

## **LOWER MACUNGIE FIRE DEPARTMENT INFECTION CONTROL POLICY**

### **Scope**

The Lower Macungie Fire Department (“Department”) recognizes that many of its members are involved in responsibilities that may place them at risk for direct contact with blood, body fluids, and other potentially infectious materials. The Department also recognizes that there are also diseases such as tuberculosis and severe acute respiratory syndrome that are airborne transmissible and for which members may also be at risk. Therefore, this policy will address both blood borne pathogens and airborne diseases. It is the goal of the Department to strive to reduce exposure in the member population and thus reduce the incidence of occupational health risks.

### **EMS Coordinator**

The EMS Coordinator shall oversee the administration, operation, and compliance monitoring of the Infection Control Policy. They will also be the point of contact for members who feel they may have been exposed. If they are not available, the Fire Chief shall be contacted.

### **Record Keeping**

The Department will ensure that accurate record keeping will be established and maintained for each member deemed to be at risk of an occupational exposure. The EMS Coordinator, in conjunction with the Fire Chief and member’s physician’s office will maintain these records.

### Medical Records

Medical records will include:

1. Name and social security number of the member
2. A copy of the Hepatitis B vaccine record
3. A copy of PPD status
4. A copy of all results of examinations, medical testing, and follow up procedures as required by the OSHA standard
5. A copy of any healthcare professional’s written opinions following an exposure
6. A copy of any information provided to the healthcare professional as required to assist with medical follow up

Member’s medical records will be kept confidential and will not be disclosed or reported without the member’s written consent.

Member’s medical records will be maintained for at least the duration of their Department membership plus 30 years in accordance with OSHA Standard 1910.1030.

Any member requesting a copy of these records must do so in writing. Requested records will be released within 15 days.

### Training Records

Training records will include:

1. Dates of training session
2. The contents (outline) or summary of the material presented
3. The name and qualifications of the person conducting the training
4. The names of all members attending the training session
5. All training records will be maintained for 3 years.
6. Training records are not confidential records and will be provided upon request to the member within 15 days of the request.

### **Work Practices**

Department work practices shall strive to ensure risk reduction and serve to reduce exposure through activities such as the cleaning of equipment or areas which have been contaminated, and the use of barrier techniques to reduce direct contact with blood and other potentially infectious materials (OPIM).

Department members will follow the enclosed protocols in the course of their daily work to assist with risk reduction. These protocols are in accordance with the published recommendations by the CDC, the National Fire Protection Association and OSHA.

Department members will adopt the practice of body substance isolation to reduce the risk for exposure to blood and OPIM.

The term body substance isolation is a concept that considers blood and all body fluids to be potentially infectious. This concept can and shall be used by all members in all work areas at all times.

### **Personal Protective Equipment**

Personal Protective Equipment (PPE) includes but is not limited to: gloves, cover gowns, protective eyewear, masks, and resuscitative devices (bag/mask devices or pocket masks).

Employees will be instructed, followed by compliance monitoring, concerning the appropriate use of PPE.

All PPE shall be removed prior to leaving the workplace, between calls, or if contaminated. When PPE is removed, it shall be placed in an appropriate area and in a designated container for storage, washing or disposal.

PPE will be issued in appropriate sizes and will be readily accessible at the emergency scene or will be issued directly to the member. Any PPE not made available by the Department shall be requested from the EMS agency on scene.

For members who have allergies to specific glove materials, hypoallergenic gloves, glove liners, or powder-less gloves will be made available.

If clothing becomes contaminated with blood or OPIM, it shall be removed as soon as possible.

### 1. Gloves

- a. Gloves shall be worn when it can be reasonably anticipated that a member may have hand contact with blood or OPIM, mucous membranes, non-intact skin, when performing patient care procedures, or when handling or touching contaminated items or surfaces. Department members should don gloves while en route to any EMS type incident, including MVA (Motor Vehicle Accidents) with injuries.
- b. Disposable gloves shall be replaced as soon as practical when they become contaminated, torn, or ripped.
- c. Disposable gloves shall not be washed for reuse following glove removal.
- d. Heavy-duty utility gloves should be used when cleaning contaminated equipment or surfaces, or when disposable gloves are insufficient.

### 2. Masks

- a. Masks, in conjunction with protective eyewear, will be used when it is anticipated that there is the opportunity for gross splatter of blood or OPIM into the eyes, nose or mouth.
- b. Masks providing airborne particulate protection shall be worn in any situation where a patient is believed to be infected with or be carrier of an airborne transmissible disease.
- c. Department members at risk shall request masks from the EMS agency on scene.

### 3. Protective Clothing

- a. Appropriate protective clothing such as cover gowns, aprons, or similar outerwear shall be worn in exposure situations. The type to be used will be based on the exposure anticipated.
- b. Department members at risk shall request protective clothing from the EMS agency on scene.

#### 4. Pocket Masks

- a. All members trained in the administration of CPR will have available either a bag/mask device or a pocket mask. All members will be trained in the proper use of the pocket mask. These items will also be available from the EMS agency on scene.

#### 5. Personal / Duty Clothing

- a. Uniforms and/or Structural Firefighting gear will not be considered personal protective equipment. Uniforms and gear are considered contaminated when covered with blood or OPIM and the area is too large to clean.
- b. All clothing contaminated with blood or other body fluids, to include personal clothing, will be bagged, labeled, and laundered on site in the washer and dryer provided. Cleaning will be at no cost to the Department member.

#### 6. Obtaining Additional PPE

- a. The Department shall obtain any additional necessary PPE from the EMS agency on scene.

### **Handling of Contaminated Laundry**

When clothing becomes contaminated, obtain a red biohazard bag from the EMS agency on scene. Place all contaminated clothing in this type of bag for either disposal or laundering. All bags containing contaminated laundry will be placed in an area where other members will not be at risk for contamination. The individual charged with laundering the contaminated clothing should put on gloves (heavy duty style). Carefully open the bag and empty the contents into the washing machine. If there is the chance for blood splatter, then cover gown should be worn.

### **Hand Washing**

Hand washing is the single most important means of preventing the spread of infection.

The following procedure shall be used for hand washing: Scrub hands for at least 15 seconds. Use friction. Friction will assist in the removal of dirt as well as bacteria and other organisms. When running water is not available, use a waterless hand washing solution. Rinse hands well under running water. Dry with a paper towel. Use the paper towel to turn off water faucets; faucets may have been handled by soiled hands.

### **Medical Waste**

All medical waste will be contained and disposed of in accordance with the Pennsylvania Department of Environmental Resources' policy on such waste.

Other waste such as dressings, contaminated medical equipment, and contaminated clothing will be placed in a designated bag and transported to the hospital for disposal and reprocessing.

The EMS provider on scene will dispose of medical waste at hospitals.

### **Disinfection Procedures and Policies**

It is the goal of the Department to ensure that all patient care equipment and devices are free of contamination at all times. In keeping with that goal, all members will follow the following procedures:

1. Equipment Cleaning
  - a. Contaminated equipment will be disinfected after each response. This procedure should be completed at the fire station. No equipment will be returned to service while contaminated.
  - b. Heavily contaminated equipment should be properly discarded and replaced with new.
2. Cleaning Solutions used by the Department are:
  - a. Bleach and water solution at 1:10
3. Cleaning Blood Splattered Areas - Areas splattered with blood should be cleaned immediately using the following procedure:
  - a. Put on disposable gloves
  - b. Soak the spill with one of the above cleaning solutions
  - c. Soak up the spill with a towel
  - d. Clean area with one of the above cleaning solutions
  - e. Place all used materials into a plastic bag and seal. (Spill is considered infectious waste)
  - f. Wash hands

### **Post Exposure Notification, Management and Record Keeping**

In accordance with OSHA Standard 1910.1030, and the Ryan White law, members will be instructed to contact the designated coordinator if they feel that they have been involved in a possible exposure situation. Exposure reporting will be done with regard to blood borne and airborne transmissible diseases.

The designated coordinator will conduct the initial investigation of the incident and contact the appropriate hospital contact if needed. Should exposure management/treatment be deemed indicated, members will be advised by the designated coordinator where to seek additional medical treatment and what that treatment should entail.

Post-exposure evaluation and medical treatment will be made available at no expense to the member. Treatment will be conducted by or under the direct supervision of a licensed physician or other health care professional whom is familiar with the OSHA standard.

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

An accredited laboratory will conduct the established program for medical evaluation and follow up at no cost to the member.

Medical records of exposure management are confidential. Confidential elements will include the following:

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred.
2. The identification of the source individual, unless it is not feasible that this information be obtained. In the Commonwealth of Pennsylvania, the source individual must consent to testing if there is clear documentation of a member exposure.

Results of the testing of the source individual blood test shall be made available to the exposed member. The exposed member should hold the information to be confidential.

Following exposure to a deceased patient, the coroner will perform necessary blood testing on the deceased patient if there is a documented health care worker exposure. The coroner will expedite the testing process to assist in meeting the prescribed time frames for post-exposure medical follow up.

#### Post Exposure Referral

1. General Guidelines
  - a. The designated coordinator will initiate the referral for post-exposure management following a question and counseling session.
  - b. The member, if deemed necessary, will be offered Hepatitis B, HIV, Hepatitis C and VDRL testing. If the member consents to a baseline blood testing, but does not wish to have testing done at that time for HIV, then the hospital will preserve the blood for at least 90 days. If within 90 days following the incident, the member elects to have the testing preformed then it will be done as soon as possible.
  - c. When required, treatment that is in accordance with the published protocols set forth by the CDC will be provided. Protocols for HBV, HCV, HIV, Syphilis, Tuberculosis, and SARS are to be available with the physician.
  - d. All exposed employees will receive counseling; this will be conducted by a health care professional that has been trained in pre and post counseling.
2. Hospital Responsibilities
  - a. The doctor's office will be furnished with a listing of the exposed member's job duties as they relate to the exposure incident.
  - b. The designated coordinator will furnish documentation of the route of exposure and the circumstances of the exposure to the doctor's office.

- c. The designated coordinator will furnish any medical records that may be relative to the exposure to the doctor's office (ex: Hepatitis B vaccine status).
  - d. The health care professional will furnish a written opinion with regard to the exposure within 15 days as set forth in the regulation.
  - e. The hospital will carry out exposure notification/management within 48 hours as outlined in accordance with the Ryan White law (public law) 101-381.
3. Department Responsibilities
- a. The Department will furnish any and all relevant medical information to the office of the designated medical care provider.
  - b. If the exposure was a needle stick injury or an exposure to TB resulting in a positive skin test, the designated coordinator will complete an OSHA 200 report form.
  - c. The designated coordinator will receive a summary of the written opinion within the 15 days time frame set forth in the regulation. The medical care provider for the service will forward a written opinion directly to the employee.
  - d. The designated coordinator will document that the employee has been informed of the evaluation results. This should be in accordance with the 48-hour time frame set forth in the Ryan White law.
  - e. All records will be maintained for the duration of the member's Department membership, plus an additional 30 years as set forth in the OSHA regulation.

#### Information on Specific Diseases

##### *Tuberculosis*

1. Individuals who skin test positive following Mantoux skin testing but have negative chest x-rays are not contagious and may work.
2. Individuals who skin test positive following Mantoux skin testing and have a positive chest x-ray or signs and symptoms of TB will be placed on work restrictions following the guidelines set for by the CDC in conjunction with medical evaluation by their physician.

#### **Education and Training**

##### General Guidelines for Education and Training:

Training will be provided as needed on an annual basis. All training content will be reviewed on a continual basis and when changes in procedures or equipment are noted, additional training will be scheduled or posted. The Department will ensure that training is offered in the appropriate language and word level for all members.

Training will include:

1. Each member will have access to a copy of the OSHA standard.

2. A general explanation of the epidemiology of blood borne disease and their symptoms will be offered.
3. Education on epidemiology and symptoms of TB will also be offered.
4. The blood borne pathogens to be reviewed will include; HIV, hepatitis b, hepatitis c, and syphilis.
5. The Department exposure control plan will be presented along with information on how an employee can obtain a copy of the plan
6. A review of tasks that each member performs and how they might be at risk for exposure
7. A review of the use of PPE and the limitations of PPE in certain circumstances
8. The type of PPE that is available and why that type was selected
9. In depth information on the hepatitis b vaccine program
10. Information on how to report and document an exposure
11. Information on what action will be taken and by whom in an exposure situation and how to seek medical attention and follow up
12. Information on what medical follow up will include following and exposure
13. Explanation of the signs and labels to be used in the handling and storage of medical waste

All programs will allow for interactive question and answers with a knowledgeable instructor. The instructor will be knowledgeable in communicable diseases and infection control and be able to relate the information to each specific work area. The Department Training Coordinator will ensure these classes are provided.

### **Compliance Monitoring**

The Department recognizes its responsibility to provide personal protective equipment, education, training, post exposure reporting and follow-up for its members at risk for exposure. It also notes the responsibility of the employees to comply with the established policy and procedures set forth in the exposure control plan. Thus, each member identified as having job responsibilities that place them at risk for exposure to disease or blood borne pathogens will conduct compliance monitoring activities on a regular basis. The time frame between monitoring will be decided by the designated coordinator.

The purpose of compliance monitoring is to verify that the program for reducing member exposure is on track. It will also ensure that the Department is in compliance with all applicable laws, standards and guidelines. Compliance monitoring will also serve to identify training needs or problems with the plan. Members who do not comply with this established plan may be subject to disciplinary action.

### **Hepatitis B Vaccine Policy**

The Hepatitis B vaccine in the form of an on-going vaccine program is made available to all members who have been deemed to be a risk for occupational exposure. The vaccine will be administered at no cost to the member. The vaccine will be administered within 1 year of membership. The vaccine program will be administered under the direction of a physician. A laboratory that is accredited will conduct any laboratory testing. Testing will be offered at no cost to the employee.

For Department members at risk, the vaccine will be administered, and records of injections will be kept at the medical facility and a copy in the members file.

Each member deemed to be at risk would be instructed regarding the disease, efficiency and safety of the vaccine, route of administration, administration schedule and benefits. There will be ample opportunity for each member to ask questions and to have those questions answered. This will allow for each member to make an informed decision to participate or decline in participation. Members will be asked to sign an informed consent sheet, which will be kept on file. Members who decline to participate will be asked to sign a declination form in accordance with the provision of OSHA Standard 1910.1030, which will also be kept on file in the individual's medical record.

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

Members with a documented allergy to yeast will be offered heptavax HB vaccine. Should they decline to receive this vaccine, they will be asked to sign a declination form with added information on their allergy status.

Members who have documented allergy to mercury will not be candidates for any of the vaccines on the market currently. This will be noted in the member's medical file. A declination form should be signed and the reason for non-participation noted.

Pre-screening will be made available to members who request it at no cost to the member. Pre-screening for exposure to hepatitis b will not be required for participation in the vaccine program. Post vaccine testing will be offered at no cost to the member. This will be done to ensure that there was adequate response to the initial vaccine series; non-responders will be offered an additional dose and then counseled.

### Booster Doses

Currently, there is no formal recommendation from the CDC for booster doses of the vaccine at any routine interval. At present it is stated that the need for a booster should be evaluated approximately 10 years following completion of the vaccine series. Should a formal recommendation for a booster be published, the Department will make booster doses available to members free of charge.

### Record Keeping of Hepatitis B Vaccine Program

Each member will receive a copy of the immunization dates, which will note the dates of administration of each dose of vaccine for his or her personal record. The medical office will maintain complete records on vaccine administration for each member. These records will be maintained for the duration of the member's service with the Department, plus an additional 30 years.

Any member who declines to participate in the program will sign a declination form. This form will be kept on file by the medical office for the duration of the member's service plus an additional 30 years.

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

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