

BOGHT COMMUNITY FIRE COMPANY
TITLE: INFECTIOUS DISEASE EXPOSURE CONTROL PLAN
EFFECTIVE DATE: 1/23/98

INTRODUCTION / POLICY STATEMENT

The Boght Fire Department recognizes the potential exposure of members to communicable diseases in the performance of the duties and in the normal work environment. The Department is committed to a program that will reduce this exposure to a minimum and take feasible measures to protect the health of the members. *In the emergency setting the infectious disease status of patients is frequently unknown by Fire Department members. Therefore, all patients must be considered infectious. Blood and body fluids precautions must be taken with all patients.* To minimize the risk of exposure the Boght Fire Department has and will continue to provide to all field personnel the following:

- A. Infection control training as part of recruit orientation.
- B. Mandatory annual refreshers on infection control as part of the regular CME program to supplement training received from NYS DOH training courses.
- C. Provide the following personal protective equipment on each vehicle: Disposable latex examination gloves, face masks, eye shields, cleaning and disinfecting supplies.
- D. Hepatitis-B immunization offered to all members who function in field operations and have occupational exposure to blood born pathogens.

The Boght Fire Department believes that its members have a right to be fully informed if a patient is found to carry a communicable disease and if a probable exposure has occurred. The responsibility for informing the Boght Fire Department, State or County Health Departments, rests with the medical institution receiving the patient within the restraints of NYS laws.

It is the responsibility of the Department members to contact the Officer in Charge and report any actual or suspected exposure. The Fire Department officer will contact the EMS Shift Commander who shall function as the liaison to the Infection Control Officer. The EMS Shift Commander shall make a determination if an exposure has occurred and contact the Department Medical Director for appropriate medical follow-up.

I – EXPOSURE DETERMINATION

The following Boght Fire Department personnel are considered to be at risk of exposure due to their assignment to firefighter duty and performance of emergency medical care and rescue duties. (For activities likely to result in exposure and suggested personal protection equipment see Appendix #1.)

- A. Chief
- B. 1st Ass't Chief
- C. 2nd Ass't Chief
- D. Captain
- E. 1st Lieutenant
- F. 2nd Lieutenants
- G. Firefighters
- H. Fire police

II – IMPLEMENTATION

This exposure control plan applies to all members and is effective immediately.

III – ROLES AND RESPONSIBILITIES

- A. *The Member* must assume responsibility for their own health and safety and to use appropriate personal protective equipment as the situation dictates. In addition members are responsible for reporting any occupational exposure or diagnosis of communicable or infectious diseases (occupational or non-occupational) to the Infection Control Officer or liaison.

- B. *Infection Control Liaison.* The EMS Shift Commanders (615) shall be responsible for acting as a liaison between member and Infection Control Officer. This includes, but is not limited to, the following:
1. Assisting personnel in identifying exposures or potential exposures.
 2. Directing any immediate measures to mitigate the exposure.
 3. Contact the Infection Control Officer to report exposures and start follow-up.
 4. Supervise to ensure compliance with SOP.
 5. Contacting hospital to obtain infection follow-up information.
- C. *Infection Control Officer.* The Medical Director (605) shall act as the Infection Control Officer. Responsibilities include, but are not limited to:
1. Serve as designated officer as required by the Comprehensive AIS Resources Act of 1990 (PL 101-381).
 2. Develop criteria for infection control supplies, protective equipment and assist in policy development.
 3. Evaluate reported exposures and coordinate post-exposure medical follow-up and counseling in accordance with NYS DOH recommendations.
 4. Monitor infection control training for accuracy.

IV – GENERAL WORKPLACE CONTROLS / UNIVERSAL PRECAUTIONS

A. *Universal Precautions*

Universal precautions shall be observed to prevent contact with blood, body fluids or infectious waste during all patient contacts, unless during extraordinary circumstances where in the member's judgment use of universal precautions would prevent the delivery of health care or public safety services or would pose an increased risk to their own or a co-workers safety.

1. *Personal Protective Equipment (PPE)* shall be used to assist isolating the member from the patient's blood and body fluids. For determination of appropriate PPE in various pre-hospital settings refer to NYS DOH recommendation in Appendix #1. PPE is provided by the Department, in various sizes, at no cost to the member.
 - a. *Gloves* are provided in two different types. Standard disposable latex examination gloves are stocked in all units. Heavy-duty disposable gloves are available in the bag in each unit.
 1. Used gloves shall be treated as infectious waste and disposed of in the infectious waste containers located on each ambulance or "red bagged" and disposed of in the biohazard container located in the fire station.
 - b. *Eye Protection* is assigned to all personnel in the form of OSHA approved face shields, located on each helmet. Combination facemask/eye shields are available in the first in bags of all the apparatus. These should be used over prescription eyewear or in cases where assigned eye protection is not available.
 - c. *Disposable Airway Management/Ventilation Adjuncts.* All oxygen therapy masks/cannulas, airways, suction, ventilation and intubation supplies are disposable and are standard equipment on all EMS units. These disposable airway adjuncts are to be used to prevent direct rescuer contact with the patients' respiratory secretions.
2. *Hand washing.* Gloves are not a substitute for hand washing. Members shall wash their hands/skin/mucous membranes as soon as possible after removing gloves and after contact with blood, body fluid, after handling medical waste and after cleaning and disinfecting medical equipment. Hands and contaminated skin surfaces shall be washed with soap and water by lathering the skin and vigorously rubbing together all lathered surfaces and then thoroughly rinsing with water. If hand washing facilities are not available, disinfectant hand wipes shall be used to clean skin surfaces until they can be washed. These hand wipes are carried in the first in bag located on all the apparatus.

- a. Members with extensive skin lesions or dermatitis on the hands, arms, head, face or neck shall not engage in direct patient contact, handle medical equipment or medical waste.
 - b. Washing following patient contact shall be done in designated locations at the fire station. Hand washing shall not be done in the kitchen or bar area of the fire hall.
 - c. Hand washing shall be done in the following situations:
 1. After removing personal protection clothing.
 2. After patient contact or handling infectious materials.
 3. After cleaning and decontamination activities
 4. Before eating
 5. After going to the bathroom
 6. Prior to and after handling food.
3. *Sharps (to be handed out by Paramedics only)*. All contaminated, sharp objects such as needles, scalpels, catheter stylets and other sharp objects shall be handled with extraordinary care. Contaminated needles shall not be recapped, bent or broken following use. All sharp objects shall be immediately placed in the EMS puncture proof red sharps containers located in all drug boxes, field units and EMS first response vehicles.
 4. *Use of Ventilation Adjuncts*. Bag-valve Masks and pocket masks with one way valves are available to minimize rescuer contact with blood, body fluids and respiratory secretions. They shall be used whenever possible during all resuscitations to eliminate the need for mouth to mouth resuscitations. Mouth to mouth resuscitation should be considered a last resort method of ventilation.
 5. *No Eating, Drinking, Smoking in Biohazard Areas*. Eating, drinking, smoking, applying cosmetics, applying lip balm, handling contact lenses is not permitted in the work areas where there is a reasonable likelihood that exposure to infectious substances could occur.
 - a. Food or drinks shall not be kept in areas where infectious waste materials are present.
- B. *Cleaning, Disinfecting and Disposal*.
- All cleaning and decontamination of items shall be accomplished in compliance with NYS DOH guidelines for cleaning and disinfection of vehicles and equipment. These guidelines are in Appendix #2 and shall apply to all equipment, either department or personal. Cleaning supplies are located at the station.
- Yellow biohazard bags denote contaminated blankets and uniforms to be decontaminated by washing. Washing machines are located at all EMS stations. Yellow bags are to be placed in the yellow biohazard barrels at the stations.
 - Red bags denote saturated contaminated waste to be disposed of at the hospital or in the red biohazard barrels at the stations.
 - All cleaning, disinfecting and disposal of items shall be done while taking appropriate universal precautions.
 - Cleaning, disinfection and disposal shall be performed in designated areas of each station away from living and eating quarters.
1. *Contaminated Reusable Equipment*. All equipment shall be cleaned/disinfected in accordance with NYS DOH guidelines. (See Appendix #2). All equipment that requires high level disinfection or sterilization has been replaced with single patient use disposable items. Other equipment such as splints, spine boards, collars that have been contaminated with blood or body fluids require either low or intermediate level disinfection. This disinfection shall be carried out in accordance with NYS DOH guidelines in Appendix #2. Cleaning supplies specified in this guideline are located in the infection control cabinet near the eye wash station.

2. *Contaminated Blankets.* Contaminated blankets shall be yellow bagged. Fire department personnel shall wash blankets after appropriate universal precautions have been taken. Washing instructions shall be posted in the wash area. Contaminated blankets shall be washed at one of the EMS stations.
3. *Contaminated Clothing.* Contaminated clothing shall not be removed from the station or taken home prior to being washed or decontaminated. In the event of contamination with blood or body fluids the articles shall be removed (as soon as practical) and yellow bagged until it can be washed. Appropriate universal precautions shall be taken while handling contaminated clothing. Washing instructions shall be posted in the wash area. If infectious material soaks through clothing to the body, a shower shall be taken as soon as possible.
 - a. The member is responsible for cleaning/decontamination of their own personal clothing.
 - b. CDC recommendations for cleaning are washing clothes in water @ 160 degrees for 20 minutes and drying the garment in a conventional dryer.
4. *Disposal of Medical Waste.* Disposal items that have come into contact with body substances shall be considered medical waste.
 - a. Waste shall be placed in a clear bag unless saturated.
5. *Scene Clean up.* The clean up of emergency scenes shall be the responsibility of responding public safety personnel. Scene medical waste shall be red or clear bagged as necessary and disposed of as per 4-b. Generally the scene should be cleaned by responding department personnel while taking appropriate universal precautions. However, if patient severity dictates immediate departure, first responders should be asked to bag any waste and dispose of it in the appropriate containers.

V – HAZARD COMMUNICATION

- A. *Red bags* shall be considered to contain saturated biohazard contents. They may or may not have a biohazard insignia affixed. Red bagged or red contained substances shall be considered to be a biohazard and handled according to procedures outlines in section II.
- B. *Yellow bags* shall also have a biohazard label attached and be considered to have contaminated blankets or clothing to be cleaned. Yellow bagged items shall be considered a biohazard and handled according to procedures outlines in section II.
- C. *Biohazard Insignia* shall denote biohazard substances. This insignia shall be on containers, bags or any containers used to ship or transport infectious or potentially infectious waste.
- D. *Material Safety Data Sheets.* MSDS sheets for cleaning and disinfecting agents shall be available in the OSHA/MSDS binders located in the station radio room.
- E. *Clear bags* contain contaminated waste that is not completely saturated, does not contain needles or body tissue. Waste may be disposed of in a regular trashcan.

VI – EXPOSURE/POST-EXPOSURE FOLLOW-UP

- A. Exposure is defined as contact with an infectious agent (blood or body fluid) though eyes, mouth, mucous membrane, non-intact skin, percutaneous injection or cuts by sharp objects that are contaminated. Exposure is considered job related if it occurs during performance of employee's duties.
- B. While universal precautions are designed to prevent contact with all unknown body fluids, the National Center for Disease Control has defined the following HIV/HBV risk factors with the following body fluids:
 1. High Exposure Risk
 - a. Blood
 - b. Semen
 - c. Vaginal/cervical secretions

2. Possibly an Exposure Risk
 - a. Pericardial, Peritoneal fluid
 - b. Synovial fluid
 - c. CSF
 - d. Amniotic fluid
 3. Not an Exposure Risk for HBV/HIV unless mixed with substances from 1.a-c or 2.a-d. *It must be remembered that these fluids may carry other diseases and should be considered potentially infectious.*
 - a. Sweat, tears, saliva
 - b. Feces, urine, vomitus
 - c. Sputum, nasal secretions, respiratory droplets
 - d. Breast milk
- C. Any time a member thinks they have had an exposure or potential exposure the member has the responsibility to do the following:
1. Take immediate measures to minimize the impact of the exposure by following the protocol recommended by EMS.
 2. Contact the EMS Shift Commander. The EMS Shift Commander will act as the liaison with the Infection Control Officer (Medical Director) and assist in determining if an exposure occurred, the severity and direct any immediate actions.
 3. Complete an incident report and infectious exposure addendum on the reverse of the incident report form.
- D. Shift Commander shall assess the potential exposure and direct any immediate actions. If an exposure actually occurred:
1. The member shall report to the emergency department at Albany Memorial Hospital for assessment and treatment.
 2. Incident/Exposure report shall be forwarded to the Infection Control Officer for follow-up.
- E. Copies of all documents shall be routed to the Infection Control Officer for review and placement in the member's department personnel file.
- F. Exposure follow-up will be at no cost to the member.

VII – HEPATITIS B IMMUNIZATION PROGRAM

The Boght Fire Department's voluntary Hepatitis B immunization program makes immunization available to all members, free of charge and without any pre-testing required. Initial education on infection control, HBV/HIV and blood borne pathogens was and continues to be included in the OSHA training, which is mandatory for all members. All members are asked to either accept or decline the HBV vaccination in writing. This immunization program conforms to the standards published initially by the NYS DOH in January of 1990 and updated to comply with 29 CFR Part 1910.1030.

- A. HBV immunization program will continue as a voluntary program for all members. All members will be offered the initial vaccination during the probation program, at the time of their required physical. The first injection must be completed and appointments scheduled for injections number two and three prior to the end of the probation period of six months.
- B. If a member initially declines the vaccine but decides they want it at a later date they may receive it at no charge by contacting the Chief of the Department.
- C. The Department will make booster doses of the vaccination available and administer them at appropriate intervals. (Current CDC recommendation is every seven years.)
- D. All Department members are strongly encouraged to accept the HBV immunization series to prevent the spread of this disease. Accordingly members will be asked to accept or decline the series in writing. The declination form shall carry the following disclosure (see Appendix #4 for form):

I understand that due to my occupational exposure to blood and other potentially infectious material I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no cost to myself. However, I decline Hepatitis B vaccination 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 series at no charge to me.

VIII – TRAINING

All Department personnel have and will continue to receive training in Infection Control, Universal Precautions and Blood Borne Pathogens in the annual OSHA training. In addition the refresher information is presented annually in the EMS Department Continuing Medical Education Program. Effective immediately this annual training information shall be considered mandatory for active status in the Department.

- A. *Infection Control Training Objectives.* A copy of the OSHA regulatory requirements will be made accessible to participants to refer to. Both the initial course and annual refreshers will be targeted to refresh the following course objectives. At the completion of this training the member will be able to:
1. Explain the epidemiology and symptoms of blood borne diseases in general terms.
 2. Explain the Department's exposure control plan (Dept. SOP 92-B1).
 3. Explain the modes of transmission of blood borne pathogens.
 4. List the tasks which could involve exposure to blood or potentially infectious materials.
 5. Explain the use and limitation of methods to reduce or prevent exposure to include:
 - a. Personal protective equipment
 - b. Engineering controls
 - c. Work practices.
 6. Explain the location, use, removal, handling, disposal and decontamination of personal protective equipment.
 7. Explain the basis for selection of personal protective equipment.
 8. Explain the epidemiology of Hepatitis B, risks to pre-hospital care workers and the Department's free immunization program.
 9. Explain specific actions to follow if exposed to blood or potentially infectious materials.
 10. Explain the reporting and follow-up procedures to exposure.
 11. List the follow-up the Department is required to provide post-exposure.
 12. Explain how to recognize biohazard materials and packaging.
- B. *Training Records.* The Department shall maintain in each member's OSHA file the following information on aforementioned training:
1. Date of training
 2. Contents of the training session
 3. Name of the instructor conducting the sessions and qualifications
 4. Training records shall be maintained for three years
 5. A training file with course curriculum and instructor qualifications

IX – MEDICAL RECORD KEEPING

Each member's file shall be confidential and not disclosed or reported without the member's written consent to any person within or outside the workplace. The District shall maintain these records for the member's term of membership/employment plus 30 years. This health record shall contain:

- A. Name and social security number
- B. Copy of the member's Hepatitis B vaccination status and dates of vaccination
- C. A copy of all examinations, medical testing and follow-up procedures
- D. Copy of licensed healthcare professional's written opinion for post-exposure follow-up

Issued By/Authorized By:

Brian LaPlante
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Boght Community Fire Department

Jo3 1/27/98