

INFECTION CONTROL

Page Number: Page 1 of 11 **Effective Date:** 04/01/2011 **Reviewed with No Changes:** **Supersedes Editions:** 04/01/2007, 01/10/2005, 01/01/97

Purpose: *To identify those tasks and corresponding job classifications for which it can be reasonably anticipated that an exposure to blood, other body fluids, or other potentially infectious materials may occur; to establish a schedule for implementation of the fire department's infection control plan; and to identify the procedure for the evaluation of circumstances surrounding exposure incidents.*

To provide a comprehensive infection control system that maximizes protection against communicable diseases for all members, and to the public that they serve.

This department recognizes that communicable disease exposure is an occupational hazard. Communicable disease transmission is possible during any aspect of emergency response, including in-station operations. The health and welfare of each member is a joint concern of the member, the chain of command, and this department. While each member is ultimately responsible for his or her own health, the department recognizes a responsibility to provide as safe a workplace as possible. The goal of this program is to provide all members with the best available protection from occupationally acquired communicable disease.

This procedure may also be known as the Blood Borne Pathogen Procedure or Exposure Control Procedure.

Procedure:

ADMINISTRATIVE:

1. It is the policy of this department:
 - A. To provide fire, rescue, and emergency medical services to the public without regard to known or suspected diagnosis of communicable disease in any patient.
 - B. To regard all patient contacts as potentially infectious. Universal Precautions will be observed at all times and will be expanded to include all abate fluids and other potentially infectious material.
 - C. To provide all members with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from communicable diseases.
 - D. To recognize the need for work restrictions based on infection control concerns.
 - E. To encourage participation in member assistance and Critical Incident Stress Management programs.
 - F. To prohibit discrimination of any member for health reasons, including infection and/or seroconversion with Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV).
 - G. To regard all medical information as strictly confidential. No member health information will be released without the signed written consent of the member.
 - H. The Infection Control Program is applicable to all members as noted below.

Standard Operating Procedures are meant only to be guidelines. Actual conditions may warrant alternative actions.

INFECTION CONTROL

Page Number: Page 5 of 11 **Effective Date:** 04/01/2011 **Reviewed with No Changes:** **Supersedes Editions:** 04/01/2007, 01/10/2005, 01/01/97

10. Work restrictions for reasons of infection control may be initiated by a licensed health care professional (such as a physician, physician assistant or advanced registered nurse practitioner). These may be temporary or permanent. As an example, members with extensive dermatitis or open lesions on exposed areas may be restricted from providing care or handling and/or decontamination of patient care equipment.
11. All members will be offered immunization against hepatitis B. The risks and benefits of immunizations will be explained to all members, and informed consent obtained prior to immunization.
12. Members may refuse immunizations, or may submit proof of previous immunization. Members who refuse immunization will be counseled on the occupational risks of communicable disease, and required to sign a refusal of immunization form. Members who initially refuse immunization may later receive immunization upon request.
13. The Department Infection Control Officer will maintain records in accordance with OSHA's CFR 29, Part 1910.1030,.20,.120. Member participation in the Infection Control Program will be documented, including:
 - A. Name and Social Security Account Number of member.
 - B. Immunization records.
 - C. Circumstances of exposure to communicable diseases.
 - D. Post-exposure medical evaluation, treatment, and follow-up.
14. Infection control records will become a part of the member's personal health file and will be maintained for duration of employment plus thirty (30) years.
15. Medical records are strictly confidential. Medical records will be maintained as directed by the fire chief and will not be kept with personnel records. Medical records will not be released without the signed written consent of the member. There will be no exceptions to this policy for Department Administration, Board of Trustees, or insurance companies.
16. Records of participation in member assistance programs or critical incident stress debriefing are considered medical records.
17. Members may examine their own medical records, and may request that copies be sent to their personal physician. Release of medical records to another physician will be made only with the signed consent of the member.

ENGINEERING AND WORK PRACTICE CONTROLS:

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
2. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

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INFECTION CONTROL

Page Number: Effective Date: Reviewed with No Changes: Supersedes Editions:
Page 10 of 11 04/01/2011 04/01/2007, 01/10/2005, 01/01/97

- D. Material appropriate in content and vocabulary to educational level, literacy, and language of members shall be used.
2. The training program shall contain at a minimum the following elements:
- A. An accessible copy of the OSHA Bloodborne Pathogen (29 CFR 1910.1030 available at http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051) regulation an explanation of its contents;
 - B. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - C. An explanation of the modes of transmission of bloodborne pathogens;
 - D. An explanation of the fire department's exposure control plan and the means by which the member can obtain a copy of the written plan;
 - E. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - F. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
 - G. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
 - H. An explanation of the basis for selection of personal protective equipment;
 - I. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - J. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - K. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
 - L. Information on the post-exposure evaluation and follow-up that the fire department is required to provide for the member following an exposure incident;
 - M. An opportunity for interactive questions and answers with the person conducting the training session.
3. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

MEDICAL RECORDS:

1. The fire department shall establish and maintain an accurate record for each member with occupational exposure, in accordance with 29 CFR 1910.1020.
2. This record shall include:
 - A. The name and social security number of the member;

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INFECTION CONTROL

Page Number: Page 11 of 11 **Effective Date:** 04/01/2011 **Reviewed with No Changes:** **Supersedes Editions:** 04/01/2007, 01/10/2005, 01/01/97

- B. A copy of the member's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the member's ability to receive vaccination;
 - C. A copy of all results of examinations, medical testing, and follow-up procedures;
 - D. The fire department's copy of the healthcare professional's written opinion; and
 - E. A copy of the information provided to the healthcare professional.
3. Confidentiality. The fire department shall ensure that employee medical records required are kept confidential by securing them in a locked file cabinet with access restriction to only those persons whose duties require access to such records.
 4. Records will not disclosed or reported without the member's express written consent to any person within or outside the workplace except as required by this procedure or as may be required by law.
 5. The fire department shall maintain the records required by paragraph (h) for at least the duration of membership plus 30 years in accordance with 29 CFR 1910.1020.

TRAINING RECORDS:

1. Training records shall include the following information:
 - A. The dates of the training sessions;
 - B. The contents or a summary of the training sessions;
 - C. The names and qualifications of persons conducting the training (unless such persons are members of the department and their training records are already on file);
 - D. The names of all persons attending the training sessions.
2. Training records shall be maintained permanently by the training bureau.