


East Lake Tarpon Special Fire Control District

	<i>SOP 804 Health Maintenance</i>	
	Implementation Date: 11/2000	Revision Date(s): 12/01/2004
		Reviewed Date(s):
	Forms or Attachments: None	

No employee will be assigned to emergency response duties until an entrance physical assessment has been performed by the ELF&R Department Physician, and the employee has been certified as fit for duty.

Work restrictions for reasons of infection control may be initiated by the Department Physician. These may be temporary or permanent. As an example, employees with extensive dermatitis or open skin lesions on exposed areas may be restricted from providing patient care or handling and or decontamination of patient care equipment.

All employees will be offered immunization against hepatitis B virus (HBV), influenza, measles, mumps, rubella, poliomyelitis (polio), tetanus, and diphtheria. The risks and benefits of immunization will be explained to all employees, and informed consent obtained prior to immunization.

An employee may request serologic testing prior to hepatitis B immunization to determine if previous immunity exists. Employees may refuse immunizations or may submit proof of previous immunization. Employees who refuse immunization will be counseled on the occupational risks of communicable disease and required to sign a refusal of immunization form. Employees who initially refuse immunization may later receive immunization upon request.

All employees will be offered initial and yearly screening for tuberculosis exposure.

All employees will receive annual health evaluations.

Due to the hazardous nature of some communicable diseases employees shall be required to report to the East Lake Tarpon Special Fire Control District infection control liaison when the employee has received a confirmed exposure that has occurred off-duty or is being medically treated or tested due to presenting signs or symptoms. Verbal notification shall be followed up with a note or letter from the employee's physician describing the disease exposed to, treatment required, and fitness for regular fire department duties relative to communicability hazard to fellow workers and civilians at emergency incidents.

All employees will receive an exit health evaluation upon being reassigned to non-emergency response duties.

The East Lake Tarpon Special Fire Control District Infection Control and Department Physician will maintain records in accordance with OSHA,s CFR 29, Part 1910.1030. Department employee's participation in the Infection Control Program will be documented, including:

- * Name of Department employee
- * Immunization Records.
- * Circumstances of exposure to communicable diseases.
- * Post-exposure medical evaluation, treatment, and follow-up.

Infection Control records will become a part of the employee's personal health file and will be maintained for duration of employment plus thirty (30) years.

Medical records are strictly confidential. Medical records will be maintained in the office of the Department Physician and will not be kept with personnel records. Medical records will not be released without the signed written consent of the employee. There will be no exceptions to this policy for Department Administration, County Administration, or insurance companies.

Records of participation in employee assistance programs or critical incident stress debriefing are considered medical records.

Employees 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 written consent of the employee.

Abstracts of medical records without personal identifiers may be made for quality assurance, compliance monitoring, or program evaluation purposes, as long as the identity of individual employee cannot be determined from the abstract.

Communications between medical and personnel sections will focus on fitness to work or recommended restrictions, rather than upon specified diagnoses.

To preserve employee confidentiality, the EMS Medical Director will not conduct health assessments on department employees.

CERTIFICATION REQUIREMENTS CHECKLIST

Firm: _____

Date: _____

- _____ Proof of the firm being licensed in the State of Florida
- _____ A copy of the firm's Florida Department of Business and Professional Regulation's License to Practice.
- _____ If a corporation, a copy of the Florida Secretary of State's Corporation Registration
- _____ If applicable, proof of the firm's certification as a Minority Business Enterprise as provided by the Florida Small and Minority Business Assistance Act of 1985.
- _____ Proof of professional liability insurance.
- _____ A current SF-254 (federal standard form) with all sections completed.
- _____ Resumes of the firm's significant owners, officers, or principals in charge.

Comments:

Certification Reviewed By: _____ Date: _____

Certification Approval: _____ Date: _____