

Hurricane Fire & Rescue

Hurricane, WV

Operation
Guidelines

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HURRICANE FIRE & RESCUE EXPOSURE CONTROL PLAN

INTRODUCTION AND PURPOSE

These guidelines are set forth to address the ongoing concern of field Personnel about the possibility of contracting an infectious disease through patient contact. These guidelines apply to Hurricane Fire & Rescue responders.

All EMS calls present the potential for the presence of infectious disease and proper precautions must be taken at all times. Hurricane Fire & Rescue recognizes the potential of exposure to infectious diseases to its members in the performance of their duties in the emergency setting. The infectious disease status of all patients is frequently unknown to personnel. Body Substance Isolation (BSI) shall be observed to prevent contact with blood, body fluids, or Other Potentially Infectious Materials (OPIM).

A. Purpose of the Plan

1. To meet the standards of the Department of Labor, Occupational Safety and Health Administration (OSHA 29 CFR 1910.1030) on blood borne pathogens including HIV and HBV. See attach copy.
2. To identify all members who may be at risk of exposure to blood borne pathogens and OPIM.
3. To establish policies and implement procedures for controlling member exposure to body fluids or OPIM considered being sources of blood borne Pathogens.
4. To establish procedures for the evaluation of circumstances surrounding exposure incident.

5. To provide appropriate treatment and counseling should a member be exposed to blood borne pathogens.
6. To establish training program for all members.
7. To provide record keeping.
8. Hurricane Fire & Rescue will follow the policies set forth by Putnam County EMS

Infectious Disease - Legal Aspects

A. Confidentiality

According to West Virginia legislation, the identity of individuals tested for HIV and the results of those tests shall remain confidential. No persons shall have access to records containing HIV test results except as authorized by HRS, by rule or by law. The identity of HIV test subjects and test results may be disclosed only under specific circumstances as described in HRS Rule 10 DER88-276, and only to those who can demonstrate a legal "need to know."

The need to know shall not be construed to be an exception to the informed consent requirements of Rule 10D93.068. HIV test results may be provided to persons with a significant exposure after the significant exposure has occurred.

B. Informed Consent

No person in West Virginia shall perform a test to identify HIV, or its antigen or antibody without obtaining the informed consent of the person upon whom the test is being performed, except as specified elsewhere in the law. Informed consent shall be preceded by an explanation of the test, including its purpose, potential uses, limitations and the meaning of its results which will include testing according to Center of Disease Control (CDC) guidelines (at time of exposure, six weeks, twelve weeks, six months and one year later). Contact the ECO if you have any questions.

C. Immunization and Testing

The department shall make available or ensure that personnel who have been identified as having a potential for exposure to infectious disease have access to an appropriate immunization program, including vaccination against Hepatitis B virus at no charge to the member.

Hepatitis B vaccination (HBV) will be made available to all newly assigned personnel within 10 days of assignment. All personnel that decline HBV will sign a statement of refusal.

HBV will be done through Putnam County Department of Health. Appointments should be made through the ECO. The member should advise the ECO when each vaccination is received. Recombivax HB or Engerax is the vaccination type used by the Putnam County Department of Health. Information on the vaccine and education on potential side effects will be done by the Putnam County Department of Health at the time of immunization.

Each member will be required to complete the HBV Release Form, which will document that the member wishes to have the HBV series, has already completed the series, or wishes to refuse immunization at this time. This form will be maintained by the ICO in each member's medical file.

A Tuberculosis screening (skin test) will also be offered to all new members and on an annual basis to all current members of Hurricane Fire & Rescue. Results of the testing should be given to the ECO or the designated medical facility so appropriate treatment could be requested if a subsequent exposure occurs. After they are identified, members who test positive will not receive the annual skin test.

E. H.I.V. Testing Procedures

This request should be made of the source patient's attending physician. It should be noted that under WVa's Omnibus AIDS Act (Section VI.A) that a health care worker who experiences a significant exposure has the right to examine the HIV test results of the source patient (FS.10D93.062 (33)). If the source patient is unconscious, then the source patient may undergo HIV testing if the member has tested negative within the past six (6) months. If the source patient refuses to give consent for HIV testing, then HIV testing can still be done without their consent provided the following is first done:

1. The exposed member must first undergo HIV testing or have tested negative within the past six (6) months.
2. The source patient must be given the opportunity to refuse or consent to testing; counseling shall be made available.
3. The receiving physician of the source patient must document that a significant exposure occurred and that the test results are medically necessary in a physician's Medical judgment.

The following can be documented in the member's confidential medical record. The employer must keep confidential the results of the HIV testing of the source patient if the potentially significant exposure is from a confirmed HIV positive patient. The counseling in regard to prophylactic treatments should also take place. The counseling should be in two steps. First there should be initial counseling in accordance with a standard counseling and informed consent form.

Subsequent counseling should take place in the designated health unit. After counseling and informed consent, the member elects to take prophylactic treatments, and then a 72 hour supply should be dispensed to the member. Subsequent doses, if indicated, should be prescribed through the designated health care provider.

If the member is female and of childbearing capabilities, then the member should have a state pregnancy test done or she must sign a waiver refusing such testing. (Included in the standard counseling and informed consent form).

CDC Recommendation for HIV Infected Needle sticks

Centers for Disease Control and prevention says chemoprophylaxis with Zidovudine (**ZDV**), Lamivudine (**3TC**), and Indinavir (**IDV**) should be recommended to health care workers who sustain "highest" or "increased" risk needle stick exposure. For the risk category, however the possible toxicity of IDV should be considered before proceeding. In that regard, a combination of only ZDV and 3TC should be offered for Needle sticks defined as "no increased risk." CDC definitions of the risk categories for needle sticks involving HIV infected blood are summarized as follows:

High Risk Exposures:

Have both a larger volume of blood (i.e., deep injury with a larger diameter hollow needle previously in the source patient's vein or artery) and blood containing a high titer of HIV (i.e. source patient with end-stage AIDS).

Increased risk Exposures:

Either exposure to large amount of blood or blood with a high titer of HIV

No Increased Risk:

Neither exposure to large amount of blood nor blood with a high titer of HIV (i.e., solid suture needle injury from source patient with asymptomatic HIV infection).

The Infection Control Officer and Hurricane Fire & Rescue's Workman's Comp Provider will maintain a confidential record of each exposure which will include, date and time of exposure, details of exposure including type of fluid, counseling, post exposure management and follow-up

PROCEDURE FOR EMPLOYEE EVALUATION

The Emergency Department Physician on duty shall evaluate the circumstances of the member's exposure to a patient's blood or body fluid according to the above criteria.

Chemoprophylaxis will be recommended to exposed members whose occupational exposure is associated with the **HIGHEST RISK** for HIV transmission. For exposures with a lower, but not non-negligible risk, will be offered ZDV PEP, balancing the lower risk against the use of drugs having uncertain efficacy and toxicity. For exposures with negligible risk, ZDV PEP is not justified and will not be offered.

In the event the member is recommended to have and elects to begin ZDV PEP in accordance with the above criteria, the member will receive their 72-hour initial doses. The member should be dispensed enough doses to get them through until the next business day when they must follow up with Hurricane Fire & Rescue's Workman's Comp Provider. ***The member will be referred to the appropriate Workman's Comp Physician ON THE NEXT BUSINESS DAY to complete the post exposure follow up process including baseline laboratory studies (HIV, HBV, HCV) as well as to receive additional counseling, and information concerning prescriptions.***

To protect member confidentiality and provide consistent pre-test counseling members shall have their blood drawn for the baseline lab studies (as above) in the Emergency Department. Hurricane Fire Rescue's Workman's Comp Provider will make appropriate referrals to an Infectious Disease physician on a case-by-case basis.

KNOWN HIV POSITIVE SOURCE

In the event the source patient has already been tested and is known positive for HIV infection, the attending physician should be contacted by the ECO to report the exposure and determine the necessity of further testing to identify the source patient's current viral load status.

UNKNOWN SOURCE

In the event the source patient is unknown, the member should be counseled and treated based upon the circumstance of the exposure including depth of wound, type of needle etc. As with all significant blood exposures, the member will be directed by Hurricane Fire & Rescue's Workman's Comp Provider to the proper Physician the next business day.

Fire Rescue EMTs, Paramedics

As with all Hurricane Fire & Rescue activities, these personnel have the most important role in the blood borne pathogens compliance program, for the ultimate execution of much of this Exposure Control Plan rests in their hands. Activities that are delegated to these individuals include, but are not limited to:

1. Knowing what tasks they perform that have occupational exposure risks.
2. Attending the blood borne pathogens training sessions.
3. Knowing and follow the work practice controls outlined in the Exposure Control Plan.
4. Plan and conduct all operations in accordance with the work practice control plan.
5. Developing good personal hygiene habits.
6. Whenever a significant exposure occurs, all members will shower as soon as practical.
7. Reporting any suspected Occupational Exposure to infectious disease to the attending physician, and Exposure Control Officer.

E. Approved Medical Director

1. Approve original and revisions to Exposure Control Plan.
2. Be responsible for overseeing education, training and counseling for all Hurricane Fire & Rescue personnel.
3. Has the ultimate responsibility for determination of significance of exposure if the Emergency Room Physician's opinion is challenged by an affected member.
4. Liaison with the medical community.
5. Responsible for implementation and compliance monitoring of the Exposure Control Plan.

F. Availability of Exposure Control Plan to Personnel

To help them with their compliance efforts, Hurricane Fire Rescue Exposure Control Plan is available to all personnel at any time. Personnel are advised of this availability during their education/training sessions. Copies of the Exposure Control Plan are kept in the following locations:

1. Business Office
2. Kitchen / Day Room Desk
3. CD Rom to each member

Review and Update of the Plan

Hurricane Fire & Rescue recognizes that it is important to keep this Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed and updated under the following circumstances:

1. Annually, on or before July 1st of each year.
2. Whenever Federal, State, or Local Laws mandate a change to Plan.
3. Whenever new or modified tasks and procedures are implemented

which

Effect occupational exposure of department personnel.

G. Exposure Determination

Job classifications in which all personnel have occupational exposure to blood borne pathogens. It has been determined that all personnel in the following job classifications have a risk of occupational exposure through the provision of either basic life support or advanced life support procedures during the course of emergency medical services operation:

EMT/Paramedics, Firefighters, Lieutenants, Captain, Assistant Chief, and Fire Chief.

West Virginia Statute 395.1025

The above statute requires that a hospital notify EMS personnel within 48 hours of the diagnosis that a patient transported to their facility by ambulance has an infectious disease. Each of the hospitals in Putnam County has been advised in writing of how to reach the ICO.

EXPOSURE CONTROL PROTOCOL

This policy outlines protective measures that Hurricane Fire & Rescue personnel shall take when treating all patients. These protective measures shall be taken even if the patient does not have symptoms of an infectious disease. It will be the individual member's responsibility to initiate protective measures as designated in the protocol and Hurricane Fire & Rescue's responsibility to provide the necessary equipment, training, and inspections to ensure compliance.

It is understood that while it is the responsibility of Hurricane Fire & Rescue to keep its members informed on infectious diseases, it is equally as important for each and every member to make every effort to remain up-to-date on the latest information available in the area of infectious disease and infectious disease

control practices. Due to the almost daily updates and changes on this topic, Hurricane Fire & Rescue will find it difficult to remain the member's only source of information and guidance. Each member must accept a portion of the responsibility for their own protection and should continuously update their knowledge in this area.

Infectious Disease- Transmission

There are a number of viruses, which must enter the body to cause illness. Each one has its own particular cells in the body that it prefers to attack. Viruses cannot act without being attached to another cell. Once attached, they direct the activity of that cell. Infectious substances are transmitted via an infected person's body fluids. Body fluids and other infectious agents will be referred to as Other Potentially Infectious Material (OPIM).

Generally, the skin is a barrier against exposure to infectious contaminants. If, however, the skin has open sores, cuts or abrasions, this protective barrier is broken. Infectious contaminants can also enter the body through openings such as mucous membranes. Once inside the body viruses can then be absorbed into the blood stream. Some of these viruses are capable of stimulating the body to produce antibodies to defend against it. If an exposure has occurred in the past, the person may be immune to any later exposures.

For illness to occur there must be the following:

- Blood or other body fluids containing the virus.
- An opening to the inner part of the body.
- A means of getting the virus inside that opening.
- A large amount or dose of virus.
- A defense system that does not have immunity already built up.

Patients who cough and/or sneeze toward treatment personnel also increase the risk of exposure. A puncture wound resulting from sharps that have been in contact with the blood or OPIM possess a significant risk to personnel.

In the general public and in the hospital setting, the most efficient route of transmission is directly from the infected person, not through an intermediary. In other words, for the rescuer to take an infection home to a family member, the rescuer would have to first get the infection. Hand washing is the number one deterrent for transmitting infectious diseases. However, it is the Hurricane Fire & Rescue's opinion that clothes should not be laundered with the family clothes at the same time.

The following tasks and procedures can cause occupational exposure to blood borne pathogens. These tasks and procedures include but are not limited to:

A. During emergency conditions:

- Performing CPR
- Conducting patient assessment
- Providing supplemental oxygen therapy
- Maintaining Airway Control
- Suctioning the airway
- Obtaining intravenous access
- Obtaining blood samples
- Placing Oropharyngeal devices
- Placing Nasopharyngeal devices
- Placing esophageal obturator devices/Combination Tubes
- Tracheal Intubation (Nasal/Oral)
- Cricothyrotomy
- Pleural decompression
- Pericardiocentesis
- Controlling hemorrhage
- Bandaging wounds
- Splinting fractures
- Packaging and handling patients
- Patient defibrillation.
- Vehicle Extrication

b. During Non-emergency Conditions

- Decontamination procedures
- Engineering Control Procedures
- General housekeeping Procedures
- Transportation of biohazardous waste

Infectious Disease- Prevention

The objective of prevention is to establish protective measures to prevent or reduce the risk of direct exposure of members to infectious disease. EMTs and Paramedics on emergency responses will find it difficult to determine if a patient has an infectious disease.

When asking a patient about their medical history it is appropriate to ask if they have any infectious diseases. Personnel should be aware of the following:

- Patients may not know they have an infectious disease.
- Patients may not be honest with their responses to questions.

The level of protective precautions taken by personnel should be based on the patient's evaluation and responder's good judgment. All blood and OPIM should be treated as if known to be infectious for HIV, HBV, and OPIM.

Definition Of Occupational Exposure

OSHA defines a significant exposure as "a specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of member duties." In other words, this would be either an injury stick (as a needle stick or a cut with a sharp object), or contact of mucous membranes with blood or other OPIM.

Method of Compliance

Hurricane Fire & Rescue understands that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to blood borne pathogens. The Plan calls for the following:

- Establishing appropriate Engineering and Work Practice Controls.
- The use of Body Substance Isolation and necessary PPE.
- Implementing appropriate Housekeeping Procedures.

Each of these areas is reviewed with personnel during their blood borne pathogens related training.

By rigorously following the requirements of OSHA's Blood borne Pathogens Standard in these areas, we feel that we will eliminate or minimize our member's occupational exposure to blood borne pathogens.

Personal Protective Equipment

The most important factor is protecting Hurricane Fire & Rescue personnel and carefully following infection control guidelines. Any patient's blood or OPIM must be considered infected. This means that Personal Protective Equipment (PPE) such as gloves, gowns, masks and eye protection shall be worn when the likelihood of through-the-skin, mouth, nose or eye exposure to the patient's blood or OPIM exists.

PPE consisting of gloves, high filtration mask, and eye protection at a minimum, will be worn in the following situations:

- Whenever an intubation (medical or trauma) is being performed.
- When assisting with childbirth.
- Whenever assisting with airway control, such as using suctioning.
- When traumatic injuries result in significant contact with blood or

OPIM.

- exposure
- When other types of calls (i.e. significant GI bleeds) result in Potential to blood or OPIM.
 - When I.V.'s are started
 - CPR etc, outlined on previous page
 - And as outlined under Infectious Disease Transmission Section 1
- (A).

The gloves, high filtration mask, and eye protection combination will be worn whenever a patient is actively coughing or sneezing and there is the potential for aerosol or sputum exposure to the crew. It is appropriate to place either an oxygen facemask with oxygen flow or a high filtration mask on the patient.

Some pre-hospital care personnel have voiced concern that a patient may be needlessly frightened if medical providers arrive on the scene wearing gloves, masks, and eye protection. In order to minimize the patient's anxiety they prefer to wait and assess the situation before donning the appropriate garb. The risk to the provider with this philosophy is that there may not be time to don the appropriate PPE if the patient is in critical need of resuscitation.

For most situations, the probability that the medical care provider may be exposed to blood or OPIM can be determined prior to arriving on scene. Therefore, if the chances of handling blood or OPIM is high (i.e. CPR, IV Insertion, trauma, intubation, emergency childbirth), the care provider should put on PPE before beginning patient care. **It is much easier to remove PPE if it is not necessary than to attempt to put it on in an emergency.**

Every attempt should be made to limit the number of rescuers having actual physical contact with a potentially infectious patient. **Every effort should also be made to limit the exposure time of all rescuers.**

Appropriate protective equipment will be used by all personnel unless under rare and extraordinary circumstances in the member's professional judgment. If exceptions are taken in the use of PPE, the exceptions must be documented on the EMS report. Each exception will be reviewed by the ECO.

1. Gloves

Wearing gloves is mandatory during direct patient care with any patient. Change contaminated gloves before touching other patients, uncontaminated equipment, or touching one's own body. Gloves must be worn when cleaning potentially contaminated equipment such as suction units, M.A.S.T. suits, blood, or OPIM on surfaces of the rescue unit.

Remember to remove contaminated gloves before touching other surfaces or your exposed skin. Never re-use disposable gloves.

To avoid cross contaminations when dealing with multiple patients, multiple pairs of gloves may be appropriate. Double gloving may be useful if dealing with extreme amounts of blood or OPIM. Grossly contaminated gloves should be removed once the initial on-scene treatment has been completed.

2. Barriers for Airborne Infectious Diseases

Gloves, high filtration mask, and eye protection provide excellent protection for airborne droplets containing potentially infectious diseases such as influenza, tuberculosis and the common cold. If circumstances dictate, supplying the patient with a mask is appropriate. If the patient requires oxygen therapy remember that the oxygen mask will also provide protection similar to that offered by a surgical mask. If the use of a mask on the patient is indicated but you are unable to achieve patient compliance, the rescuer will wear a mask to offer some protection.

During extrication situations, fire personnel may use the face shield on their helmets as protection; however, if this is what is being used during patient treatment it must fully cover the face at all times and utilize a high filtration mask.

3. Disposable Resuscitation Equipment

Disposable BVM's will be used. Equipment not intended for reuse should be disposed of properly in a red bag and not reused.

F. Infectious Disease - Handling of Sharps

All personnel must take precautions to prevent injuries that can be caused when using, handling, cleaning, or disposing of needles, scalpels and other sharp instruments. Needle sticks are one of the leading causes of injury to and potential contamination of field personnel. Needles and other sharp instruments must be disposed of in sharps containers as soon as possible after use. Used sharps containers must be kept **closed** at all times. These containers are recommended by the Center for Disease Control (CDC) as the only safe disposal means of disposal of contaminated sharps.

Small sharps boxes have been provided to carry in trauma bags and med-boxes so that sharps may be properly handled.

The only method recommended for handling of used sharps is to directly place the sharp in a Biohazard container.

At no time will used sharps be stuck in inappropriate surfaces.

1. Infectious Disease - Disposal of Biohazardous Waste

Biohazardous waste is any solid or liquid waste that may present a threat of infection. All Biohazardous waste shall be placed in red plastic disposable bags provided by the department. All used red bags are to be given to the Putnam County EMS for proper disposal.

2. Infectious Disease - Decontamination and Disinfecting

The following procedures apply to skin surfaces, clothing and equipment which may have been exposed in infectious diseases.

A. Hand-washing

The CDC states that hand washing before and after contact with patients is the single most important means of preventing the spread of infection. Washing hands with soap and water is necessary to rid them of protein matter, blood and OPIM. Personnel are to wash their hands vigorously with soap and water as soon as possible, whether or not protective gloves are worn.

Kitchen sinks at quarters shall not be used for hand washing. It is recommended that hand washing take a minimum of ten seconds. A soft soap that produces lather is preferred to an abrasive type. Smaller pump dispensers should be used; bar soap is no longer acceptable.

When immediate access to a sink is unavailable, or if the situation does not allow time due to an emergency situation, the use of a waterless cleaner is acceptable. As soon as possible, wash hands with soap and water.

B. Clothing Bunker Gear

Cleaning instructions are in the appendix. Boots and leather goods shall be thrown away. Remember, soles and heels of footwear can become contaminated with blood or OPIM.

C. Equipment

Since most non-disposable pre-hospital equipment does not interface directly with the patient's cardiovascular or respiratory system, sterilization and high-level disinfectant are not required. Decontamination can be

accomplished in most cases by thorough cleaning with a germicidal detergent provided by the department.

Cleaning should be thorough and gloves should be worn for all cleaning and decontamination procedures. **Eye protection and high filtration masks are required if there is a possibility of splashing.**

D. Large Items

Large items such as traction splints and backboards must be thoroughly washed with the germicidal detergent provided by the department to remove all protein matter. Cleaning equipment should be completed as soon as possible after use. After washing, equipment should be disinfected and air-dried.

E. Respiratory Equipment

Non-disposable equipment should be completely washed and disinfected after each use.

F. MAST Suits and BP Cuffs

MAST suits and BP cuffs should be cleaned on a routine basis. They must be cleaned and disinfected if contaminated with blood or other body fluids, or if the patient is suspected of having an infectious disease. Contaminated items will have the bladders removed and cleaned, and the outer shell shall be placed in red plastic biohazard bags, tagged with station number, and type of contaminant, and cleaned upon return to the station with the germicidal cleaner provided by the department.

G. Delicate Equipment

Delicate equipment such as cardiac monitors should be disinfected using an approved disinfectant following the manufacturer's instructions. Thoroughly dry all surfaces after disinfection is completed. Remember that many disinfectants are corrosive to metals and will degrade many materials. Never immerse these items in a disinfectant. If in doubt, place these items in a biohazard bag and contact the ICO before proceeding with cleaning/disinfecting procedures.

3. Infectious Disease- Exposure Reporting and Tracking

A. Record Keeping

Hurricane Fire & Rescue will maintain an accurate medical record for each member with an occupational exposure.

All members who experience a significant exposure from a confirmed HIV positive patient, a patient who's HIV status is unknown but who is considered high risk (i.e. homosexual, bisexual, IV drug abuser, hemophiliac, recipient of multiple blood transfusions prior to 1985, sexual partner of an IV drug abuser, a patient who has had multiple sexual partners, or a Haitian) will be requested to complete the following Procedures:

- Immediately notify their supervisor.
- Complete (Member Exposure Form) and give to your Supervisor.
- A Source Patient Testing Form will be completed by the exposed crew at the hospital and submitted to the Emergency Room Supervisor and/or Physician.
- Complete an EMS report, all appropriate Workman's Compensation paperwork, and forward it to the Infection Control Officer. Hurricane Fire & Rescue's Workman's Comp provider will direct any necessary follow-up care if required.
- The member will receive a written response from a Health Care Professional within 15 days of the exposure.

APPENDIX

A. FORMS

1. IC FORM **A** – Hurricane Fire & Rescue Exposure Form
2. IC FORM **B** – Hurricane Fire & Rescue Hepatitis B Vaccination Decision Form
3. IC FORM **C** – Hurricane Fire & Rescue Post-Exposure Evaluation Procedures Evaluating Health Care Professional Written Opinion
4. IC FORM **D** – Hurricane Fire Rescue Request for Disease Determination Testing
5. IC FORM **E** – Hurricane Fire & Rescue Source Patient Testing Procedure
6. IC FORM **F** – Hurricane Fire & Rescue Pregnancy Testing Procedure

B. GLOSSARY

C. IDENTIFICATION OF POSITION SHEETS

D. REGULATORY INFORMATION

1. Districts of Labor and Employment Security/Division of Safety and Health Standards 381-20
2. Federal Register 29 CFR 1910.1030 - Occupational Exposure to Blood borne Pathogens
3. National Fire Protection Association (NFPA) 1581 - Standard on Fire Districts Infection Control Program

HURRICANE FIRE & RESCUE
MEMBER EXPOSURE FORM

Name of Exposed Individual _____

Social Security # _____

Home Phone Number _____

Home Address _____

City _____

Zip Code _____

If there was a student or other observer exposed during this incident, please list their name, affiliation and home phone number:

Name: _____ Affiliation: _____ Home Phone: _____

Name of Patient: _____ RUN#: _____

Suspected or Confirmed Disease: _____

Transported to: _____ Transported by: _____

Date of Exposure: _____ Time of Exposure: _____

Type of Incident: Medical: _____ Trauma: _____

What were you exposed to: Blood _____ Tears _____ Saliva _____

Vomitus _____ Sputum _____ Sweat _____ Other _____

What part(s) of your body became exposed? Be specific: _____

Did you have any open cuts, sores, or other rashes that became exposed? Be specific:

How did exposure occur? Be specific: _____

Did you seek medical attention: Yes _____ No _____ Where? _____

Supervisor Signature: _____ Date _____

Member Signature: _____ Date _____

Infectious Control Officer Signature: _____ Date _____

IC FORM A

HURRICANE FIRE & RESCUE
HEPATITIS B VACCINATION DECISION FORM

Yes, I wish to receive the Hepatitis B vaccination and understand that there is no cost to me.

Member Signature: _____

Member Name (Printed): _____

Date: _____ Witness: _____

OR

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

Member Signature: _____

Member Name (Printed): _____

Date: _____ Witness: _____

OR

I decline the Hepatitis B vaccination at this time because I have previously received the complete Hepatitis B vaccination series, or antibody testing has revealed that I am immune or the vaccine is contraindicated for medical reasons. I agree to supply the Hurricane Fire & Rescue with the aforementioned documentation.

Member Signature: _____

Member Name (Printed): _____

Date: _____ Witness: _____

IC FORM B

HURRICANE FIRE & RESCUE
POST-EXPOSURE EVALUATION PROCEDURES
EVALUATING HEALTH CARE PROFESSIONALS
WRITTEN OPINION

In order to ensure that a complete medical assessment and post-exposure evaluation has been completed, please remit the following written opinion within 15 days of the completion of the medical evaluation following an exposure incident.

Member Name: _____

Exposure Date: _____ Evaluation Date: _____

Hepatitis Vaccine Indicated Yes _____ No _____

Hepatitis B Vaccine Received Yes _____ No _____

This letter certified that the aforementioned Hurricane Fire & Rescue member has been medically evaluated and informed of the results of the evaluation. The member has been told about any medical conditions resulting from the exposure incident, which may require further evaluation and treatment.

All other medical findings or diagnosis (es) are confidential, as prescribed by law, and are not to be reported to Hurricane Fire & Rescue.

Health Care Professionals Signature: _____

Print Name and Title: _____

IC Form C

HURRICANE FIRE & RESCUE SOURCE PATIENT TESTING PROCEDURE

Should an member have a significant exposure as stated below, the following procedure will be followed: **Significant Exposure** - "An Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious- materials that results from the performance of an member's duties."

1. If an exposure or suspected Significant Exposure occurs, the effected member will contact the Infectious Control officer as soon as the patient has been turned over to the respective medical facility's staff.

2. An Member Exposure Form (IC Form A), and a Request for Disease Determination will be completed by the member (IC Form D). The form will be given to the receiving facilities Emergency physician. That physician must agree that the exposure meets the above criteria in order to request testing.

3. The Company Officer should insure that the patient's records document the report of a Significant Exposure.

4. In compliance with WV Statute 381.004 (Testing for Human Immunodeficiency Virus) the patient must first be requested to agree to testing. Should the patient refuse, blood drawn for a purpose other than HIV testing may be utilized if the member also agrees to HIV testing. The patient's blood sample will be maintained until the hospital has been advised by the department's Infectious Control Officer that the member has either had HIV testing within the past six months or had testing done following the current exposure incident.

5. Once the Source Patient Testing form has been submitted and the member has either been tested or documented recent testing, test results will be sent to the Hurricane Fire & Rescue's Infection Control Officer and notification will be made to the member on a confidential basis. The Infection Control Officer will maintain copies of the Source Patient Testing form. All area hospitals have all agreed to accept the above policy and form. The Veterans Administration has agreed to ask the patient to submit to voluntary testing. However, under Federal Law a veteran cannot be required to undergo involuntary testing. Should any problems arise when submitting the Request for Disease Determination form, contact the Infection Control Officer.

IC FORM E

HURRICANE FIRE & RESCUE
PREGNANCY TESTING PROCEDURE

If the member is female and there is a chance she is pregnant, then the member shall have a state pregnancy test done or she must sign the following waiver refusing such testing.

Yes, I wish to receive a pregnancy test and understand there is no cost to me.

Member signature_____

Member Name (Printed)_____

Date:_____ Witness:_____

OR

I decline the pregnancy test at this time. I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring and transferring infections to a fetus. I have been given the opportunity to be tested at this time. I understand I am declining this free test. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to have a pregnancy test, I can receive the test at no cost to me.

Member Signature:_____

Member Name (Printed):_____

Date:_____ Witness:_____

Glossary

AIDS - Acquired Immune Deficiency Syndrome. A communicable disease caused by Human Immunodeficiency Virus (HIV).

AIRBORNE PATHOGEN - Pathologic microorganisms spread by droplets expelled into the air, typically through a productive cough or sneeze.

ANTIBODY - A component of the immune system that eliminates or counteracts a foreign substance (Antigen) in the body.

ANTIGEN - A foreign substance that stimulates the production of antibodies in the immune system.

ARC (AIDS Related Complex) - An outdated term used to describe symptoms of HIV infection in patients who have not developed AIDS. These include fatigue, diarrhea, night sweats, and enlarged lymph nodes. ARC is not included in the current Center for Disease Control classification of HIV infection.

BACTERIA - A type of living microorganism that can produce disease in a suitable host. Bacteria can self-reproduce, and some forms may produce toxins harmful to their host.

BLOODBORNE PATHOGEN - Pathologic microorganisms that are present in human blood and that can cause disease in humans. (OSHA) Note: the term "blood" includes blood, blood components, and products made from human blood.

BODY FLUIDS - "Fluids that have been recognized by the CDC as directly linked to the transmission of HIV and/or HBV and/or to which Universal Precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses." (OSHA)

BODY SUBSTANCE ISOLATION (BSI) - An infection control strategy that considers all body substances potentially infectious (See Universal Precautions).

CDC - CENTERS FOR DISEASE CONTROL - A branch of the Public Health Service, Districts of Health and Human Services concerned with communicable disease tracking and control.

COMMUNICABLE DISEASE - A disease that can be transmitted from one person to another. Also known as contagious disease.

CONTAMINANT/CONTAMINATED - "A substance or process that poses a threat to life, health, or the environment." NFPA 472.)

ELISA - Enzyme-linked immunosorbent assay. A test used to detect antibodies to the AIDS virus, indicating infection. For accuracy, a positive ELISA test is always repeated. If still positive, a western blot test is then performed to confirm the diagnosis. The sensitivity and specificity of a properly performed ELISA test twelve weeks after exposure is at least 99 percent (MMWR, 1987).

ENGINEERING PRACTICES - Protocols and practices used to mitigate potential exposures to blood or OPIM.

EXPOSURE - Eye, mouth, other mucous membrane, non-related skin, or potential contact with blood, other body fluids, or other potentially infectious material (OPIM).

HEPATITIS - Inflammation or swelling of the liver. Certain drugs, toxins, or infectious agents, including viruses, can cause hepatitis. Hepatitis caused by viruses includes hepatitis A, B, and D (Delta), and non-A, non-B. Non-A, non-B, hepatitis C, hepatitis E, and others, as yet are unclassified types of hepatitis.

HEPATITIS A - (Infectious Hepatitis) A viral form of hepatitis normally spread by fecal contamination and generally not a significant risk for emergency care providers.

HEPATITIS B - (Serum Hepatitis) A viral form of hepatitis spread through blood contact, and also as a sexually transmitted disease. Hepatitis B is a significant risk for emergency care workers. Infection may result in death chronic hepatitis, liver cancer, or cirrhosis of the liver. A vaccine to prevent spread of hepatitis B is available.

HEPATITIS C (NON-A NON-B) - Viral hepatitis caused by a virus other than hepatitis A or B. A disease of exclusion, there are probably several viruses responsible. NANA hepatitis is a blood borne infection, and the cause of ninety percent of post-transfusion hepatitis cases.

HEPATITIS D (DELTA. HDV) - A viral infection occurring in people with present or past HBV infection. Delta hepatitis is a complication of HBV infection and can increase the severity of HBV infection.

HIV INFECTION (HIV POSITIVE) - A person who has tested positive for HIV antibodies on two ELISA tests, confirmed with western blot testing. HIV infected patients may or may not develop AIDS, but can spread the virus through blood and bodily fluids.

INFECTION - Growth of pathogenic organisms in the tissues of a host, with or without detectable signs of injury.

MUCOUS MEMBRANE - The lining of the nose, mouth, eyes, vagina, and rectum. Mucous membranes are not as durable as other skin; contact of infected body fluids with intact mucous membranes may transmit disease.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM) - Human body fluids such as semen, vaginal secretions, cerebrospinal fluid, sensorial fluid, pleural 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; and any unfixed tissue or organ (other than intact skin) from a human (living or dead).

PARENTERAL EXPOSURE - "Exposure that occurs through a break in the skin barrier." (OSHA) This would include injections, needle sticks, human bites, and cuts contaminated with blood.

PPE - PERSONAL PROTECTIVE EQUIPMENT - "Specialized clothing or equipment worn by a member for protection from a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment." (OSHA)

RECOMBINANT VACCINE - A vaccine produced by genetic manipulation (gene splicing), usually in yeast.

UNIVERSAL PRECAUTIONS - "A system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every member exposed to direct contact with body fluids to be protected as though such body fluids were HBV or HIV infected. Therefore, Universal Precautions are intended to prevent health-care workers from potential, mucous membrane, and non-intact skin exposures to blood borne pathogens and should be used by emergency response personnel." (OSHA)

WESTERN BLOT - A test for HIV, used to confirm a positive ELISA test. The Western Blot is the **Confirmatory Test**. Diagnosis of HIV infection requires two positive ELISA tests, confirmed with a positive Western Blot Test.

HURRICANE FIRE & RESCUE
REQUEST FOR DISEASE DETERMINATION

This form is to request that the source in reference on the attached Hurricane Fire & Rescue member exposure form be evaluated for communicable disease determination. It is believed that an exposure occurred as is described on the attached form.

Receiving Facility

Name:

Address:

Contact:

Requesting Agency

Name:

Address:

Phone: _____ Fax:

Contact:

Prompt attention regarding this request is appreciated. Public Law 101-381 provides information on the Ryan White Comprehensive AIDS Resource Emergency Act. It is expected that compliance with this act shall be made.

Any questions may be directed to the contact name of the above agency.

Date of Request: _____

Signature: _____; Ryan White Designated Officer

_____ (Printed Name)

- Immediate notification is needed if the source is positive for an airborne disease.

Additional Comments

(IC form **D**)