) __________________________________________________________

PHYSICIAN SIGNATURE __________________________________________________________

DATE __________________________
### Mountain Brook Fire Department

#### Infection Control Nurse Contact

<table>
<thead>
<tr>
<th>HOSPITAL</th>
<th>Main Tel.</th>
<th>Nurse Name:</th>
<th>Direct Tel./email</th>
</tr>
</thead>
<tbody>
<tr>
<td>UAB WEST</td>
<td>(205) 481-7000</td>
<td>VALERIE WILLIAMS</td>
<td>(205) 481-7328</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:Valerie.williams@uabmw.org">Valerie.williams@uabmw.org</a></td>
</tr>
<tr>
<td>GRANDVIEW</td>
<td>(205) 971-5415</td>
<td>LORI FORNWALT</td>
<td>(205) 807-1327</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:Lori.Fornwalt@GrandviewHealth.com">Lori.Fornwalt@GrandviewHealth.com</a></td>
</tr>
<tr>
<td>BROOKWOOD</td>
<td>(205) 877-1000</td>
<td>CATHY SANDERS</td>
<td>(205) 877-1341</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><a href="mailto:cathy.sanders@tenethealth.com">cathy.sanders@tenethealth.com</a></td>
</tr>
<tr>
<td>CHILDREN’S</td>
<td>(205) 638-2310</td>
<td>DELPHENE NOLAND</td>
<td>(205) 638-9763</td>
</tr>
<tr>
<td></td>
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<td><a href="mailto:Enid.noland@childrensal.org">Enid.noland@childrensal.org</a></td>
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<tr>
<td>PRINCETON</td>
<td>(205) 783-3000</td>
<td>BRENDA BRAZZELL</td>
<td>(205) 783-3760</td>
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<td><a href="mailto:brenda.brazzell@bhsala.com">brenda.brazzell@bhsala.com</a></td>
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<td>STACIA KIMBRELL</td>
<td>(205) 783-3759</td>
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<td><a href="mailto:Stacia.Kimbrell@bhsala.com">Stacia.Kimbrell@bhsala.com</a></td>
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<tr>
<td>SHELBY</td>
<td>(205) 620-8100</td>
<td>SUSAN BLOOMSTEIN</td>
<td>(205) 620-8785</td>
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<tr>
<td>ST. VINCENT’S</td>
<td>(205) 939-7000</td>
<td>BECKY MCKINNEY</td>
<td>(205) 939-7598</td>
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<td><a href="mailto:becky.mckinney@ascension.org">becky.mckinney@ascension.org</a></td>
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<td>BECKY’S CELL</td>
<td>(205) 281-0805</td>
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<tr>
<td>ST. VINCENT’S EAST</td>
<td>(205) 838-3000</td>
<td>KELLY WILLIAMS</td>
<td>(205) 838-3390</td>
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<td><a href="mailto:Kellie.williams@ascension.org">Kellie.williams@ascension.org</a></td>
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<tr>
<td>UAB</td>
<td>(205) 934-5191</td>
<td>DR. BERNARD CAMINS</td>
<td>(205) 957-3295</td>
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<td><a href="mailto:bcamins@uabmc.edu">bcamins@uabmc.edu</a></td>
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<td>KELLY’S CELL</td>
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<td>UAB HIGHLANDS</td>
<td>(205) 934-3411</td>
<td>LISA MAHEO</td>
<td>(205) 407-1026</td>
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<tr>
<td>VETERAN’S</td>
<td>(205) 933-8101</td>
<td>MIRACLE REESE</td>
<td>(205) 933-8101 ext. 6737</td>
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REVISED – MARCH 2018
Mountain Brook Fire Department
Bloodwork Schedule

Name of Employee: _______________________________________________________

Date of Exposure: _______________________________________________________

Date of Base Line Blood Draw: ____________________________________________

Location: ___________________________ Results: HIV [ ] POS [ ] NEG    HBV [ ] POS [ ] NEG

Other if Applicable:
________________________________________________________________________
________________________________________________________________________

Follow Up Blood Work Schedule

6-12 Weeks after exposure:

Actual Date Drawn: _______________________________________________________

Location: ___________________________ Results: HIV [ ] POS [ ] NEG    HBV [ ] POS [ ] NEG

Other if Applicable:
________________________________________________________________________
________________________________________________________________________

6 Months after exposure:

Actual Date Drawn: _______________________________________________________

Location: ___________________________ Results: HIV [ ] POS [ ] NEG    HBV [ ] POS [ ] NEG

Other if Applicable:
________________________________________________________________________
________________________________________________________________________

1 year after exposure:

Actual Date Drawn: _______________________________________________________

Location: ___________________________ Results: HIV [ ] POS [ ] NEG    HBV [ ] POS [ ] NEG

Other if Applicable:
________________________________________________________________________
________________________________________________________________________

2 years after exposure:

Actual Date Drawn: _______________________________________________________

Location: ___________________________ Results: HIV [ ] POS [ ] NEG    HBV [ ] POS [ ] NEG

Other if Applicable:
________________________________________________________________________
________________________________________________________________________
Mountain Brook Fire Department
Bloodwork Schedule

Other if Applicable:
_____________________________________________________________________________________
_____________________________________________________________________________________

3 years after exposure:
Actual Date Drawn: _____________________________________________________________
Location: ____________________________ Results: HIV [ ] POS [ ] NEG  HBV [ ] POS [ ] NEG
Other if Applicable:
_____________________________________________________________________________________
_____________________________________________________________________________________

4 years after exposure:
Actual Date Drawn: _____________________________________________________________
Location: ____________________________ Results: HIV [ ] POS [ ] NEG  HBV [ ] POS [ ] NEG
Other if Applicable:
_____________________________________________________________________________________
_____________________________________________________________________________________

5 years after exposure:
Actual Date Drawn: _____________________________________________________________
Location: ____________________________ Results: HIV [ ] POS [ ] NEG  HBV [ ] POS [ ] NEG
Other if Applicable:
_____________________________________________________________________________________
_____________________________________________________________________________________

Revised – March 2018
Mountain Brook Fire Department
Personnel Training

Name of Employee: ___________________________________________ EMPLOYEE #: ____________________

JOB TITLE: ____________________________________________________________________________________

TOPICS COVERED

INITIALS

____  Informed of accessibility of the standard and explanation of the policy and contents.

____  A general explanation of the epidemiology and symptoms of bloodborne diseases.

____  An explanation of the modes of transmission of bloodborne pathogens.

____  An explanation of the appropriate method of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

____  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.

____  Information on types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment.

____  An explanation of the basis for selection of personal protective equipment.

____  Information on Hepatitis B and Tetanus vaccine, including information on its efficacy, safety, and the benefits of being vaccinated.

____  Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

____  An explanation of the procedure to follow if an exposure incident occurs, including the method of report in the incident and the medical follow-up that will be made available. Also, information on the medical counseling that the employer is providing for exposed individuals.

____  An opportunity for interaction with the trainer including scenarios and question and answer.

I am aware that annual retraining is required and will offered by my organization.

____________________________________  __________________________ ___________________
Safety Officer Signature                  Date                          Employee Signature                  Date

Revised – March 2018
## Mountain Brook Fire Department
Sharps Injury Log

<table>
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<tr>
<th>Date of injury</th>
<th>Case number</th>
<th>Type of sharp</th>
<th>Brand name</th>
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*log shall be created annually and retained for 5 years.*