

Caroline County Fire-Rescue & Emergency Management



OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS, AIRBORNE & DROPLET TRANSMITTED DISEASES

**May, 2006, Updated July, 2009,
Updated, June, 2012**

IMPORTANT NOTICE

This Plan has been developed solely for Caroline County Fire-Rescue & Emergency Management. The format of this Plan is proprietary and to be used only for the Caroline County Fire-Rescue & Emergency Management. This Plan may not be copied without written permission of Katherine West, BSN, MEd, CIC, Infection Control Consultant.

All members of Caroline County Fire-Rescue and Emergency Management, Career and Volunteer, are hereby referred to as Employees in this plan.



SCOPE

The Caroline County Fire-Rescue & Emergency Management recognizes that many of its employees in fire/EMS are involved in job responsibilities that may place them at risk for direct contact with blood and other potentially infectious materials. It is the goal of the department to strive to reduce exposure in the employee population and thus reduce the incidence of occupational health risk. It is also the goal of the department to insure that the patients served are offered protection from infection. This County's Exposure Control Plan addresses bloodborne pathogens, airborne & droplet transmitted diseases.

Students and Ride-Along individuals will be covered under the Exposure Control Plan with regard to post exposure medical follow up. However, the cost of medical care will be the responsibility of the individual.

Informed Consent – Observation Program

I understand that there is a potential risk for exposure to bloodborne pathogens or Tuberculosis (TB) when participating in an observation program in the fire/rescue work environment.

I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered.

Should I become exposed to blood or other potentially infectious materials, I will be advised by the fire/rescue service to seek medical attention at the location specified in their Exposure Control Plan. I understand that the fire/rescue service is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling.

Signature: _____

Date: _____

Caroline County Fire & Rescue

SCHEDULE FOR IMPLEMENTATION

EXPOSURE CONTROL PLAN -	2006, 2009, 2012
Bloodborne/Tuberculosis	
EDUCATION & TRAINING -	1997
Bloodborne	
Tuberculosis	2004
HEPATITIS B VACCINE -	1990
ENGINEERING CONTROLS/SOP'S -	1990
POST EXPOSURE/MEDICAL -	1990
Follow Up	
RECORDKEEPING -	1990
TUBERCULIN SKIN TESTING -	2006
RESPIRATORY PROTECTION -	N/A
PROGRAM	
COMPLIANCE MONITORING -	July, 2006
SHARPS RISK ASSESSMENT	April, 2006, 2008, 2011

GENERAL STATEMENT - EXPOSURE CONTROL PLAN

This Exposure Control Plan shall be:

1. Accessible to employees within 15 working days of their request
2. Reviewed and updated at least on an annual basis by the Designated Officer.
3. Reflective of all current Centers for Disease Control recommended practices for protection of patients and staff.
4. Reflective of *applicable, science supported*, portions of the NFPA 1581 Infection Control Standard for Fire departments

POLICY STATEMENT:

It shall be the policy of all supervisors and managers of the Caroline County Fire-Rescue & Emergency Management organization to:

- A. Support and enforce compliance with the Exposure Control Program
- B. Correct any unsafe acts and refer any individuals for remedial training if required
- C. Mandate safe operating practices on scene and in-station
- D. Refer any individual for medical evaluation who may possibly be unfit for work for infection control or other reasons
- E. Ensure initial medical evaluations, immunizations and infection control training have been completed prior to allowing any individual to begin EMS response.
- F. Participate in education and training programs prior to active duty and attend on-going education and training programs.
- G. Comply with the policy for no artificial nails or extensions.
- H. Ensure that staff requests their vaccine/immunization records

This plan represents the minimum level of practice. Failure to comply with the requirements of this plan will result in disciplinary action.

HEALTH MAINTENANCE

POLICY STATEMENT

NO MEMBER OF THIS DEPARTMENT SHALL BE ASSIGNED TO EMERGENCY RESPONSE DUTIES UNTIL CERTIFIED AS FIT FOR DUTY BY THE DEPARTMENT:

1. Applicants must provide written proof of any previous TB skin test results within 2 weeks of hire, if available
2. Applicants will be offered TB testing, HBV immunization, infection control education and training, and physical exams after the completion of the application process
3. Applicants will show written proof of immunity for Measles, Mumps and Rubella, if available
4. Applicants will show written proof of immunity for Chickenpox, if available
5. Personnel exposed to a communicable disease off duty should contact the Designated Officer
6. All illnesses listed under the work restriction guidelines program are to be reported to the Designated Officer.
7. Requested their vaccine/immunization records

EXPOSURE CONTROL PLAN DEVELOPMENT

This Exposure Control Plan was developed by Katherine H. West,BSN,MSEd,CIC, an Infection Control Consultant with Infection Control/Emerging Concepts, Inc., in conjunction with Brady Grim . Any questions regarding the development of this plan should be addressed to both Katherine West and/or Brady Grim.

Implementation of this plan is the responsibility of the Caroline County Fire-Rescue & Emergency Management.

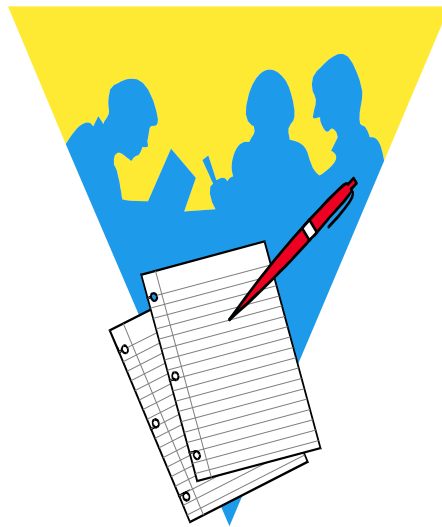
**Katherine West,BSN,MSEd,CIC
Infection Control Consultant
May, 2006**

DOCUMENTS USED IN THE PREPARATION OF THIS PROJECT:

1. APIC Core Curriculum - Infection Control
2. 29 CFR Part 1910.1030- Bloodborne Pathogens
3. 29 CFR Part 1910.20 - Medical Records
4. Centers for Disease Control and Prevention - 1994
Guidelines for Prevention and Control of Tuberculosis
5. Centers for Disease Control- 1989 Guidelines for Public
Safety Workers
6. 42 CFR Part 84 Subpart K, Volume 60, Federal Register
June 8, 1995:30338
7. West KH: Infectious Disease Handbook for Emergency Care Personnel,
ACGIH, 3rd Edition, 2001
8. NIOSH Alert, Latex Glove Sensitivity, June, 1997
9. CDC Guidelines for Health Care Worker Infection Control, Draft,
Federal Register, September, 1998
10. The Source, IC/EC, Inc., 1998, Springfield, Virginia
11. Guidelines for Infection Control in Health-Care Personnel, 1998, AJIC,
June, 1998
12. Medical Waste Regulations – State of Virginia
13. OSHA Instruction CPL 2-2.44D, Enforcement Procedures for the
Occupational Exposure to Bloodborne Pathogens, Nov. 5, 1999
14. NIOSH Alert, Preventing Needlestick Injuries in Health Care Settings,
November, 1999
15. Needlestick Prevention Act, US Congress, March, 2000

16. Updated Us Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2001
17. OSHA Enforcement Procedure for Bloodborne Pathogens Regulation, CPL 2-2.69, November, 2001
18. Guidelines for Hand Hygiene in Health care settings: Recommendations of the Healthcare Infection Control Practices Committee, MMWR, October 25, 2002/51(RR16);1-44
19. Controlling Tuberculosis in the United States, Centers for Disease Control and Prevention, September 30, 2005
20. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, MMWR, December 30, 2005
21. Influenza Vaccination of Health-Care Personnel, MMWR, February 24, 2006, Centers for Disease Control & Prevention, Atlanta, GA
22. Virginia State Presumption Law
A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults, December 8, 2006, Centers for Disease Control & Prevention, Atlanta, GA.
23. Ryan White CARE Act, Notification of Emergency Response Employees, Part G, October 1, 2009
24. Vaccination of Health-Care Personnel, MMWR, November 25, 2011, Centers for Disease Control & Prevention, Atlanta, GA

EXPOSURE DETERMINATION



EXPOSURE DETERMINATION

1. This Plan identifies employees who are deemed to be at risk. This determination is assigned without the consideration of the use of personal protective equipment. The exposure determination for personnel was made based on if it could be "reasonably anticipated" that an employee would come into contact with blood or other potentially infectious materials. Thus, the core of this Plan will deal with exposure to blood and other potentially infectious materials (OPIM).

2. As all employees may have the opportunity to be exposed to an airborne/droplet transmissible disease, this plan will address education and training with regard to childhood diseases, tuberculosis (TB), risk assessment, notification of exposure, testing and medical follow up.

EXPOSURE DETERMINATION

The following employee groups were reviewed for the purpose of exposure determination assessment;

Deemed NOT to be at risk for Exposure: But covered in this plan

Administrative Staff

Secretary & Staff

Dispatch Staff

Billing Staff

(Non patient care personnel)

It should be noted, however, that if these individuals should sustain an exposure, they will be covered under the department's policy for post-exposure management.

All Personnel Deemed to be at Risk for Exposure:

EMT's

First Responders

Paramedics

Firefighters

RISK TASKS AND PROCEDURES LISTING

AND

RECOMMENDED PERSONAL PROTECTIVE

EQUIPMENT

Guide For The Use of Personal Protective Equipment

Task	Gloves	Eyewear/ Mask	Gown
Airway	x	available	available
CPR	x	none	none
Bleeding	x	none	none
Decon Equipment	utility	If splatter Or splash anticipated	If splatter Or splash anticipated
Extrication	x	If splatter Or splash anticipated	If splatter Or splash anticipated
Delivery	x	x	x
Epi Pen	none	none	none
Suction	x	available	available
Trauma	x	x	x
Vital Signs	none	none	none

Needlestick Injury Risk Assessment

This department has not had any contaminated needlestick injuries reported in the past two years. This County began converting to a needle safe systems in the late 1990s.

Devices in place:

- Protectiv- IV Catheters- Jelco
- Mini-Spike Dispensing Pins
- LifeShield Primary IV Drip Set
- Needless ports IV systems

The Designated Officers will continue to monitor this issue on an on-going and annual basis.

Sharps Risk Assessment – 2008

No contaminated sharps injuries have occurred in the past three years.

Sharps Risk Assessment – 2010/11

No contaminated sharps injuries have been reported in the past two years.

RISK ASSESSMENT FOR EXPOSURE TO TUBERCULOSIS – 2010/2011

Caroline County Fire-Rescue & Emergency Management

Risk assessment was conducted by contacting the state Public Health department office of TB control to obtain numbers of cases reported in our general department area for 2010-11. The Public Health Department releases the total number of cases for each area of the state. The number of active cases statewide reported in 2011 was 242. The number of cases for the area serviced by the Caroline County Fire & Rescue in 2011, was 0. There have been 0 cases for 2012 thus far. This information was verified by contacting the state Public Health Department. It should also be noted that on a national level there has been a decrease in the number of TB cases in 2010-2011. For 2011, there were 10,521 reported nationally. This represents an 84% decrease since 1992. During 2010-11, the primary case numbers were in foreign-born persons of Asian descent. Based on the 2010-11 case- load, the areas serviced by the Caroline County Fire, Rescue & Emergency Management falls in the “low risk” category using the Centers for Disease Control 2005 TB Guidelines which OSHA is currently enforcing. Under the “low risk ” heading, the implementation of a respiratory protection program is **NOT** recommended or required. The Caroline County Fire & Rescue has not been notified by area hospitals of any

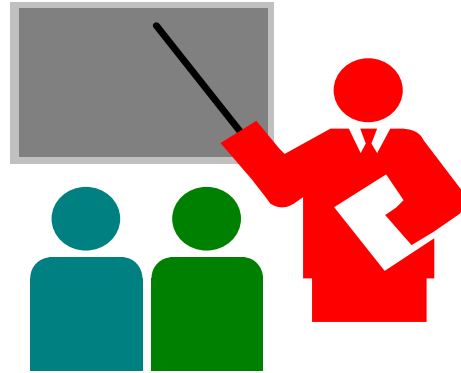
potential exposures. Such notification is required under the Ryan White Emergency Notification Law (Part G).

Based on this determination, there is no formal requirement for a Respiratory Protection Program based on the CDC, 2005 Guidelines for Tuberculosis.

Employee will be instructed to screen patient for TB and suspect patients will be masked, a non-rebreather may be used, and windows opened for risk reduction. This was developed, reviewed and agreed to by Katherine West, BSN, MSED, CIC, Infection Control Consultant who assisted in this process. Data will be monitored closely to determine the need to alter this risk determination. Data will be tracked by the Designated Officer.

Should the numbers of positive tests results change or a shift in the PPD/TST testing results be noted, this risk assessment will be revisited.

EDUCATION AND TRAINING



GENERAL GUIDELINES FOR EDUCATION AND TRAINING

The Designated Officer, in preparation for this new role, will participate in a formal training program to prepare for this role. Certificate is on file. On or before the end of July 2006, the department will allow for the trainer to attend a train- the- trainer session to prepare key employees to serve as trainers for this department. All employees will be provided training at no cost to employees and will be offered during normal working hours.

Training will be provided at the time of initial assignment and on an annual basis. The trainer will reserve the right to require additional training if he/she feels previous training was not in keeping with standards. Annual training for all current employees will be completed within one year of their previous training. Annual training will update personnel on the diseases and department changes in policy/procedure and department exposure rates.

All training content will be reviewed on a continual basis and when changes in procedures or equipment are noted, additional training will be scheduled.

Caroline County Fire & Rescue will insure that training is offered in the appropriate language and word level for all employees.

Training will include;

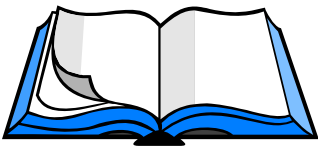
1. Each employee will have access to a copy of the
OSHA standard and the department Exposure Control
Plan.
2. A general explanation of the epidemiology of
bloodborne disease and their symptoms will be

- offered.
3. Education on the epidemiology and symptoms of tuberculosis will also be offered.
 4. The Bloodborne pathogens to be reviewed will include; HIV, Hepatitis B, Hepatitis C and Syphilis. Tuberculosis will also be covered.
 5. The department's exposure control plan will be presented along with information on how an employee can obtain a copy of the plan.
 6. A review of tasks that each employee performs and how they might be at risk for exposure.
 7. A review of the use of PPE and the limitations of PPE in certain circumstances.
 8. The type of PPE that is available and why that type was selected.
 9. In depth information on the hepatitis B vaccine program and TB skin testing program.
 10. Information on how to report and document an exposure.
 11. Information on what action will be taken and by whom in an exposure situation and how to seek medical attention and follow up.
 12. Information on what medical follow up will include following an exposure.
 13. Explanation of the signs and labels to be used in the handling and storage of medical waste.
 14. Access to medical records upon request
 15. Latex Glove Allergy/Sensitivity Issues

16. Work Restriction Guidelines
17. Needle Safe System Use
18. West Nile Virus
19. Avian Flu
20. VA State Testing Law
21. MRSA & C-diff
22. Vaccine/immunization Program

** All programs will allow for interactive questions and answers with a knowledgeable instructor. The instructor will be knowledgeable in communicable diseases and infection control and be able to relate this information to each specific work area. The instructors for this department are – Erin Southworth and Michelle Chewning.

Definition of Terms



Definition of Terms
OSHA — Occupational Safety & Health Administration
U.S. Department of Labor

Bloodborne pathogens. - 1910.1030

Regulations (Standards - 29 CFR) - Table of Contents

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: Z
- Subpart Title: Toxic and Hazardous Substances
- Standard Number: 1910.1030
- Title: Bloodborne pathogens.
- Appendix: A

1910.1030(a) **Scope and Application.** This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b) **Definitions.** For purposes of this section, the following shall apply:

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means 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 an Employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Needleless systems means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an Employee's duties.

Other Potentially Infectious Materials means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an Employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the Employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by technique).

Continuing Education Sign-In Sheet

Program Title: _____

Date: _____ Time: _____

Presenter: _____

Presenter Credentials: _____

Target Audience: _____

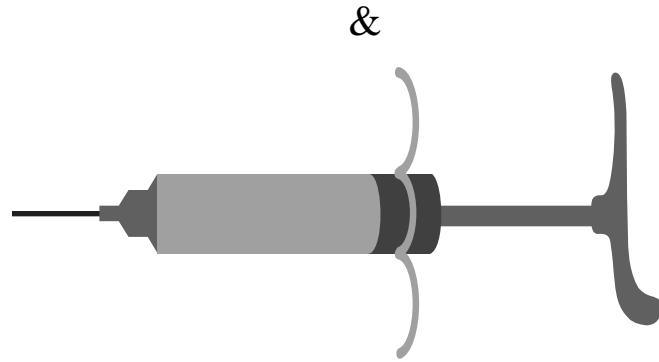
Participants

Name	Job Title	Title

Con't		

Attach copy of handouts or outline of the training

VACCINATION/IMMUNIZATION PROGRAM



TB TESTING PROGRAM

Caroline County Fire-Rescue & Emergency Management will adopt the CDC guidelines for vaccination/immunization of health-care personnel that were published in December, 2011.

- HICPAC and CDC have recommended that secure, preferably computerized, systems should be used to manage vaccination records for HCP so records can be retrieved easily as needed.
- Each record should reflect immunity status for indicated vaccine-preventable diseases, as well as vaccinations administered during employment.

Communicable Disease Health History

This information is confidential

<u>Disease</u>	<u>Date of Illness</u>
Measles (Rubeola)	_____
Measles (Rubella)	_____
Mumps	_____
Chickenpox	_____
Hepatitis	_____ Type_____
Tuberculosis	_____ Type_____
Meningitis	_____ Type_____
Malaria	_____ Type_____
HIV infection	_____

Allergies:

Medications _____

Latex _____

Signature: _____ Date: _____

Immunization Record

Confidential

Immunization/Vaccine

Date of Administration

Hepatitis B Vaccine

Antibody Titer

Result_____

Measles, Mumps, Rubella

TB Skin Test

Result_____

Tetanus/Diphtheria

Chickenpox Vaccine

Flu Vaccine

Tdap Booster

Signature:_____ Date:_____

Release of Information

Health History & Immunization History

Declination Form

I have attended education and training on bloodborne pathogens & TB and I have reviewed the forms requesting health and immunization/vaccination history.

I understand that this information is to be confidential and would only be used to assist in evaluation of whether I should be offered a vaccine or immunization as a prevention measure prior to any exposure event or for post exposure evaluation and treatment.

I decline submitting this information to the Designated Officer. I understand that if I change my mind, I will be able to complete the forms and receive any recommended immunizations or vaccinations.

Date: _____

Employee Signature: _____

Vaccine/Immunization Declination Form

After review of my medical records/history, I have been advised that I may not be protected from childhood diseases that are currently on the rise in this country. I am aware that the Centers for Disease Control & Prevention (CDC) recommends that all unprotected healthcare providers be offered protective vaccines/immunizations by their employers. My employer has offered me additional protective vaccines for the following;

Tdap Booster _____
MMR Vaccine _____
Chickenpox Vaccine _____

However, I choose not to participate in the receipt of additional vaccinations/immunizations. I am aware that I am risk for possible exposure to these diseases.

Signature: _____ **Date:** _____

Caroline County Fire & Rescue

Chickenpox Prevention and Control

On hire, each Employee will be asked to complete a health history form. This form will address chickenpox immunity. New employees, who do not have immunity to chickenpox by reported history of the disease as a child, will be titered. If the titer is negative, he/she will be advised to obtain the new chickenpox vaccine – Varivax.

It should be noted that the department is responsible for payment of this prevention method.

Employees who receive chickenpox vaccine (Varivax) should submit proof of vaccination for inclusion in their medical record.

Varicella Vaccine Consent Form

Employee Information:

Name: _____

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Have you ever had an allergic reaction to a vaccine or medication? | _____ | _____ |
| 2. Are you allergic to neomycin or gelatin ? | _____ | _____ |
| 3. Are you pregnant or breast- feeding? | _____ | _____ |
| 4. Are you under a Physicians care? | _____ | _____ |
| 5. Are you currently ill, fever or cold? | _____ | _____ |
| 6. In the past 5 months, have you received a blood transfusion | _____ | _____ |
| 7. Have you received Immune globulin or varicella immune globulin (VZIG)? | _____ | _____ |

Consent:

I have read the information packet on VARIVAX (chickenpox vaccine). I have been given the opportunity to ask questions, and I understand the benefits and risks associated with this vaccine. I understand that I should avoid becoming pregnant for 4 weeks following receipt of this vaccine, and that I should avoid the use of aspirin for 6 weeks after vaccination. If I develop a rash, I must remain off work until the rash subsides and receive clearance from Infection Control/Safety Officer to return to work.

Signed _____ **Date** _____

Measles, Mumps, Rubella Vaccine Consent Form

Employee/ Volunteer Information

Name: _____

	Yes	No
1. Have you ever had an allergic reaction to a vaccine or medication?	_____	_____
2. Are you pregnant?	_____	_____
3. Are you under a physician's care?	_____	_____
4. Do you currently have a fever or viral illness?	_____	_____
5. Are you allergic to eggs?	_____	_____
6. Are you immunocompromised?	_____	_____
7. Have you recently received any blood products/transfusions?	_____	_____

Consent

<p>I have reviewed the information on MMR vaccine (measles, mumps, rubella). I have been given the opportunity to ask questions and to have my questions answered. I understand the benefits and risks associated with this vaccine.</p> <p>I understand that I should avoid becoming pregnant for <u>4 weeks</u> following receipt of this vaccine. If I develop any side effects, I will report them to the designated medical care provider.</p>
Signed: _____ Date: _____

Influenza Vaccination Program

Caroline County Fire-Rescue & Emergency Management will make free flu vaccine available to all employees. Flu vaccine will be administered at Airpark Medical or, if available, through the Caroline County Health Department. Flu vaccine is offered beginning in mid-September and ending when advised by the CDC. A consent form will need to be signed by the employee and will be retained on file in the employee medical record.

Influenza Vaccine

Consent Form

Employee Name: _____

I have read the information about the influenza and the vaccine that is being offered. I have read the information on possible side effects and allergies. I have had the opportunity to ask questions and to have the questions answered. Based on this, I elect to participate in this vaccine program.

Signature

Date: _____

Flu Vaccine

Declination Form

This form is to document that I have been offered annual flu vaccine by my employer free of charge.

I have received education and training regarding the benefits of participating in the annual flu vaccine program in conjunction with the Centers for Disease Control and Prevention Guidelines. I have been given the opportunity to ask questions and to have those questions answered. However, I have chosen to decline this offer.

Date: _____

Name/Signature

HEPATITIS B VACCINE ADMINISTRATION PROGRAM

On or before May 2000, Hepatitis B Vaccine in the form of (Recombivant, Engerix - B) an on-going vaccine program will be made available to **all** employees who have been deemed to be at risk for occupational exposure. Vaccine will be administered at no cost to the employee. Vaccine will be administered within 10 days of initial assignment to a position that would place the member at risk. The vaccine program will be administered under the direction of a physician designated by the Caroline County Fire & Rescue. Injections will be administered by the staff of the office of Airpark Medical, the designated contractor for the department. Airpark Medical is located at - 11015 Leadbetter Road in Ashland, VA. Phone: 804 – 798 – 5683.

If additional times are needed, please contact the Designated Officer. Administration will be in accordance with the published standard set forth by the U.S. Public Health department - Centers for Disease Control. A laboratory that is accredited will conduct any laboratory testing. Testing will be offered at no cost to the employee.

For all employees at risk, vaccine will be administered - following the education and training. The designated medical care provider will keep records of the injections. The Designated Officer will also keep copies for back up recordkeeping and post –exposure medical follow up .

HEPATITIS B VACCINE PROGRAM

Each employee deemed to be at risk will be instructed regarding the disease, efficiency and safety of the vaccine, route of administration, administration schedule and benefits. There will be ample opportunity for each employee to ask questions and have questions answered. This will allow for each employee to make an informed decision to participate **or** decline to participate. Employees will be asked to sign an **informed** consent sheet that will be kept on file. Employees who decline to participate will be asked to sign a declination form in accordance with the provision of 1910.1030; this will also be kept on file in the individual's medical record. Each employee participating in the vaccine program will receive a personal record documenting the vaccine series.

Employees who elect to sign a declination form will be advised that if they should change their mind, the vaccine will be made readily available to them.

Employees who can show proof of previous vaccination against hepatitis B or who can document that they are antibody positive will not be candidates for the vaccine because they have immunity.

Employees with a documented allergy to yeast will be **offered** HEPTAVAX HB (Plasma derived) vaccine. Should they decline to receive this vaccine, they will be asked to sign a declination form with added information on their allergy status.

Employees who have a documented allergy to MERCURY will be candidates for vaccination with the mercury free vaccine (pediatric version). This should be noted in the employee's medical file. A **declination** form shall be signed and reason for non-participation noted.

Pre-screening will be made available to employees who request it - at no cost to the employee. Pre-screening for exposure to Hepatitis B will NOT be required for participation in the vaccine program. Post vaccine testing will be offered at no cost to the employee. This will be done to insure that there was adequate response to the initial vaccine series. Post vaccine titer testing will be conducted 1-2 months after completion of the vaccine series. If not performed in 1-2 months, it is too late to perform. Non-responders will be offered an additional series in accordance with the CDC's update guidelines.

- It should be noted that HBV vaccine is a requirement for school since 2000. Most new employees will be vaccinated prior to hire and records should be obtained from their schools.
- Titers are NOT required or recommended on hire.

BOOSTER DOSES

Currently, there is no formal recommendation from the Centers for Disease Control for booster doses of the vaccine at any interval. At present, it is stated that the need for a booster is **NOT** indicated due to the “immunologic memory” offered by this vaccine. Should a formal recommendation for a booster be published, Caroline County Fire & Rescue will make booster doses available to “at risk” employees free of charge.

Caroline County Fire & Rescue

HEPATITIS B VACCINE PROGRAM

CONSENT FORM

I have received education and training regarding the hepatitis B vaccine. I have had the opportunity to ask questions and to have those questions answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and consent to receive this vaccine.

Name

Date

Signature

Caroline County Fire & Rescue

HEPATITIS B VACCINE PROGRAM

DECLINATION FORM

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 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.

Name

Date

Signature

Reason: (optional)

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine is to be administered in three doses. It should be given in the deltoid muscle of the arm **only**. The schedule for doses is as follows;

Initial dose

Four weeks after the first dose, give second dose

Six months after the first dose, give the last dose

EMPLOYEE NAME:

First Dose _____

Second Dose _____

Third Dose _____

Post Vaccine Testing

Date: _____ Result _____

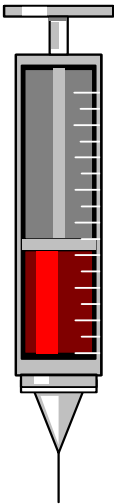
RECORDKEEPING FOR HEPATITIS B VACCINE PROGRAM

EACH EMPLOYEE WILL RECEIVE AN IMMUNIZATION CARD THAT WILL NOTE THE DATES OF ADMINISTRATION OF EACH DOSE OF VACCINE FOR THEIR PERSONAL RECORD. The Designated Officer will maintain complete records on vaccine administration. Records will be maintained for the duration of the employee's employment at Airpark Medical plus an additional thirty (30) years. However, if the individual is on the department for less than one (1) year, the records will be released to the individual at termination. This is in keeping with the requirements of OSHA 1910.1030 and the OSHA medical record standard 1910.1020.

Any employee who declines to participate in the program will sign a declination form. The Designated Officer, for the duration of the employee's department plus an additional thirty (30) years will keep this form on file.

Employees who decline the vaccination and decline to sign the declination form will be referred for counseling and possible administrative action under the disciplinary action policy.

TESTING



EMPLOYEES DEEMED AT RISK FOR TUBERCULOSIS

AT RISK PERSONNEL: Fire/EMS personnel

Employees listed in the “at risk” group for possible exposure to tuberculosis will be offered baseline PPD/TST skin testing and post exposure skin testing. PPD/TST administration for baseline and post exposure testing will be administered at the office of Airpark Medical.

QFT-G- IT blood testing may be offered as an alternative to skin testing. This testing is available in Virginia.

TESTING FOR EXPOSURE TO TUBERCULOSIS

All personnel deemed to be at risk for exposure to tuberculosis (TB) will be skin tested upon joining to establish a baseline and then tested on a post exposure basis. This is decreased from last year due to the decrease in cases in the area. If the rate of TB conversion appears to increase in employee population, testing may be recommended on a more frequent basis.

Testing for TB will be done using the MANTOUX test - administration of PPD/TST given by the intradermal method. This test will be read by a trained health care professional. Each employee should sign consent or denial forms. Employees who have not previously tested positive or have not been tested in the last 12 months will be tested using the two step-method. This is done to address the “booster phenomenon” and is in keeping with the current recommendations of the Center for Disease Control and Prevention (CDC). Consent or denial forms will be requested and kept on file in the employee medical records file.

Caroline County Fire & Rescue

Tuberculosis (Mantoux) Screening Test

Consent Form

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test, which is used to determine if the bacteria that causes tuberculosis is residing in my body.

I understand that I may be occupationally exposed to Tuberculosis and that I may be at risk for acquiring Tuberculosis. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & Health Administration (OSHA) recommend that I be tested for exposure to TB.

I have been given the opportunity to be tested using the Mantoux skin test, at no charge to myself. I have had the opportunity to ask questions regarding TB and the skin- testing program. Based on this information, I elect to participate in this program.

NAME: _____

Signature: _____

Date: _____

Administered By: _____

Read On: _____

Result: _____

Caroline County Fire & Rescue

Tuberculosis (Mantoux) Screening Test

Informed Denial

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test, which is used to determine whether the bacteria causing TB is residing in my body.

I understand that I may be occupationally exposed to TB and that I may be at risk for acquiring TB. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & health Administration (OSHA) recommend that I be tested to determine whether I have contracted TB infection.

I have been given the opportunity to be tested using the Mantoux skin test, at no cost to myself. However, I decline TB screening at this time. I understand that, by declining this screening, I am at risk of having TB without my knowledge. I understand that I will be able to obtain testing for TB in the future if I choose to change my mind.

Name: _____

Signature: _____

Date: _____

EMPLOYEE PROTECTION - SCREENING FOR TB EXPOSURE

RATIONALE FOR EXCLUSION

The employee jobs removed from the “at risk” determination were based upon review of job duties outlined in the job description and the requirements for the application for the position.

The majority of administrative positions do not demonstrate that there may be "reasonable" risk. Consideration was also given to the aspect of "reasonably anticipated" risk. The ultimate decision regarding risk was made by interview with department personnel. However, in the event that an individual in the not at risk group would be exposed, they would be covered under the post exposure management protocol.

Since ALL personnel are not involved in the transport of patients or the provision of high-risk procedures, they are also exempt from a high-risk listing. (Reference formal risk assessment)

Tuberculosis (TB) Surveillance

Annual TB Screen for Positive Reactions

Name: _____

Job Classification: _____

Since records indicate that you have previously tested positive on PPD skin testing, the following questions must be answered each year as part of our annual TB surveillance program.

Please complete this form and return to: _____

During the past year, have you experienced or are you now experiencing any of the following signs/symptoms?

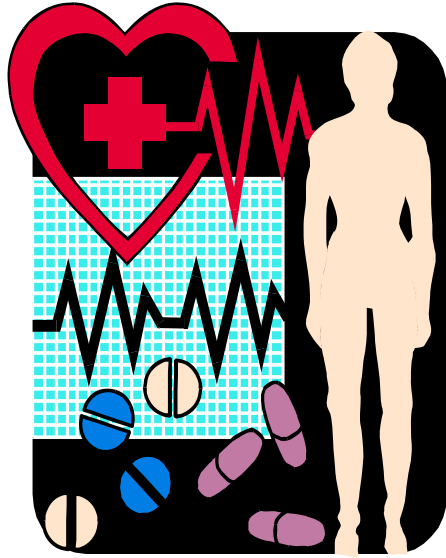
	<u>Yes</u>	<u>No</u>
Weight Loss (unrelated to dieting)	_____	_____
Persistent cough (2-3 weeks duration)	_____	_____
Fever/Night sweats	_____	_____
Weakness or fatigue	_____	_____
Coughing up blood	_____	_____

Signed: _____ Date: _____

HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING

PURPOSE: To make available, upon request, HIV testing and counseling for reasons other than an on the job exposure.

PROCEDURE: Any employee requesting HIV testing may contact the Designated Officer or may directly contact the Public Health Department office of HIV testing to obtain free and anonymous testing. It is not the employers responsibility to test in a non-work exposure situation.



Work Restriction Guidelines

TABLE 5. Advisory Committee on Immunization Practices work restrictions for health-care personnel* (HCP) exposed to or infected with certain vaccine-preventable diseases and conditions

Disease/Condition	Work restriction	Duration
Hepatitis B		
HCP positive for HBsAg (e.g., acute or chronic hepatitis B infection):		
HCP who do not perform exposure-prone invasive procedures	No restriction unless linked epidemiologically to transmission of hepatitis B virus infection	Standard precautions always should be observed
HCP who perform exposure-prone invasive procedures	These HCP should not perform exposure-prone invasive procedures until they have sought counsel from an expert review panel, which should review and recommend the procedures the worker can perform, taking into account the specific procedure as well as the skill and technique of the worker	Per recommendation of expert panel
Upper respiratory infections		
HCP in contact with persons at high risk for complications of influenza†	Exclude from duty	<p>Until afebrile ≥ 24 hours (without the use of fever-reducing medicines such as acetaminophen). Those with ongoing respiratory symptoms should be considered for evaluation by occupational health to determine appropriateness of contact with patients. If returning to care for patients in a protective environment (e.g., hematopoietic stem cell transplant patients), consider for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer.</p> <p>Those who develop acute respiratory symptoms without fever should be considered for evaluation by occupational health to determine appropriateness of contact with patients and can be allowed to work unless caring for patients in a</p>

		protective environment; these personnel should be considered for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of all noncough symptoms, whichever is longer. If symptoms such as cough and sneezing are still present, HCP should wear a facemask during patient care activities. The importance of performing frequent hand hygiene (especially before and after each patient contact) should be reinforced.
Measles		
Active	Exclude from duty	4 days after rash appears
Postexposure (HCP without presumptive evidence of measles immunity)	Exclude from duty	5 days after first exposure through 21 days after last exposure and/or 4 days after the rash appears
Mumps		
Active	Exclude from duty	5 days after onset of parotitis
Postexposure (HCP without presumptive evidence of mumps immunity)	Exclude from duty	12 days after first exposure through 25 days after last exposure or 5 days after onset of parotitis
Pertussis		
Active	Exclude from duty	Beginning of catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
Postexposure		
Symptomatic personnel	Exclude from duty	5 days after start of effective antimicrobial therapy
Asymptomatic personnel -- HCP likely to expose a patient at risk for severe pertussis§	No restriction from duty; on antimicrobial prophylactic therapy	
Asymptomatic	No restriction from duty; can	

personnel -- other HCP	receive postexposure prophylaxis <i>or</i> be monitored for 21 days after pertussis exposure and treated at the onset of signs and symptoms of pertussis	
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TABLE 5. (Continued) Advisory Committee on Immunization Practices work restrictions for health-care personnel* (HCP) exposed to or infected with certain vaccine-preventable diseases and conditions

Disease/Condition	Work restriction	Duration
Rubella		
Active	Exclude from duty	7 days after the rash appears
Postexposure (personnel without evidence of rubella immunity)	Exclude from duty	7 days after first exposure through 23 days after last exposure and/or 7 days after rash appears
Varicella		
Active	Exclude from duty	Until all lesions dry and crust. If only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period
Postexposure (HCP without evidence of varicella immunity)	Exclude from duty unless receipt of the second dose within 3-5 days after exposure	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust or, if only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period
Herpes zoster		
Localized in immunocompetent person	Cover lesions; restrict from care of high-risk patients¶	Until all lesions dry and crust
Disseminated or localized in immunocompromised person until disseminated infection is ruled out	Exclude from duty	Until all lesions dry and crust
Postexposure (HCP without evidence of varicella)		

immunity)		
Disseminated zoster or localized zoster with uncontained/uncovered lesions	Exclude from duty unless receipt of the second dose of varicella vaccine within 3--5 days after exposure	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust or, if only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period
Localized zoster with contained/covered lesions	For HCP with at least 1 dose of varicella vaccine, no work restrictions. For HCP with no doses of varicella vaccine, restrict from patient contact	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust or, if only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period

Abbreviation: HBsAg = hepatitis B surface antigen.

Sources: Adapted from CDC. Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. MMWR 1991;40(No. RR-8); CDC. Guideline for isolation precautions in hospitals: recommendations of the Hospital Infection Control Practices Advisory Committee (HICPAC) and the National Center for Infectious Diseases. *Infect Control Hosp Epidemiol* 1996;17:53--80; Williams WW. CDC guideline for infection control in hospital personnel. *Infect Control* 1983;4(Suppl):326--49; CDC. Immunization of health-care workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR 1997;46(No. RR-18).

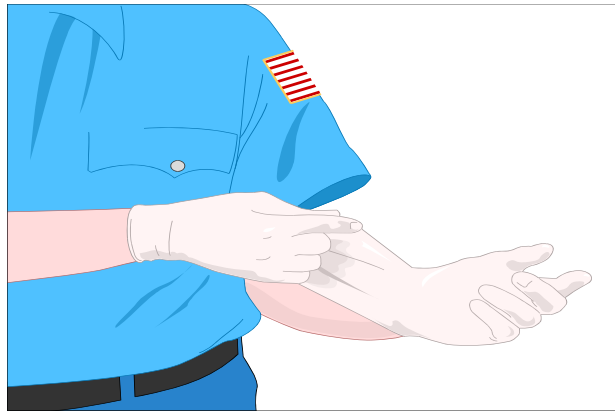
* Persons who provide health care to patients or work in institutions that provide patient care (e. g., physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, hospital volunteers, and administrative and support staff in health-care institutions). Source: U.S. Department of Health and Human Services. Definition of health-care personnel (HCP). Available at <http://www.hhs.gov/ask/initiatives/vacctoolkit/definition.html>.

† Includes children aged <5 years, adults aged ≥65 years, pregnant women, American Indians/Alaska Natives, persons aged <19 years who are receiving long-term aspirin therapy, and persons with certain high-risk medical conditions (i.e., asthma, neurologic and neurodevelopmental conditions, chronic lung disease, heart disease, blood disorders, endocrine disorders, kidney disorders, liver disorders, metabolic disorders, weakened immune system due to disease or medication, and morbid obesity).

§ Includes hospitalized neonates and pregnant women.

¶ Includes patients who are susceptible to varicella and at increased risk for complications of varicella (i.e., neonates, pregnant women, and immunocompromised persons of any age).

ENGINEERING CONTROLS AND WORK PRACTICES



Engineering Controls

Engineering controls address redesign of equipment to insure employee risk reduction, procedures that serve to reduce exposure such as cleaning equipment or areas that have been contaminated, and the use of barrier techniques to reduce direct contact with blood and **OPIM**.

Employees of the Caroline County Fire & Rescue, will follow the enclosed protocols in the course of their daily work to assist with risk reduction. These protocols are in accordance with the published by the CDC, the National Fire Protection Association (NFPA) 1581, Infection Control recommendations and OSHA.

ENGINEERING CONTROLS/WORK PRACTICES

All employees will adopt the practice of Standard Precautions to reduce the risk for exposure to blood and OPIM.

The term Standard Precautions is a concept that considers blood and ALL body fluids to be potentially infectious. Use of this concept does NOT require that there be good visibility and a controlled work environment. This can, therefore be followed in all work areas of employees.

Body Fluids That Fall Under - Other Potentially Infectious Materials (OPIM)

CEREBROSPINAL FLUID

SYNOVIAL FLUID

AMNIOTIC FLUID

PERICARDIAL FLUID

VAGINAL SECRETIONS (sexual contact)

SEMEN (sexual contact)

**** ANY BODY FLUID CONTAINING GROSS VISIBLE BLOOD**

Handwashing

PROCEDURE

Hands must be washed before and after patient contact.

Scrub hands for at least 15 seconds
Use friction rub action after the Soap is applied

When running water is not available.
Use a waterless handwash solution

Rinse hands well under running Water

Dry with a paper towel

Use paper towel to turn off water Faucets

RATIONALE/ACTION

Handwashing is the single most important means of preventing the spread of infection

Friction will assist in the removal of dirt as well as bacteria and other organisms

Waterless agent such as: Alcare, Hibistat and Cal-Stat may be used
The routine use of antibacterial soap Is NOT recommended

Faucets were handled by soiled hands

PERSONAL PROTECTIVE EQUIPMENT

On or before, December 1999, appropriate personal protective equipment will be provided at no cost to the employees with occupational exposure. Personal Protective Equipment will be issued based on the needs of each particular work group and the anticipated exposure.

Personal Protective Equipment (PPE) for personnel will include, but not be limited to: disposable gloves, protective eyewear & mask (surgical), Cover gowns, waterless hand wash solution, and a Biohazard bag. PPE is available in each vehicle. Extra supplies are located in the station. The station officer will insure that PPE is available.

1. An employee may decline the use of personal protective equipment in an emergency situation. An investigation will be conducted by the Infection Control Officer to determine if the non- use of personal protective was warranted to meet the needs of the patient. This is in keeping with the OSHA Bloodborne Pathogens Regulation.
2. If clothing becomes contaminated with blood or OPIM then it shall be removed as soon as possible;
3. All PPE shall be removed prior to leaving the workplace; between calls, or if contaminated;
4. When PPE is removed, it shall be placed in an appropriate area and in a designated container for disposal, uniforms that are contaminated are to be placed in plastic bags for laundering by department members. This is at no cost to the employee.

5. PPE will be issued in appropriate sizes, and will be readily accessible at the worksite or will be issued directly to the employee.

USE OF PERSONAL PROTECTIVE EQUIPMENT

GENERAL STATEMENTS

GLOVES -

Gloves shall be worn when it can be reasonably anticipated that an employee may have hand contact with blood or OPIM, mucous membranes, non-intact skin, when performing patient care procedures, or handling or touching contaminated items or surfaces.

In an effort to comply with the NIOSH Alert, Caroline County Fire & Rescue is a latex free workplace.

Disposable gloves shall be replaced as soon as practical when they become contaminated, torn or ripped.

Disposable gloves shall not be washed for reuse
Following glove removal, hands should be washed

Heavy-duty utility gloves should be used when cleaning contaminated equipment, surfaces or when disposable gloves are insufficient.

Heavy duty utility gloves can be washed and reused as long as they are not torn or cracked.

Leather Gloves are to be worn for extrication and search activities.

MASKS -

Masks shall be worn when there is suspect that an individual may have an airborne transmissible disease. The style mask issued shall be the molded fitted type.

If the patient is SUSPECT for or DIAGNOSED with TB, a mask is required, place a surgical mask on the patient.

Masks in conjunction with protective eyewear will be used when it is anticipated that there is the opportunity for gross splatter of blood or OPIM into the eye, nose or mouth.

PROTECTIVE CLOTHING -

Appropriate protective clothing such as cover gowns or aprons or similar outerwear shall be worn in exposure situations. The type to be used will be based on the exposure anticipated. For firefighters/EMS turn out gear is appropriate PPE.

POCKET MASKS -

All personnel trained in the administration of CPR will be trained in the use of either a bag/mask device or a pocket mask. All personnel will be trained in the proper use of the pocket mask, and the method for proper disposal or cleaning. If a mask is not available or is not functional, mouth-to-mouth is to be performed.

PERSONAL PROTECTIVE EQUIPMENT CLOTHING

Uniforms **will not** be considered personal protective equipment for department personnel. Uniforms are considered to be contaminated when covered with blood/ OPIM and the area is too large to spot clean with a disinfectant solution.

All clothing contaminated with blood or other body fluids, to include personal clothing, will be laundered at a designated fire station in the county.

There is no need to destroy or dispose of contaminated gear.

Cleaning will be at NO cost to department personnel. Gloves will be worn when handling contaminated clothing prior to bagging. All **contaminated** clothing will be removed as soon as possible.

ADDITIONAL PPE -

Disposable examination gloves in various sizes-

Gloves - Microflex, Kimberly Clark – Nitrile, Nitrile powder-free

Utility Gloves – Dishwashing style

Protective Eyewear – Sperian Visitorspec

Waterless Handwash Solution- Vionex & SaniHands

Bag/Mask Device- Pocket - Mask

Cover gown- disposable – Moore Medical

Surgical Mask - Moore Medical

Moore Medical provides a PPE kit



Additional PPE is available in the back on the unit

**** Note that shoe covers and head covers are not necessary for PPE in FIRE/EMS activities.**

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, Defibrillator. This level of equipment requires **Disinfection**.

Critical Equipment - such as Resuscitation Equipment or Intubation Equipment. This level of equipment requires **Sterilization or High-Level Disinfection**.

Definitions:

CLEANING

Cleaning is the physical removal of dirt and debris. Members should use soap and water, combined with scrubbing action. The scrubbing action is the **KEY** to rendering all items safe for patient use. All equipment requires a minimum of cleaning. Cleaning must take place prior to any required Disinfection, High-Level Disinfection or Sterilization.

DISINFECTION

Disinfection is reducing the number of disease-producing organisms by physical or chemical means. Members should clean the item with soap and water then apply a Disinfection solution. Solutions such as bleach and water at a 1:100 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 unless recommended by the manufacturer. 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 Solution should have an EPA Registry Number. Routine disposal of the germicidal cleaning water in the drainage system is acceptable.

HIGH-LEVEL DISINFECTION

High-Level Disinfection is the use of chemical liquids for sterilization. Members should clean items then place the them in special solutions for a prescribed time. Items need to be removed using sterile process. Items must then be rinsed with sterile water.

Then items must be stored in sterile wrapping until the next use.

Refer to the Material Safety Data Sheets for each Disinfectant Solution to learn what personal protective equipment may be needed. Routine disposal of the germicidal cleaning water into the sanitary sewer system is acceptable.

CLEANING SCHEDULE

CONTAMINATED AREAS OF THE VEHICLE WILL BE CLEANED AFTER EACH RUN. THIS PROCEDURE SHOULD BE COMPLETED AS SOON AS POSSIBLE.

Cleaning solution is: Bleach/water - which will be used for ALL BLOOD cleaning activities.

Decontamination of the vehicle will be done by following the posted weekly cleaning schedule. Cleaning will be conducted in the designated cleaning area. This will allow for adequate ventilation and rinsing of equipment. Documentation of the cleaning will be noted on the Cleaning Record Form. Variance from the standard will be set by the supervisor and based upon patient call volume.

Any equipment used and taken to the medical facility and left with the patient will be cleaned by the medical facility prior to return to the department. This is in accordance with OSHA 1910.1030.

All primary cleaning will be done at the station in the bay area.

CLEANING SCHEDULE

ALL CLEANING NOT PERFORMED AT THE HOSPITAL WILL BE DONE IN THE DECONTAMINATION AREA – at the station in the Bay Area.

ROUTINE CLEANING the stock cleaning solution will be Bleach/Water solution. All vehicles that are contaminated with blood/body fluids will be cleaned immediately. This is to be documented on the cleaning form. (See cleaning form)

Cleaning blood-covered areas will be done with Bleach/Water solution at 1:100 dilution = $\frac{1}{4}$ cup bleach per gallon of water dilution. This can be used for 24 hours. Diluted bleach solution must **NOT** be stored in glass bottles.

GUIDE TO THE CARE OF SPECIFIC CONTAMINATED EQUIPMENT

key: 1 = DISPOSE

2 = CLEANING (Soap & water)

3 = DISINFECTION (Bleach/water @ 1:100 or Cavicide)

4 = HIGH-LEVEL DISINFECTION (Cidex OPA)

5 = LAUNDER

<u>ITEM</u>	<u>PROCEDURE</u>
AIRWAY	1
BACKBOARDS	2
BITE STICKS	1
B/P/CUFFS	2,3,5
BULB SYRINGE	1
CERVICAL COLLARS	1 OR 2(gross contamination)
DRESSINGS/PAPER PRODUCTS	1
DRUG BOXES	2,3
ELECTRONIC EQUIPMENT	CHECK MANUFACTURERS RECOMMENDATIONS
FIREFIGHTER , PPE	5
KED	3
LARYNGOSCOPE BLADES	4 OR 1
LINENS	1 or 5
MAST SUIT	3
NEEDLES/SYRINGES	1
O2 CANNULAS/MASKS	1
HUMIDIFIERS	1 OR 2
PENLIGHTS	2
POCKETS MASKS	1 OR 3
RESTRAINTS	2
BAG/MASK DEVICE	1 OR 4
SCISSORS	2 OR 3
SPLINTS	2
STETHOSCOPE	2
STRETCHER	2 OR 3
STYLETS	1 OR 4
SUCTION CATHETERS	1
SUCTION JARS	1 OR 4
UNIFORMS	5

POST CARE CLEANING

Following patient care, cleaning will be conducted at the station using the solution supplied by the department and cleaning will be conducted by the department members according to policy.

Infection Control Cleaning Log

Week of: _____

Area	Mon.	Tues.	Wed.	Thurs.	Fri.
Stock dates checked					
Bench and Doors cleaned					
Driver Area Cleaned					
PPE stocked					
Sharps Container checked					
Dispose at $\frac{3}{4}$ full					

LINENS

The department uses a linen exchange system with the hospitals when a patient is transported to their facility. Cleaning of linens is performed by the hospital.

HANDLING OF CONTAMINATED LAUNDRY

All bags containing contaminated uniforms will be placed in appropriate bags and taken to the container to be sent out for cleaning. Contact the Infection Control Officer for any questions. Caroline County Fire & Rescue will verify that the individual charged with laundering the contaminated clothing will put on gloves (heavy duty-dishwashing style). Carefully open the bag and empty the contents into the washing machine. If there is the chance for blood splatter, then a cover gown should be worn. No special solution needs to be added to the wash. No special washing cycle is required. No special washing machine is required. Use a normal washing method for uniforms. *Follow the manufacturers recommendations for turn out gear.*

Cleaning Non- Disposable Bag Mask Ventilation Devices

PROCEDURE

Bags should be sterilized after each use

Put on utility gloves (dishwashing)

The bag should be disassembled, washed off with soap and water, rinsed and dried

Soak parts in high-level disinfection solution for at least 30 minutes*

Use sterile gloves

Rinse with sterile water and allow to air dry

Reassemble and place in packaging to protect until next use

RATIONALE/ACTION

This is a CDC requirement

OSHA requirement

To reduce the incidence of cross infection

Check manufacturers recommendations for any additional recommendations

Dry equipment does not encourage bacterial growth

* check time recommended for the solution

CPR Manikin Cleaning and Training Issues

Basic Considerations:

1. Students should be told in advance that the training sessions will involve “close physical contact” with fellow students.
2. Students should not actively participate in training sessions if they have dermatological lesions on hands or oral areas; if they are known to currently be infected with a communicable disease, or if they have been exposed to an infectious process.
3. If more than one cardiopulmonary resuscitation (CPR) manikin is used, students should be assigned in pairs, with each pair having contact with only one manikin.
4. All persons responsible for CPR training should be thoroughly familiar with good handwashing procedures and the proper cleaning of manikins.
5. Manikins should be inspected routinely for cracks or tears in the plastic surfaces; these could make cleaning more difficult.
6. The clothes and hair of the manikin should be washed monthly or whenever visibly soiled.

Cleaning After Each Participant:

1. After each participant, the manikin’s mouth and lips should be wiped with a 2X2-gauze pad wetted with a solution of 1:100 bleach and water solution or 70% isopropyl alcohol. The surface of the manikin should remain wet for at least 30 seconds before it is wiped dry.
2. If a protective face shield is used, it should be changed for each student.

For Two-Rescuer CPR:

1. During the two-rescuer CPR, each student should have his/her own CPR mask, as there is not time to disinfect between students. The second student to practice ventilation should “simulate ventilation.” This recommendation is consistent with the current training recommendations of the American Heart Association.
2. Training in the “obstructed airway procedure” involves the student using his/her finger to sweep foreign matter out of the manikin’s mouth. This action could contaminate the student’s finger, if there is an open area, with saliva from the previous student. The finger sweep should be either simulated, performed on a manikin which has been decontaminated or use a finger cot.

Cleaning of Manikins:

1. Rinse all surfaces with fresh water
2. Wet all surfaces with a mixture of bleach and water at a **1:100 dilution** (1/4-cup bleach per gallon of water). This solution must be mixed fresh for each class.
3. Rinse with fresh water and dry all surfaces. Rinsing with alcohol will aid drying time of internal surfaces and will prevent the survival and growth of bacteria and/or fungus.

POST - EXPOSURE
NOTIFICATION/MANAGEMENT AND
RECORDKEEPING



CLARIFYING EXPOSURE TO BLOODBORNE PATHOGENS

**THE FOLLOWING OCCURRENCE SHOULD BE REPORTED
DIRECTLY TO THE DESIGNATED OFFICER ;**

- 1. A CONTAMINATED NEEDLESTICK
INJURY**
- 2. BLOOD/OPIM IN DIRECT CONTACT WITH THE
SURFACE OF THE EYE, NOSE, OR MOUTH**
- 3. BLOOD/OPIM IN DIRECT CONTACT WITH AN
OPEN AREA OF THE SKIN**
- 4. CUTS WITH A SHARP OBJECT COVERED WITH
BLOOD/OPIM**
- 5. HUMAN BITE (blood drawn)**

IMMEDIATE NEEDS POST EXPOSURE:

1. IF THE EXPOSURE IS A SHARPS INJURY;
 - A. LET THE AREA BLEED FREELY
 - B. WASH THE AREA WITH SOAP AND WATER
OR THE WATERLESS HANDWASH
SOLUTION
 - C. NOTIFY THE DESIGNATED OFFICER

2. IF THE EXPOSURE WAS A SPLASH TO THE EYE,
NOSE OR MOUTH;
 - A. FLUSH THE AREA FOR 10 MINS. WITH
WATER
 - B. NOTIFY THE DESIGNATED OFFICER

**DESIGNATED OFFICERS FOR
DISEASE/EXPOSURE REPORTING AND
MEDICAL FOLLOW UP**

Employees who feel that they may have had an exposure should
contact the Designated Officer:

Designated Officer - Erin Southworth

Cell 804 – 572 - 7327

Alternate(s) - Paul Ernest

Cell 804 – 296 – 6316

Mark Garrett

Cell 804 – 514 – 4418

POST EXPOSURE MANAGEMENT

In accordance with OSHA 1910.1030, and the Ryan White Law (Part G), employees will be instructed to contact the Designated Officer, if they feel that they have been involved in a possible exposure situation. Exposure reporting will be done with regard to bloodborne and airborne/droplet transmissible diseases.

The Designated Officer will conduct the initial investigation of the incident and contact the appropriate hospital contact, if needed.

Should exposure management/treatment be deemed indicated, employee will be advised by the Designated Officer, where to seek additional medical treatment and what that treatment should entail.

Post-exposure evaluation and medical treatment will be made available at no cost to the member. It will be set up at a reasonable time at the office of the designated physician, Airpark Medical as has been presented to employee in the training sessions. Airpark Medical is located at 11015 Leadbetter Road in Ashland, VA. Phone: 804 – 798 – 5683.

Treatment will be conducted by or under the direct supervision of a licensed physician or other health care professional who is familiar with the OSHA standard, the Centers for Disease Control and Prevention medical follow up guidelines and the criteria for pre and post exposure counseling.

All treatment for exposure management will follow the published recommendations set forth by the U.S. Public Health department -(the Centers for Disease Control and/or the Advisory Committee on Immunization Practices).

The established program for blood testing for medical evaluation and follow-up will be conducted by an accredited laboratory at no cost to the employee. All laboratory tests will be conducted through the designated physician at Pinnacle Health.

Medical records of exposure medical management will be
confidential

Confidential elements will include the following;

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred

In the State of Virginia, consent is NOT required.

4. Results of the testing of the source individuals blood test shall be made available to the exposed employee. The exposed employee should hold this information confidential.

5. It is NOT a HIPAA violation for the medical facility to give the source patient's test results to the exposed employee

POST EXPOSURE REFERRAL

General Guidelines

Caroline County Fire & Rescue will have the Designated Officer advise the exposed employee as to whether a medical facility will need to handle an employee exposure injury and treatment. The need is based on the source patient's test results.

The Designated Officer will initiate the referral for post-exposure management.

The employee, if deemed necessary, will be offered Hepatitis B (HBV), Human IMMUNODEFICIENCY virus (HIV), Hepatitis C and VDRL testing. If the employee consents to baseline blood testing, but does not wish to have testing done at that time for HIV, then the medical care provider will preserve the blood for at least 90 days. If within the 90 days following the incident, the employee elects to have the testing performed, then it will be done as soon as possible.

Exposures that require medical treatment (prophylaxis) will be offered treatment that is in accordance with the published protocols set forth by the CDC. Protocols for HBV, HCV, HIV, Syphilis and childhood diseases are to be available.

ALL exposed employees will receive counseling; this will be conducted by a health care professional who has been trained in pre- and post test counseling.

The Receiving Hospital's Responsibilities

The Hospital will be furnished a listing of the exposed employee's job duties as they relate to the exposure incident. This provider will make final exposure determination. The hospital is responsible for obtaining source patient blood sample for testing. And for notification of possible exposures to airborne and droplet transmitted diseases.

Documentation of the route of exposure and the circumstances of the exposure will be furnished by the Designated Officer to assist with this determination, if the designated officer disagrees with this, the public health officer will be contacted.

**The Hospital will carry out exposure notification/management within 48 hours as outlined in the Ryan White Law (Part G).

The receiving hospital is responsible for source patient blood testing. Rapid HIV and rapid HCV testing are to be performed on the source patient. This is done to comply with the 1998 & 2001 CDC Guidelines and to expedite testing on the behalf of the exposed employee. Rapid testing takes 10 – 100 minutes depending on the test ordered for the laboratory to perform. Source patient test results will be called to the Designated Officer. The Designated Officer will then review the results with the exposed employee.

Airport Medical's Responsibility –

Counseling and baseline testing of the employee will be done in the office. Baseline tests drawn on the employee will depend on the availability of source patient test results and a positive HBV titer test on file.

If the employee insists on treatment when a non-exposure has been ruled, they will contact the designated officer. The physician will issue a letter of written opinion within 15 days of the exposure event.

With regard to exposure to airborne/droplet diseases, Airport Medical will offer appropriate post exposure care.

Fire/Rescue Department Responsibilities

The organization will furnish any and all relevant medical information to the office of the designated medical care provider.

If the exposure was a needle stick injury or an exposure to TB resulting in a positive skin test, the Designated Officer will complete an OSHA 300-report form and the Sharps Injury Log

The Designated Officer **WILL** receive a summary of the written opinion within the 15 days time frame set forth in the regulation. An additional letter of written **opinion** will be forwarded directly to the employee by the physician from Airport Medical if the exposure results in an order for PEP (post exposure prophylaxis for HIV).

The Designated Officer will document that the employee has been informed of the evaluation results. This should be in accordance with the 48 hour time frame set forth in **the Ryan White Law**.

All records will be maintained for duration of the employee's employment plus an additional thirty (30) years as set forth in the OSHA regulation.

Record Keeping Requirements for Sharps Injuries

The OSHA 300 Log

Group sharps injuries in with all other work-related injuries. Is a different document with different requirements than the Needlestick Injury Log.

A work related sharps injury is recordable on the OSHA 300 log if:

- It causes a death
- It causes an illness
- It involves an injury which requires medical treatment beyond first aid (even if treatment is offered and refused).
- Sharps injury = exposure

First Aid	Medical Treatment (recordable)
<ul style="list-style-type: none"> <input type="checkbox"/> Antiseptics during first visit <input type="checkbox"/> Application of bandage <input type="checkbox"/> Use of non-prescription medications <input type="checkbox"/> Single dose of prescription medication <input type="checkbox"/> Administration of tetanus shot or booster <input type="checkbox"/> Lab test or x-ray that shows no injury or infection from that injury 	<ul style="list-style-type: none"> <input type="checkbox"/> Treatment of infection <input type="checkbox"/> Application of antiseptics at 2nd and 3rd visits <input type="checkbox"/> Administration of >1 dose of prescription medication <input type="checkbox"/> Administration of hepatitis vaccination <input type="checkbox"/> Lab test or x-ray that shows injury or infection

The Sharps Injury Log (States may have additional requirements)

All contaminated sharps injuries must be recorded. Non-sharp related exposures are not recorded here.

- The report has names**
- Department where exposure incident occurred**
- How the incident occurred**
- Type and brand of sharp involved in the exposure incident**

This information may be recorded on a separate document or may be included in the data you collect following an exposure investigation. It is acceptable to maintain the information in computer files if you are able to sort the report for sharps injuries only and access it in a timely manner for OSHA if requested

Sharps Injury Log

Month: _____

Employee Name	Device Used	Task Performed	Location of the Incident	Description of Incident

State Testing Law



§ 32.1-45.1. Deemed consent to testing and release of test results related to infection with human immunodeficiency virus or hepatitis B or C viruses.

A. Whenever any health care provider, or any person employed by or under the direction and control of a health care provider, is directly exposed to body fluids of a patient in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the patient whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such patient shall also be deemed to have consented to the release of such test results to the person who was exposed. In other than emergency situations, it shall be the responsibility of the health care provider to inform patients of this provision prior to providing them with health care services which create a risk of such exposure.

B. Whenever any patient is directly exposed to body fluids of a health care provider, or of any person employed by or under the direction and control of a health care provider, in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the patient who was exposed.

C. For the purposes of this section, "health care provider" means any person, facility or agency licensed or certified to provide care or treatment by the Department of Health, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Rehabilitative Services, or the Department of Social Services, any person licensed or certified by a health regulatory board within the Department of Health Professions except for the Boards of Funeral Directors and Embalmers and Veterinary Medicine or any personal care agency contracting with the Department of Medical Assistance Services.

D. "Health care provider," as defined in subsection C of this section, shall be deemed to include any person who renders emergency care or assistance, without compensation and in good faith, at the scene of an accident, fire, or any life-threatening emergency, or while en route therefrom to any hospital, medical clinic or doctor's office during the period while rendering such emergency care or assistance. The Department of Health shall provide appropriate counseling and opportunity for face-to-face disclosure of any test results to any such person.

E. Whenever any law-enforcement officer is directly exposed to body fluids of a person in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the law-enforcement officer who was exposed. In other than emergency situations, it shall be the responsibility of the law-enforcement officer to inform the person of this provision prior to the contact which creates a risk of such exposure.

F. Whenever a person is directly exposed to the body fluids of a law-enforcement officer in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the law-enforcement officer whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. The law-enforcement officer shall also be deemed to have consented to the release of such test results to the person.

G. For the purposes of this section, "law-enforcement officer" means a person who is both (i) engaged in his public duty at the time of such exposure and (ii) employed by any sheriff's office, any adult or youth correctional facility, or any state or local law-enforcement agency, or any agency or department under the direction and control of the Commonwealth or any local governing body that employs persons who have law-enforcement authority.

H. Whenever any school board employee is directly exposed to body fluids of any person in a manner which may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the person whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. Such person shall also be deemed to have consented to the release of such test results to the school board employee who was exposed. In other than emergency situations, it shall be the responsibility of the school board employee to inform the person of this provision prior to the contact that creates a risk of such exposure.

I. Whenever any person is directly exposed to the body fluids of a school board employee in a manner that may, according to the then current guidelines of the Centers for Disease Control, transmit human immunodeficiency virus or hepatitis B or C viruses, the school board employee whose body fluids were involved in the exposure shall be deemed to have consented to testing for infection with human immunodeficiency virus or hepatitis B or C viruses. The school board employee shall also be deemed to have consented to the release of such test results to the person.

J. For the purposes of this section, "school board employee" means a person who is both (i) acting in the course of employment at the time of such exposure and (ii) employed by any local school board in the Commonwealth.

K. For purposes of subsection H, if the person to be tested is a minor, consent for such testing shall be obtained from the parent, guardian, or person standing in loco parentis of such minor prior to initiating such testing. If the parent or guardian or person standing in loco parentis withholds such consent, the school board may petition the juvenile and domestic relations district court in the county or city where the minor resides for an order requiring such testing.

L. Except as provided in subsection K, if the person whose blood specimen is sought for testing refuses to provide such specimen, any person potentially exposed to the human immunodeficiency virus or hepatitis B or C viruses, or the employer of such person, may petition the general district court of the county or city in which the person whose specimen is sought resides or resided, or, in the case of a nonresident, the county or city where the health care provider, law-enforcement agency or school board has its principal

office, for an order requiring the person to provide a blood specimen or to submit to testing and to disclose the test results in accordance with this section. At any hearing before the court, the person whose specimen is sought or his counsel may appear. The court shall be advised by the Commissioner or his designee prior to entering any testing order. If a testing order is issued, both the petitioner and the person from whom the blood specimen is sought shall receive counseling and opportunity for face-to-face disclosure of any test results by a licensed practitioner or trained counselor.

(1989, c. 613; 1993, c. 315; 1994, cc. 230, 236; 1997, c. 869; 2003, c. 1.)

POST-EXPOSURE REPORTING FORM

&

POST- EXPOSURE PROTOCOL

Exposure Report Form

Patient Information:

Name: _____

- - -
Sex Age Patient #

Exposure Information:

Bloodborne Airborne

Exposed to:

Area Exposed:

Blood

Hands

Nose

Bloody Fluid

Face

Mouth

Other _____

Eyes

Other _____

Personal Protective Equipment Used:

Yes

Type: _____

No

Task Being Performed: _____

Needle Safe Device Used: Yes

No

Employee Information:

Name: _____

SS# _____

Phone # (H) _____

(W) _____

Exposure Date: _____

Exposure Time: _____

Exposure Location: Facility _____

Unit _____

Reported To: _____

First Aid Performed:

Yes

No

Source Patient Blood Drawn: (*HIV rapid test, HBV, HCV*)

Yes

No

Reporting Process:

Preceptor/Instructor Notified:

Yes

No

Designated Officer Notified:

Yes

No

Post-Exposure Follow Up:

Employee Given Source Patient Test Results:

Yes

No

Date: _____

Time: _____

Employee Medical Follow Up Referral to: _____

Employee: Must attach a written signed explanation of how the exposure event occurred within 24 hours of the incident. This is to be sent to the Designated Officer.

Description of Exposure Event:

Employee Signature: _____

Date: _____

Declination Form

Post – Exposure Medical Treatment

I understand that due to my occupational exposure I may be at risk for acquiring _____ disease. I have been given the opportunity to be treated prophylactically for this exposure, at no charge to myself. However, I decline follow up medical treatment at this time. I understand that by declining this treatment, I continue to be at risk for acquiring the disease to which I have been exposed. I understand that if I acquire this disease I will be placed under the departments work restriction guidelines.

Name_____

Date:_____

Signature_____

Physician Counseling Documentation Form

This form is to serve as documentation that _____
an employee of _____, has been advised of
the results of laboratory testing that was performed on _____
2012/13. This laboratory work was performed for the purpose of:

____ Post exposure medical follow up

____ Annual physical exam

____ Post hiring physical examination

Appropriate counseling was provided to this Employee and
all test results will remain confidential. A copy of the results will
be held in the Employee's confidential medical record.

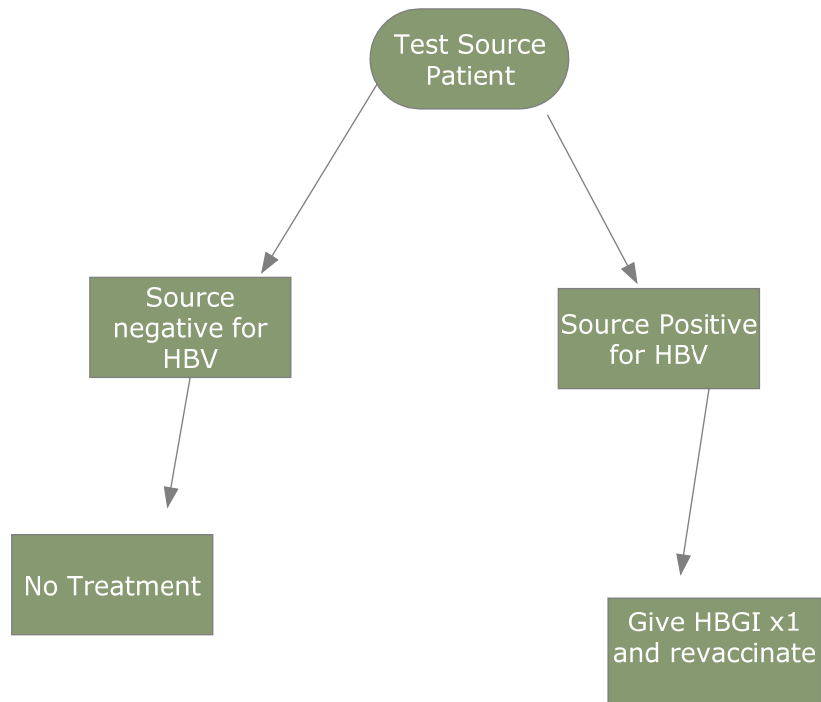
Physician Signature

Employee Signature

Date: _____

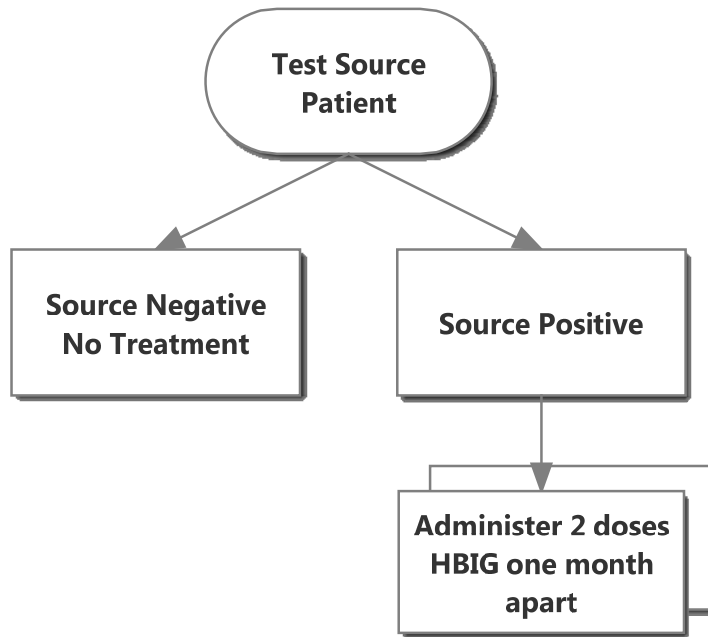
Post - exposure Known Vaccine

Non - Responder - 3 Dose Series



CDC, MMWR, June 29, 2001, Dec. 8, 2006, Dec. 2011

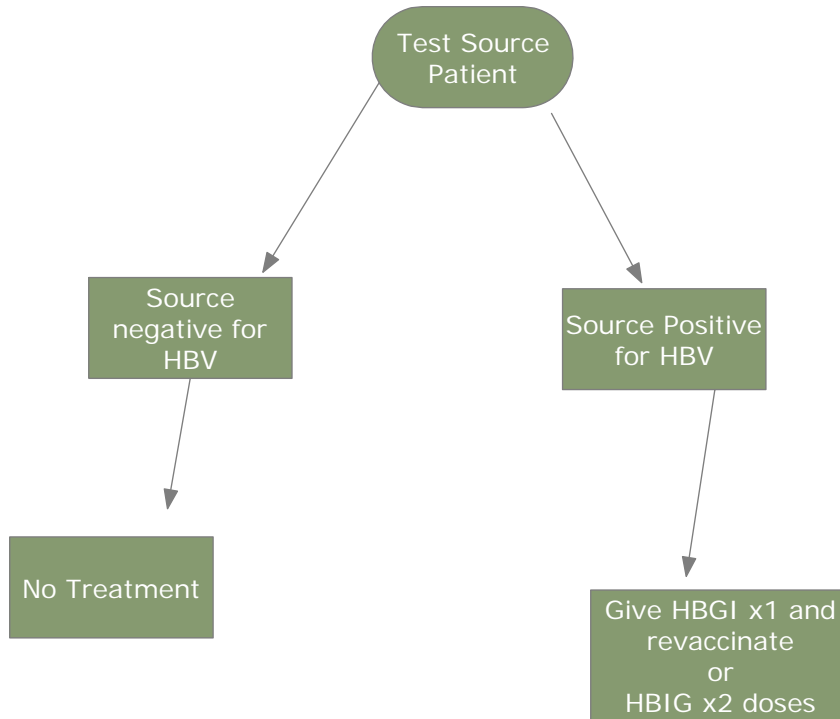
Post Exposure Follow Up Hepatitis B Vaccine Non - Responder - 2 Series of Vaccine



CDC Guidelines - December, 2011

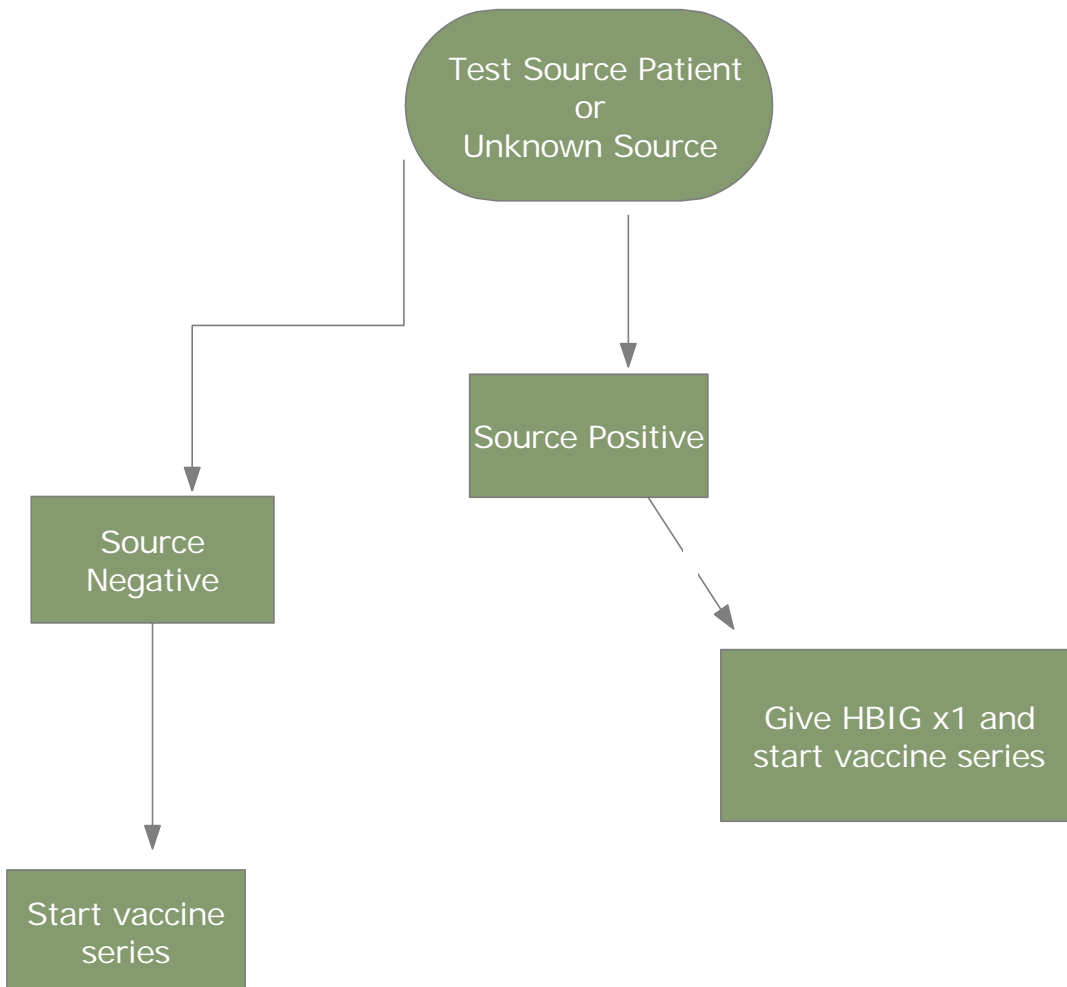
Post - exposure Known Vaccine

Non - Responder



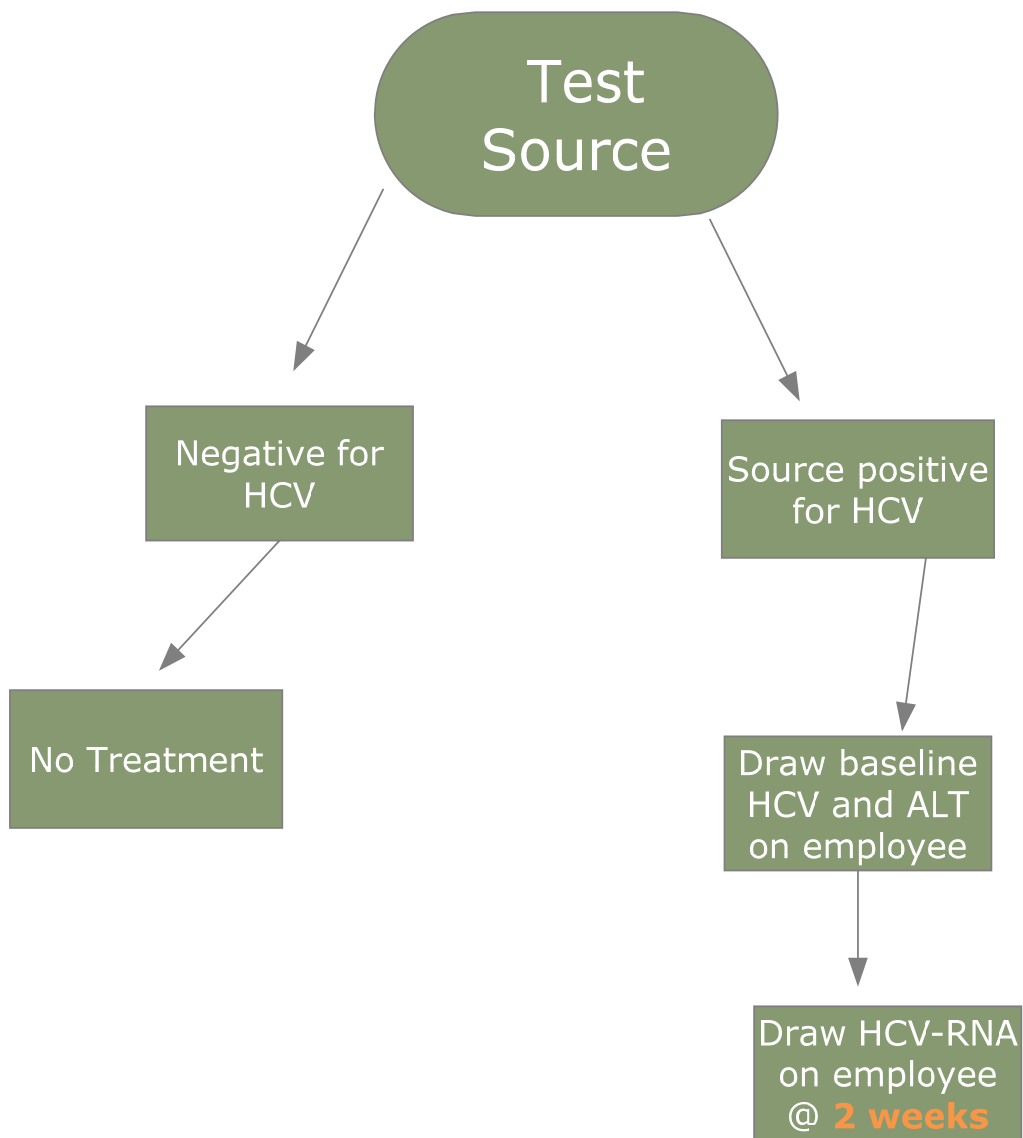
CDC, MMWR, June 29, 2001, Dec. 8, 2006, 2011

Post - exposure HBV - Non Vaccinated Employee or Source unknown

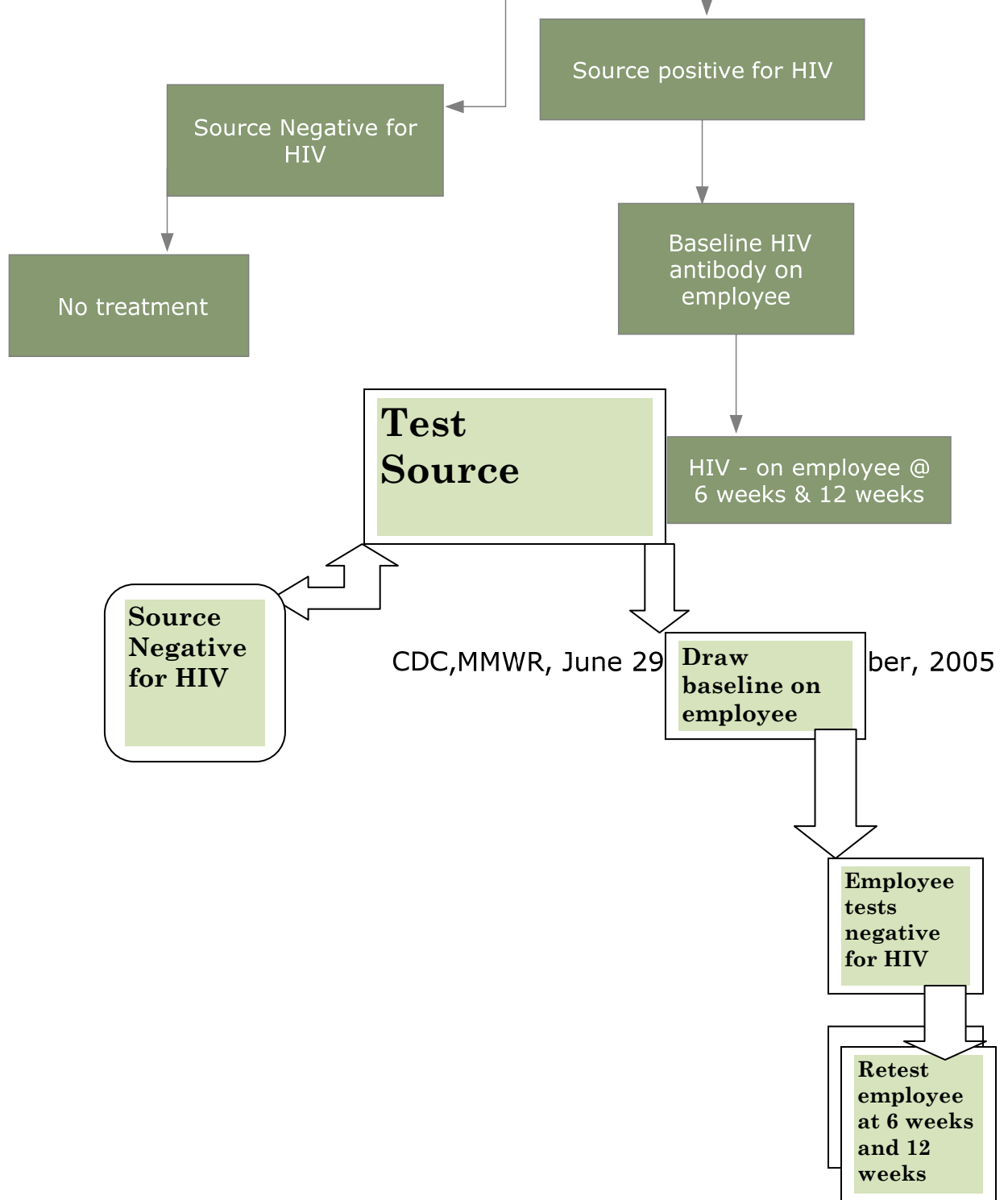


CDC, MMWR, June 29, 2001, Dec. 8, 2006

Post - exposure HCV



2009



CDC, September 30, 2005

Post Exposure Medical Treatment for Exposure to HIV

Post Exposure Prophylaxis (PEP)

I understand that the exposure that I sustained meets the criteria for offering antiretroviral drug treatment in accordance with the Centers for Disease Control and Prevention's recommendations dated May 15, 1998, June 29, 2001 and September, 2005.

I understand that these drugs are offered because "theoretically initiation of antiretroviral PEP soon after exposure may prevent or inhibit systemic infection by limiting the proliferation of virus in the initial target cells or lymph nodes".

I understand that post-exposure prophylaxis (PEP) is a four- (4) week course of treatment. I understand that this drug treatment is associated with an increased risk for side effects. I have been advised that side effects may include; nausea, vomiting, malaise/fatigue, headache, or insomnia.

I have been offered counseling by a licensed health care provider and have had an opportunity to ask questions regarding the following:

- _____ Source patient test results (include viral load test if HIV positive)
- _____ What is known and unknown about PEP
- _____ Side effects
- _____ Use of drugs in pregnancy (need for pregnancy testing)
- _____ Baseline and every 2 week blood work
- _____ Current medication & drug interaction
- _____ Drug allergies
- _____ Efficacy/toxicity of these drugs
- _____ Refraining from- sexual activity, donating blood, tissues or organs
- _____ Importance of using condoms if sexually active

Based on this counseling session, I elect to receive PEP treatment in accordance with the current recommendations.

Employee Signature: _____ Date: _____

Physician Signature: _____
Physician's Name (print) _____

Developed by Katherine West, IC/EC, Inc.

EXPOSURE TO SYPHILIS

PROCEDURE

ACTION/NOTES

Wash area well with soap & water

Reduces the number load of organisms

Report exposure and complete any necessary reporting forms

Assists with exposure recordkeeping and documentation for work comp.

Await source patient test results

Exposure healthcare personnel are Entitled to this information

Report for medical evaluation and/or testing

If results are positive on the source then post exposure treatment is appropriate

Treatment – IM injection of long-acting Penicillin 2.4 million units

If penicillin allergic, oral Doxycycline or tetracycline may be given

Exposure to Tuberculosis

PROCEDURE

If an unprotected exposure occurs,
And, the Employee has no documented
negative test in the past three months,
and was not previously positive, a

MANTOUX skin should be given as soon
as possible

If this skin test is negative, the Employee
Should be retested in 8-10 weeks

If the exposed Employee tests positive,
(>5mm reaction) or shows signs or
symptoms of TB, a chest x-ray should be
performed

Employees testing positive following an
exposure should be evaluated for preventive
therapy in accordance with the current CDC
guidelines

If over 35 and INH or RIF therapy is prescribed,
then liver function studies should be monitored
on a monthly basis

Healthy Employee who are receiving prevention
treatment for TB exposure should be allowed to
continue to work

ACTION/NOTES

Persons who have tested positive
in the past should not be tested

A PPD/TST skin test is good for 3
months

QFT-G may be used instead of skin
testing

Person with a positive test on file,
DO NOT require a skin test.
The incubation period is 4-12 weeks

Evaluation is important for each
person because some may develop
drug induced hepatitis. Pregnant
employees also need close
evaluation

Alcoholic beverages should be
avoided

Post – Exposure Medical Management

Chickenpox (Varicella)

In the event that a non-immunized employee is exposed to the chickenpox, the employee should complete an incident report and communicate with the Designated Officer.

The Designated officer will refer the exposed employee for post-exposure medical management. Healthy staff members will be offered vaccine post exposure. Staff who are pregnant or immuno-compromised will be offer VariZIG . Post-exposure treatment may involve antibody testing and consideration of the administration of Varicella-zoster immune globulin (VariZIG).

The exposed employee should be removed from duty for the 10th day following the exposure until the 21st day. If the employee has not developed the chickenpox, they may then return to duty. If the employee does develop the chickenpox, then he/she may not return to work until all lesions are crusted and dried.

Employees who have an on the job exposure will be covered under workers compensation for time off.

Post Exposure Medical Follow Up Measles, Mumps, Rubella

Procedure

Action/Rationale

Check employee medical record
For immunity documentation

This will establish the need for treatment

No documentation is available

Offer MMR vaccine as a prevention
Measure for measles, Rubella

There is no need to titer before offering
vaccine

If exposure to mumps, place on
Work restriction

Mumps vaccine is NOT effective given post
exposure

Post Exposure Protocol – Pertussis

Procedure

Action/Rationale

Document an actual exposure-

Considered highly communicable

An obvious exposure that involves direct contact with respiratory, oral, or nasal secretions from a case-patient during the contagious period (e.g., a cough or sneeze in the face, sharing eating utensils, sharing water bottles, kissing, mouth-to-mouth resuscitation, or performing intubation or nasotracheal suctioning without a mask).

&

Check vaccination record

Vaccination does not always confirm immunity

No Tdap booster documented-
May not eliminate risk for disease

Erythromycin PO x 14 days

Infected Healthcare worker contact-
Contacts may remain in the workplace if they comply with prophylaxis and lack respiratory symptoms; they should be under surveillance for 21 days after their last known exposure

CDC Immunization Guidelines, Nov, 2011

Post Exposure Medical Follow Up – Bacterial Meningitis

Procedure

Document exposure:
Mouth-to-mouth, spraying of secretions, direct contact with patients oral or nasal secretions, contact with vomitus in eye, nose, mouth

If exposure confirmed to bacteria Meningitis, post exposure treatment May included;

- Rifampin PO x 2days orange

Should not be administered to Women on birth control pills

- Cipro 1 x oral one who

May cause joint and tendon damage

- Rocephin member

exposure

Action/Rationale

CDC Guidelines define

Turns all body fluids

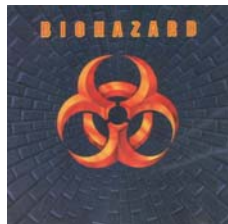
Will interfere with pregnancy protection

Not to be given to an is pregnant

For a pregnant

following an

MEDICAL WASTE ISSUES



MEDICAL WASTE ISSUES - Virginia

Medical Waste is as defined by the attached document published by the State of Virginia.

All medical waste will be contained in accordance with Virginia State Law and the Environmental Protection department.

All sharps will be placed directly into a rigid container that is leak-proof, puncture-resistant and exhibit the universal biohazard symbol.

Other waste such as dressings, contaminated medical equipment, and contaminated protective (non-cleanable) clothing will be placed in a designated red bag and given over to the medical facility for disposal or reprocessing.

HANDLING OF MEDICAL WASTE

All items meeting the State of Virginia definition for medical waste (see State Medical Waste Regulation) will be placed into red biohazard waste bags. When bags are full $\frac{3}{4}$, place into a cardboard box and call for pick up. Full containers awaiting pick up should be stored in the secured designated area with a bio-hazard label on the door. This is in accordance with Virginia State Law and OSHA regulations.

State Medical Waste Regulations

9VAC20-120-10. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise. Chapter 14 (§ [10.1-1400](#) et seq.) of Title 10.1 of the Code of Virginia defines words and terms that supplement those in this chapter. The Virginia Solid Waste Management Regulations, [9VAC20-80](#), define additional words and terms that supplement those in the statutes and this chapter. When the statutes, as cited, and the solid waste management regulations, as cited, conflict, the definitions of the statutes are controlling.

"Act" or "regulations" means the federal or state law or regulation last cited in the context, unless otherwise indicated.

"Alternative treatment method" means a method for the treatment of regulated medical waste that is not incineration or steam sterilization (autoclaving).

"Approved sanitary sewer system" means a network of sewers serving a facility that has been approved in writing by the Virginia Department of Health, including affiliated local health departments. Such sewer systems may be approved septic tank/drainfield systems and on-site treatment systems, or they may be a part of a collection system served by an NPDES permitted treatment works.

"Associated" means two or more firms that share staff members, management, directors, and assets or engage in joint ventures. Holding companies and part owners are associated parties.

"Ash" means the residual waste material produced from an incineration process or any combustion.

"ASTM" means the American Society For Testing and Materials.

"Autoclave tape" means tape that changes color or becomes striped when subjected to temperatures that will provide sterilization of materials during treatment in an autoclave or similar device.

"Blood" means human blood, human blood components, and products made from human blood.

"Board" means the Virginia Waste Management Board.

"Body fluids" means liquid emanating or derived from humans including blood; cerebrospinal, synovial, pleural, peritoneal and pericardial fluids; semen and vaginal secretions; amniotic fluid; urine; saliva in dental procedures; and any other body fluids that are contaminated with blood, and any other liquids emanating from humans that may be mixed or combined with body fluids.

"Closure" means the act of securing a regulated medical waste management facility pursuant to the requirements of these regulations.

"Closure plan" means the plan for closure prepared in accordance with the requirements of this chapter.

"Commonwealth" means the Commonwealth of Virginia.

"Container" means any portable enclosure in which a material is stored, transported, treated, or otherwise handled.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other body fluids on an item or surface.

"Contingency plan" means a document setting out an organized, planned and coordinated course of action to be followed in the event of a fire, explosion, or release of regulated medical waste or regulated medical waste constituents that could threaten human health or the environment.

"CWA" means the Clean Water Act (formerly referred to as the Federal Water Pollution Control Act), 33 USC § 1251 et seq.; PL 92-500, PL 93-207, PL 93-243, PL 93-592, PL 94-238, PL 94-273, PL 94-558, PL 95-217, PL 95-576, PL 96-148, PL 96-478, PL 96-483, PL 96-510, PL 96-561, PL 97-35, PL 97-117, PL 97-164, PL 97-216, PL 97-272, PL 97-440, PL 98-45, PL 100-4, PL 100-202, PL 100-404, and PL 100-668.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy human pathogens on a surface or item to the point where they are no longer capable of transmitting disease and the surface or item is rendered safe for handling, use, or disposal.

"Department" means the Virginia Department of Environmental Quality.

"Director" means the Director of the Department of Environmental Quality or his designee.

"Discard" means to throw away or reject. When a material is soiled, contaminated or no longer usable and it is placed in a waste receptacle for disposal or treatment prior to disposal, it is considered discarded.

"Discharge" or "waste discharge" means the accidental or intentional spilling, leaking, pumping, pouring, emitting, emptying, or dumping of regulated medical waste into or on any land or state waters.

"Disposal" means the discharge, deposit, injection, dumping, spilling, leaking, or placing of any solid waste into or on any land or water so that such solid waste or any constituent of it may enter the environment or be emitted into the air or discharged into any waters, including ground waters.

"Disposal facility" means a facility or part of a facility at which solid waste is intentionally placed into or on any land or water, and at which the solid waste will remain after closure.

"Domestic sewage" means untreated sanitary wastes that pass through a sewer system.

"Empty" means wastes have been removed from a container using the practices commonly employed to remove materials of that type.

"EPA" means the U.S. Environmental Protection Agency.

"Etiologic agents" means the specific organisms defined to be etiologic agents in 42 CFR 72.3. In general, etiologic agents as defined in 42 CFR 72.1 means a viable microorganism or its toxin which causes or may cause human disease.

"Federal agency" means any department, agency, or other instrumentality of the federal government, any independent agency, or establishment of the federal government including any government corporation and the Government Printing Office.

"Generate" means to cause waste to become subject to regulation. When regulated medical waste is first discarded, it must be appropriately packaged in accordance with this regulation. At the point a regulated medical waste is discarded it has been generated.

Note: Timeframes associated with storage and refrigeration are no longer linked to the "date of generation."

"Generator" means any person, by site location, whose act or process produces regulated medical waste identified or listed in Part III ([9VAC20-120-80](#) et seq.) of this chapter or whose act first causes a regulated medical waste to become subject to this chapter.

"Hazardous material" means a substance or material that has been so designated under 49 Parts CFR 171 and 173.

"Hazardous waste" means any solid waste defined as a "hazardous waste" by the Virginia Hazardous Waste Management Regulations.

"Health Care Professional" means a medical doctor or nurse practicing under a license issued by the Department of Health Professions.

"Highly leak resistant" means that leaks will not occur in the container even if the container receives severe abuse and stress, but remains substantially intact.

"Highly puncture resistant" means that punctures will not penetrate the container even if the container receives severe abuse and stress, but remains substantially intact.

"Motor vehicle" means a vehicle, machine, roll off container, tractor, trailer, or semi-trailer, or any combination of them, propelled or drawn by mechanical power and used in transportation or designed for such use.

"Nonstationary health care providers" means those persons who routinely provide health care at locations that change each day or frequently. This term includes traveling doctors, nurses, midwives, and others providing care in patients' homes, first aid providers operating from emergency vehicles, and mobile blood service collection stations.

"NPDES" or "National Pollutant Discharge Elimination System" means the national program for issuing, modifying, revoking, reissuing, terminating, monitoring, and enforcing permits pursuant to §§ 307, 402, 318, and 405 of the Clean Water Act. The term includes any state or interstate program that has been approved by the Administrator of the United States Environmental Protection Agency.

"Off-site" means any site that does not meet the definition of on-site as defined in this part, including areas of a facility that are not on geographically contiguous property or outside of the boundary of the site.

"On-site" means the same or geographically contiguous property, which may be divided by public or private right-of-way, provided the entrance and exit to the facility are controlled by the owner or the operator of the facility. Noncontiguous properties owned by the same person but connected by a right-of-way that he controls and to which the public does not have access are also considered on-site property.

"Owner" means the person or persons who own a regulated medical waste management facility or part of a regulated medical waste management facility.

"Package" or "outside package" means a package plus its contents.

"Packaging" means the assembly of one or more containers and any other components necessary to assure compliance with minimum packaging requirements under VRGTHM or this chapter.

"Permit by rule" means provisions of this chapter stating that a facility or activity is deemed to have a permit if it meets the requirements of the provision.

"Permitted waste management facility" or "permitted facility" means a regulated medical waste treatment or storage facility that has received a permit in accordance with the requirements of the chapter.

"Physical construction" means excavation, movement of earth, erection of forms or structures, the purchase of equipment, or any other activity involving the actual preparation of the regulated medical waste management facility.

"Processing" means preparation, treatment, or conversion of regulated medical waste by a series of actions, changes, or functions that bring about a decided result.

"RCRA" means the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act (42 USC § 6901 et seq.), the Hazardous and Solid Waste Amendments of 1984, and any other applicable amendments to these laws.

"Regulated medical waste" means solid wastes defined to be regulated medical wastes in Part III ([9VAC20-120-80](#) et seq.) of this chapter.

"Regulated medical waste management" means the systematic administration of activities that provide for the collection, source separation, storage, transportation, transfer, processing, treatment, and disposal of regulated medical wastes whether or not such facility is associated with facilities generating such wastes or otherwise.

"Regulated medical waste management facility" means a solid waste management facility that manages regulated medical waste.

"Safe sharps program" means a program supported by a city, county, town or public authority that is intended to enhance the safe disposal of sharps discarded by private individuals.

"Sanitary sewer system" means a system for the collection and transport of sewage, the construction of which was approved by the Department of Health or other appropriate authority.

"Secondary container" means a storage device into which a container can be placed for the purpose of containing any leakage from the original container.

"Section" means a subpart of this chapter and when referred to all portions of that part apply.

"Sharps" means needles, scalpels, knives, syringes with attached needles, pasteur pipettes and similar items having a point or sharp edge or that are likely to break during transportation and result in a point or sharp edge.

"Shipment" means the movement or quantity conveyed by a transporter of a regulated medical waste between a generator and a designated facility or a subsequent transporter.

"Site" means the land or water area upon which a facility or activity is physically located or conducted, including but not limited to adjacent land used for utility systems such as repair, storage, shipping, or processing areas, or other areas incident to the controlled facility or activity.

"Solid waste" means any garbage, refuse, sludge and other discarded material, including solid, liquid, semisolid or contained gaseous material, resulting from industrial, commercial, mining and agriculture operations, or community activities, but does not include (i) solid or dissolved material in domestic sewage, (ii) solid or dissolved material in irrigation return flows or in industrial discharges which are sources subject to a permit from the State Water Control Board, or (iii) source, special nuclear, or by-product material as defined by the Federal Atomic Energy Act of 1954, as amended 42 USC §§ 2011-2284. The definition of solid waste is further clarified in the Virginia Solid Waste Management Regulations ([9VAC20-80-140](#)).

"Solid waste management" means the collection, source separation, storage, transportation, transfer, processing, treatment, and disposal of solid wastes or resource recovery.

"Spill" means any accidental or unpermitted discharge, leaking, pumping, pouring, emitting, or dumping of wastes or materials that, when spilled, become wastes.

"Start-up" or "cold start-up" means the beginning of a combustion operation from a condition where the combustor unit is not operating and less than 140°F in all areas.

"Storage" means the holding, including during transportation, of more than 200 gallons of waste, at the end of which the regulated medical waste is treated or stored elsewhere.

"Training" means formal instruction, supplementing an employee's existing job knowledge, designed to protect human health and the environment via attendance and successful completion of a course of instruction in regulated medical waste management procedures, including contingency plan implementation, relevant to those operations connected with the employee's position at the facility.

"Transfer facility" means any transportation related facility including loading docks, parking areas, storage areas, and other similar areas where shipments of regulated medical waste are held during the normal course of transportation.

"Transportation" or "transport" means the movement of regulated medical waste by air, rail, highway, or water.

"Transport vehicle" means any vehicle used for the transportation of cargo.

"Vector" means a living animal, insect or other arthropod that may transmits an infectious disease from one organism to another.

"VRGTHM" means Virginia Regulations Governing the Transportation of Hazardous Materials promulgated by the Virginia Waste Management Board as authorized by §§ [10.1-1450](#) through [10.1-1454](#) of the Code of Virginia.

"Waste management facility" means all contiguous land and structures, other appurtenances, and improvements on them used for treating, storing, or disposing of waste.

"Waste management unit" means any unit at a treatment or storage facility that possesses a permit, or that has received regulated medical waste (as defined in this chapter) at any time, including units that are not currently active.

Statutory Authority

§ [10.1-1402](#) of the Code of Virginia.

Historical Notes

Derived from VR672-40-01:1 § 1.1, eff. June 29, 1994; amended, Virginia Register Volume 18, Issue 18, eff. June 19, 2002.

Part II

Legislative Authority and General Information

COMPLIANCE MONITORING



COMPLIANCE MONITORING

The Caroline County Fire & Rescue recognizes its responsibility to provide personal protective equipment, education and training, post exposure reporting/follow-up for its employee at risk for exposure. It also notes the responsibility of the employees to comply with the established policy/procedures set forth in the Exposure Control Plan. Thus, employers who have employees identified, as having job responsibilities that place them at risk, will conduct compliance monitoring activities on a regular basis. The time frame between monitoring will be decided by the designated officer.

The purpose of compliance monitoring is to verify that the program for reducing member exposure is "on track". It will also ensure that the service is in compliance with all applicable laws, standards and guidelines. Compliance monitoring will also serve to identify training needs or problem identification. The department's disciplinary action policy will be followed for employees who do not comply with this established plan.

(See Disciplinary Action Policy)

Compliance Monitor – EMS

Scene Monitor – Check List _____ Date: _____

Compliance

Task/Procedure	Yes	No	Comments
1. Personal protective equipment was available	<input type="checkbox"/>	<input type="checkbox"/>	
2. Handwashing was observed	<input type="checkbox"/>	<input type="checkbox"/>	
3. Needle/Sharps container was used	<input type="checkbox"/>	<input type="checkbox"/>	
4. Gloves were used according to established policy	<input type="checkbox"/>	<input type="checkbox"/>	
5. Eyewear was indicated and used as per SOP	<input type="checkbox"/>	<input type="checkbox"/>	
6. Masks were used according to SOP	<input type="checkbox"/>	<input type="checkbox"/>	
7. Personal protective equipment was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
8. Patient was advised regarding the use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	
9. If PPE was not used per SOP, explain the circumstances	<input type="checkbox"/>	<input type="checkbox"/>	
10. Patient history information was handled according to department policy	<input type="checkbox"/>	<input type="checkbox"/>	
11. Patient family was advised regarding use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	
12. Exposures were promptly reported	<input type="checkbox"/>	<input type="checkbox"/>	
13. All needles and debris were removed from the scene	<input type="checkbox"/>	<input type="checkbox"/>	
14. PPE was properly disposed of according to Department procedures	<input type="checkbox"/>	<input type="checkbox"/>	
15. Vehicles were cleaned following transport	<input type="checkbox"/>	<input type="checkbox"/>	
16. Cleaning was done using the proper agent	<input type="checkbox"/>	<input type="checkbox"/>	
17. Contaminated areas were cleaned	<input type="checkbox"/>	<input type="checkbox"/>	

Compliance Monitor

Employee Interview:

Date: _____

Observer: _____

Fire/Rescue Station Compliance/Quality Monitor

Date: _____

Area: _____

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Exposure incidents and follow up are in the Employee health record	<input type="checkbox"/>	<input type="checkbox"/>		
Immunization records are in each Employee health file	<input type="checkbox"/>	<input type="checkbox"/>		
Education and training records are in each Employee health file	<input type="checkbox"/>	<input type="checkbox"/>		
Employee job descriptions contain information on OSHA Category assignment	<input type="checkbox"/>	<input type="checkbox"/>		
Employees are participating in the hepatitis B vaccine program	<input type="checkbox"/>	<input type="checkbox"/>		
Employees have reviewed the departments infection control program	<input type="checkbox"/>	<input type="checkbox"/>		

Action/Follow Up

Date for Next Review: _____

Employee Interview:

Fire/Rescue Station Compliance/Quality Monitor

Date: _____

Area: _____

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Station area is clean	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen is clean/orderly	<input type="checkbox"/>	<input type="checkbox"/>		
Refrigerator is set at _____°	<input type="checkbox"/>	<input type="checkbox"/>		
Trash is in a covered container	<input type="checkbox"/>	<input type="checkbox"/>		
Bathrooms are clean	<input type="checkbox"/>	<input type="checkbox"/>		
Handwashing solutions are available	<input type="checkbox"/>	<input type="checkbox"/>		
Handwashing solution containers are filled	<input type="checkbox"/>	<input type="checkbox"/>		
Waterless hand wash solutions are available	<input type="checkbox"/>	<input type="checkbox"/>		
Personal Protective attire is readily available	<input type="checkbox"/>	<input type="checkbox"/>		
Laundry facilities are provided <input type="checkbox"/> In Station <input type="checkbox"/> Contracted Service	<input type="checkbox"/>	<input type="checkbox"/>		
Specified area for cleaning equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Contaminated linen is bagged and labeled as biohazard	<input type="checkbox"/>	<input type="checkbox"/>		
Stocked medical supplies are in a clean area	<input type="checkbox"/>	<input type="checkbox"/>		

Action/Follow Up

Date for Next Review: _____

Fire/Rescue Station Compliance/Quality Monitor

Date: _____

Area: _____

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Solutions for high level disinfection are in date, covered and in an appropriate container	<input type="checkbox"/>	<input type="checkbox"/>		
There is documentation of all routine cleaning of vehicles/equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Needle-disposal containers are located in each decontamination area	<input type="checkbox"/>	<input type="checkbox"/>		
Staff is aware of the policy for reporting exposure situations	<input type="checkbox"/>	<input type="checkbox"/>		
Bio-hazards signs are properly posted	<input type="checkbox"/>	<input type="checkbox"/>		
Infectious waste containers are readily available	<input type="checkbox"/>	<input type="checkbox"/>		
There is a designated area for storage of infectious waste	<input type="checkbox"/>	<input type="checkbox"/>		
Records area maintained for infectious waste removal and disposal	<input type="checkbox"/>	<input type="checkbox"/>		
Blood specimens being sent out are properly labeled, contained	<input type="checkbox"/>	<input type="checkbox"/>		
Exposure incidents have been reviewed and discussed	<input type="checkbox"/>	<input type="checkbox"/>		
Exposure follow up is documented for each incident	<input type="checkbox"/>	<input type="checkbox"/>		

Action/Follow Up

Date for Next Review: _____

Employee Interview::

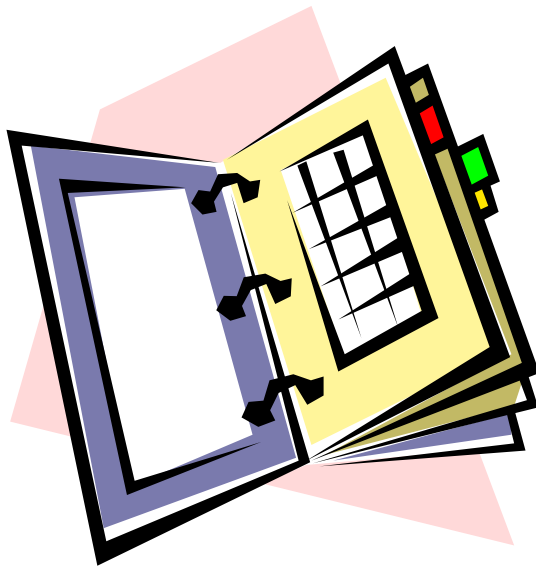
DISCIPLINARY ACTION POLICY

The purpose of the exposure control plan is to reduce the risk for occupational exposure. Our plan is effective if followed as written. Periodic and unannounced monitoring will be conducted to ensure that employees are complying with this plan.

Compliance with the exposure control plan is a member responsibility. Non-compliance will be noted and records maintained of each incident and member interview. Retraining and education will be offered.

(See County Policy)

RECORDKEEPING



SUMMARY RECORDKEEPING

On or before December 30, 1999, Caroline County Fire & Rescue will insure that accurate recordkeeping will be established and maintained for each employee deemed to be at risk for occupational exposure.

These records will be maintained by the Designated Infection Control Officer– in conjunction with the office of Airpark Medical. Records can be accessed upon written request.

Information for the medical records will include:

1. Name and social security number of the employee
2. A copy of the hepatitis B vaccine record, titer results, and PPD /TST status
3. Consent/Denial forms
4. A copy of results of examinations and follow up procedures
As required by the OSHA regulation
5. A copy of the healthcare providers written opinion(s) following an exposure
6. A copy of the information provided to the healthcare provider as required to assist with medical follow up

ALL EMPLOYEE MEDICAL RECORDS WILL BE KEPT CONFIDENTIAL. ALL FILES WILL BE LOCKED AND MAINTAINED BY THE DESIGNATED OFFICER. FILES ARE LOCATED AT FIRE-RESCUE ADMINISTRATION.

Employee medical records will be maintained for at least the duration of their employment plus thirty years in accordance with the OSHA standard, 1910.1030.

Should an employee submit a written request for a copy of their medical records, this will be done within 15 days of the request.

TRAINING RECORDS

Training records will include;

1. dates of the training session
2. the content (outline) or summary of the material presented
3. the name and qualifications of the instructor
4. the names and job titles of all persons attending the training session
5. the employees signature

ALL training records will be maintained for three (3) years.

Training records are not confidential records and will be provided upon request to the employee or the employee's representative within 15 days of the request. If Caroline County Fire & Rescue should cease to do business, it shall notify the Director of the Virginia State OSHA office at least three months prior to the end of business. The Director may require that all records be transferred to him/her before the end of the three-month period.

All medical records will be kept confidential. Contents will *not* be disclosed or reported to any person within or outside the workplace without the employees express written consent, except as required by law or regulation.

Employees who wish to obtain a copy of their medical record, must fill out the request form and the department will make a copy available within 15 days at no cost.

OSHA Regulations (Standards - 29 CFR)

Sample authorization letter for the release of Member medical record information to a designated representative (Non-mandatory) - 1910.1020AppA

- Standard Number: **1910.1020AppA**
- Standard Title: **Sample authorization letter for the release of Member medical record information to a designated representative (Non-mandatory)**
- SubPart Number: **Z**
- SubPart Title: **Toxic and Hazardous Substances**

I, _____, (full name of worker/patient) hereby authorize _____ (individual or organization holding the medical records) to release to _____ (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

(Describe generally the information desired to be released).

I give my permission for this medical information to be used for the following purpose:

but I do not give permission for any other use or re-disclosure of this information. (Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)

Full name of Member or Legal Representative

Signature of Member or Legal Representative

Date of Signature [6R 31427, June 20, 1996]