

Abington Township Fire Department



Infection Control Exposure Plan

September, 2007

Abington Township Fire Department

Exposure Control Plan

Copies of this plan are distributed as follows:

Abington Fire Company (Station 100)

McKinley Fire Company (Station 200)

Weldon Fire Company (Station 300)

Edge Hill Fire Company (Station 400)

Roslyn Fire Company (Station 500)

Infection Control Officer: Chief Fred Trasatti, SARS

Abington Township Fire Department Office

S.O.P. Manual

Medical Director: To Be Named

Any changes made to or about this plan will be copied into each of the distributed copies listed above.

Members may request a personal copy of the plan. It will, however, be the member's responsibility to maintain their copy up to date. Each member is urged to read and review the plan, and direct any questions, in writing, to the Infection Control Officer.

Abington Township Fire Department

Exposure Control Plan

In accordance with **OSHA 29 CFR Part 1910.1030** [*Occupational Exposure to Bloodborne Pathogens: Final Rule*] the following exposure control plan will take effect April 23, 2007. Additional updates to this plan will be made as required due to revised tasks or jobs involving exposure, or annually.

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a) **Terms and Definitions:**

- **Body Substance Isolation (BSI):** A method of infection control where **ALL** human body fluids and substances are considered to be infectious.
- **Blood:** Human blood, human blood components, and products made from human blood or its components.
- **Bloodborne Pathogens:** 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).
- **Contaminated:** The presence, or reasonably anticipated presence, of blood or other potentially infectious materials on an item or surface.
- **Sharps:** Any object that can penetrate the skin including, but not limited to, needles, broken glass or broken blood tubes.
- **Decontamination:** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they become incapable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- **Engineering Controls:** means controls, such as sharps containers, that isolate or remove the bloodborne pathogens hazard from the work place.
- **Hand Washing Facilities:** An area that provides an adequate supply of running water, soap and single use towels or hot air drying machines for hand washing.
- **HBV:** refers to the Hepatitis B Virus
- **HCV:** refers to the Hepatitis C Virus
- **HIV:** refers to the Human Immunodeficiency Virus
- **I.C.O.:** refers to the Abington Township's Infection Control Officer or Assistant I.C.O.
- *Medical Director: Medical Officers assigned to department*
- **Member:** Any individual who, under the by-laws of the Second Alarmers Association and Rescue Squad of Montgomery County, Inc., is a member of the Association. Employees of contractors to SARS whose job classification fall into those described in section 2.2. will also be referred to as members in this document for simplicity (unless specifically separated), and are regulated by SARS under sections 1, 2, 3, 5.1, 7.
- **Occupational Exposure:** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result in the performance of a member's duties.
- **Other Potentially Infectious Materials:**
 - 1) Human Body Fluids: cerebrospinal fluid, pericardial fluid, peritoneal fluid, amniotic fluid saliva, semen, vaginal secretions, 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).
- **Parenteral:** Piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts, and abrasions.
- **Personal Protective Equipment:** specialized clothing or equipment worn by a member for protection against a hazard. General work clothes, (uniform pants, shirts) not intended to function as protection against a hazard, are not considered to be personal protective equipment.
- **Regulated Waste:** Liquid, or semi-liquid, blood or other potentially infectious materials. Items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state IF compressed; Sharps; Items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; Pathological, or microbiological, waste containing blood or other potentially infectious materials.

- **Significant Exposure:** Direct contact with blood or body fluids of a patient in a manner that, according to the most current guidelines of the CDC is capable of transmitting HIV, including, but not limited to, a parenteral injury by a contaminated item, contact of mucous membranes or contact with skin (especially when the exposed skin is chapped, abraded or afflicted with dermatitis) or if the contact is prolonged or involves an extensive area.
- **Source Individual:** any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the member.
- **TB:** Refers to the Tuberculosis virus
- **Work Practice Controls:** controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Additional definitions as per OSHA 29 CFR 1910.1030 (b).

1. Application and Scope of this Exposure Control Plan

1.1. Application - The standard [OSHA 29 CFR 1910.1030] applies to all members who, under their normal duties, may reasonably anticipate exposure to blood and other potentially infectious materials containing organisms such as HIV, HBV, HCV, and TB.

1.2. Scope – Abington Township Fire Department (ATFD), being a pre-hospital emergency and rescue service provider, is affected by these standards.

1.3. Review Policy - These policies and procedures are reviewed annually or when necessary to adapt to changes in the work environment or advancements in product designs.

1.3.1. Provider Input – Field providers must be actively involved in the annual review of this document to ensure realistic regulations are in place.

1.4. Accessibility - For ease of access to the membership, this manual is located at each FIRE station. Members may be issued a personal copy of this plan. It will, however, be the member's responsibility to ensure that their copy is up to date.

1.5. Cooperation with outside agencies - ATFD will, to the extent permitted by law, cooperate in a confidential manner with its contractors, any other agency in the investigation of circumstances involving exposure incidents. ATFD likewise expects its contractors and other agencies to reciprocate. The intent of this section is to help ensure a safer work environment for ALL members of the Abington Township Fire Departments.

2. The Exposure Control Plan

2.1. Purpose - *The purpose of this exposure control plan is to prevent the transmission of blood and airborne pathogens by minimizing a member's exposure to such pathogens.* The plan contains the following information:

A. Exposure determination

B. A schedule and method of implementation for:

1. Methods of Compliance
2. Hepatitis B Vaccination, Tuberculosis Testing, and Post Exposure Follow-up
3. Communication of Hazards to Members
4. Record Keeping

2.2. Occupational Exposure Determination

2.2.1. ATFD has determined that all members who participate in the delivery of **EMERGENCY SERVICES** will have periodically potential to be exposed. They can reasonably anticipate skin, eye, and mucous membrane or parenteral contact with blood or other potentially infectious materials that may result in their performance of their duties due to tasks required in pre-hospital patient care.

2.2.2. ATFD has determined that all members who participate in the delivery of **RESCUE** services may periodically have the potential to be exposed. They can periodically reasonably anticipate skin, eye, and mucous membrane or parenteral contact with blood or other potentially infectious materials that may result in their performance of their duties due to tasks required in rescue operations.

2.2.3. ATFD has determined that members who do not participate in either FIRE or RESCUE services, such as administrative personnel do not have the periodic potential to be exposed unless under rare and extraordinary circumstances, at which time they would be covered by this plan.

2.2.4. Procedures involving occupational exposure include, but are not limited to; lifting and moving patients where blood and body fluids are present, bandaging wounds, placement of oxygen devices, and the disinfection of equipment and personnel.

3. Methods of Compliance with OSHA Regulations

3.1. General

3.1.1. ATFD utilizes various strategies, practices, and/or protocols based on current literature to minimize or remove the potential for exposure to members that will include:

- A.** Engineering and Work Practice Controls
- B.** Personal Protective Equipment
- C.** Housekeeping
- D.** Laundry

3.1.2. Body Substance Isolation (BSI) shall be observed by all members to prevent contact with blood or any potentially infectious materials. With BSI, all body fluid types are considered potentially infectious materials.

3.2. Engineering and Work Practice Controls

3.2.1. Engineering and Work Practice Controls shall be used to eliminate or minimize member's exposure. Where an occupational exposure remains after institution of these controls, personal protective equipment shall also be used. (See section **3.3.**)

3.2.2. Engineering Controls shall be examined, maintained and replaced on a periodic basis to ensure their effectiveness. This examination will also include a review of trends in member exposures reported.

ATFD utilizes the engineering and work practices controls described below:

- A.1.** Hand washing is the primary method of cleaning exposed skin using soap and water when available. Exposed mucous membranes will be flushed with water as soon as possible after contact with blood or other potentially infectious materials.
- A.2.** Exam gloves are not considered a *substitute* for hand washing. Upon removal of gloves or other personnel protective equipment, the member shall immediately wash their hands.
- A.3.** As ATFD is a fire and rescue-based provider; sinks with running water are not readily available prior to arriving back at a station. When a sink and running water are not available, antiseptic hand cleaner and clean towels should be used until proper hand washing facilities are available. Antiseptic hand cleaning solutions are only a *temporary* substitute for hand washing. Hands and exposed skin shall be washed with soap and water as soon as possible. Antiseptic hand cleaning solutions are located on each Abington Township Fire Department vehicles.
- A.4.** Members who have open lesions or weeping dermatitis should refrain from direct patient care and handling patient care items until their condition resolves.

This section needed for compliance but note:

Only Paramedic are permitted to handle sharps.

B.1. Contaminated needles and other contaminated sharps are not to be bent, recapped or removed except as noted in this section: Shearing or breaking of needles is not allowed. Recapping of needles shall be done only when a sharps container is not immediately available to the member. Sharps may be recapped only in one of the following two methods:

(A) One handed with the needle cap / sheath placed on a separate surface away from other crew members and scooped with the needle, the capped sharp should be secured then by pushing it closed against a hard surface, or

(B) By placing the cap / sheath under the member's leather, hard-sole boot and recapping the needle, again securing it against a solid surface.

B.2. Sharps containers should be utilized immediately, or as soon as possible, after using the sharp. All sharps are considered single use unless identified as reusable. Sharps containers will be puncture resistant, labeled, and leak-proof on all sides and bottom.

B.3. Sharps Containers are located on each Second Alarmers Rescue Squad ambulance, and ALS First in Bag.

B.4. IV needles utilized should be a protective type that covers the needle after use so as to minimize the potential for accidental needles stick injury. These protective devices are only a temporary measure until the needle can be properly disposed of as previously described in this section. Caution should always be utilized when handling any sharp even when protective barriers are in place.

B.5. Syringe needles utilized should be a protective type that either cover the needle after use or are of a blunt construction, whenever the procedure permits use of such a device, so as to minimize the potential for accidental needles stick injury. These protective devices are only a temporary measure until the needle can be properly disposed of as previously described in this section. There are some procedures such as SQ and IM injections that require a sharp needle – extreme caution should be utilized when handling non-protective devices.

C. Eating, drinking, smoking and applying cosmetics or lip balm and the handling of contact lenses are specifically prohibited in work areas where there is reasonable likelihood of exposure. These areas include, but are not limited to, fire, rescue and ambulances. Food and drink will not be kept or stored in areas where blood or other potentially infectious materials are present.

D.1. All procedures involving blood or other potentially infectious materials shall be performed in a manner that minimizes exposure of the crew to these materials.

D.2. Disposable patient care supplies, if available, should be utilized whenever there is a reasonable chance that contamination will occur so that personnel will not have additional exposure while disinfecting such items.

E.1. Equipment that may become contaminated with blood or other potentially infectious materials will be examined prior to being placed back into service, and decontaminated as necessary. If the equipment cannot be decontaminated, it will be disposed of appropriately. Disposable contaminated items should be red bagged and disposed of in the proper hazardous waste receptacles.

E.2. When decontaminating soiled equipment, follow the manufacturer's instructions for decontamination. When utilizing a chemical disinfectant follow the manufacturer's product instructions for its use especially noting any protective equipment requirements and contact time for effective action.

E.3. Broken or damaged equipment contaminated with blood or other potentially infectious materials must be examined and decontaminated, if feasible, prior to servicing or shipping. Items that cannot be decontaminated will be packaged so as to minimize exposure to anyone that will be handling it and labeled to warn individuals of any potential hazards. Portions not decontaminated will be labeled accordingly and this information will be passed on to all affected members, service representatives and / or manufacturers.

E.4. Equipment retrieved from hospitals after patient contact should be treated as potentially contaminated and must be disinfected prior to placing it back in service unless it can be shown that the hospital staff have cleaned and disinfected such equipment.

3.3. Personal Protective Equipment (hereafter referred to as PPE)

3.3.1. Whenever the possibility of exposure to blood or other infectious materials exists, members must employ whatever PPE is appropriate for the exposure situation in order to prevent contamination. The use of PPE may be temporarily and briefly declined when, under rare and extraordinary circumstances, it was in the member's judgment that, in that specific instance, its use would have prevented the delivery of care to the patient or have posed an increased hazard to the member or crew. When the member makes this judgment, and an exposure occurs, the incident will be investigated so that changes, if needed, can be instituted to prevent such occurrences in the future.

3.3.2. PPE available to all members, provided by ATFD at no cost to the member:

- Disposable Single Use Exam Gloves (assorted sizes)
- Disposable Masks, Two types;
 - 1) Fluid resistant surgical masks with wrap around eye protection.
 - 2) Particulate Air Respirators.
- Goggles and Safety Glasses
- Prepackaged Isolation Kits, including:
 - Disposable long sleeve gown
 - Medium exam gloves
 - Exposure Report
 - Red bag

A.1. Hypoallergenic products will be made available to any member provided they show medical proof of need. Members requiring special sizes or types of PPE will be issued such items on an individual basis.

A.2. All PPE listed is single use except for goggles that should be cleaned in accordance with section 3.4.

A.3. All PPE as listed above shall be maintained in quantities listed on inventory checkout sheets. An ATFD officer or his designee will be responsible for ensuring that there is an adequate supply of PPE available. Each fire company will designate their own supply officer.

A.4. If blood or other potentially infectious material penetrates a garment, the garment shall be removed as soon as feasible. When a non-disposable garment is removed it should be placed in a labeled biohazard plastic bag. When PPE is removed it shall be placed in an appropriately designated area or container for disposal. Decontamination and disposal procedures are outlined in Sections 3.4., 3.5., or 3.6.

A.5. All PPE shall be removed prior to leaving the work area. Drivers and crews of units shall remove all PPE and wash their hands with an antiseptic hand cleaner and clean paper towels prior to entering the emergency vehicle to avoid cross contamination of this area.

B.1. Disposable (single use) exam gloves shall be worn when it can be reasonably anticipated that the member may have contact with blood or other potentially infectious materials, mucous membranes or non-intact skin; and when handling or touching contaminated items or surfaces. Double gloving is available for additional protection.

B.2. Disposable exam gloves shall be replaced as soon as practical when contaminated, torn, punctured, or when their function as a barrier is compromised.

B.3. Disposable exam gloves shall not be washed or decontaminated for reuse.

B.4. Contaminated disposable exam gloves will only be discarded into proper **WASTE** container in the station. Exam gloves not contaminated can be disposed of with **regular** waste.

B.5. Exam gloves should be changed after patient contact prior to treating another patient to avoid cross contamination.

C.1. Long sleeve gowns, aprons, or other protective body clothing shall be available to be worn in exposure situations depending on the task and degree of exposure anticipated.

C.2. PPE kits containing a gown, goggle, mask and one pair of exam gloves are kept on each vehicle.

D.1. Fluid resistant surgical masks are to be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated AND eye, nose or mouth contamination can be reasonably anticipated.

D.2. Fluid resistant surgical masks are kept in each PPE kit.

E.1. Particulate Air Respirators (HEPA or N95 rated – 3M Produce #8612F or #8670F), in conjunction with goggles are to be worn;

A) Whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated AND eye, nose or mouth contamination can be reasonably anticipated,

AND

B) The patient is known to be diagnosed with, or exhibits signs and symptoms of, TB or Severe Acute Respiratory Syndrome (SARS)

E.2. Particulate Air Respirator use is mandatory (in addition to all other PPE required for BSI) when entering a room with an individual known or strongly suspected to have TB or SARS, or performing high hazard procedures such as transporting such an individual while assisting the ambulance crew. Regular surgical fluid shield masks for member use are unacceptable in this case. Additionally, members should ensure that there is adequate fresh air ventilation (open windows and / or use the exhaust fan).

E.3. Particulate Air Respirators will be kept on the ATFD emergency vehicles.

E.3. In accordance with CDC recommendations, a surgical style mask should be placed on an individual known or strongly suspected to have TB or SARS.

- HEPA and/or N95 RESPIRATORS ARE NOT TO BE PLACED ON PATIENTS!

E.4. Signs and symptoms consistent with TB as identified by the CDC are:

- Productive cough
- Coughing up blood
- Weight loss
- Loss of appetite
- Lethargy / weakness
- Night sweats
- Fever

E.5. Signs and Symptoms consistent with SARS as identified by the CDC are:

- Respiratory illness of UNKNOWN etiology with onset since 2/1/2003
- Measured fever $>100.5^{\circ}\text{F}$ ($>38^{\circ}\text{C}$)

AND one or more of the following clinical findings:

- Cough
- Shortness of breath
- Difficulty breathing
- Hypoxia

AND within 10 days of the onset of symptoms had traveled to an area with documented or suspected community transmission of SARS.

OR close contact within the past 10 days of the onset of symptoms with either a person with a respiratory illness that traveled to a SARS area or a person known to be a suspect SARS case.

Areas with documented or suspected community transmission of SARS include, but are not limited to:

The Peoples' Republic of China
Hanoi, Vietnam
Singapore

F.1. To minimize the need for members to provide DIRECT mouth-to-mouth resuscitation, Disposable CPR pocket masks and BVM's are provided.

F.2. Disposable BVM's are located in all Abington Township Fire Department vehicles

F.3. Disposable CPR pocket masks shall be provided in first aid bag.

G.1. ATFD is working toward implementing a latex-free work environment. The use of latex-free products will be phased in wherever the option exists.

G.2. When implementing new devices, or replacing old or damaged equipment that contains latex based materials, latex-free products will receive preference in the selection process.

3.4. Housekeeping

3.4.1. All members are responsible for ensuring that equipment is cleaned and decontaminated prior to placing it back into service.

3.4.2. Disinfecting will be done after all incidents where blood and / or body fluids were present, and will be done in such a way to minimize exposure of personnel.

A. Daily Maintenance occurs at the start of each shift and includes wiping down, with a germicidal disinfectant, all exposed patient compartment surfaces that may have become contaminated.

- This wipe down should be done with the minimum PPE of gloves.
- Towels used in this process may be cleaned with normal linen.

B. Routine Cleaning is required of all equipment that comes in contact with patients.

- This routine cleaning should be depending on frequency of use.
- Equipment that has the potential of becoming contaminated with blood or body fluids, such as back boards, shovels, etc., shall also be routinely cleaned.
- This cleaning should be done with the minimum personal protective equipment of gloves.
- Towels used in this process may be cleaned with normal linen.

C. Decontamination / Disinfection cleaning requires removal of gross contamination and then disinfection of the areas contaminated using a germicidal disinfectant.

- This cleaning should be done with the minimum personal protective equipment of gloves.
- Towels used in this process may be cleaned with normal linen.

D. Documentation of daily maintenance (DM), routine cleaning (RC) and decontamination / disinfection (DD) should be done on Activity logs.

3.4.3. Contaminated patient care equipment shall be decontaminated with an approved EPA registered tuberculocidal disinfectant after exposure to blood and / or body fluids or other potentially infectious materials prior to reuse. Contaminated equipment will not be reused or returned back to service until it has been cleaned and decontaminated.

3.4.4. Contaminated work surfaces shall be decontaminated with an approved EPA registered tuberculocidal disinfectant after exposure to blood and / or body fluids or potentially infectious materials and at the end of each work period if the surface may have become contaminated since the last cleaning due to patient contact.

3.4.5. Broken glassware, such as blood tubes, must not be picked up directly with hands. A mechanical means such as a brush and dustpan, tongs or forceps will be used.

3.4.6. Members using appropriate PPE may clean up small spills of blood or other potentially infectious materials and an approved EPA registered tuberculocidal disinfectant.

3.4.7. Disinfectant solutions are kept on each ATFD's Vehicles.

3.4.8. Contaminated Equipment consists of all non-disposable equipment and personal clothing that becomes contaminated with blood or body fluid from the patient and should be treated as outlined below.

A. Small equipment items should be placed into small plastic orange biohazard bags, available in the first in bags and in each vehicle, immediately after contamination. Cleaning and disinfecting is done according to CDC and NFPA guidelines prior to being placed back into service.

B. Large equipment items such as splints, KED, and backboards lightly contaminated can be disinfected at the scene and placed back into service. Grossly contaminated items should be bagged in large orange biohazard bags and returned back to the station where it can be decontaminated using a tuberculocidal disinfectant or disposed of if necessary.

3.5. Regulated Waste

3.5.1. Waste Management consists of items in need of disposal. They are;

A. Normal trash; that includes non-contaminated, non-regulated waste where use of normal trash bags can be utilized for disposal. *Remember that this includes ONLY items that are NOT contaminated with blood or body fluids.* If there is any question of contamination, consider it so and dispose of as infectious waste.

B. Infectious Waste;

B.1. Non-Sharp: soft goods that ARE contaminated. Utilize red infectious waste bags as soon as possible. Bags are available on each emergency vehicle and stations. Infectious waste containers are available at every receiving hospital.

B.2. Sharps: any item that can cause a puncture or cut MUST be placed into a sharps container, provided on each ambulance, as soon as possible after use. Sharps, not disposed of after use, are the responsibility of the Paramedic / Health Professional utilizing the sharp.

3.5.2. Sharps containers will be available in all ambulances. Syringes used to add medication to Intravenous lines will be disposed of into sharps containers as soon as possible.

3.5.3. ATFD contracts with an infectious waste removal / disposal company. This company will transport and destroy all infectious waste generated at ATFD. Manifest forms for its removal and destruction are maintained by the I.C.O. for a period of at least 3 years.

3.6. Laundry

3.6.1. Laundry Management; Consists of linen, and uniforms.

A. Normal Laundry includes uniforms that are not contaminated are to be laundered by the member.

B.1. Soiled Laundry is contaminated with blood or body fluids, and should be placed in linen bins marked biohazard. These bins are available at each station. Handling of soiled laundry should be done with the minimum PPE of gloves. In station, a designated individual will launder soiled laundry at ATFD.

B.2. Contaminated Uniforms: lightly contaminated uniforms can be disinfected placed back into service. Grossly contaminated items should be bagged in large plastic orange biohazard bags and returned back to the station for decontamination. Contaminated uniforms and personal clothing will be laundered at ATFD using regular laundry detergent and must be hot air dried (dryer). Current information shows that this process is effective for decontamination.

3.6.2. Any linen and / or clothing contaminated by blood and / or body fluids shall be handled as follows:

A. Removed as soon as possible to prevent additional contamination.

B. Handled with gloves and additional personnel protective equipment as necessary to avoid contaminating personal clothing.

C. Bagged into "Red" Linen or "Orange" Plastic Bio-hazard bags that are sealed and leak-proof and labeled as to the contents of the bag.

D. Personal clothing will be disinfected and laundered by ATFD at no cost to the member. Disinfection and laundering will be the responsibility of the Officer in Charge or his designee.

E. Turnout Gear with **small** affected areas may be cleaned with soap and water then air-dried. **Grossly contaminated** gear is to be **Orange** bagged, sealed and labeled with the member's name and contents. The gear will then go to the officer in charge of gear who will have it cleaned and decontaminated.

4. Hepatitis B Vaccination Program

4.1. Hepatitis B Vaccination (and any future boosters, if required) will be offered to all members who have the potential for occupational exposure (Section 2.2.)

- 4.2.** The Hepatitis B vaccine is offered free of charge, including all lab tests.
- 4.3.** The vaccine is made available to members who;
- A)** Have completed the training as described in this manual and
 - B)** Prior to working in areas where occupational exposure may occur unless the member provides proof of previous vaccination, laboratory studies reveal immunity, or the vaccine is contraindicated.
- 4.4.** The Vaccination is performed under the supervision of the ATFD Medical Director or another healthcare professional designated by the ATFD Medical Director.
- 4.5.** The Hepatitis B Vaccine is provided according to the recommendations of the U.S. Department of Health and Human Services Immunization Practices Advisory Committee.
- 4.6.** Members may initially decline vaccination. However, if at a later date and still covered by these policies, they request to receive the vaccination, it will be provided as described above.
- 4.7.** All members must read and sign an acceptance / declination form regarding receiving the Hepatitis vaccine. Members wishing to be vaccinated must also read and sign a consent form.

5. Respiratory Testing

- 5.1.** The Tuberculosis Mantoux (PPD) skin test is offered free of charge.
- 5.2.** The skin test is performed on members who;
- A)** Have completed the training as described in this manual and
 - B)** Prior to working in areas where occupational exposure may occur unless the member has had a documented positive test already, in which case documentation to that affect must be provided.
- 5.3.** The skin test is performed by a facility designated by the ATFD Medical Director
- 5.4.** The Tuberculosis Mantoux (PPD) skin tests will be performed on each member in accordance with CDC recommendations. Each member will have the test administered prior to working where occupational exposure may occur.
- The Montgomery County Department of Health will be contacted periodically to determine ATFD's TB exposure potential in accordance with CDC recommendations. The frequency of testing will be based on their risk determination, and CDC guidelines.
 - As of May 2000, it is the Montgomery County Department of Health recommendation to perform skin testing on a baseline basis and possibly every three (3) years thereafter.
- 5.5.** Respiratory testing is mandatory under OSHA 29 CFR 1910.134 and NFPA 1581. Members are required to have baseline The Tuberculosis Mantoux (PPD) skin test and any rechecks as required. Refusal to receive this test must be documented.

6. Physical Examinations

- 6.1.** All newly appointed members are encouraged to have a physical exam, at their own cost, prior to actively running on either the ambulances or rescue truck that will include:
- A.** A physician's opinion as to the member's ability to perform essential job functions.
 - B.** Proof of immunization or immunity to:
 - 1)** Measles, mumps and rubella
 - 2)** Diphtheria, Tetanus, Pertussis
 - 3)** Polio
 - 4)** Influenza
- 6.2.** ATFD does not, at this time, provide for periodic exams but strongly encourages its members to have them done on their own at least every 3 years.

7. Post Exposure Evaluation & Follow-up:

7.1. General - A "Significant Exposure" is a one where specific unprotected eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or other potentially infectious materials, or extended unprotected exposure to airborne diseases, that results from the performance of a members duties.

7.2. Members must report **ALL** significant exposures as defined above to ATFD Infection Control Officer immediately.

7.3. Course of Action / Follow-up

A.1. When a **Significant Exposure** occurs, members are to determine the extent of exposure and immediately wash or rinse the affected area thoroughly and then contact ATFD's ICO.

B.1. A Needlestick - Blood/Body Fluid Exposure Incident Form must be completed and submitted to the ICO prior to the exposed member returning to active service.

B.2. The Needlestick - Blood/Body Fluid Exposure Incident Form will include the following information:

- The member's name and Social Security number
- Documentation of the route of exposure and how the incident occurred.
- Identification and documentation of the source individual, unless identification is not possible.
- Documentation of any PPE used at the time of the exposure.
- The hospital where the (source) patient was transported.

C.1. The Needlestick - Blood/Body Fluid Exposure Incident Form will be reviewed by the ICO then forwarded to the infection control office of the hospital where the patient was received. There, the hospital infection control officer will review it. That officer will return it to the ATFD's I.C.O. within 48 hours in accordance with federal law (Pub. L. 101-381, Aug. 18 1990, 104 Stat. 576) (the Ryan White Comprehensive AIDS Resources Emergency Act of 1990). This form will only be distributed to the member, the member's medical file, and an Exposure Incidents File.

D.1. The ICO will determine whether the exposed member will seek medical evaluation through

1) ***The emergency department at Abington Memorial Hospital***

or

2) ***The designated Workers Compensation facility.***

D.2. Generally, most exposures do not need immediate medical testing and/or treatment.

D.3. If the exposure involves meningitis, and occurred after normal business hours (weekends and or evenings) the member will be directed to proceed immediately to AMH as this exposure may require immediate interventions.

E. At either facility, post exposure counseling **must** be provided prior to obtaining consent for testing, an exposed members blood may be drawn and tested for HIV, HBV, HCV and syphilis as soon as feasible, as a baseline. A member may consent to having blood drawn but does not have to give consent for **an HIV test**. Blood will be held for a period of 90 days by the testing facility. If the member chooses to have the HIV test performed within 90 days, the initial specimen is used. Otherwise the laboratory may discard the sample after 90 days. Follow up blood tests will be done at specific time intervals recommended by the CDC. A specific plan of testing will be determined on a case-by-case basis by the treating physician based on their judgment and clinical experience. **Member refusal for blood testing will be documented and filed with the member's records.**

F. If the exposure involved TB, the member must receive a Tuberculosis Mantoux (PPD) skin test as a baseline and again 12 weeks post exposure if they have NOT previously tested positive. **Refusal to receive this test will result in the restriction of duties (suspension from fire or rescue operations).**

G. The source individual's blood should also be tested as soon as possible and after consent is obtained from the individual to determine their HIV, HBV, HCV, TB status or contagious level. If the source's consent is not obtained, documentation that the legally required consent was not given is required.

H. Results of the source individual's test results will be made available to the exposed member. That member will be advised of any laws or regulations regarding disclosure of confidential medical records by the ICO or HCP providing post exposure counseling or follow up.

I. The member will be provided with:

- A copy of OSHA 29 CFR 1910.1030 (if requested)
- Post exposure prophylaxis, when medically indicated.
- Counseling
- An evaluation of (potential) reported illnesses. This benefits the member by providing the most up to date information available regarding potential illnesses. In turn, the member will have the benefit of early medical evaluation of such illnesses and receive the current medical treatment.

7.4. Licensed Healthcare professionals (HCP) providing Hepatitis B vaccination and post exposure evaluation

A. ATFD has arranged with a designated health facility to perform the Hepatitis B vaccination, Tuberculosis Mantoux (PPD) skin tests and post exposure evaluation.

B. The above named HCP will be given a copy of this Exposure Control Plan provided by ATFD.

C. The HCP will also receive the following:

- A description of the exposed member's duties as they relate to the exposure.
- A copy of the Needlestick - Blood/Body Fluid Exposure Incident Form.
- A copy of the source individual's blood test, if available, and is to be kept confidential.
- All medical records maintained by ATFD relevant to the appropriate treatment of the exposed member, including vaccination status.

7.5. HCP Written Opinion

7.5.1. ATFD obtains and provides the member with a copy of the HCP's written opinion **within 15 days** of its completion. The written opinion will include:

- Opinion for Hepatitis B
 - Hepatitis B Vaccination indications with documented reasons.
 - Whether the vaccination was received or not with documented reasons.
 - Opinion for TB
 - Tuberculosis Mantoux (PPD) skin test indications with documented reasons.
 - Whether the skin test was received or not with documented reasons.
 - Recommendation for work restrictions for infected members.
 - Opinion for post exposure evaluation and follow up.
 - Documentation that the Member has been informed of the results of the evaluation.
 - Documentation that the member is aware of any medical conditions that may result from exposure to blood or other potentially infectious materials that may require further evaluation.
- All other findings or diagnosis shall remain confidential and shall not be included on this report.**

8. Communication of Hazards to Members

8.1. Labels & Signs

A. Warning labels will be displayed on all regulated biomedical waste containing blood or other potentially infectious materials. Containers or bags used to store, transport, or ship blood or other potentially infectious materials are labeled in a similar fashion.

B. Labels will display at a minimum the word **BIOHAZARD** and the accepted industry symbol for biohazardous material.

C. The labels will be fluorescent orange or orange-red or red with letters and symbols in a contrasting color.

D. Labels are affixed as close as possible to containers. This is accomplished with wire, adhesive or other methods to prevent their loss. Red or Orange colored bags or containers may be substituted for labels.

E. Labels are placed on contaminated equipment prior to service or repair.

F. Regulated biomedical waste that has been decontaminated is not to be labeled or color-coded for the purposes of this policy.

G. Labels and color-coded bags will be available at each station and on each vehicle.

8.2. Information & Training

A. All members who have a potential for occupational exposure as defined in section 2.2. are required to participate in the Bloodborne / Airborne Pathogen Standard Training Program.

B. Members receive training prior to participating in activities where exposure may occur, and at least annually thereafter. Annual training incorporates any updated material but may review previously presented material.

C. Training Material will be provided in content and vocabulary to the educational level, literacy, and language of the member as determined by the instructor.

D. Bloodborne / Airborne Pathogen Training will be provided at no cost to the member by a person trained to teach such material.

E. Initial training will include the following:

- Location and explanation of the regulatory text OSHA 29 CFR 1910.1030.
- A general explanation of the epidemiology and symptoms of bloodborne and airborne diseases including HIV, HBV, HCV, Syphilis and TB
- An explanation of the modes of transmission of bloodborne and airborne pathogens and how they relate to pre-hospital EMS.
- An explanation of where this written policy is located.
- An explanation of the members duties which routinely involve potential exposure to infectious agents, whether such exposure might occasionally occur due to extraordinary circumstances or whether such duties do not include potential exposure.

- An explanation of the limits of the policy and procedures used at Abington Township to minimize occupational exposure to bloodborne and airborne pathogens.
- Information on the management of regulated waste at stations.
- Information on the types, proper use, basis for use, location, removal handling, decontamination and disposal of PPE.
- Information on the Hepatitis B Vaccination Program and TB testing.
- Information on the procedures to follow after a "Significant Exposure."
- Information on signs and labels used to identify occupational hazards.
- This list may be periodically updated as needed

F. All members who have the potential for occupational exposure as defined in section 2.2., will be fit tested for respirator use in accordance with OSHA 29 CFR 1910.134.

G. All training sessions will give the member the opportunity for interactive questions and answers with an individual knowledgeable in the training as it relates to Abington Township.

9. Record Keeping

9.1. All medical records are maintained by the ICO in a confidential manner, stored in a locked, fire protected filing cabinet and are not disclosed or reported except as specified below.

9.2. ATFD maintains an accurate record for each member for the following areas:

A.1. Medical Records (for all significant exposures) contain the following information:

- Name and Social Security Number
- Hepatitis B vaccination status (dates)
- TB skin test status (test results and dates)
- Medical records relative to the member's ability to receive vaccination
- A copy of all results of examinations, medical testing, and follow-up procedures as described in this policy
- ATFD's copy of the HCP written opinion (as described in this policy)
- A copy of the information provided to the HCP when a member has a significant exposure.

A.2. Medical Records are retained for the duration of membership plus 30 years.

B.1. Training Records; Attendance rosters for continuing education programs related to infectious disease and exposure to infectious diseases will be kept by ATFD as part of the personnel file for a period of at least three (3) years.

B.2. Training records will include at a minimum the following:

- Dates of the training sessions
- Contents / summary of the training sessions
- Names and qualifications of the persons conducting the training
- Names and titles of all members attending the training sessions

C.1. Availability of records will be made to the member, to anyone having written consent of the member, the I.C.O., the HCP (only as part of a post exposure follow up and evaluation), and to the Secretary of Labor (OSHA) in accordance with 29 CFR 1910.20.

C.2. Vaccination records will be available for transfer to another employer with the submittal of a signed request by the member or in accordance with 29 CFR 1910.20.

C.3. Member access to their own file will be made within 15 days of their request. Copies will be provided at no cost to the member.

9.3. ATFD maintains records for the removal of regulated waste for a period of at least three (3) years.

10. Compliance Monitoring

10.1. Abington Township Fire Department will designate one or more individuals to serve as Infection Control Officer(s).

A. Selection will be based on various factors including, but not limited to, specialized training with regard to infection control practices.

B. Designated Infection Control Officer(s) will register with the Pennsylvania Department of Health, and obtain a unique ID number (from the state) in accordance with Pennsylvania state law.

10.1. It will be the responsibility of the Infection Control Officer to routinely monitor the effectiveness of this plan and the member's adherence to it.

10.2. The Infection Control Department is responsible for reviewing this policy and ensuring that the appropriate barriers and equipment are provided to and utilized by the membership in the course of operations.

10.3. Corrective action(s) will be geared towards education and training, but may include restrictions or suspension of duties depending on the details of the incident and compliance with this plan. Disciplinary action(s) will be the responsibility of department policy.

Abington Township Fire Department

Hepatitis B Vaccination Declination

In accordance with Appendix A, OSHA 29 CFR Part 1910.1030, the following is a declination of the hepatitis vaccination as stated:

- ✓ I understand that due to my occupational exposure to blood or the 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.
- ✓ I decline the 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 the Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Printed Name

Social Security Number

Signed Name

Date Signed

I have received the vaccine already from _____

1 st dose	2 nd dose	3 rd dose

cc: Medical Record File
Member

Abington Township Fire Department

Hepatitis B Vaccination Consent / Record

I voluntarily consent to the administration of Hepatitis B Vaccine to myself and acknowledge I have been informed of the following considerations:

- I.** I have been informed of the potential of exposure to Hepatitis B due to the nature of my work / activity with Abington Township Fire Departments. I understand that the Hepatitis B vaccine has been developed to provide immunization from Hepatitis B. Although the vaccine is generally well tolerated, I understand that possible side effects may include soreness and/or redness at the injection site, low-grade fever, malaise, fatigue, headache, nausea and dizziness. To date, no serious adverse reactions attributable to the vaccine have been reported.
- II.** I have been provided with literature and other information regarding the Hepatitis B vaccine and have had a full opportunity to ask questions regarding the condition and/or the vaccine. All of my questions have been answered to my satisfaction.
- III.** I have been advised that an allergic reaction (hypersensitivity) can occur to the vaccine, but is not common.
- IV.** I understand that the vaccine must be administered in three separate doses. The second dose must be administered one month after the first dose, and the third dose must be administered six months following the first dose of the vaccine. I understand that all three doses must be received for the vaccine to be effective. I understand that it is my responsibility to complete the Hepatitis B vaccine series on the dates designated for administration by the Abington Township Fire Department.
- V.** I understand that the duration of protection and the need for additional boosters is not known at this time. I understand, further, that a booster may be necessary. I understand the benefits and the risks of the Hepatitis B vaccine. I acknowledge and understand that no guarantee or assurance can be made to me about the results of this vaccine. I have been advised that I should NOT receive the vaccine if I am allergic to yeast or mercury. In accepting the vaccine, I have advised the Abington Township Fire Department that I am not allergic to yeast or mercury.
- VI.** I have been advised that the vaccine may not be recommended in conjunction with other medication. I have identified the following drugs and medications that I am presently receiving.

Hepatitis B Vaccination Consent

(Continued)

I Voluntarily Choose to Receive the Hepatitis B Vaccine subject to the conditions described above.

I hereby release Abington Township Fire Department, its Medical Director and assisting staff from any liability arising from my decision to take the vaccine.

I am not allergic to yeast or mercury.

Printed Name	Social Security Number
Signed Name	Date
Witness	Date

Vaccine Administration Record			
	1 st dose	2 nd dose	3 rd dose
Date			
Given By			

Abington Township Fire Department

Respirator Fit Test Record

Name	Date
SSN	Badge Number

Name of Administrator:

___ Manufacturer of Mask: UVEX Model Number: 3010 NIOSH Approval Number: TC-21C-604 7/30/92	___ Manufacturer of Mask: 3M Model Number: 9970 High Efficiency Respirator NIOSH Approval Number: TC-21C-437 9/4/87
___ OTHER Manufacturer of Mask Model Number: _____ NIOSH Approval Number: _____	

Size of Mask that fits properly:		
Small	Medium	Large
Type of Fit-Test performed:		
Qualitative	Irritant Smoke	
Limitations:		
Beard	Dentures	None
If 'Other', describe limitation:		

Test Administrator: I hereby certify that the above named individual has been Qualitatively Fit-tested and the above information reflects that test:	
Signature of Administrator:	

I hereby acknowledge that I have been fit-tested and that I did	Pass	Fail
Signature:	Date:	

Abington Township Fire Department

Tuberculosis Mantoux (PPD) Test Declination

I understand that due to my occupational exposure to airborne potentially infectious materials I may be at risk of acquiring the Tuberculosis virus (TB) infection.

I have been given the opportunity to be tested for TB at no charge to myself.

I decline TB testing at this time.

I understand that by declining this test, I continue to be at risk of developing TB, a serious disease.

If in the future I continue to have occupational exposure to airborne infectious materials and I want to be tested with the Mantoux (PPD) test, I can receive the test at no charge to me.

Printed Name

Social Security Number

Signed Name

Date Signed

I have been tested within the past 12 months and have attached the results of that test.

Printed Name

Social Security Number

Signed Name

Date Signed

cc: Medical Record File
Member

Abington Township Fire Department
Needlestick - Blood/Body Fluid Exposure Incident Investigation Form

CONFIDENTIAL

(This section filled out by the member)

Member's name: _____ Member's SSN _____

Date and time of Exposure: _____

Type of Exposure: Needle stick Blood/Body Fluid Airborne Pathogens
Member's description of exposure: (Use additional pages if necessary)

What PPE was used at the time of exposure: No Yes Type: _____

Source patient name: _____ Source unknown

Hospital patient was transported to: _____

FOLLOW UP: *(This section to be completed by ATFD Infection Control Officer)*

Receiving Hospital Infection Control notified No Yes Date / Time: _____

Contact Person: _____

Comments / Recommendations:

Exposed Member Referred to Infectious Disease physician: No Yes

Name of physician: _____

Date written opinion received: _____ Date written opinion given to member: _____

A.T.F.D. Infection Control Officer Signature: _____ Date: _____

Abington Township Fire Department

REQUEST FOR MEDICAL RECORDS

Member's name: _____ Member's SSN _____

Records Requested:	
	Hepatitis B Vaccination
	TB Test results
	Respirator Fit Testing
	ALL Medical Records
	Other: _____

Distribution of Records:	
	To the member ONLY
	To: _____
	Address: _____

I authorize the Abington Township Fire Department distribute to the above named person, copies of records specified above. I understand that ATFD has up to 15 days after receipt, to process this request and that I *am not* responsible for the cost of copying these records.

Signature: _____ Date Requested: _____

Records delivered on: _____

By: _____ Title: _____

Signature: _____

Abington Township Fire Department

Infection Control Lecture

Date Given: _____

Instructor: _____

Topics include, but are not limited to:

OSHA - 29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens; Final Rule

OSHA - 29 CFR 1910.134 Respiratory Protection Standards

OSHA - Enforcement Policy and Procedures for Occupational Exposure to Tuberculosis, 10/8/93

Lecture will include the following:

- A: Definition of terms
- B: Principles of disease transmission
- C: Review of bloodborne and airborne pathogens
- D: OSHA - Employee protection
- E: Workplace infection control procedures
- F: Post exposure protocols
- G: Member handout material
- H: Housekeeping procedures
- I: Routine cleaning of vehicles

I, _____, have received the above lecture material on the noted date and have had all questions answered to my satisfaction.

Member's Name: _____ Member's SSN# _____

Member's Signature: _____ Date: _____