YOLO COUNTY FIRE/EMS

Communicable Disease Exposure Control Plan

DRAFT 01/26/2018 v. 01

This plan was created in collaboration with the following agencies

_____Fire Department Signature_____

_____Fire Department Signature_____

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_____Fire Department Signature_____

Yolo County Emergency Medical Services Agency Signature_____

Contents

Definitions

ATD: Aerosol Transmissible Disease

Airborne Infection Disease (AirID) is a known or suspected aerosol transmissible disease transmitted through dissemination of airborne droplet nuclei, small particle aerosols, or dust particles containing the disease agent for which airborne infection isolation is recommended by the CDC or CDPH.

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

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

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 are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls: Controls (e.g. sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

Engineered Sharps Injury Protection: A physical attribute built into a needle used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanism; or

A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

Exposure Incident: A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of any employee's job duties

Occupational Exposure: Reasonably anticipated skin, eye, mucous membrane or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM:) includes the following human body fluids: semen, vaginal secretions, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluids that are visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, such as emergency response. Also included is unfixed tissue or organs from a human, alive or dead.

Parenteral Contact: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Physician or Licensed Healthcare Professional (PLHCP)

Personal Protective Equipment (PPE)

Potentially Significant Exposure: Direct contact with blood, ATD, or OPIM in a manner that is capable of transmitting a communicable disease.

Regulated Waste:

- Liquid or semi-liquid blood or OPIM
- Contaminated items that contain liquid or semi-liquid, or are caked with dried blood or OPIM and are capable of releasing these materials when handled or compressed
- Contaminated sharps
- Pathological and microbiological wastes containing blood or OPIM
- Medical Waste regulated by Health and Safety Codes Sections 117600 through 118360

Sharps: Any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, broken glass, and exposed ends of dental wire.

Source Patient: Any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospitals and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment

facilities; residents of hospice and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Standard Precautions: Standard Precautions include: performing hand hygiene, use of PPE, following respiratory hygiene and cough etiquette principles, following safe injection practices, and ensuring proper handling of needles and other sharps.

Administrative

Background

Cal/OSHA has issued a standard that requires employers to take appropriate measures to protect workers who have occupational exposure to bloodborne pathogens such as the Human Immunodeficiency Virus (HIV), the Hepatitis B Virus (HBV) and the Hepatitis C Virus (HCV). This rule is designed to protect millions of workers and is predicted to prevent over 200 deaths and 9,200 blood borne infections in health care, academia and industry each year. This standard requires that all agencies identify at-risk employees, interns and volunteers and then mandate work practices, engineering controls and personal protective equipment along with training for all individuals who may be reasonably expected to have contact with blood or other potentially infectious materials while performing their jobs.

Purpose

Communicable diseases are infectious diseases that are spread from one person to another through contact with blood, bodily fluids, respiratory secretions, or vectors.

Fire personnel who work in areas or on tasks which have a potential for exposure to communicable diseases have an elevated risk of contracting a disease if protective measures are not instituted. The Yolo County Communicable Disease Exposure Control Plan addresses how to eliminate or minimize the risk of occupational exposure to employees from blood borne pathogens (BBP) or Other Potentially Infectious Materials (OPIM) and Infections Aerosol Transmissible Diseases (ATD)

The implementation of the Exposure Control Plan is to provide best practices and recommendations to protect and enable fire personnel to provide care and other critical services without unreasonably jeopardizing their health. The plan outlines requirements that reduce the potential for exposure to communicable diseases and provides supportive direction for potential and identified cases.

Scope and Applicability

The Exposure Control plan covers all employees who have occupational exposures with blood or potentially infectious materials during their normal job duties.

Appendix 1 provides an Occupational Exposure Assessment for the job classifications specifically covered under this program.

Responsibilities

Yolo County EMS Agency

1. Assist County Fire Departments with implementation of Communicable Disease Plan which complies with the requirements of the Cal/OSHA regulations.

2. Review and assist with all Fire Department specific plans in conjunction with this plan to ensure they address and comply with applicable Cal/OSHA regulations.

3. Assist with providing training tools to all affected fire personnel on the risks and control procedures of communicable diseases, including how to recognize potential exposure risks and the proper response when they occur.

4. Serve as an informational resource to assist with compliance with applicable Cal/OSHA regulations.

Safety Officer

1. Shall be knowledgeable in infection control principles as they apply specifically to their facilities, services and operations, including bioterrorism pathogens and emerging infectious diseases.

2. Identifies tasks and work environments where potential communicable disease exposure could occur.

3. Ensures that effective processes and procedures are developed, implemented and maintained in accordance with the Exposure Control Plan (ECP).

4. Develops, adopts and documents all department and division specific procedures and training as a supplement to the ECP.

5. Ensures that all affected employees are wearing the appropriate personal protective equipment (PPE) and that adequate supplies are available.

6. Ensures that all exposure incidents are reported to the County and Designated Infection Control Officer (DICO), and that provisions of the post-exposure evaluations and follow-up are followed.

Designated Infection Control Officer (DICO)

The DICO should be an individual interested in infection control and trained in the provision of healthcare. He or she is required to respond 24 hours a day due to the complexity of the disaster response and the nature of public health. DICO and Human Resources shall be the only roles privy to confidential medical records, unless otherwise legally mandated.

1. The DICO will evaluate, identify and correct problems to prevent the recurrence of similar incidents.

2. Responsibilities of this position include:

3. Establish and maintain employee immunization records, including declination records.

4. Establish and maintain records on employee exposure, medical follow up and personnel health.

5. Ensure an effective and timely process for exposure notification, source patient testing, post-exposure testing and counseling, if needed.

6. Provide monthly reporting of infection control issues, exposure events, compliance, and the status of the ECP.

7. Work with Administration, Safety, and Training to develop, update and review department compliance activities.

8. Evaluate and document each exposure occurrence with:
    a. The route(s) of exposure and circumstance
    b. The polices and failure controls at the time of the exposure

c. The engineering controls in place at the time of the exposure

d. The work practices and protective equipment and/or clothing used at the time of the exposure

Attachment 3 provides a Statement of Authority for the DICO

Fire Department Employees

- Assume ultimate responsibility for their own health and safety
- Participate in BBP and ATD Training
- Adhere to practices and procedures of universal precautions
- Report suspected occupational exposure, and follow post exposure instructions.

Methods of Compliance

Universal Precautions

Universal precautions are an approach to infection control which involves behaving under the assumption that all blood, blood products, and body fluid may be infectious. Based on this assumption, all workers must utilize good work practices and engineering controls, as well as protective equipment, to minimize or eliminate exposure to bloodborne pathogens (BBP), Aerosol Transmissible Diseases (ATD), or other potentially infectious materials (OPIM) spread through body contact or contact with infected body fluids.

Work Practices and Engineering Controls

Hand washing

The most common spread of infections is through contact by hand. The most important thing an employee can do to reduce the potential for exposure to communicable diseases is frequent effective hand washing. All personnel must wash their hands with non-abrasive soap before and after handling blood, or OPIM, and immediately upon any contact with these materials, including after the removal of gloves or other personal protective equipment. When hand washing is not feasible, personnel must use an appropriate antiseptic hand cleanser in conjunction with a clean cloth, paper towels, or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

Health, Housekeeping, Hygiene

Departments shall ensure good housekeeping and personal hygiene practices for food preparations, sleeping areas, bathrooms and laundry areas. Employees should stay at home with respiratory or dermal viral illness presenting with flu-like symptoms or open wounds.

Any areas that may come into contact with blood or OPIM must be maintained in a clean and sanitary condition.

a. All counter tops, work surfaces and floors should be cleaned daily following department schedules and appropriate cleaning and disinfecting products.

b. All equipment and working surfaces that have come into contact with BBP or OPIM need to be cleaned directly, and as soon as possible, after contact with blood or OPIM.

c. Bins, pails, cans and similar receptacles intended for reuse which have a likelihood for becoming contaminated shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible after use.

d. Broken glass which may be contaminated shall not be picked up directly with hands.

Sharps Management

The use of syringes, needles and other sharp instruments must be minimized whenever possible. Extreme caution must be used when handling needles and syringes to avoid accidental needle sticks or the generation of aerosols during use and disposals. Contaminated needles and other contaminated sharps shall not be bent or recapped.

Sharps Injury Log

An exposure from a contaminated sharp shall be recorded in a Sharps Injury Log within 14 days from the date the incident was reported and shall be maintained for 5 years from the date the exposure occurred.

Attachment 5 provides a Sharps Injury Log

Attachment 6 provides an Annual Sharps Exposure Incidents Log

Sharps Containers

a. To minimize the hazard of injury and infection, sharps must be disposed of with a minimum of handling in appropriate sharps containers. Contaminated sharps are

to be placed in a sharps container immediately Sharps containers for contaminated sharps:

i. Shall be ridge, puncture resistant, leak proof, portable, and correctly labeled
ii. Shall be easily accessible to personnel and located as close as feasible to where sharps are anticipated to be found.
iii. Shall not be opened, emptied, or cleaned manually or in any other manner that would expose personnel to the risk of sharps injury. Shall be replaced as necessary to prevent overfilling

b. Sharps containers must be used for the following materials (regardless of contamination):
    i. Needles
    ii. Syringes with attached needles
    iii. Scalpel
    iv. Razor blades

Disinfection and Cleaning

Work areas and equipment shall be cleaned and disinfected after contact with blood or OPIM immediately or as soon as possible after each call and before returning to service. Equipment should be cleaned in an apparatus bay or other appropriately safe locations; they should not be cleaned in a kitchen or bathroom sink. Personnel performing cleaning and decontamination should don PPE, including, as appropriate, disposable gloves, safety glasses, and liquid resistant clothing/gown. Personnel should know the designated locations of disinfectants, department approved disinfecting agents, and designated locations for cleaning and disinfecting

Equipment and surfaces should be cleaned and then disinfected.

i. Cleaning:
    1. Purpose: to remove dirt and debris
    2. Equipment: Soap and water or All-Purpose Cleaner
ii. Disinfection:

1. Purpose: to reduce the number of disease-producing organisms
2. Equipment: 1:100 (or 1%) chlorine bleach solution (dilution of ¼ cup of household bleach in 1 gallon of water) or approved virucidal/bactericidal/tuberculocidal agent spray or wipe.

Appendix 3 provides equipment specific cleaning and disinfecting information.

Attachment 10 provides documentation of locations, cleaning and disinfecting products by department and designated decontamination and biohazard waste disposal locations.

Laundry of Clothing and Uniforms

Clothing and uniforms must be promptly cleaned after any suspected or actual exposure or contact with blood, ATD or OPIM. Contaminated clothing should be handled as little as possible and placed in bags or containers labeled and color coded according to the Communication of Hazards Standards in this Exposure Control Plan. Contaminated clothing is not to be taken home or to a public laundry service. Protective gloves and other appropriate PPE must be worn when handling contaminated clothing. Follow department policy for specific products for cleaning and decontamination.

Handling and Disposal of Regulated Medical Waste

Regulated Waste includes any of the following:

i. Liquid or semi-liquid blood or OPIM
ii. Contaminated sharps
iii. Contaminated items that:
    1. Contains liquid or semi-liquid blood, or are caked with dried blood or OPIM
    2. Is capable of releasing these materials when handled or compressed

General Procedures for handling Regulated Waste:

i. Don PPE
ii. Handle the contaminated waste as little as possible

1. If broken glass, use brush dust pan, tongs or forceps

iii. Place contaminated waste materials into an approved biohazard waste container

1. Sharps
    a. Close any engineering controls on the individual sharp, if applicable
    b. Place all sharps into an approved sharps container
    c. When ¾ full, close with tape or a tight fitting lid
2. Saturated or dripping materials
    a. Place into a bag or leak proof container
    b. Contaminated waste bags must be placed into a leak proof container

iv. Close the container when done disposing of contaminated materials

a. Bags need to be tied securely to prevent leakage or expulsion of contents

v. If the container becomes contaminated on the outside, place the container in secondary container

vi. Properly remove and dispose of contaminated PPE

vii. Wash hands after removing PPE

Prohibited Practices

1. No eating, drinking, smoking or applying cosmetics

   Eating, drinking, smoking and applying cosmetics and contacts are not permitted in the area where blood, blood products, or OPIM are handled or stored. Never put anything (pen, pencil, pipette, etc.) into your mouth while working in these areas.

2. No storage of food or drink

   Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood or OPIM are present.

3. No re-capping or altering needles

   Used needles or other sharps are not sheared, bent, broken, recapped or re-sheathed by hand. Used needles are not removed from disposable syringes.

Annual Program Review

Yolo County EMS and participating Departments shall be responsible for an annual review of the infection control procedures, work practice controls, and engineering controls to evaluate the effectiveness of the Exposure Control Plan.

Changes to the program will be based on employee input, new or revised tasks or procedures which affect occupational exposure, post exposure incident reviews from the previous year, and recommendations from all participating Yolo County Fire Departments based on each Department's annual review.

Appendix 2 provides a Program Review Checklist for the annual review.

Attachment 11 provides a Program and Procedure Review Log for documentation of findings, corrections and/or recommendations.

Surge Procedures

Surge procedures are developed to manage a rapid expansion beyond normal services to meet the increased demand for qualified personnel, medical care, equipment and public health services in the event of an epidemic, public health emergency, or disaster.

Surge Capacity is defined as the point when the ability of hospitals and other health care providers to evaluate and care for a markedly increased volume of patients.

Each Department will carry a surplus of Personal Protective Equipment as be able to provide services in the event of surge conditions.

Attachment 2 provides documentation for PP use requirement during surge events

EMS personal safety comes first; therefore, if resources are short, triage procedures will be used to determine priority of patient care. Shortages of equipment and supplies that can impact patient care shall be reported to the County Health Officer or designee.

Record Keeping

Employee medical records, including exposure records, are kept confidential; records shall not be disclosed or reported without the employee's written consent to any person within or outside the workplace expect as permitted by Federal and State regulations, or as required by law.

Medical records, including exposure records shall not be combined with non-medical personnel records.

Personal Protective Equipment

Personal Protective Equipment (PPE)

PPE minimizes exposure to BBT and ATDs in normal operations and foreseeable emergencies. The use of PPE is a standard precaution for minimizing the transmission of healthcare-associated infections. Standard Precautions are used for all patient care.

In addition to Standard Precautions, Transmission-based precautions are used for patients with a known or potential highly transmissible disease and are based on the mode of transmission of the specific pathogen. Transmission-based precautions include: Contact, Droplet, and Airborne.

Contact Precautions: Used to prevent transmission of diseases by contact with the patient or the patient's environment**.**

PPE	Wear a gown, protective eyewear and gloves.
Patient Transport	Cover and contain potentially infectious body fluids or wounds before transport.
Environmental Measures	Disinfect all surfaces touched by the patient with C-difficile inactivation cleaning product. Strict hand hygiene and appropriate laundry practices are recommended.

Droplet Precautions: Used to prevent the transmission of diseases caused by large respiratory droplets.

PPE	Wear gloves, protective eyewear, and surgical mask. If the patient is unable to control secretions, use a gown.
Patient Transport:	The patient should wear a surgical mask and follow respiratory hygiene and cough etiquette.
Environmental Measures	Disinfect all surfaces touched by the patient within 3 feet with a general disinfectant.

Airborne Precautions: Used to prevent transmission of infectious organisms that remain suspended in the air for long periods of time and may travel great distances.

PPE	Use a P100 mask, gown, protective eyewear and gloves. *High Hazard procedures require P100*.
Patient Transport	The patient should wear a surgical mask and follow respiratory hygiene and cough etiquette.
Environmental Measures	Disinfect all surfaces touched by the patient with general disinfectant.

Respirator/Fit Testing

The use of a respirator is required during potential exposure to airborne transmissible diseases. It is a tight-fitting mask providing respiratory protection from hazardous substances that must create a seal between the respirator's face piece and the face. A "fit test" evaluates the seal for a specific make, model style and size respirator for each employee who has a risk of occupational exposure to verify that the respirator is both comfortable and fits correctly.

Fit testing is required when a new model, type or brand is used, if weight fluctuates significantly, and annually to ensure a continued adequate fit.

The P100 particulate filtering face piece respirator filters at least 99% of airborne particles and is strongly resistant to oil; it is listed as the recommended PPE for Airborne Precautions.

High Hazard Procedures

The following tasks are considered high hazard with an increased risk of an aerosolized exposure when performed on patients with known or a suspected AirID:

1. Suctioning
2. Intubation
3. Nebulized medication
4. Bag Valve Mask (BVM) ventilation

Personal Protective Equipment shall be identified, evaluated and inventoried by department.

Attachment 2 provides a document for identifying brands, makes, models, and numbers on hand for types of PPE used by the Fire Department.

Personal Protective Equipment (PPE) Assessment

Task	Required PPE
Direct patient care involving visible blood, body fluids or OPIM	gloves, eye protection (optional: jacket or disposable gown)
Direct patient care involving flu-like symptoms	P100 respirator (minimum) and eye protection
Direct patient care of a patient with a pertinent history but not exhibiting symptoms	Variable based upon potential exposures
Decontamination of contaminated equipment and uniforms	Gloves, eye protection, liquid resistant clothing/gown
Handling of medical waste	Gloves, eye protection
High hazard procedures (i.e. suctioning, intubation, nebulized medication, and BVM ventilation) of patients with known or suspected AirID	P100, eye protection, gloves

Medical

Immunization

Immunizations reduce the risk of contracting a communicable disease. Vaccinations need to be provided within 10 working days of initial assignment to a job classification with identified risk for occupational exposure or 10 days from when a declination is recanted.

Hepatitis B Vaccinations (HBV)

HBV vaccinations will be made available at no cost to all employees who are occupationally exposed to blood, blood products or OPIM. Employees who decline the offered vaccination will sign a declination form to be kept on file with the DICO. Any employee who declines the vaccination may choose to receive it at any time at no cost to the employee.

Tuberculosis (TB) Skin test

TB is caused by bacteria that primarily attack the lungs. It is spread through the air when a person with active TB coughs sneezes or speaks. TB can be fatal without proper treatment.

All employees who have the potential for an exposure shall participate in TB Skin Tests. A baseline TB Skin Test occurs at the time of hire, and annually thereafter.

Aerosol Transmissible Disease Vaccinations for Susceptible Healthcare Workers

Recommended Immunizations:

Vaccine	Schedule
Influenza	One dose annually
Measles	Two doses
Rubella	One dose

Tetanus, Diptheria and Acellular Pertussis(Tdap)	One dose, booster as recommended
Varicella-zoster (VZV)	Two doses

Attachment 8 provides a Vaccination Declination Statement form

Medical Records

The department shall establish and maintain accurate records for each employee with an occupational exposure. Medical records will be maintained for at least the duration of employment plus 30 years. Records are to be kept confidential unless there is written consent from the employee to disclose information, except as required by law. The records must include the following:

1. Employee name, any other employee identifier or number, and social security number
2. Vaccination status for all required vaccines, including vaccine records provided by the employee and any signed declination forms.
    a. Attachment 7, Attachment 8 Provide an Immunization record form and a Declination form(Seasonal flu vaccine declination forms are only required for the most recent seasonal influenza vaccine)
3. A copy of the employee's hepatitis B vaccinations, including the dates of all the vaccinations and any medical records relative to the employee's ability to receive vaccinations
4. A copy of all written opinions provided by a PLHCP, including the results of all TB assessments.
5. A copy of all results of examinations, medical testing, and follow up procedures following an exposure
6. A copy of information regarding an exposure that was provided to the PLHCP

Communication of Hazards

Cal/OSHA requires communication to employees who may have come in contact with bloodborne pathogens. This is accomplished by using safety data sheets, labels, warning signs and employee training.

Containers

a. Shall be leak proof, have tight-fitting covers, and be kept clean and in good repair.

b. Sharps containers must also be puncture resistant

c. Bags shall be placed for storage, handling and transport in a rigid container which may be disposable, reusable, or recyclable.

Labels

a. Containers may be of any color and shall be labeled with the words, “Biohazard Waste” or with the international biohazard symbol and the word “BIOHAZARD” on the lid and the sides to be visible from any lateral direction.

b. Sharps containers must have the words “sharps waste and/or the international biohazard symbol and the word “BIOHAZARD”.

Onsite Storage

May not exceed the temperature and time limits outlined in HSC 1182809(d)

Training

Training shall be provided for all employees working at locations or in tasks with increased risk factors for occupational exposure. Employees shall receive training at the time of initial assignment to tasks where occupational exposure may take place, and annually thereafter, not to exceed 12 months from the previous training. Training rosters shall be completed for all Communicable Disease training.

Attachment 9 provides a Training Roster

Training Requirements

1. A copy and explanation of BBP and ATD regulations
2. The basic epidemiology, symptoms and reproductive health risks of BB diseases and ATDs
3. Modes of transmission of BBP
4. The Exposure Control Plan and how to obtain it.
5. Techniques for screening suspected ATD cases
6. Risk identification methods for recognizing tasks that may involve exposure to blood and/or OPIM
7. ATD source control procedures
8. ATD and BBP transmission control procedures
    (a) Engineering controls
    (b) Universal precautions
    (c) PPE and respiratory protection
    (d) Safe work practices
    (e) Hygiene (personal and workplace)
    (f) Decontamination procedures
    (g) Waste disposal requirements and procedures
9. Isolation and transportation procedures for suspected ATD cases
10. Communication protocols and procedures, including an explanation of signs and labels
11. Surge event procedures and coordination with local and regional emergency response
12. Emergency and employee exposure procedures

13. Exposure surveillance and vaccination program, including information on efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered free of charge
14. Decontamination and waste disposal procedures
15. Interactive Questions and Answers
16. Department specific procedures

Training Records

Training records must be maintained by the department for a minimum of (3) three years. Records shall include a roster with information including the date of training, employees taking the training, and the contents or summary of the training.

ATD Source Control Procedures

Control procedures are designed to reduce the risk of transmission of airborne infectious pathogens. Through identification of possible signs and symptoms of an airborne infections disease, and by applying respiratory hygiene/cough etiquette in health care settings, the spread of potential infection can be prevented.

On Scene Communicable Disease Screening

- Ensure available PPE such as gloves, P101 masks, and eye protection
- Stand 6 feet from patient for initial assessment and don appropriate PPE
- Assess medical history and symptoms of the patient presenting with flu like symptoms or a persistent cough.
- Questions to ask include:
- How long has cough been persistent?
- Coughing up blood or pink sputum?
- Decreased appetite?
- Fever?
- Night sweats?
- Condition that weakens immune system?

Isolation and control measures

- If there are flu-like symptoms, pertinent history, or persistent coughing, instruct patient to follow respiratory/hygiene/cough etiquette:
    - Cover your mouth and nose with a tissue when coughing or sneezing
    - Use the nearest waste receptacle to dispose of the tissue after use
    - Offer a surgical mask or, if requiring oxygen, a non-rebreather mask
- Don a P101 mask and eye protection
- Avoid unnecessary aerosol producing procedures
- If feasible, open windows and allow outdoor air ventilation
- Properly remove and dispose contaminated PPE
- Wash hands after removing PPE

Post Exposure Procedures

Most exposures do not result in infection. The Post Exposure Procedures are in place to quickly evaluate the risk of infection, provide information about possible treatments available to help prevent the infection, to monitor side effects of treatments, and determine if infection occurred.

Exposed Employee Procedure

- Immediately or as soon as feasible:
  - Wash needle sticks and cuts with soap and water
  - Flush splashes to nose, mouth, and skin with water
  - Irrigate eyes with clean water, saline, or sterile irrigates
  - If no soap or water is available, cleanse exposed areas with antibacterial cleanser (gel, spray, towelettes).
- Report the Exposure:
  - Go to the facility were the source patient is transported
  - Notify the receiving facility of the potential exposure when the source patient arrives
  - Notify the DICO immediately of the potential exposure
  - Complete and submit and required Workmen's Compensation claim forms.
  - Receive a post-exposure medical evaluation by a Physician or other licensed health care professional (PLHCP) designated through the department of employment as soon as feasible after determination of a significant exposure.
  - Follow treatment and monitoring prescribed by the PLHCP

Designated Infection Control Officer (DICO) Procedure

1. Determine the identity, if possible of the source patient and request baseline testing if not already addressed by a receiving facility.

2. If the consent of testing is denied by the source patient, available blood may be used. Obtain a court order if necessary for source patient testing

3. Assure that access to post exposure prophylaxis (PEP) of antiretroviral medicine is available and offered if appropriate. Prophylactic treatment must be started within 72 hours after a possible exposure, but should be started as soon as possible.

4. Baseline testing of the employee should occur within 48 hours, but no later than 72 hours. Testing should occur based on department policy.

5. Assure counseling for the exposed employee is initiated at the time of the exposure report.

6. Assure all required documentation has been completed and submitted appropriately.

7. Obtain and provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation.

8. Follow up and communicate with necessary agencies as necessary

9. Maintain communication with the exposed employee to assure and assist with post exposure testing, prophylaxis, and any physical or emotional support needed during the process.

Appendix A

Job Classification Occupational Exposure

Job Classification	BBP	ATD
Assistant Chief	Yes	Yes
Battalion Chief	Yes	Yes
Captain	Yes	Yes
Fire Marshal	No	No
Division Chief/Fire Marshall	Yes	Yes
Engineer	Yes	Yes
Executive Assistant	No	No
Finance Analyst	No	No
Finance Director	No	No
Fire Captain	Yes	Yes
Fire Prevention	No	No
Firefighter	Yes	Yes
Reserve Firefighter	Yes	Yes
Fleet Mechanic	No	No
Human Resources	No	No
Fire Inspector	No	No
Office staff	No	No
Other:		
Other:		

Appendix B

Program Review Checklist

	Regulatory changes to reference and update in the Exposure plan
	Occupational Exposure Assessment (ATT-?)
	Tasks requiring respiratory protection (ATT-?)
	Designated Infection Control Officer and alternate officer changes
	Effectiveness of ATD and BBP Engineering controls.
	BBP and Sharps control by personnel directly involved in patient care is documented
	Sharps control review (including needle protection and engineered sharps controls
	Sharps injury log
	Sharps controls and needle protection
	Training records current
	Review of communicable disease procedures
	PPE effectiveness and adequately implemented
	Cleaning and disinfection agents up to date
	Medical waste management is adequate and procedures, written plan and permits up to date.
	County Surge Plan, Internal Surge Plan, MOU and Mutual Aid Agreements are current with internal polices
	PPE stockpiles for surge events available
	Work polices and “stay at home” polices are up to date
	Vaccination procedures and forms current
	Exposure monitoring and follow-up processes and forms are effective and complete
	Communicable Disease Training materials and records are current
	Significant exposure investigation reports completed for lessons learned
	Changes in Exposure Control Plan, procedures, forms, etc. are made available or distributed to all affected employees
	Completed Program and Procedures Review Log (Attachment-?)

Appendix C

Equipment Specific Information

Equipment	Cleaning	Decontamination
Frequently touched surfaces, non-disposable waste containers, etc.	Clean with All Purpose Cleaner	Wipe down with disinfectant agent and air dry
Backboards, scoops, BP cuffs, stethoscope, EMS bags, non-disposable splints, prescription safety glasses, scissors, etc.	Clean with soap and water Wipe down second time with clean water	Wipe down with disinfectant agent and air dry
Electronic equipment (portable suction, AED, monitor, radios, cell phones, laptops, etc.	Follow manufacturer's recommendations	Follow manufacturer's recommendations
Laryngoscopy equipment	Clean with soap and water Wipe down second time with clean water	Soak in disinfectant in accordance with manufacturer's recommendations

Attachment 1

Contact Information Designated Infection Control Officer

_____Fire Department

Designated Infection Control Officer and Alternates

DICO	**Contact Number:** **Alternate Number:**
Alternate DICO	**Contact Number:** **Alternate Number:**
Alternate DICO	**Contact Number:** **Alternate Number:**

Attachment 2

Personal Protective Equipment

_____Fire Department

The following protective equipment has been evaluated and identified for daily use.

Type	Brand	Make	Model	Use	# required on hand

The following protective equipment is required for use during surge events.

Type	Brand	Make	Model	Use	# required on hand

Resupply Procedures

PPE and other protective equipment will be inventoried every_____

Missing equipment will be ordered through the following vendors.

Vendor	Contract Information

Attachment 3

Statement of Authority

Statement of Authority

Designated Officer for Infection Control (DICO)

This letter is to serve as a statement of authority for _____who has been named to the position of Designated Infection Control Officer for_____

This position will assist members of the department by ensuring that proper notification of exposures takes place, and that department members receive appropriate post exposure medical treatment in accordance with the Center for Disease Control Guidelines and the Ryan White Law. This position will be responsible for maintenance of vaccination, training and exposure incident records. This position will also assist _____ in ensuring compliance with all local, state and federal laws and regulations.

A key responsibility for this position is the confidentiality issues related to exposure situations. Both the Ryan White Law and the OSHA Bloodborne Pathogens Standard state that confidentiality is essential. No personal medical information will be given to anyone without the exposed employee's written consent. No one other than the DICO or his/her alternate will have access to the employee medical records located at the department. These records are confidential and are used only for post exposure medical follow up related issues.

_____

Fire Chief

Attachment 4

Program and Procedures Review Log

_____Fire Department

Date	Reviewer	Finding	Corrective Action

Attachment 5

Sharps Injury Log

_____Fire Department Completed by_____

Job Classification: of injured employee _____

Date injury was reported: _____ **Sex of Injured:** _____

Date of Injury: _____ **Time of Injury:** _____ **Age of injured:** _____

Type of sharp involved: _____ **Brand of sharp:** _____

(E.g. IV catheter, disposal needle syringe, razor, glass etc.)

What body part was involved with the exposure? _____

What location did the injury occur? _____

(E.g. residence, ambulance, outside, etc.)

What was the intended purpose of the sharp? _____

Did the injury occur: ☐ before ☐ during ☐ after the sharp was used for its intended purpose?

How did the injury occur? _____

_____

Did the device have engineered sharps injury protection? ☐ yes ☐ no ☐ do not know

Was the protective mechanism activated? ☐ yes ☐ no ☐ do not know

Did the exposure incident occur: ☐ before ☐ during ☐ after the activation of the protective mechanism?

Was there a sharps container readily available for disposal of the sharp? ☐ yes ☐ no ☐ do not know

Employee Opinion: Could engineering, training, or work practice control have prevented the injury?

☐ yes ☐ no if yes:

How?

_____

_____

_____

Attachment 6

Annual Sharps Exposure Incidents Log

Date of incident	Where it occurred	Task being performed during injury	Type of Sharp (Brand/Manufacturer)

Was there engineered sharps injury protection? Y/N	Was it activated at the time of injury? Y/N	If yes, did injury occur before, during, after or after?

Attachment 7

Immunization Record

Confidential

Employee_____

Immunization/Vaccine	**Date of Administration**
Hepatitis B Vaccine	_____
Antibody Titer	_____
Measles, Mumps, Rubella	_____
TB Skin Test	_____
Tetanus/Diphtheria	_____
Varicella (chickenpox) Vaccine	_____

Employee Signature: _____ **Date:** _____

Attachment 8

Vaccination Declination Statement

_____Fire Department

Name	
Date	
Position	

Declined (initials)	Offered (Y/N)	Disease or Pathogen
		Seasonal influenza
		Tuberculosis (TB)
		Hepatitis B
		MMR
		Varicella
		Tdap
		Other:_____

I understand that due to my occupational exposure to bloodborne pathogens and aerosol transmissible diseases, I may be at risk of acquiring infection with (see declined diseases or pathogens above). I have been given the opportunity to be vaccinated against this disease or pathogen at no care to me. However, I decline at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring (see declined diseases or pathogens above). If in the future I continue to have occupational exposure to bloodborne pathogens or aerosol transmissible diseases, I can receive the vaccination at no charge to me.

For seasonal influenza: I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring seasonal influenza. I have been given the opportunity to be vaccinated against this infection at no charge to me, however, I decline it at this time. I understand that by delinking this vaccine, I continue to be at risk of acquiring influenza. If, during the season for which the CDC recommends administration of the influenza vaccine, I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the vaccination at no charge to me.

_____

Employee Name

_____ _____

Employee Signature Date

Attachment 9

Communicable Disease

Training Roster

Topic(s) _____

Fire Department _____ Date_____

Location_____ Trainer_____

Employee Name	Employee ID	Position	Signature

Attachment 10

Procedures, Decontamination Locations, and Approved Disinfecting Agents

_____**Fire Department**

Designated Decontamination Locations

Station	Decon Location

Approved virucidal/bactericidal/tuberculocidal agents

Type	Brand/Clean Name	Concentration/Dilution	Purpose

Designated Biohazard Waste Storage Locations

Designated Biohazard Storage Locations

Attachment 11

Program and Procedure Review Log

Complete log using the Program Review Checklist Appendix 2 for Annual Program Review

Department_____ **Year**_____

Date	Findings	Corrective Action	Recommendation