

# City of Martinsburg Fire Department



## OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS, AIRBORNE & DROPLET TRANSMITTED DISEASES

March, 2017

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## Important Notice

This Plan has been developed solely for City of Martinsburg Fire Department. The format of this Plan is proprietary and to be used only for the City of Martinsburg Fire Department. This Plan may not be copied without written permission of Katherine West, RN,BSN,MSEd.



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## Scope

The City of Martinsburg Fire Department recognizes that many of its employees are involved in job responsibilities that may place them at risk for direct contact with blood and other potentially infectious materials and/or airborne/droplet diseases. It is the goal of the department to strive to reduce exposure in the employee population and thus reduce the incidence of occupational health risk. It is also the goal of the department to insure that the patients served are offered protection from infection. City of Martinsburg Fire Department's Exposure Control Plan addresses bloodborne pathogens, meningitis, influenza and tuberculosis.

Students and Ride-Along's will be covered under the Exposure Control Plan with regard to post exposure medical follow up. However, the cost of medical care will be the responsibility of the individual.



# City of Martinsburg Fire Department

## Informed Consent – Observation Program

Name: \_\_\_\_\_

I understand that there is a potential risk for exposure to bloodborne pathogens or airborne/droplet diseases when participating in an observation program in the fire/rescue work environment.

I have been offered an opportunity to ask questions about the diseases and the risk for exposure and to have those questions answered.

Should I become exposed to blood or other potentially infectious materials, I will be advised by the City of Martinsburg Fire Department to seek medical attention at the location specified in their Exposure Control Plan. I understand that the fire/rescue service is NOT responsible to cover the costs associated with post-exposure medical treatment/counseling.

**I also understand that I may not discuss or share information regarding patients or the care they received. This is considered *confidential* information.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Schedule for Implementation

<b>Exposure Control Plan</b>	<b>2016</b>
<b>Bloodborne/Tuberculosis</b>	
<b>Education &amp; Training</b>	<b>1995</b>
<b>Tuberculosis</b>	<b>1995</b>
<b>Hepatitis B Vaccine</b>	<b>1995</b>
<b>Engineering Controls/SOP's</b>	<b>1992</b>
<b>Post Exposure/Medical Follow Up</b>	<b>1992</b>
<b>Recordkeeping</b>	<b>1992</b>
<b>Tuberculin Skin Testing</b>	<b>1995</b>
<b>Respiratory Protection Program</b>	<b>Annually</b>
<b>Compliance Monitoring</b>	<b>April 2016</b>
<b>Sharps Risk Assessments</b>	<b>2015</b>

# **GENERAL STATEMENT EXPOSURE CONTROL PLAN**

This Exposure Control Plan shall be:

1. Accessible to employees within 15 working days of their request.
2. Reviewed and updated at least on an annual basis by the Designated Officer.
3. Reflective of all current Centers for Disease Control recommended practices for protection of patients and staff.
4. Reflective of applicable science supported portions of the NFPA 1581, Infection Control Standard for Fire departments

# Policy Statement:

It shall be the policy of all supervisors and managers of the City of Martinsburg Fire Department to:

- A. Support and enforce compliance with the Exposure Control Program
- B. Correct any unsafe acts and refer any individuals for remedial training if required
- C. Mandate safe operating practices on scene and in-station
- D. Refer any individual for medical evaluation who may possibly be unfit for work for infection control or other reasons
- E. Ensure initial medical evaluations, immunizations and infection control training have been completed prior to allowing any individual to begin EMS response.
- F. Participate in education and training programs prior to active duty and attend on-going education and training programs.
- G. Assist in coordination of work restriction guidelines
- H. Enforce CDC Hand Hygiene Guidelines which **DOES NOT** permit the wearing of artificial nails or extensions by patient care Providers
- I. Ensure that members have obtained their vaccine/immunization records

This plan represents the minimum level of practice. Failure to comply with the requirements of this plan will result in disciplinary action.

# Health Maintenance

## **Policy Statement:**

No Member of City of Martinsburg Fire Department shall be assigned to emergency response duties until certified as Fit for Duty by the department:

1. Applicants must provide written proof of any previous TB skin test results within 2 weeks of hire, if available
2. Applicants will be offered TB skin tests, HBV immunization, infection control education and training, and physical exams after the completion of the application process
3. Applicants will show written proof of immunity for Measles, Mumps and Rubella, if available
4. Applicants will show proof of immunity for Chickenpox, if available
5. Personnel exposed to a communicable disease off duty should contact the Designated Officer
6. All illnesses listed under the work restriction guidelines program are to be reported to the Designated Officer
7. Request copies of their vaccine/immunization records from their schools or previous employer

# Exposure Control Plan Development

This Exposure Control Plan was developed by Katherine H. West, RN,BSN,MSEd, an Infection Control Consultant with Infection Control/Emerging Concepts, Inc., in conjunction with Lt. David J. Weller II. Any questions regarding the development of this plan should be addressed to both Katherine West and/or Lt. David J. Weller II.

**Implementation of this plan is the responsibility of the City of Martinsburg Fire Department.**

*Katherine H. West*

Katherine West, RN,BSN,MSEd  
Infection Control Consultant

March, 2016

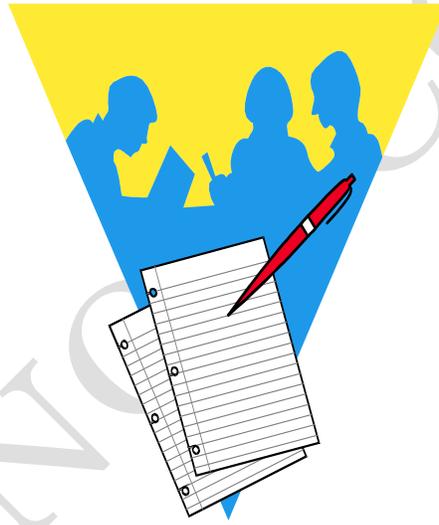
# Documents Used in the Preparation of This Project

1. APIC Core Curriculum - Infection Control
2. 29 CFR Part 1910.1030- Bloodborne Pathogens
3. 29 CFR Part 1910.20 - Medical Records
4. Centers for Disease Control and Prevention – 1994 Guidelines for Prevention and Control of Tuberculosis
5. Centers for Disease Control- 1989 Guidelines for Public Safety Workers
6. 42 CFR Part 84 Subpart K, Volume 60, Federal Register  
June 8, 1995:30338
7. West KH: Infectious Disease Handbook for Emergency Care Personnel, ACGIH, 3<sup>rd</sup> Edition, 2001
8. NIOSH Alert, Latex Glove Sensitivity, June, 1997
9. CDC Guidelines for Health Care Worker Infection Control, Draft, Federal Register, September, 1998
10. Guidelines for Infection Control in Health-Care Personnel, 1998, AJIC, June, 1998
11. Medical Waste Regulations – State of West Virginia
12. OSHA Instruction CPL 2-2.44C, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens, Nov. 5, 1999
13. NIOSH Alert, Preventing Needlestick Injuries in Health Care Settings, November, 1999
14. Needlestick Prevention Act, US Congress, March, 2000
15. Hand Hygiene Guidelines, October 2002, Centers for Disease Control
16. CPL 2-2.69 Compliance Directive, Bloodborne Pathogens, November 27, 2001
17. Hepatitis B vaccination requirements for employees providing first aid as a collateral duty, OSHA 11/1/2000, Standard Number 1910.1030(f)(2);1960

**Documents Used in the Preparation of This Project (cont.)**

18. Controlling Tuberculosis in the United States; Recommendations from the American Thoracic Society, CDC and the Infectious Disease Society of America, MMWR, September 25, 2005
19. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005. Centers for Disease Control & Prevention, December 30, 2005
20. Updated US Public Health Service Guidelines for the Management of Occupational Exposures to HIV, Recommendations for Post Exposure Prophylaxis, Centers for Disease Control and Prevention, September 30, 2005
21. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, MMWR, December 30, 2005
22. Influenza Vaccination of Health-Care Personnel, MMWR, February 24, 2006, Centers for Disease Control & Prevention, Atlanta, GA
23. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults, December 8, 2006, Centers for Disease Control & Prevention, Atlanta, GA.
24. Use of Influenza A (H1N1) 2009 Monovalent Vaccine, MMWR, CDC, August 21, 2009
25. Vaccine Selection for the 2013-2014 Influenza Season, CDC, 3/26/2013
26. Summary of Notifiable Diseases, MMWR, August 23, 2013
27. Federal Register Volume 76, Number 212 (Wednesday, November 2, 2011); [Notices] [Pages 67736-67743
28. Immunization for Health Care Personnel, MMWR, CDC, November, 2011
29. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians, CDC, MMWR, May 7, 2012/62 (Early Release);1-4
30. OSHA Compliance Directive 02-02.078, Enforcement of CDC Tuberculosis Guidelines, 2015

# Exposure Determination



## Exposure Determination

1. This Plan identifies employees who are deemed to be at risk. This determination is assigned without the consideration of the use of personal protective equipment. The exposure determination for personnel was made based on if it could be "reasonably anticipated" that an employee would come into contact with blood or other potentially infectious materials. Thus, the core of this Plan will deal with exposure to blood and other potentially infectious materials (OPIM).
2. As all employees may have the opportunity to be exposed to an airborne/droplet transmissible disease, this plan will address education and training with regard to tuberculosis (TB), childhood diseases, influenza, risk assessment, notification of exposure, testing and medical follow-up.

# Exposure Determination

The following employee groups were reviewed for the purpose of exposure determination assessment;

## **Deemed Not To Be At Risk: But covered in this plan**

Fire Administrative Staff

Administrative Secretary & Staff

Billing Staff

Dispatch

Chief

It should be noted, however, that if these individuals should sustain an exposure, they will be followed under the department's policy for post-exposure management.

## **Personnel deemed to be at risk for exposure:**

Paramedics

EMTs'

First Responders

Firefighters

Risk Tasks, Procedures Listing  
and Recommended  
**Personal Protective Equipment**

## Guideline for Use of Personal Protective Equipment

<b>Task</b>	<b>Gloves</b>	<b>Eyewear/Mask</b>	<b>Gowns</b>
Airway	X	Available	Available
CPR	X	None	None
Drawing Blood	X	None	None
Decon Equipment	Utility	If splatter or splash anticipated	If splatter or splash anticipated
Extrication	X	If splatter or splash anticipated	If splatter or splash anticipated
Injection	None	None	None
Intubation	X	X	Available
Delivery	X	X	X
IV Start	X	If splatter or splash anticipated	Available
Monitor	None	None	None
Oxygen	None	None	None
Suction	X	Available	Available
Trauma	X	X	X
Vital Signs	None	None	None

# Needlestick Injury Risk Assessment

**2015**

Implementation of needle safe devices began in conjunction with Berkeley Medical Center's implementation. The department was not included in the selection or evaluation. This was done by the medical facility.

No contaminated sharps injuries were reported in the past 2 years.

Current Products include;

Exelint Syringes

BD Instyle autoguard

AccuCheck Safe-T-Pro

## City of Martinsburg Fire Department Risk Assessment for Exposure to Tuberculosis – 2014/15

Risk assessment was conducted by contacting the state Public Health department office of TB control to obtain numbers of cases reported in our general department area for 2014- 15. The Public Health Department releases the total number of cases for each area of the state. The number of active TB cases for 2015 was 13; a decrease from 2014. The number of cases for the area partially serviced by the City of Martinsburg Fire Department in 2015, was 0. This information was verified by contacting the area Public Health Department. It should also be noted that on a national level there has been a decrease in the number of TB cases in 2014-2015. This represents over an 84% decrease since 1997 and the lowest case number nationally since 1953. During 2015, the primary case numbers were in foreign-born persons of Asian descent.

Based on the 2014-2015 case load, the areas serviced by the City of Martinsburg Fire Department, falls in the “low risk” category using the Centers for Disease Control 2005 TB Guidelines which OSHA is currently enforcing. Under the “low risk” heading, the implementation of a respiratory protection program is NOT recommended or required because there have been no documented exposures to department members in 2015. Such Notification by medical facilities is required under the Ryan White Emergency Notification Law, Part G.

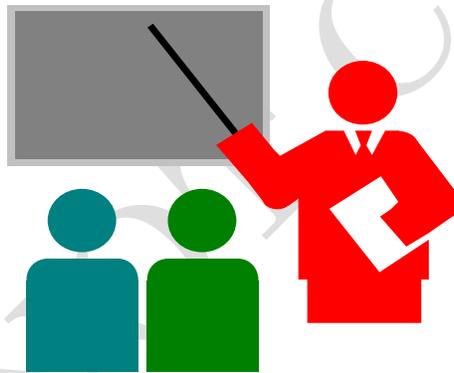
Based on this determination, there is no formal requirement for a Respiratory Protection Program based on the CDC, 2005 Guidelines for Tuberculosis.

## **Risk Assessment for Exposure to Tuberculosis (cont.)**

Employees will be instructed to screen patient for TB and suspect patients will be masked, a non-rebreather may be used, and windows opened for risk reduction. If the patient cannot be masked, the care provider will wear a surgical mask. This was developed, reviewed and agreed to by Katherine West, RN, BSN, MEd, Infection Control Consultant who assisted in this process. Data will be monitored closely to determine the need to alter this risk determination. Data will be tracked by the designated officer. Should the number of positive test results change or a shift in the PPD/TST testing results be noted, this risk assessment will be revisited.

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# Education and Training



# **General Guidelines for Education and Training**

The Designated Officer, in preparation for this new role, will participate in a formal training program to prepare for this role. Certificate is on file. On or before the end of July 2016, the department will allow for attendance at a train the trainer session to prepare a key employee to serve as trainers for this department. All employees will be provided training at no cost to employees and will be offered during normal working hours

Training will be provided at the time of initial assignment and on an annual basis. The trainer will reserve the right to require additional training if he/she feels previous training was not in keeping with standards. Annual training for all current employees will be completed within one year of their previous training. Annual training will update personnel on the diseases and department changes in policy/procedure and department exposure rates. All training content will be reviewed on a continual basis and when changes in procedures or equipment are noted, additional training will be scheduled.

All training content will be reviewed on a continual basis and when changes in procedures or equipment are noted, additional training will be scheduled. The City of Martinsburg Fire Department will insure that training is offered in the appropriate language and word level for all employees.

## **Training will include;**

1. Each employee will have access to a copy of the OSHA standard and the department Exposure Control Plan.

**Training will include; (cont.)**

2. A general explanation of the epidemiology of bloodborne disease and their symptoms will be offered.
3. Education on the epidemiology and symptoms of tuberculosis will also be offered.
4. The Bloodborne pathogens to be reviewed will include; HIV, Hepatitis B, Hepatitis C and Syphilis. Tuberculosis will also be covered.
5. The department's 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 employee 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 and TB skin testing 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 an exposure.
13. Explanation of the signs and labels to be used in the handling and storage of medical waste.
14. Access to medical records upon request
15. Latex Glove Allergy/Sensitivity Issues
16. Work Restriction Guidelines
17. Needle Safe System use
18. Hand Hygiene Guidelines
19. MRSA
20. H1N1 Influenza and the vaccine

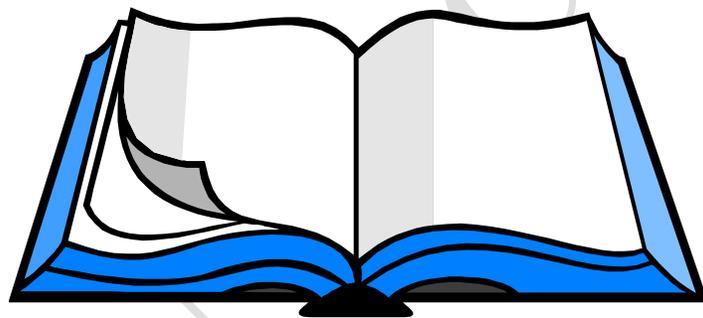
**Training will include; (cont.)**

21. Seasonal Influenza Vaccine
22. Meningitis
23. Department Vaccine/immunization Program
24. Donning and Doffing of PPE

**\*\*** All programs will allow for interactive questions and answers with a knowledgeable instructor. The instructors will be knowledgeable in communicable diseases and infection control and be able to relate this information to each specific work area. Training will be conducted by: Katherine West, RN, BSN, MSEd until a member of the department is trained.

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# Definition of Terms



# Definition of Terms

## OSHA — Occupational Safety & Health Administration

### U.S. Department of Labor

Bloodborne pathogens. - 1910.1030

Regulations (Standards - 29 CFR) - Table of Contents

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: Z
- Subpart Title: Toxic and Hazardous Substances
- Standard Number: 1910.1030
- Title: Bloodborne pathogens.
- Appendix: A

1910.1030(a) **Scope and Application.** This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b) **Definitions.** For purposes of this section, the following shall apply:

**Assistant Secretary** means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

**Blood** means human blood, human blood components, and products made from human blood.

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

**Clinical Laboratory** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** means 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.

**Director** means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

**Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an Employee's duties.

**Handwashing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

**Needleless systems** means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an Employee's duties.

**Other Potentially Infectious Materials** means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Personal Protective Equipment** is specialized clothing or equipment worn by an Employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Production Facility** means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

**Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Research Laboratory** means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

**Sharps with engineered sharps injury protections** means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the Employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

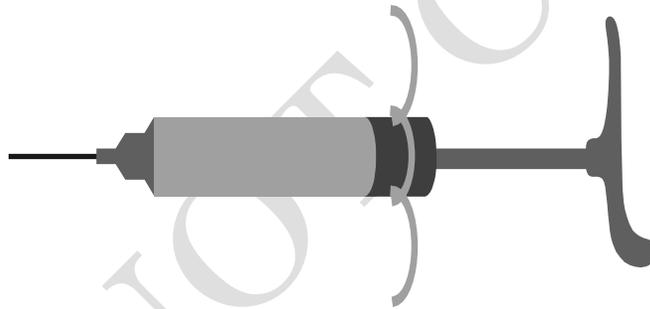
**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by technique).

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# Vaccination/Immunization and TB Testing Program



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# Vaccine/ Immunization Program

The City of Martinsburg Fire Department has a screening program for all new hires to ascertain their vaccine and immunization status for childhood diseases. All new hires will need to bring documentation of their vaccination status. This will include; Measles, Mumps, Rubella (MMR), Chickenpox, and Pertussis (whooping cough). This is in keeping with the current CDC Guidelines referenced by OSHA in its Compliance Directive (CPL 2-2.69) and NFPA 1581 (infection Control Standard).

All current at risk employees will be asked to obtain their vaccine/ immunization records as well. Review of these records will enable the department to determine who is in need of protective vaccines. Also, in accordance with the CDC's request, the department will insure that vaccine/immunization records are available 24/7 to jump start post exposure management. These records will be computerized and secure. These are to be available to the Designated Officer.

City of Martinsburg Fire Department  
**Communicable Disease Health History**

***This information is confidential***

<b>Disease</b>	<b>Date of Illness</b>
Measles (Rubeola)	
Measles (Rubella)	
Mumps	
Chickenpox	
Hepatitis	<b>Type:</b>
Tuberculosis	<b>Type:</b>
Meningitis	<b>Type:</b>
Malaria	<b>Type:</b>
HIV Infection	

***Allergies:***

**Medication:** \_\_\_\_\_

**Latex:** \_\_\_\_\_

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

City of Martinsburg Fire Department  
**Communicable Disease Health History**

***This information is confidential***

<b>Immunization/Vaccine</b>	<b>Date of Administration</b>
Measles, Mumps and Rubella	
Chickenpox Vaccine	
Flu Vaccine	
Tdap Booster x1	
Hepatitis B	
Antibody Titer	<b>Result:</b>
Tuberculosis	<b>Result:</b>

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Release of Information  
Health History and Immunization History  
**Declination Form**

I have attended education and training on bloodborne pathogens & TB and I have reviewed the forms requesting health and immunization/vaccination history.

I understand that this information is to be confidential and would only be used to assist in evaluation of whether I should be offered a vaccine or immunization as a prevention measure prior to any exposure event or for post exposure evaluation and treatment.

I decline submitting this information to the Designated Officer. I understand that if I change my mind, I will be able to complete the forms and receive any recommended immunizations or vaccinations.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Hepatitis B Vaccine

## Administration Program

On or before December, 1995, Hepatitis B Vaccine (Engerix - Recombinant) in the form of an on-going vaccine program will be made available to **all** employees who have been deemed to be at risk for occupational exposure. Vaccine will be administered at no cost to the employee. Vaccine will be administered within 10 days of initial assignment to a position that would place the member at risk. The vaccine program will be administered under the direction of a physician designated by the City of Martinsburg Fire Department. Injections will be administered at the fire station by nursing staff at Valley Health.

If additional times are needed, please contact the Designated Officer. Administration will be in accordance with the published standard set forth by the U.S. Public Health department - Centers for Disease Control. A laboratory that is accredited will conduct any laboratory testing. Testing will be offered at no cost to the employee.

For all employees at risk, vaccine will be administered at by nurses in the medical facility-following the education and training. The designated medical care provider at the department will keep records of the injections. The Designated Officer will also keep copies for back up recordkeeping.

## Hepatitis B Vaccine Program

Each employee deemed to be at risk will 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 employee to ask questions and have questions answered. This will allow for each employee to make an informed decision to participate **or** decline to participate. Employees will be asked to sign an **informed** consent sheet that will be kept on file. Employees who decline to participate will be asked to sign a declination form in accordance with the provision of 1910.1030; this will also be kept on file in the individual's medical record. Each employee participating in the vaccine program will receive a personal record documenting the vaccine series.

Employees 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.

Employees who can show proof of previous vaccination against hepatitis B or who can document that they are antibody positive will not be candidates for the vaccine because they have immunity.

Employees with a documented allergy to yeast will be **offered** HEPTAVAX HB (Plasma derived) vaccine. Should they decline to receive this vaccine, they will be asked to sign a declination form with added information on their allergy status.

## Hepatitis B Vaccine Program (cont'd)

Employees who have a documented allergy to MERCURY will be candidates for vaccination with the mercury free vaccine (pediatric version). This should be noted in the employee's medical file. A **declination** form should be signed and reason for non-participation noted. Pre-screening will be made available to employees who request it - at no cost to the employee. 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 employee. This will be done to insure that there was adequate response to the initial vaccine series. Post vaccine titer testing will be conducted 1-2 months after completion of the vaccine series. Non-responders will be offered an additional series in accordance with the CDC's update guidelines.

It should be noted that there is "Universal vaccination" program in this country. All newly hired should have received vaccine from their schools to training programs. These records should be obtained to establish immunity. ***Titers DO NOT need to be drawn on hire.***

## **BOOSTER DOSES**

Currently, there is no formal recommendation from the Centers for Disease Control for booster doses of the vaccine at any interval. At present, it is stated that the need for a booster is ***NOT*** indicated due to the "immunologic memory" offered by this vaccine. Should a formal recommendation for a booster be published, the City of Martinsburg Fire Department will make booster doses available to "at risk" employees free of charge.



City of Martinsburg Fire Department  
Hepatitis B Vaccine Program



**Consent Form**

**Employee Name:** \_\_\_\_\_

I have received education and training regarding the hepatitis B vaccine. I have had the opportunity to ask questions and to have those questions answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and consent to receive this vaccine.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



City of Martinsburg Fire Department  
 Hepatitis B Vaccine Program  
**Declination Form**



**Employee Name:** \_\_\_\_\_

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

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Reason (Optional):**



# City of Martinsburg Fire Department

## Hepatitis B Vaccine Immunization Record

Vaccine is to be administered in three doses. It should be given in the deltoid muscle of the arm only. The schedule for doses is as follows;

Initial dose

Four weeks after the first dose, give second dose

Six months after the first dose, give the last dose

**Employee Name:** \_\_\_\_\_

**First Dose** \_\_\_\_\_

**Second Dose** \_\_\_\_\_

**Third Dose** \_\_\_\_\_

**Post Vaccine Testing** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Result:** \_\_\_\_\_

## Recordkeeping for Hepatitis B Vaccine Program

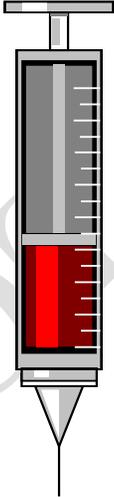
EACH EMPLOYEE WILL RECEIVE AN IMMUNIZATION CARD THAT WILL NOTE THE DATES OF ADMINISTRATION OF EACH DOSE OF VACCINE FOR THEIR PERSONAL RECORD.

Valley Health Occupational Medicine and the Designated Officer will maintain complete records on vaccine administration. Records will be maintained for the duration of the employee's time with this Agency plus an additional thirty (30) years. However, if the individual is on the department for less than one (1) year, the records will be released to the individual at termination. This is in keeping with the requirements of OSHA 1910.1030 and the OSHA medical record standard 1910.1020.

Any employee who declines to participate in the program will sign a declination form. The Designated Officer, for the duration of the employee's department plus an additional thirty (30) years will keep this form on file.

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.

# Testing



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# Chickenpox Prevention and Control

On hire, each Employee will be asked to complete a health history form. This form will address chickenpox immunity. New employees, who do not have immunity to chickenpox by reported history of the disease as a child, will be offered vaccine. A titer is not required. If the titer is negative, he/she will be advised to obtain the new chickenpox vaccine – Varivax.

It should be noted that the department is responsible for payment of this prevention method.

Employees who receive chickenpox vaccine (Varivax) should submit proof of vaccination for inclusion in their medical record



# Varicella Vaccine Consent Form

## Employee Information:

Name:

	<u>Yes</u>	<u>No</u>
1. Have you ever had an allergic reaction to a vaccine or medication?	_____	_____
2. Are you allergic to neomycin or gelatin?	_____	_____
3. Are you pregnant or breast-feeding?	_____	_____
4. Are you under a physician's care?	_____	_____
5. Are you currently ill, fever or cold?	_____	_____
6. In the past 5 months, have you received a blood transfusion?	_____	_____
7. Have you received Immune globulin or varicella immune globulin (VZIG)?	_____	_____

1. Have you ever had an allergic reaction to a vaccine or medication?
2. Are you allergic to neomycin or gelatin?
3. Are you pregnant or breast-feeding?
4. Are you under a physician's care?
5. Are you currently ill, fever or cold?
6. In the past 5 months, have you received a blood transfusion?
7. Have you received Immune globulin or varicella immune globulin (VZIG)?

## Consent:

I have read the information packet on VARIVAX (chickenpox vaccine). I have been given the opportunity to ask questions, and I understand the benefits and risks associated with this vaccine. I understand that I should avoid becoming pregnant for 4 weeks following receipt of this vaccine, and that I should avoid the use of aspirin for 6 weeks after vaccination. If I develop a rash, I must remain off work until the rash subsides and receive clearance from Infection Control/Safety Officer to return to work.

Employee Signature:

Date:

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# City of Martinsburg Fire Department



## Measles, Mumps, Rubella Vaccine Consent Form

### Employee/ Volunteer Information:

**Name:**

- |   | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Have you ever had an allergic reaction to a vaccine or medication? | _____      | _____     |
| 2. Are you pregnant or breast- feeding?                               | _____      | _____     |
| 3. Are you under a physician’s care?                                  | _____      | _____     |
| 4. Are you currently fever or viral illness?                          | _____      | _____     |
| 5. Are you allergic eggs?   | _____      | _____     |
| 6. Are you immunocompromised?   | _____      | _____     |
| 7. In the past 5 months, have you received a blood transfusion?       | _____      | _____     |

### Consent:

I have reviewed the information on MMR vaccine (measles, mumps, rubella). I have been given the opportunity to ask questions and to have my questions answered. I understand the benefits and risks associated with this vaccine.

I understand that I should avoid becoming pregnant for **4 weeks** following receipt of this vaccine. If I develop any side effects, I will report them to the designated medical care provider.

**Employee Signature:**

**Date:**

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## Employees Deemed At Risk for Tuberculosis

**AT RISK PERSONNEL:** Firefighters and EMS Personnel

Employees listed in the “at risk” group for possible exposure to tuberculosis will be offered baseline PPD/TST skin testing and/or annual skin testing based on the current recommendations of the CDC reviewed annually. PPD/TST administration for baseline and/or will be administered by Valley Health Services Occupational Medicine.

QFT- In tube blood test may be offered in - lieu of skin testing. This is in keeping with the CDC guidelines and recommendations.

# Testing for Exposure to Tuberculosis

All personnel deemed to be at risk for exposure to tuberculosis (TB) will be skin tested upon joining to establish a baseline and then tested following an exposure event. This is in keeping with the CDC Risk Assessment process. If the rate of TB conversion appears to increase in employee population at the City of Martinsburg Fire Department, testing may be recommended on a more frequent basis

Testing for TB will be done using the MANTOUX test - administration of PPD/TST given by the intradermal method. This test will be read by a licensed health care professional. Each employee should sign consent or denial forms. Employees who have not previously tested **positive or have not been tested in the last 12 months** will be tested using the two step-method. If the employee has been tested in the previous 12 months only 1 skin test is needed.

This is done to address the “booster phenomenon” and is in keeping with the current recommendations of the Center for Disease Control and Prevention (CDC). Consent or denial forms will be requested and kept on file in the employee medical records file.

Testing will be under the direction of the physicians at the Valley Health.



# City of Martinsburg Fire Department

## Tuberculosis Screening Test Consent Form

**Employee Name:** \_\_\_\_\_

I have attended an educational session on Tuberculosis (TB). This session included information regarding the TB test, which is used to determine if the bacteria that causes tuberculosis is residing in my body.

I understand that I may be occupationally exposed to Tuberculosis and that I may be at risk for acquiring Tuberculosis. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & Health Administration (OSHA) recommend that I be tested for exposure to TB.

I have been given the opportunity to be tested at no charge to myself. I have had the opportunity to ask questions regarding TB and the skin- testing program. Based on this information, I elect to participate in this program

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Administered** \_\_\_\_\_

**Read On:** \_\_\_\_\_

**Result:** \_\_\_\_\_



# City of Martinsburg Fire Department

## Tuberculosis Screening Test **Informed Declination Form**

**Employee Name:** \_\_\_\_\_

I have attended an educational session on Tuberculosis (TB). This session included information regarding the TB test, which is used to determine whether the bacteria causing TB is residing in my body.

I understand that I may be occupationally exposed to TB and that I may be at risk for acquiring TB. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & health Administration (OSHA) recommend that I be tested to determine whether I have contracted TB infection.

I have been given the opportunity to be tested at no cost to myself. However, I decline TB screening at this time. I understand that, by declining this screening, I am at risk of having TB without my knowledge.

I understand that I will be able to obtain testing for TB in the future if I choose to change my mind.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Employee Protection-Screening for Tb Exposure

### **Rationale for Exclusion**

The employee jobs removed from the “at risk” determination were based upon review of job duties outlined in the job description and the requirements for the application for the position.

The majority of administrative positions do not demonstrate that there may be "reasonable" risk. Consideration was also given to the aspect of "reasonably anticipated" risk. The ultimate decision regarding risk was made by interview with department personnel. However, in the event that an individual in the not at risk group would be exposed, they would be covered under the post exposure management protocol.

# HUMAN IMMUNODEFICIENCY VIRUS (HIV) Testing

**Purpose:** To make available upon request, HIV testing and counseling for reasons other than an on the job exposure.

**Procedure:** Any employee requesting HIV testing may contact the Designated Officer or may directly contact the Public Health Department office of HIV testing to obtain free and anonymous testing. It is not the employers responsibility to test in a non-work exposure situation.

# Influenza Vaccination Program

The department will make free flu vaccine available to all employees. Flu vaccine will be administered in conjunction with Valley Health Occupational Health and may be provided on-site. Flu vaccine is offered beginning in Mid- September and ending when advised by the CDC. A consent form will need to be signed by the employee and will be retained on file in the employee medical record.

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City of Martinsburg Fire Department



## Influenza Vaccine Consent Form

**Employee Name:** \_\_\_\_\_

I have read the information about the influenza and the vaccine that is being offered. I have read the information on possible side effects and allergies. I have had the opportunity to ask questions and to have the questions answered. Based on this, I elect to participate in this vaccine program.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# City of Martinsburg Fire Department



## Influenza Vaccine Declination Form

**Employee Name:** \_\_\_\_\_

This form is to document that I have been offered annual flu vaccine by my employer free of charge.

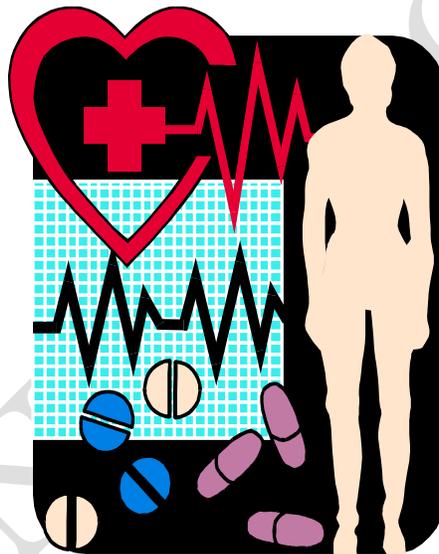
I have received education and training regarding the benefits of participating in the annual flu vaccine program in conjunction with the Centers for Disease Control and Prevention Guidelines. I have been given the opportunity to ask questions and to have those questions answered. However, I have chosen to decline this offer

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Work Restriction Guidelines

Now, OSHA Enforced



## Work Restriction Guidelines

### CDC Personnel Health Guideline

Summary of suggested work restrictions for health care personnel exposed to or infected with infectious diseases of importance in health care settings, in the absence of state and local regulations (modified from ACIP recommendations<sup>9</sup>)

Combination 1997 & 2011 updated version

Disease/problem	Work restriction	Duration
Conjunctivitis	Restrict from patient contact and contact with the patient's environment	Until discharge ceases
Cytomegalovirus infections	No restriction	
Diarrheal diseases		
Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with the patient's environment, or food handling	Until symptoms resolve
Convalescent stage, <i>Salmonella</i> spp.	Restrict from care of high-risk patients	Until symptoms resolve; consult with local patents and state health authorities regarding need for negative stool cultures
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained $\geq 24$ hours apart are negative
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice
Hepatitis B		
Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures	No restrictions <sup>*</sup> ; refer to state regulations; standard precautions should always be observed	
Personnel with acute or chronic hepatitis B e antigenemia who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as still and technique of worker; refer to state regulations	Until hepatitis B e antigen is negative
Hepatitis C	No recommendation	

## Herpes simplex

Genital	No restriction	
Hands (herpetic window)	Restrict from patient contact and contact with the patient's environment	Until lesions heal
Orofacial	Evaluate for need to restrict from care of high-risk patients	
Human immunodeficiency virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought, panel should review and recommend procedures the worker can perform; taking into account specific procedure as well as skill and technique of worker; standard precautions should always be observed; refer to state regulations	

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Measles		
Active	Exclude from duty	Until 4 days after the rash appears
Postexposure (susceptible personnel)	Exclude from duty	From 5 <sup>th</sup> day after 1st exposure through 21 <sup>st</sup> day after last exposure and/or 4 days after rash appears
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy

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## Mumps

Active	Exclude from duty	Until 5 days after onset of parotitis
Postexposure (susceptible personnel)	Exclude from duty	12 days after first exposure through 25 days after last exposure or 5 days after onset of parotitis

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Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice
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Pertussis		
Active	Exclude from duty	Beginning of catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
Postexposure (asymptomatic personnel)		
Postexposure (symptomatic personnel)	Exclude from duty	5 days after start of effective antimicrobial therapy

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	Symptomatic personnel	Exclude from duty
<b>Asymptomatic personnel -- HCP likely to expose a patient at risk for severe pertussis§</b>	No restriction from duty; on antimicrobial prophylactic therapy	
<b>Asymptomatic personnel -- other HCP</b>	No restriction from duty; can receive postexposure prophylaxis <i>or</i> be monitored for 21 days after pertussis exposure and treated at the onset of signs and symptoms of pertussis	
<b>Rubella</b>		
<b>Active</b>	Exclude from duty	
<b>Post Exposure (personnel without evidence of rubella immunity)</b>	Exclude from duty unless receipt of the second dose within 3-5 days after exposure	7 days after first exposure through 23 days after last exposure and/or 7 days after rash appears
<b>Scabies</b>		
<b><i>Staphylococcus aureus</i> infection</b>		Until medically cleared
<b>Active, draining skin lesions</b>	Restrict from contact with patients and patient's environment of food handling	Until lesions have resolved
<b>Carrier state</b>	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
<b>Streptococcal infection, group A</b>	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started
<b>Tuberculosis</b>		
<b>Active disease</b>	Exclude from duty	Until proved noninfectious
<b>PPD converter</b>	No restriction	
<b>Varicella</b>		
<b>Active</b>	Exclude from duty	Until all lesions dry and crust. If only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period

<b>Postexposure (susceptible personnel)</b>	<b>Exclude from duty unless receipt of the second dose within 3-5 days after exposure</b>	<b>8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust or, if only lesions that do not crust (i.e., macules and papules), until no new lesions appear within a 24-hour period</b>
<b>Herpes Zoster</b>		
<b>Localized, in healthy person</b>	<b>Cover lesions; restrict from care of high-risk patients†</b>	<b>Until all lesions dry and crust</b>
<b>Generalized or localized in immunosuppressed person</b>	<b>Exclude from duty</b>	<b>Until all lesions dry and crust</b>
<b>Until dissemination is ruled out</b>		
<b>Postexposure (susceptible personnel)</b>	<b>Restrict from patients contact</b>	<b>From 10<sup>th</sup> day after 1<sup>st</sup> exposure through 21<sup>st</sup> day (28<sup>th</sup> day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust</b>
<b>Viral respiratory infections, acute febrile</b>	<b>Exclude from duty</b>	<b>Until afebrile ≥24 hours (without the use of fever-reducing medicines such as acetaminophen). Those with ongoing respiratory symptoms should be considered for evaluation by occupational health to determine appropriateness of contact with patients. If returning to care for patients in a protective environment (e.g., hematopoietic stem cell transplant patients), consider for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of symptoms, whichever is longer.</b>
<b>HCP in contact with persons at high risk for complications of influenza†</b>		
		<b>Those who develop acute respiratory symptoms without fever should be considered for evaluation</b>

by occupational health to determine appropriateness of contact with patients and can be allowed to work unless caring for patients in a protective environment; these personnel should be considered for temporary reassignment or exclusion from work for 7 days from symptom onset or until the resolution of all noncough symptoms, whichever is longer. If symptoms such as cough and sneezing are still present, HCP should wear a facemask during patient care activities. The importance of performing frequent hand hygiene (especially before and after each patient contact) should be reinforced.

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Abbreviation: HBsAg = hepatitis B surface antigen.

Sources: Adapted from CDC. Recommendations for preventing transmission of human immunodeficiency virus and hepatitis B virus to patients during exposure-prone invasive procedures. MMWR 1991;40(No. RR-8); CDC. Guideline for isolation precautions in hospitals: recommendations of the Hospital Infection Control Practices Advisory Committee (HICPAC) and the National Center for Infectious Diseases. *Infect Control Hosp Epidemiol* 1996;17:53--80; Williams WW. CDC guideline for infection control in hospital personnel. *Infect Control* 1983;4(Suppl):326--49; CDC. Immunization of health-care workers: recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC). MMWR 1997;46(No. RR-18).

\* Persons who provide health care to patients or work in institutions that provide patient care (e. g., physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, hospital volunteers, and administrative and support staff in health-care institutions). Source: U.S. Department of Health and Human Services. Definition of health-care personnel (HCP). Available at <http://www.hhs.gov/ask/initiatives/vacctoolkit/definition.html>.

† Includes children aged <5 years, adults aged ≥65 years, pregnant women, American Indians/Alaska Natives, persons aged <19 years who are receiving long-term aspirin therapy, and persons with certain high-risk medical conditions (i.e., asthma, neurologic and neurodevelopmental conditions, chronic lung disease, heart disease, blood disorders, endocrine disorders, kidney disorders, liver disorders, metabolic disorders, weakened immune system due to disease or medication, and morbid obesity).

§ Includes hospitalized neonates and pregnant women.

¶ Includes patients who are susceptible to varicella and at increased risk for complications of varicella (i.e., neonates, pregnant women, and immunocompromised persons of any age).

# Engineering Controls and Work Practices



## **Engineering Controls**

Engineering controls address redesign of equipment to insure employee risk reduction, procedures that serve to reduce exposure such as cleaning equipment or areas that have been contaminated, and the use of barrier techniques to reduce direct contact with blood and OPIM.

Employees of the City of Martinsburg Fire Department, 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 by the CDC, the National Fire Protection Association (NFPA) 1581, Infection Control recommendations and OSHA and science based.

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# Engineering Controls/Work Practices

All employees will adopt the practice of Standard Precautions to reduce the risk for exposure to blood and OPIM.

The term Body Substance Isolation or Standard Precautions is a concept that considers blood and ALL body fluids, except sweat, to be potentially infectious. Use of this concept does NOT require that there be good visibility and a controlled work environment. This can, therefore be followed in all work areas of employees.

Body Fluids That Fall Under - *Other Potentially Infectious Materials (OPIM)*

Cerebrospinal Fluid

Synovial Fluid

Amniotic Fluid

Pericardial Fluid

Vaginal Secretions (Sexual Contact)

Semen (Sexual Contact)

\*\*Any Body Fluid Containing GROSS VISIBLE Blood

# Handwashing

## Procedure

Hands must be washed before and after patient contact.

Scrub hands for at least 15 seconds use friction rub action after the soap is applied.

When running water is not available use a waterless hand wash solution.

Rinse hands well under running water

Dry with paper towel

Use paper towel to turn off water faucets.

## Action/Rationale

Handwashing is the single most important means of preventing the spread of infection.

Friction will assist in the removal of dirt as well as bacteria and other organisms.

Waterless agent such as: Alcare, Hibistat and Cal-Stat may be used, however the routine use of antibacterial soap is **NOT** recommended.

Faucets were handled by soiled hands.

# Personal Protective Equipment

On or before, December 1995, appropriate personal protective equipment will be provided at no cost to the employees with occupational exposure. Personal Protective Equipment will be issued based on the needs of each particular work group and the anticipated exposure. Personal Protective Equipment (PPE) for personnel will include, but not be limited to: disposable gloves, protective eyewear & mask (surgical), Cover gowns, waterless hand wash solution, and a Biohazard bag. PPE is available in each vehicle. Extra supplies are located in the station.

By May 30, 2016, employees will be instructed, followed by compliance monitoring, concerning the appropriate use of PPE. In addition, the following points will be made:

1. In cases where an employee temporarily and briefly declines to use PPE in a particular situation, the employee is making a "professional judgment" call that in the specific instance its use would have interfered with the proper delivery of health care, public safety and/or that it would pose a risk to personal safety.

This decision will need to be investigated, the employee will need to justify the decision. Complete documentation will be necessary;

2. If clothing becomes contaminated with blood or **OPIM** then it shall be removed as soon as possible;
3. All PPE shall be removed prior to leaving the workplace; between calls, or if contaminated;
4. When PPE is removed, it shall be placed in an appropriate area and in a designated container for disposal, uniforms are to be placed in plastic bags for laundering at the fire station. This is at

no cost to the employee.

5. PPE will be issued in appropriate sizes, and will be readily accessible at the worksite or will be issued directly to the employee. Allergies will be accommodated.

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# Use of Personal Protective Equipment

## GENERAL STATEMENTS

### GLOVES –

**Gloves** shall be worn when it can be reasonably anticipated that an employee may have hand contact with blood or OPIM, mucous membranes, and non-intact skin, when performing patient care procedures, or handling or touching contaminated items or surfaces.

In an effort to comply with the **NIOSH Alert, the City of Martinsburg Fire Department** will move toward more use of vinyl/nitrile gloves and away from latex gloves as much as possible. The department will move toward becoming a non-latex workplace.

Disposable gloves shall be replaced as soon as practical when they become contaminated, torn or ripped.

Disposable gloves shall not be washed for reuse

Following glove removal, hands should be washed

Heavy-duty utility gloves should be used when cleaning contaminated equipment, surfaces or when disposable gloves are insufficient.

Heavy duty utility gloves can be washed and reused as long as they are not torn or cracked.

Leather Gloves are to be worn for extrication and search activities.

## Use of Personal Protective Equipment (Cont'd)

### **MASKS –**

**Masks** shall be used when there it is suspect that an individual may have an airborne/droplet transmissible disease. The surgical style mask issued shall be the molded fitted type. Masks are placed on the patient. If not possible, then the care provider wears the mask.

If the patient is SUSPECT for or DIAGNOSED with TB, a mask is required, place a surgical mask on the patient.

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 eye, nose or mouth.

### **PROTECTIVE CLOTHING –**

Appropriate protective clothing such as cover gowns or aprons or similar outerwear shall be worn in exposure situations. The type to be used will be based on the exposure anticipated.

### **POCKET MASKS –**

All personnel trained in the administration of CPR will be trained in the use of either a bag/mask device or a pocket mask. All personnel will be trained in the proper use of the pocket mask, and the method for proper disposal or cleaning.

## Use of Personal Protective Equipment (Cont'd)

### **CLOTHING -**

Uniforms **WILL BE** considered personal protective equipment for department personnel. Uniforms are considered to be contaminated when covered with blood/ OPIM and the area is too large to spot clean with a disinfectant solution.

All clothing contaminated with blood or other body fluids, to include personal clothing, will be laundered in the department and paid for by the Fire Department.

Cleaning will be at NO cost to department personnel. Gloves will be worn when handling contaminated clothing prior to bagging. All contaminated clothing will be removed as soon as possible and washed in detergent and hot water at the station.

### **ADDITIONAL PPE**

Gloves - Nitrile, Atlantic Safety

Utility Gloves -

Protective Eyewear/mask -

Waterless Handwash Solution - Steris Cal Stat Plus

Bag/Mask Device - one way

**All PPE is in a kit from Boundtree Medical.**

**PPE is available in all fire equipment as well all EMS units**

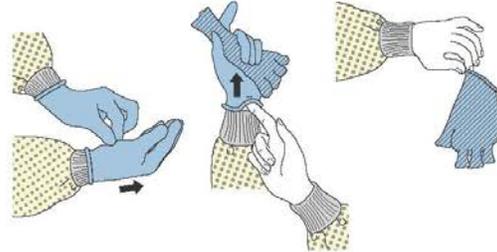
**\*\* Note that shoe covers and head covers are not necessary for PPE in FIRE/EMS activities.**

## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



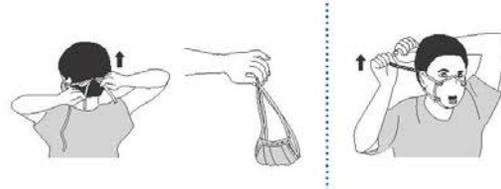
### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

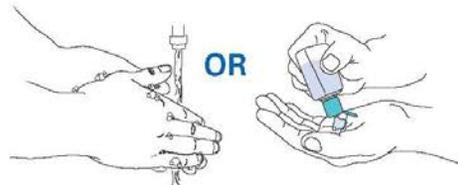


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



CS250672-E

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# Cleaning Schedule

CONTAMINATED AREAS OF THE VEHICLE WILL BE CLEANED AFTER EACH TRANSPORT. THIS PROCEDURE SHOULD BE COMPLETED AS SOON AS POSSIBLE.

Cleaning solution is:

***Bleach/Water*** - which will be used for **ALL BLOOD** cleaning activities

Decontamination of the vehicle will be done by following the posted weekly cleaning schedule. Cleaning will be conducted in the designated cleaning area. This will allow for adequate ventilation and rinsing of equipment. Documentation of the cleaning will be noted on weekly check sheet.

Variance from the standard will be set by the supervisor and based upon patient call volume.

Any equipment used and taken to the medical facility will be cleaned by the medical facility prior to return to the department. This is in accordance with OSHA – 1910.1030.

**\*\*\*All primary cleaning will be done at the hospital**

## Cleaning Schedule

ALL CLEANING NOT PERFORMED AT THE HOSPITAL WILL BE DONE IN THE DECONTAMINATION AREA – at the station in the Bay Area.

ROUTINE CLEANING the stock cleaning solution will be Bleach/Water solution. All vehicles will be cleaned following contamination with blood/body fluids and this will be documented on the cleaning form. (See cleaning form). Cleaning blood-covered areas will be done with Bleach/Water solution at **1:100th dilution** =  $\frac{1}{4}$  cup bleach per gallon of water dilution. This can be used for 24 hours. Diluted bleach solution must **NOT** be stored in glass bottles.

Cavicide will be the secondary cleaning solution.

# Care and Cleaning

## Equipment Categories

There are three distinct levels of patient care equipment; each of which requires a different level of cleaning/decontamination.

**Non-Critical Equipment** - such as Stethoscopes, Blood Pressure Cuffs and handcuffs. This level of equipment requires **Cleaning**.

**Semi-Critical Equipment** - such as Vehicle seats and Floors, Communication Headsets, computers. This level of equipment requires **Disinfection**.

**Critical Equipment** - such as Resuscitation Equipment or Intubation Equipment. This level of equipment requires **Sterilization or High-Level Disinfection**.

## Definitions:

**CLEANING** - is the physical removal of dirt and debris. Members should use soap and water, combined with scrubbing action. The scrubbing action is the **KEY** to rendering all items safe for patient use. All equipment requires a minimum of cleaning. Cleaning must take place prior to any required Disinfection, High-Level Disinfection or Sterilization.

## Care and Cleaning (cont'd)

**DISINFECTION** - is reducing the number of disease-producing organisms by physical or chemical means. Members should clean the item with soap and water then apply a disinfection solution. Solutions such as bleach and water at a 1:100 dilution ratio are acceptable disinfectants.

A fresh Disinfectant Solution must be made every day. **DO NOT** use bleach solution in the cleaning of electronic equipment unless recommended by the manufacturer. Refer to the SDS for each Disinfectant Solution to decide what personal protective equipment may be needed. Remember, Disinfectants can be toxic or caustic. Disinfection Solution should have an EPA Registry Number. Routine disposal of the germicidal cleaning water in the drainage system is acceptable.

**HIGH-LEVEL DISINFECTION** - is the use of chemical liquids for sterilization. Members should clean items then place them in special solutions for a prescribed time. Items need to be removed using sterile process. Items must then be rinsed with sterile water. Then items must be stored in sterile wrapping until the next use.

Refer to the Safety Data Sheets for each Disinfectant Solution to learn what personal protective equipment may be needed. Routine disposal of the germicidal cleaning water into the sanitary sewer system is acceptable.

# Guide to The Care of Specific Contaminated Equipment for **Fire Rescue**

**Key**

---

1. Dispose
2. Cleaning (Soap & Water)
3. Disinfection  
(Bleach/Water at 1:100 or Cavicide)
4. High Level Disinfection
5. Launder

<b>Item</b>	<b>Procedure</b>
Airway	1
Backboards	2
Bite Sticks	1
B/P Cuffs	2,3,5
Bulb Syringe	1
Cervical Collars	1 or 2(Gross Contamination)
Dressings/Paper Products	1
Drug Boxes	2,3
Electronic Equipment	Check Manufactures Recommendations
Firefighter, PPE	5
KED	3
Laryngoscope blades	4 or 1
Needles/ Syringes	1

## Guide to The Care...(cont'd)

### Key

---

1. Dispose
2. Cleaning (Soap & Water)
3. Disinfection  
(Bleach/Water at 1:100 or Cavicide)
4. High Level Disinfection
5. Launder

<b>Item</b>	<b>Procedure</b>
O2 Cannulas/Masks	1
Humidifier	1 or 2
Penlights	2
Pocket Masks	1 or 3
Restraints	2
Bag/Mask Device	1 or 3
Scissors	2 or 3
Splints	2
Stethoscope	2
Stretcher	2 or 3
Stylets	1 or 4
Suction Catheters	1
Suction Jars	1 or 4
Uniforms	5

## **Post Transport Cleaning**

Following patient transport to the hospital, cleaning will be conducted at the hospital using solution supplied by the medical facility and cleaning will be conducted by the Ambulance Crew. Any medical equipment that must be left with the patient at the hospital should be cleaned by the MFD staff prior to returning to City of Martinsburg Fire Department. If not cleaned, it should be properly bagged in accordance with OSHA 1910.1030 for transport to the station for cleaning.

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# Infection Control Cleaning Log

Week of:

<u>Area</u>	<u>Mon.</u>	<u>Tues.</u>	<u>Wed.</u>	<u>Thurs.</u>	<u>Fri.</u>	<u>Sat.</u>	<u>Sun.</u>
<u>Seats</u>							
<u>Doors Cleaned</u>							
<u>Driver Area Cleaned</u>							
<u>PPE Stocked</u>							
<u>Sharps Container for Evidence Collection Checked</u> <b><u>Dipose at 3/4 full</u></b>							

# Handling of Laundry & Linens

## LINENS

City of Martinsburg Fire uses an exchange linen system for transport services. The hospitals will exchange linens with EMS. Cleaning of linens is performed by hospital staff or contracted services.

## CONTAMINATED LAUNDRY HANDLING

All bags containing contaminated laundry will be placed in appropriate bags and taken to the designated area for cleaning. Contact the Infection Control Officer for any questions. City of Martinsburg Fire Department will verify that the individual charged with laundering the contaminated clothing will put on gloves (heavy duty-dishwashing style). Carefully open the bag and empty the contents into the washing machine. If there is the chance for blood splatter, then a cover gown should be worn. No special solution needs to be added to the wash. No special washing cycle is required. No special washing machine is required. Use a normal washing method. (CDC, OSHA)

# Procedure for Cleaning Glucose Monitoring Devices

Procedure	Action/Rationale
<b><u>FINGERSTICK PENS:</u></b>	
Never to be used for more than one person	Reusable Fingerstick Pens have been linked to <i>Hepatitis B Outbreaks</i>
<b>USE</b> - Single Use Lancing Device	Failure to change lancets, disposable platforms or endcaps between each patient
<b>Auto Disabling</b> fingerstick devices	Should be used
Dispose in Sharps Container	Sharps Are Medial Waste
<b><u>BLOOD GLUCOSE METERS:</u></b>	
Assign to each person	
<b>Wear Gloves</b> Change gloves between each patient	Potential Exposure to Blood  Gloves are general trash
<b><u>If shared</u></b> clean and disinfect after every use	<b>Follow The Manufacturer's Instructions</b>
Follow the Manufacturer's Instructions	<b>Basic Infection Control Practices</b>

Adapted from – [www.cdc.gov/inje](http://www.cdc.gov/inje)

# CPR Manikin

## Cleaning and Training Issues

### Basic Considerations:

1. Students should be told in advance that the training sessions will involve “close physical contact” with fellow students.
2. Students should not actively participate in training sessions if they have dermatological lesions on hands or oral areas; if they are known to currently be infected with a communicable disease, or if they have been exposed to an infectious process.
3. If more than one cardiopulmonary resuscitation (CPR) manikin is used, students should be assigned in pairs, with each pair having contact with only one manikin.
4. All persons responsible for CPR training should be thoroughly familiar with good hand washing procedures and the proper cleaning of manikins.
5. Manikins should be inspected routinely for cracks or tears in the plastic surfaces; these could make cleaning more difficult.
6. The clothes and hair of the manikin should be washed monthly or whenever visibly soiled.

### Cleaning After Each Participant:

1. After each participant, the manikin’s mouth and lips should be wiped with a 2X2-gauze pad wetted with a solution of 1:100 bleach and water solution or 70% isopropyl alcohol. The surface of the manikin should remain wet for at least 30 seconds before it is wiped dry.

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## CPR Manikin Cleaning and Training Issues (cont'd)

2. If a protective face shield is used, it should be changed for each student.

### **For Two-Rescuer CPR:**

1. During the two-rescuer CPR, each student should have his/her own CPR mask, as there is not time to disinfect between students. The second student to practice ventilation should “simulate ventilation. This recommendation is consistent with the current training recommendations of the American Heart Association.
2. Training in the “obstructed airway procedure” involves the student using his/her finger to sweep foreign matter out of the manikin’s mouth. This action could contaminate the student’s finger, if there is an open area, with saliva from the previous student. The finger sweep should be either simulated, performed on a manikin which has been decontaminated or use a finger cot.

### **Cleaning of Manikins:**

1. Rinse all surfaces with fresh water
2. Wet all surfaces with a mixture of bleach and water at a **1:100<sup>th</sup> dilution** (1/4-cup bleach per gallon of water). This solution must be mixed fresh for each class.
3. Rinse with fresh water and dry all surfaces. Rinsing with alcohol will aid drying time of internal surfaces and will prevent the survival and growth of bacteria and/or fungus.

# Post – Exposure Notification/Management and **Recordkeeping**



## Clarifying Exposure to Bloodborne Pathogens

The Following Occurrence Should Be Reported Directly to the Designated Officer:

1. **A Contaminated Needle stick Injury**
2. **BLOOD/OPIM IN DIRECT CONTACT with the Surface of the Eye, Nose, and/or Mouth**
3. **BLOOD/OPIM IN DIRECT CONTACT with an Open Area of the Skin**
4. **CUTS WITH A SHARP OBJECT Covered with BLOOD/OPIM**
5. **Human Bites where there is blood drawn**

## **Immediate Needs Post Exposure**

### **A. IF THE EXPOSURE IS A SHARPS INJURY;**

- 1. Let The Area Bleed Freely**
- 2. Wash The Area with Soap and Water or The Waterless Handwash Solution**
- 3. Notify The Designated Officer**

### **B. IF THE EXPOSURE WAS A SPLASH TO THE EYE, NOSE AND/OR MOUTH;**

- 1. Flush The Area For: 10 Minutes With Water**
- 2. Notify The Designated Officer**

## Designated Officers for Disease/Exposure Reporting and Medical Follow Up

Employees who feel that they may have had an exposure should contact the Designated Officer:

**Designated Officer:**      **Andrew Frye**      **(304) 702 - 0504**  
*afrye@martinsburgfire.org*

(Contact the alternate ONLY if the Designated Officer cannot be reached)

**Alternate Officers:**      **Travis Fournier**      **(304) 820 - 5538**  
*tfournier@martinsburgfire.org*

**Jimmy Miller**      **(304) 676 - 6078**  
*jmiller@martinsburgfire.org*

## Post Exposure Management

In accordance with OSHA 1910.1030, and the Ryan White Law, employees will be instructed to contact the Designated Officer if they feel that they have been involved in a possible exposure situation. Exposure reporting will be done with regard to bloodborne and airborne/droplet transmissible diseases.

The Designated Officer will conduct the initial investigation of the incident and contact the appropriate hospital contact, if needed. Should exposure management/treatment be deemed indicated, the employee will be advised by the Designated Officer, where to seek additional medical treatment and what that treatment should include:

Post-exposure evaluation and medical treatment will be made available at no cost to the member. It will be set up at a reasonable time at Valley Health Occupational Health Services as has been presented to employees in the training sessions.

Treatment will be conducted by or under the direct supervision of a licensed physician or other health care professional who is familiar with the OSHA standard, the Centers for Disease Control and Prevention medical follow up guidelines and the criteria for pre and post exposure counseling.

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

All treatment for exposure management will follow the published recommendations set forth by the U.S. Public Health department - (the

Centers for Disease Control and/or the Advisory Committee on Immunization Practices).

The established program for medical evaluation and follow up will be conducted by an accredited laboratory at no cost to the employee. All laboratory tests will be conducted through the practice via referral.

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## Post Exposure Management (cont'd)

Medical records of exposure medical management will be **confidential**

### **Confidential elements will include the following;**

1. Documentation of the route of exposure, and the circumstances under which the Exposure occurred
2. In the State of West Virginia, the source individual need not consent to testing ***IF THERE IS CLEAR DOCUMENTATION*** of a health care worker exposure
3. Results of the testing of the source individual's blood test shall be made available to the exposed employee. The exposed employee **should hold this information confidential.**

## **Post Exposure Referral**

### **General Guidelines**

City of Martinsburg Fire Department Designated Officer shall advise the exposed employee as to whether a medical facility will need to handle an employee exposure injury and treatment. The Designated Officer will initiate the referral for post-exposure management following a question and counseling session.

### **Bloodborne Exposure:**

The employee, if deemed necessary, will be offered Hepatitis B (HBV), Human Immunodeficiency Virus (HIV), Hepatitis C and VDRL testing. If the employee consents to baseline blood testing, but does not wish to have testing done at that time for HIV, then the medical care will preserve the blood for at least 90 days. If within the 90 days following the incident, the employee elects to have the testing performed, then it will be done as soon as

possible.

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## Post Exposure Referral (cont'd)

### **Bloodborne Exposure:**

Employees with exposures that require medical treatment (prophylaxis) will be offered treatment in accordance with the published protocols set forth by the CDC. Protocols for HBV, HCV, HIV, Syphilis, meningitis and Tuberculosis are to be available.

**ALL exposed employees will receive counseling. This will be conducted by a Valley Health Occupational Medicine professional who has been trained in pre-and post-test counseling.**

### **Valley Health Responsibilities**

#### **Bloodborne Exposure:**

Valley Health will be furnished a listing of the exposed employee's job duties as they relate to the exposure incident. This provider will make final exposure determination in conjunction with the designated officer.

Berkeley Medical Center is responsible for screening the source patient blood sample for testing utilizing the predesignated form. An Industrial Guarantor account has been established with BMC.

Documentation of the route of exposure and the circumstances of the exposure will be furnished by the Designated Officer to Valley Health.

**Valley Health Occupational Medicine** will carry out exposure notification/management within 48 hours as outlined in the Ryan White Law (Public Law 101-381).

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**Post Exposure Referral: Hospital Responsibilities (cont'd)**

**Bloodborne Exposure:**

HIV and HCV testing is the test to be performed on the source patient. This is done to comply with the 1998 and 2013 CDC Guidelines and to expedite testing on the behalf of the exposed employee. Source patient test results will be called to the Designated Officer. The Designated Officer will then review the results with the exposed employee.

**Airborne/Droplet Exposure:**

In accordance with the Ryan White Notification Law, Part G and the disease list published in the federal Register on Nov. 2, 2011, it is the medical facilities responsibility to notify the designated officer if a crew has transported a patient suspect for or diagnosed with an airborne or droplet transmitted disease. This notification is to be ASAP no longer than 48 hours.

**Occupational Health's Responsibility:**

Counseling and baseline testing of the employee will be done by physician's Valley Health Occupational Health Services. Baseline tests drawn on the employee will depend on the availability of source patient test results and a positive HBV titer test on file.

If the employee insists on treatment when a non-exposure has been ruled, the hospital will contact the designated officer.

**If the exposure involves HIV and falls under the CDC Guidelines for offering post exposure prophylaxis (PEP) the physician will access the CDC consultation line “expert” recommendations. The CDC consultation line can be reached by calling: 1(888) - 448 - 4911.**

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## City of Martinsburg Fire Department's Responsibilities

The Fire Department will furnish any and all relevant medical information to the office of the designated medical care provider. If the exposure was a needle stick injury or an exposure to TB resulting in a positive skin test, the Designated Officer will complete an OSHA 300-report form.

The Designated Officer ***WILL RECEIVE*** a summary of the written opinion within the 15-day time frame set forth in the regulation. An additional letter of written opinion will be forwarded directly to the employee by the medical care provider for the department.

The Designated Officer 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**.

Any additional medical follow up will be conducted by the infectious disease physician affiliated with the medical facility. All records will be maintained for duration of the employee's department plus an additional thirty (30) years as set forth in the OSHA regulation.

# Recordkeeping

## Requirements for Sharps Injuries

### The OSHA 300 Log

Group sharps injuries in with all other work-related injuries. Is a different document with different requirements than the Needlestick Injury Log.

A work related sharps injury is recordable on the OSHA 300 Log if:

- ❑ It causes a death
- ❑ It causes an illness
- ❑ It involves an injury which requires medical treatment beyond first aid (even if treatment is offered and refused).
- ❑ Sharps Injury = Exposure

First Aid	Medical Treatment (recordable)
<ul style="list-style-type: none"> <li>❑ <b>Antiseptics during first visit</b></li> <li>❑ <b>Application of bandage</b></li> <li>❑ <b>Use of non-prescription medications</b></li> <li>❑ <b>Single dose of prescription medication</b></li> <li>❑ <b>Administration of tetanus shot or booster</b></li> <li>❑ <b>Lab test or x-ray that shows no injury or infection from that injury</b></li> </ul>	<ul style="list-style-type: none"> <li>❑ <b>Treatment of infection</b></li> <li>❑ <b>Application of antiseptics at 2<sup>nd</sup> and 3<sup>rd</sup> visits</b></li> <li>❑ <b>Administration of &gt;1 dose of prescription medication</b></li> <li>❑ <b>Administration of hepatitis vaccination</b></li> <li>❑ <b>Lab test or x-ray that shows injury or infection</b></li> </ul>

**The Sharps Injury Log** (States may have additional requirements)

All contaminated sharps injuries must be recorded. Non-sharp related exposures are not recorded here.

- ❑ **The report has names**
- ❑ **Department where exposure incident occurred**
- ❑ **How the incident occurred**
- ❑ **Type and brand of sharp involved in the exposure incident**

**This information may be recorded on a separate document or may be included in the data you collect following an exposure investigation. It is acceptable to maintain the information in computer files if you are able to sort the report for sharps injuries only and access it in a timely manner for OSHA if requested**

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# Sharps Injuries Log

Week of:

Employee Name	Device Used	Task Performed	Location of the Incident	Description of how Incident Occurred

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# State Testing Law



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**West's Annotated Code of West Virginia**

**Chapter 16. Public Health**

**Article 3C. Aids-Related Medical Testing and Records Confidentiality Act**

**W. Va. Code, § 16-3C-2**

**§ 16-3C-2. Testing**  
**Effective: June 10, 2011**

Currentness

(a) HIV-related testing on a voluntary basis should be recommended by any healthcare provider in a health facility as part of a routine screening for treatable conditions and as part of routine prenatal and perinatal care. A physician, dentist, nurse practitioner, nurse midwife, physician assistant or the commissioner may also request targeted testing for any of the following:

(1) When there is cause to believe that the test could be positive. Persons who engage in high risk behavior should be encouraged to be screened for HIV at least annually;

(2) When there is cause to believe that the test could provide information important in the care of the patient; or

(3) When there is cause to believe that the results of HIV-testing of samples of blood or body fluids from a source patient could provide information important in the care of medical or emergency responders or other persons identified in regulations proposed by the department for approval by the Legislature in accordance with the provisions of article three, chapter twenty-nine-a of this code: *Provided*, That the source patient whose blood or body fluids is being tested pursuant to this section must have come into contact with a medical or emergency responder or other person in such a way that a significant exposure has occurred;

(4) When there is no record of any HIV-related testing during pregnancy and the woman presents for labor and delivery.

(b) A patient voluntarily consents to the test as follows:

(1) The patient is informed either orally or in writing that HIV-related testing will be performed as part of his or her routine care, that HIV-related testing is voluntary and that the patient may decline HIV-related testing (opt-out); or

(2) The patient is informed that the patient's general consent for medical care includes consent for HIV-related testing.

(c) A patient refuse to consent to the test if a patient opts-out of HIV-related testing, the patient is informed when the health care provider in the provider's professional opinion believes HIV-related testing is recommended, and that HIV-related testing may be obtained anonymously at a local or county health department.

**(d) Any person seeking an HIV-related test in a local or county health department or other HIV test setting provided by the commissioner who wishes to remain anonymous has the right to do so, and to be provided written informed consent through use of a coded system with no linking of individual identity to the test request or results.**

**(e) No option to opt-out of HIV-related testing is required and the provisions of subsection (a) and (b) of this section do not apply for the following:**

**(1) A health care provider or health facility performing an HIV-related test on the donor or recipient when the health care provider or health facility procures, processes, distributes or uses a human body part (including tissue and blood or blood products) donated for a purpose specified under the uniform anatomical gift act, or for transplant recipients, or semen provided for the purpose of artificial insemination and such test is necessary to assure medical acceptability of a recipient or such gift or semen for the purposes intended;**

**(2) The performance of an HIV-related test in documented bona fide medical emergencies, as determined by a treating physician taking into account the nature and extent of the exposure to another person, when the subject of the test is unable or unwilling to grant or withhold consent, and the test results are necessary for medical diagnostic purposes to provide appropriate emergency care or treatment to a medical or emergency responder, or any other person who has come into contact with a source patient in such a way that a significant exposure necessitates HIV-testing or to a source patient who is unable to consent in accordance with rules proposed by the department for approval by the Legislature in accordance with article three, chapter twenty-nine-a of this code: *Provided, That necessary treatment may not be withheld pending HIV test results: Provided, however, That all sampling and HIV-testing of samples of blood and body fluids, without the opportunity for the source patient or patient's representative to opt-out of the testing, shall be through the use of a pseudonym and in accordance with rules proposed by the department for approval by the Legislature in accordance with article three, chapter twenty-nine-a of this code; or***

**(3) The performance of an HIV-related test for the purpose of research if the testing is performed in a manner by which the identity of the test subject is not known and may not be retrieved by the researcher.**

**(f) Mandated testing:**

**(1) The performance of any HIV-related testing that is or becomes mandatory by court order or other legal process described herein does not require consent of the subject but will include counseling.**

**(2) The court having jurisdiction of the criminal prosecution shall order that an HIV-related test be performed on any persons charged with any of the following crimes or offenses:**

**(i) Prostitution; or**

**(ii) Sexual abuse, sexual assault, incest or sexual molestation.**

**(3) HIV-related tests performed on persons charged with prostitution, sexual abuse, sexual assault, incest or sexual molestation shall be confidentially administered by a designee of the bureau or the local or county health department having proper jurisdiction. The commissioner may designate health care providers in regional jail facilities to administer HIV-related tests on such persons if he or she determines it necessary and expedient.**

**(4) When the Commissioner of the Bureau of Public Health knows or has reason to believe, because of medical or epidemiological information, that a person, including, but not limited to, a person such as an IV drug abuser, or a person who may have a sexually transmitted disease, or a person who has sexually molested, abused or assaulted another, has HIV infection and is or may be a danger to the public health, he or she may issue an order to:**

**(i) Require a person to be examined and tested to determine whether the person has HIV infection;**

**(ii) Require a person with HIV infection to report to a qualified physician or health worker for counseling; and**

**(iii) Direct a person with HIV infection to cease and desist from specified conduct which endangers the health of others.**

**(5) If any person violates a cease and desist order issued pursuant to this section and, by virtue of that violation, the person presents a danger to the health of others, the commissioner shall apply to the circuit court of Kanawha County to enforce the cease and desist order by imposing any restrictions upon the person that are necessary to prevent the specific conduct that endangers the health of others.**

**(6) A person convicted of the offenses described in this section shall be required to undergo HIV-related testing and counseling immediately upon conviction and the court having jurisdiction of the criminal prosecution may not release the convicted person from custody and shall revoke any order admitting the defendant to bail until HIV-related testing and counseling have been performed and the result is known. The HIV-related test result obtained from the convicted person is to be transmitted to the court and, after the convicted person is sentenced, made part of the court record. If the convicted person is placed in the custody of the Division of Corrections, the court shall transmit a copy of the convicted person's HIV-related test results to the Division of Corrections. The HIV-related test results shall be closed and confidential and disclosed by the court and the bureau only in accordance with the provisions of section three of this article.**

**(7) The prosecuting attorney shall inform the victim, or parent or guardian of the victim, at the earliest stage of the proceedings of the availability of voluntary HIV-related testing and counseling conducted by the bureau and that his or her best health interest would be served by submitting to HIV-related testing and counseling. HIV-related testing for the victim shall be administered at his or her request on a confidential basis and shall be administered in accordance with the Centers for Disease Control and Prevention guidelines of the United States Public Health Service in effect at the time of such request. The victim who obtains an HIV-related test shall be provided with pre and post-test counseling regarding the nature, reliability and significance of the HIV-related test and the confidential nature of the test. HIV-related testing and counseling conducted pursuant to this subsection shall be performed by the designee of the commissioner of the bureau or by any local or county health department having proper jurisdiction.**

**(8) If a person receives counseling or is tested under this subsection and is found to be HIV infected and the person is not incarcerated, the person shall be referred by the health care provider performing the counseling or testing for appropriate medical care and support services. The local or county health departments or any other agency under this subsection may not be financially responsible for medical care and support services.**

(9) The commissioner of the bureau or his or her designees may require an HIV test for the protection of a person who was possibly exposed to HIV infected blood or other body fluids as a result of receiving or rendering emergency medical aid or who possibly received such exposure as a funeral director. Results of such a test of the person causing exposure may be used by the requesting physician for the purpose of determining appropriate therapy, counseling and psychological support for the person rendering emergency medical aid including good Samaritans, as well as for the patient, or individual receiving the emergency medical aid.

(10) If an HIV-related test required on persons convicted of prostitution, sexual abuse, sexual assault, incest or sexual molestation results in a negative reaction, upon motion of the state, the court having jurisdiction over the criminal prosecution may require the subject of the test to submit to further HIV-related tests performed under the direction of the bureau in accordance with the Centers for Disease Control and Prevention guidelines of the United States Public Health Service in effect at the time of the motion of the state.

(11) The costs of mandated testing and counseling provided under this subsection and pre and post-conviction HIV-related testing and counseling provided the victim under the direction of the bureau pursuant to this subsection shall be paid by the bureau.

(12) The court having jurisdiction of the criminal prosecution shall order a person convicted of prostitution, sexual abuse, sexual assault, incest or sexual molestation to pay restitution to the state for the costs of any HIV-related testing and counseling provided the convicted person and the victim, unless the court has determined the convicted person to be indigent.

(13) Any funds recovered by the state as a result of an award of restitution under this subsection shall be paid into the State Treasury to the credit of a special revenue fund to be known as the "HIV-testing fund" which is hereby created. The moneys so credited to the fund may be used solely by the bureau for the purposes of facilitating the performance of HIV-related testing and counseling under the provisions of this article.

(g) Nothing in this section is applicable to any insurer regulated under chapter thirty-three of this code: *Provided*, That the commissioner of insurance shall develop standards regarding consent for use by insurers which test for the presence of the HIV antibody.

(h) Whenever consent of the subject to the performance of HIV-related testing is required under this article, any such consent obtained, whether orally or in writing, shall be considered to be a valid and informed consent if it is given after compliance with the provisions of subsection (b) of this section.

Credits

Acts 1988, 3rd Ex. Sess., c. 1; Acts 1993, c. 60; Acts 1998, c. 166, eff. 90 days after March 13, 1998; Acts 2011, c. 87, eff. June 10, 2011.

#### Notes of Decisions (1)

W. Va. Code, § 16-3C-2, WV ST § 16-3C-2  
Current with laws of the 2013 First Extraordinary Session

End of Document

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Post-Exposure Reporting Form  
&  
**Post- Exposure Protocol**

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# Martinsburg Fire Department Infectious Exposure Form



**Patient's Information:**

Employees Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Home/Cell Phone No.: \_\_\_\_\_

Incident No.: \_\_\_\_\_ Shift: \_\_\_\_\_ Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_

**Incident Information:**

Incident Number: \_\_\_\_\_ Copy of the EMS run sheet attached: YES  NO

Exposure Location: Facility: \_\_\_\_\_ Unit Number: \_\_\_\_\_

Type of Incident (auto accident, medical, trauma, etc.): \_\_\_\_\_

Task being performed: \_\_\_\_\_

Needle Safe Devices being utilized: YES  NO  First Aid Performed: YES  NO

PPE Utilized: YES  NO  Type: \_\_\_\_\_

What were you exposed to:

Blood  Bloody Fluid  Feces  Urine  Saliva  Vomit  Sputum  Other  Define: \_\_\_\_\_

Area Exposed: Hands  Face  Mouth  Nose  Torso  Extremities  Eyes  Other

Define: \_\_\_\_\_

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

Incident Reported to: \_\_\_\_\_

Source Patient Blood Drawn (HIV rapid test, HBV, HCV): YES  NO

If yes, where? \_\_\_\_\_ Date: \_\_\_\_\_

**Reporting Process**

Infection Control Officer Notified: YES  NO

Name of Infection Control Officer: \_\_\_\_\_

**Post Exposure Follow Up**

Employee Given Source Patient Test Results: YES  NO  Date: \_\_\_\_\_ Time: \_\_\_\_\_

Employee Referred for Medical Follow Up: YES  NO  Where: \_\_\_\_\_

Infection Control officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fire Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# City of Martinsburg Fire Department



## Post-Exposure Medical Treatment Declination Form

**Employee Name:** \_\_\_\_\_

I understand that due to my occupational exposure I may be at risk for acquiring \_\_\_\_\_ disease. I have been given the opportunity to be treated prophylactically for this exposure, at no charge to myself. However, I decline follow up medical treatment at this time. I understand that by declining this treatment, I continue to be at risk for acquiring the disease to which I have been exposed. I understand that if I acquire this disease I will be placed under the departments work restriction guidelines.

**Employee Signature:** \_\_\_\_\_

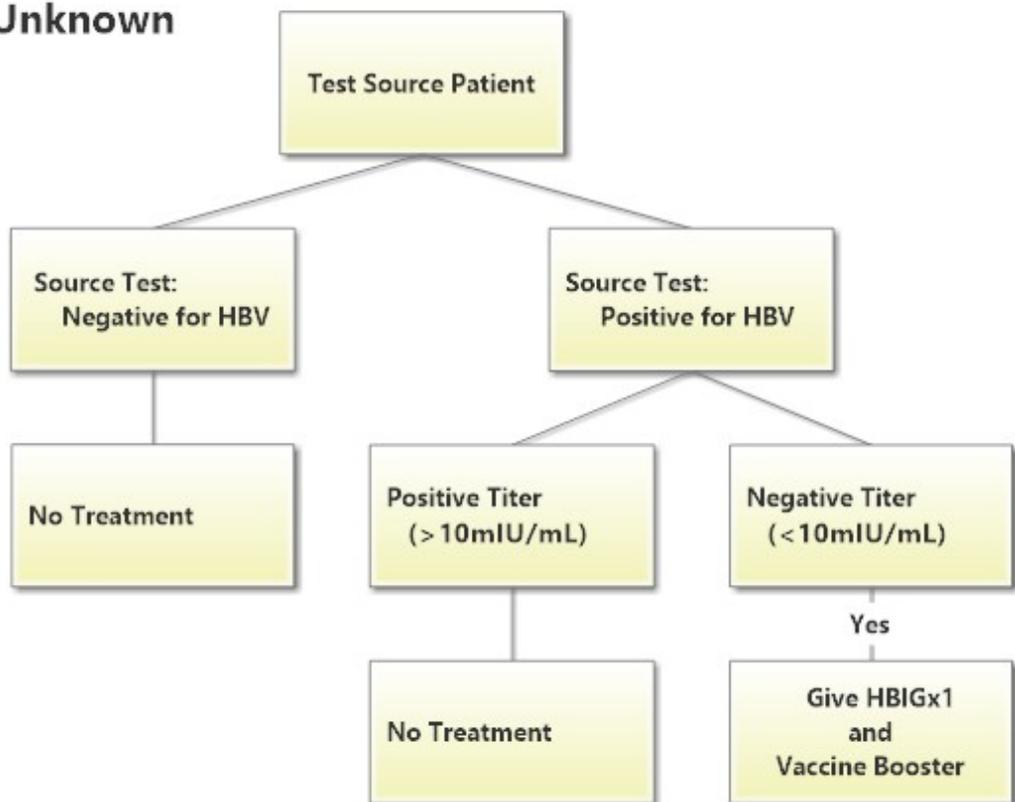
**Date:** \_\_\_\_\_

## Following Exposure to A Deceased Patient

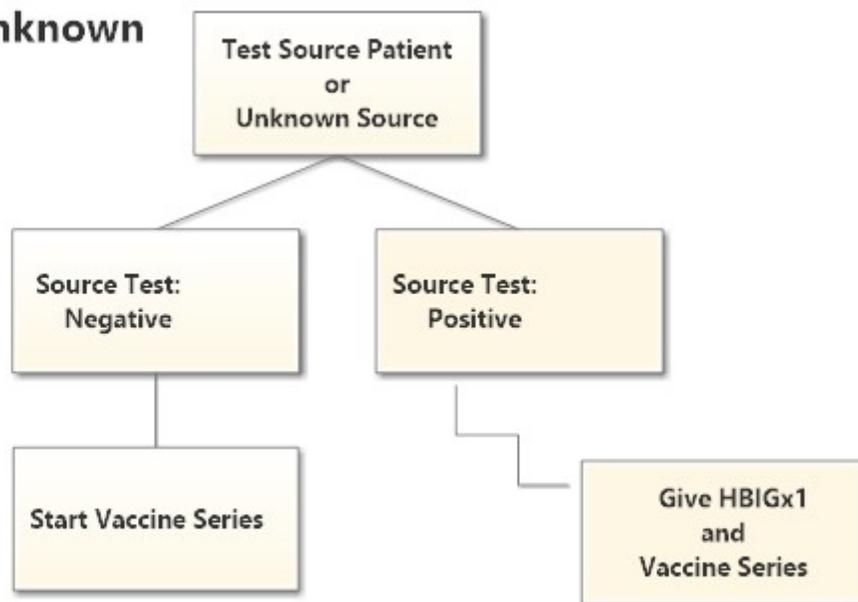
The Medical Examiner will perform necessary blood testing on the deceased patient if there is a documented health care worker exposure. The Medical Examiner will expedite the testing process to assist in meeting the prescribed time frames for post-exposure medical follow up. Notification of the Medical Examiner will be done by the Designated Officer. This is stated on page 10 of the Ryan White Notification Law.

**\*\* Note:** It may be helpful to tag the body bag to note that an exposure has occurred.

## Post - Exposure HBV Vaccine Response Unknown



## Post - Exposure HBV Non Vaccinated Employee or Source Unknown

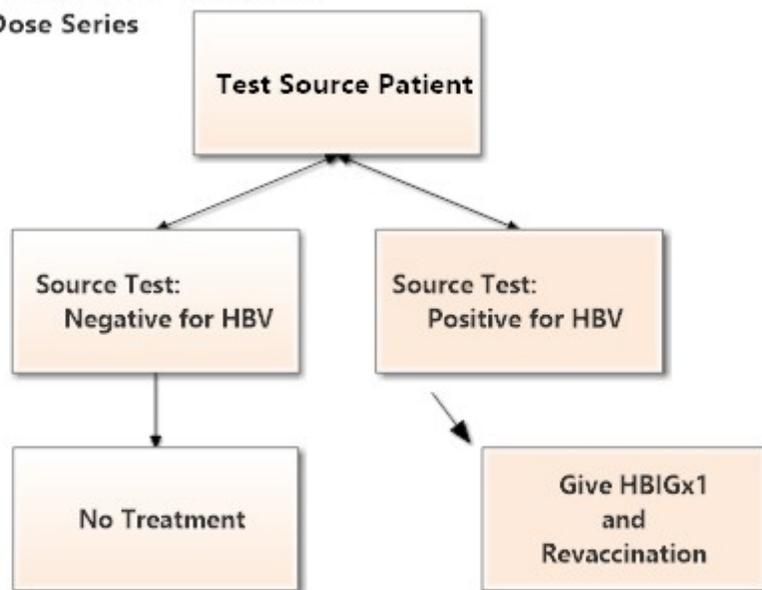


CDC, MMWR, June 29, 2001, Dec. 8, 2006, 2013



## Post - Exposure Known Vaccine

Non - Responder - 3 Dose Series



CDC, MMWR, June 29, 2001, Dec. 8, 2006, Nov. 2011, 2013

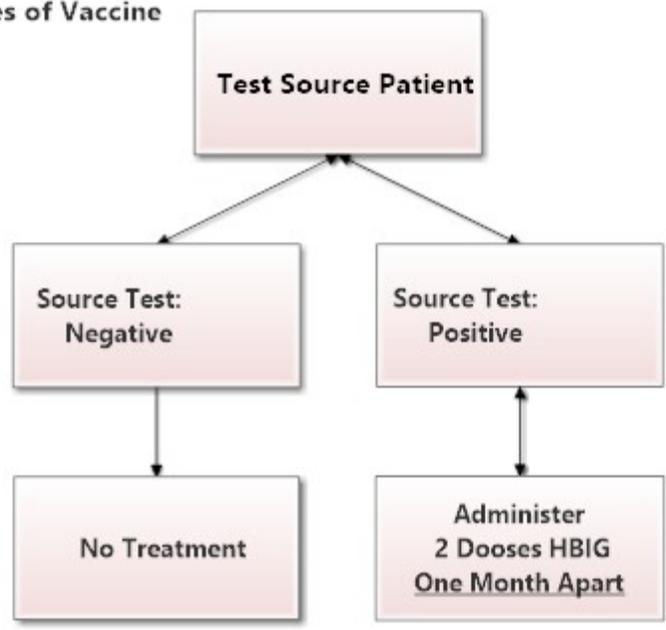


DO NOT COPY



## Post - Exposure Follow Up Hepatitis B Vaccine

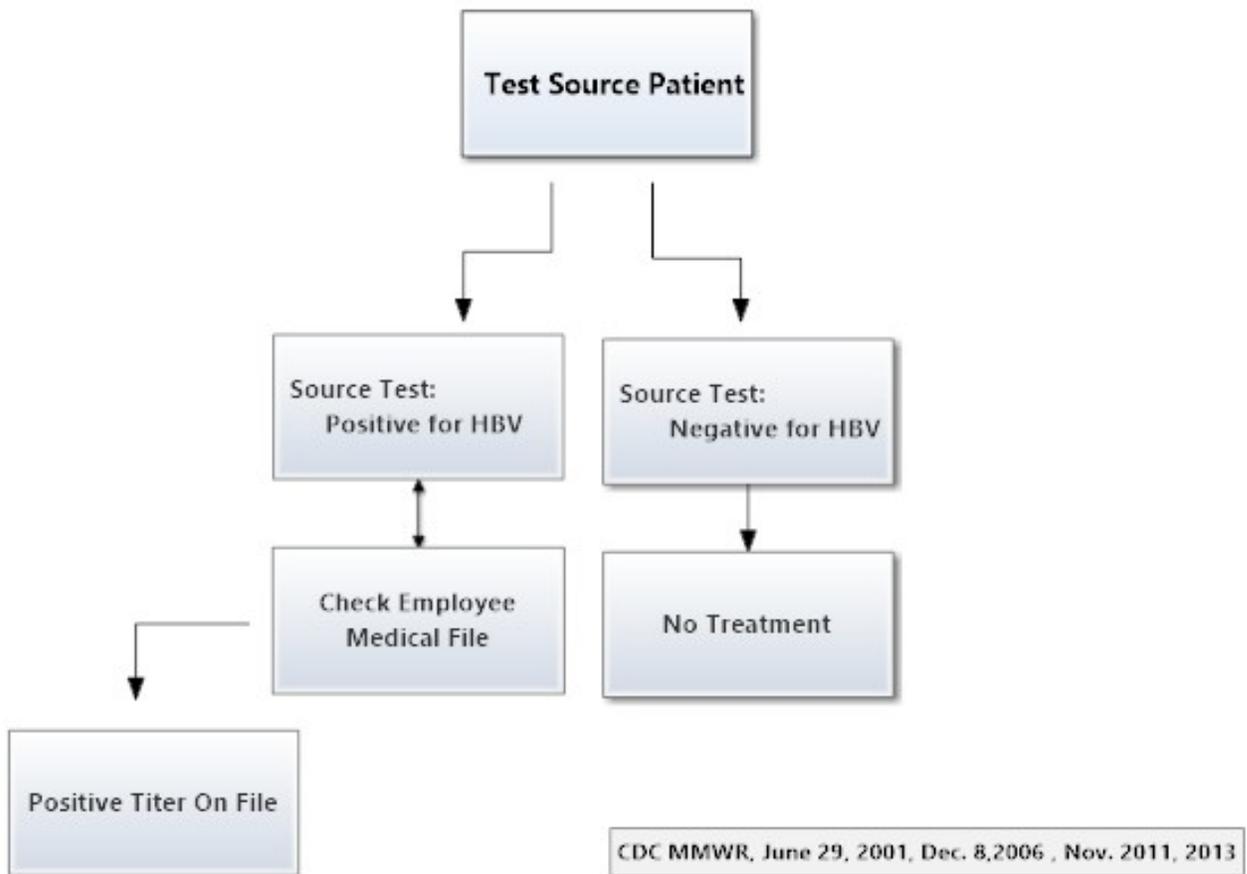
Non - Responder - 2 Series of Vaccine



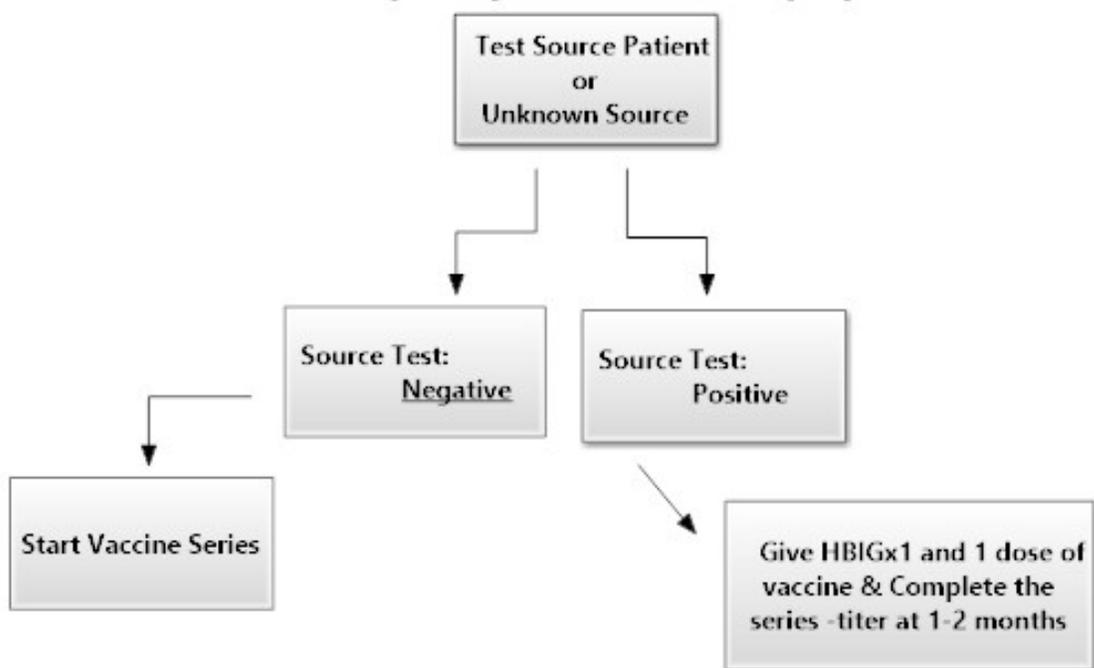
CDC Guidelines - December 2011, 2013



## Post - Exposure HBV Known Responder

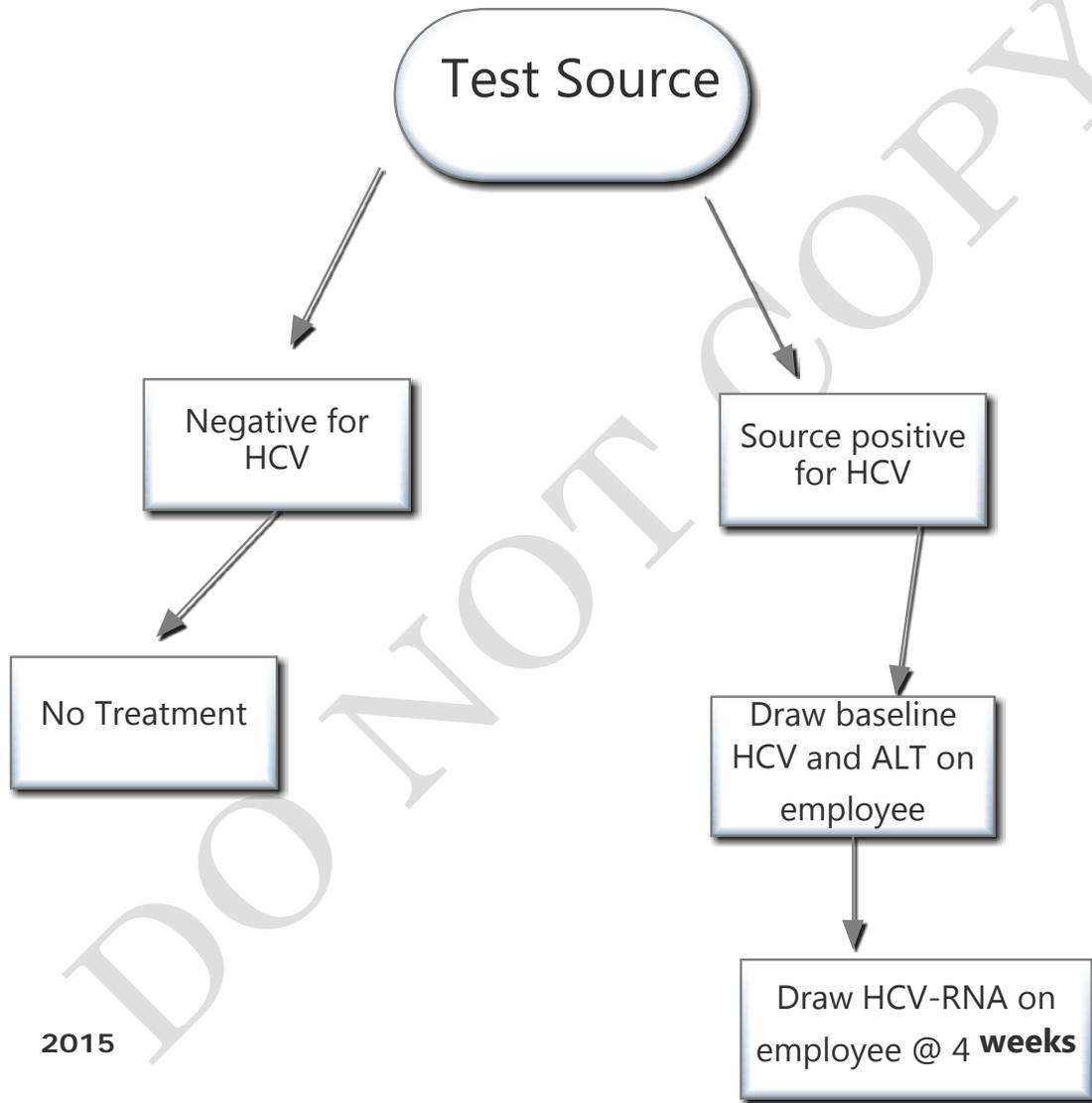


## Post - Exposure HBV Non Vaccinated or Incompletely Vaccinated Employee



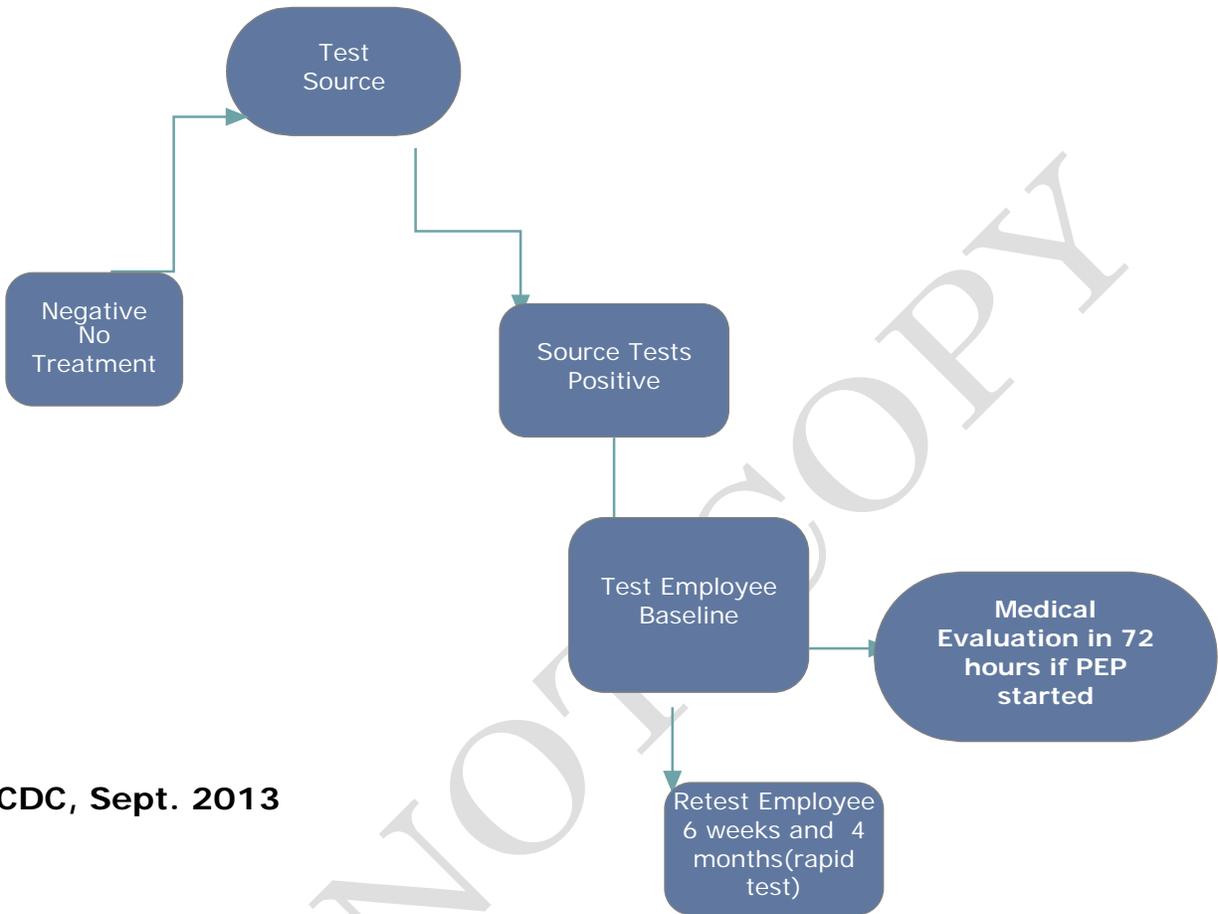
CDC MMWR, June 29, 2001, Dec. 8, 2006, Nov. 2011, 2013

# Post - exposure HCV



2015

## Post Exposure Protocol - HIV



CDC, Sept. 2013

**Post Exposure  
Medical Treatment for Exposure to HIV  
Post Exposure Prophylaxis (PEP)**

**Employee Name:** \_\_\_\_\_

I understand that the exposure that I sustained meets the criteria for offering antiretroviral drug treatment in accordance with the Centers for Disease Control and Prevention’s recommendations dated May 15, 1998, June 29, 2001, September, 2005 and September, 2013.

I understand that these drugs are offered because “theoretically initiation of antiretroviral PEP soon after exposure may prevent or inhibit systemic infection by limiting the proliferation of virus in the initial target cells or lymph nodes”.

I understand that post-exposure prophylaxis (PEP) is a four- (4) week course of treatment. I understand that this drug treatment is associated with an increased risk for side effects. I have been advised that side effects may include; nausea, vomiting, malaise/fatigue, headache, or insomnia.

I have been offered counseling by a licensed health care provider and have had an opportunity to ask questions regarding the following:

- \_\_\_\_\_ Source Patient Test Results (Include Viral Load Test If HIV Positive)
- \_\_\_\_\_ What Is Known and Unknown About PEPE
- \_\_\_\_\_ Side Effects
- \_\_\_\_\_ Use of Drugs in Pregnancy (Need for Pregnancy Test)
- \_\_\_\_\_ Baseline and Every 2 Week Blood Work
- \_\_\_\_\_ Current Medication & Drug Interactions
- \_\_\_\_\_ Drug Allergies
- \_\_\_\_\_ Efficacy/Toxicity of These Drugs
- \_\_\_\_\_ Refraining from: Sexual Activity, Donating Blood, Tissues or Organs
- \_\_\_\_\_ Importance of Using Condoms if Sexually Active

**Based on this counseling session, I elect to receive PEP treatment in accordance with the current recommendations.**

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Physician’s Name:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

# Exposure to Syphilis

<u>Procedure</u>	<u>Action/Notes</u>
Wash Area Well with Soap and Water	Reduces the number load of organisms
Report Exposure and Complete Any Necessary Reporting Forms	Assists with recordkeeping and documentation for work comp
Await Source Patient Test Results	Exposure Healthcare Personnel Are Entitled to this information
Report for Medical Evaluation and/or Testing	If Results Are Positive On the Source, Then Post Exposure Treatment is Appropriate
Treatment – IM Injection of Long Acting Penicillin 2.4 million units	If Allergic to Penicillin, Oral Doxycycline or Tetracycline Maybe Given

# Exposure to Tuberculosis

<u>Procedure</u>	<u>Action/Notes</u>
<p>If an Unprotected Exposure Occurs and the Employee Has No Documented Negative Test in the Past Three Months, and Was Not Previously Positive</p> <p><b>MANTOUX</b> Skin Should Be Given As Soon As Possible</p>	<p>Persons Who Have Tested Positive in the Past Should Not Be Tested</p> <p>A PPD/TST Skin Test Is Good for 3 Months QFT-G Maybe Used Instead of Skin Testing</p>
<p>If This Skin Test is Negative, the Employee Should Be Retested in 8 to 10 weeks</p>	<p>Person with A Positive Test On File. <b>DO NOT</b> Require a Skin Test The Incubation Period is 4 To 12 Weeks.</p>
<p>If the Exposed Employee Tests Positive (&gt;5mm Reaction) or Shows Signs/Symptoms of TB, A Chest X-Ray Should Be Performed</p>	
<p>Employees Testing Positive Following an Exposure Should Be Evaluated for Preventative Therapy in Accordance with the CDC Guidelines</p>	<p>Evaluation is Important for Each Person Because Some May Develop Drug Induced Hepatitis Pregnant Employees Also Need Close Evaluation.</p>
<p>If Over 35 and INH or RIF Therapy IS Prescribed, Then Liver Function Studies Should Be Monitored On a Monthly Basis</p>	<p>Alcoholic Beverages Should Be Avoided</p>
<p>Healthy Employee Who Are Receiving Prevention Treatment for Tb Exposure Should Be Allowed to Continue to Work</p>	

**There is now a new 12 week course of treatment for new TB positive conversions**

# **Post – Exposure Medical Management Chickenpox (Varicella)**

In the event that a non-immunized employee is exposed to the chickenpox, the employee should complete an incident report and communicate with the Designated Officer.

The Designated officer will refer the exposed employee for post-exposure medical management. Healthy staff members will be offered vaccine post exposure. Staff who are pregnant or immuno-compromised will be offer VariZIG. Post-exposure treatment may involve antibody testing and consideration of the administration of Varicella-zoster immune globulin (VariZIG).

The exposed employee should be removed from duty for the 10<sup>th</sup> day following the exposure until the 21<sup>st</sup> day. If the employee has not developed the chickenpox, they may then return to duty. If the employee does develop the chickenpox, then he/she may not return to work until all lesions are crusted and dried.

Employees who have an on the job exposure will be covered under workers' compensation for time off.

## Post - Exposure Medical Follow Up Measles, Mumps and Rubella

<u>Procedure</u>	<u>Action/Notes</u>
Check Employee Medical Record for Immunity Documentation	This Will Establish the Need for Treatment
No Documentation Is Available	
Offer MMR Vaccine as A Prevention Measure for Measles, Rubella	There is No Need to Titer Before Offering Vaccine
If Exposure to Mumps, Place On Work Restriction Exposure	Mumps Vaccine is <b>NOT</b> Effective Given Post

# Post - Exposure Medical Follow Up

## Bacterial Meningitis

<u>Procedure</u>	<u>Action/Notes</u>
<p>Document Exposure:</p> <ul style="list-style-type: none"> <li>Mouth to Mouth</li> <li>Spraying of Secretion</li> <li>Direct Contact with Patients Oral or Nasal Secretions</li> <li>Contact with Vomitus in Eye, Nose and/or Mouth</li> </ul> <p>If Exposure Confirmed to Bacterial Meningitis, Post Exposure Treatment May Include:</p> <ul style="list-style-type: none"> <li>• Rifampin PO x 2 days</li> </ul> <p>Should Not Be Administered to Women on Birth Control Pill</p> <ul style="list-style-type: none"> <li>• Cipro 1 x Oral</li> </ul> <p style="padding-left: 40px;">May Cause Joint and Tendon Damage</p> <ul style="list-style-type: none"> <li>• Rocephin</li> </ul>	<p>CDC Guidelines Define</p> <p>Turns All Body Fluids Orange</p> <p>Will Interfere with Pregnancy Protection</p> <p>Not to Be Given to Anyone Who Is Pregnant</p> <p>For a Pregnant Member Following an Exposure</p>

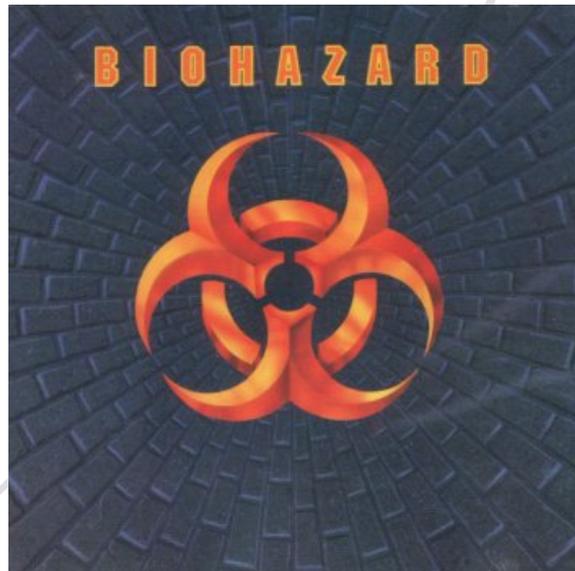
# Post - Exposure Protocol

## Pertussis

<u>Procedure</u>	<u>Action/Notes</u>
Document an Actual Exposure	Considered Highly Communicable
<p><b><u>An Obvious Exposure</u></b> That Involves Direct Contact with Respiratory, Oral, or Nasal Secretions for a Case-Patient During the Contagious Period (E.G., A Cough or Sneeze in the Face, Sharing Eating Utensils, Sharing Water Bottles, Kissing, Mouth to Mouth Resuscitation, or Performing Intubation or Nasotracheal Suctioning Without a Mask</p>	
Check Vaccination Record	Vaccination Does Not Always Confirm Immunity
No Tdap Booster Documented – May Not Eliminate Risk for Disease	Z-Pack or Erythromycin PO x 14 days
Infected Healthcare Worker Contact Contacts May Remain in the Workplace if They Comply with Prophylaxis and Lack Respiratory Symptoms; They should Be Under Surveillance for 21 Days After Their Last Known Exposure	

**CDC Immunization Guidelines, Nov, 2011**

# Medical Waste Issues



# Medical Waste Issues - West Virginia

Medical Waste is as defined by the attached document published by the State of West Virginia.

All medical waste will be contained in accordance with West Virginia State Law and the Environmental Protection department. All sharps will be placed directly into a rigid container that is leak-proof, puncture-resistant and exhibit the universal biohazard symbol.

Other waste such as dressings, contaminated medical equipment, and contaminated clothing will be placed in a designated red bag and given over to the medical facility for disposal or reprocessing.

## **HANDLING OF MEDICAL WASTE**

All items meeting the State of West Virginia definition for medical waste (see State Medical Waste Regulation) will be placed into red biohazard waste bags. All medical waste is disposed of in appropriate containers at the medical facility. Medical Facilities will have full containers awaiting pick up should be stored in the secured designated area with a bio-hazard label on the door. This is in accordance with West Virginia State Law and OSHA regulations.

# **State Medical Waste Regulations**

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## What is Infectious Medical Waste?

The following information is referenced from the West Virginia Infectious Medical Waste Rule, 64 CSR 56.

Infectious medical waste is medical waste which is capable of producing an infectious disease. Medical waste shall be considered capable of producing an infectious disease if it has been, or is likely to have been, contaminated by an organism likely to be pathogenic to healthy humans, if such organism is not routinely and freely available in the community, and such organism has a significant probability of being present in sufficient quantities and with sufficient virulence to transmit disease. Infectious medical waste includes the following materials:

### **Cultures and stock of microorganisms and biologicals;**

Discarded cultures, stocks, specimens, vaccines and associated items likely to have been contaminated by an infectious agent, discarded etiologic agents, and wastes from the production of biologicals and antibiotics likely to have been contaminated by an infectious agent.

### **Blood and blood products;**

Liquid waste human blood and blood products in a free-flowing or unabsorbed state. Note: All tubing with any visible blood, must be disposed of as infectious waste.

### **Pathological wastes;**

Human pathological wastes, including tissues, organs, body parts, and containers of body fluids, exclusive of those fixed in formaldehyde or another fixative.

### **Sharps;**

Discarded articles that may cause punctures or cuts and that have been used in animal or human patient care or treatment, or in pharmacies or medical, research or industrial laboratories, including, but not limited to, hypodermic needles, syringes with attached needles, scalpel blades, lancets and broken glassware.

### **Animal carcasses, body parts, bedding and related wastes;**

Contaminated animal carcasses, body parts, and bedding of animals that are known to have been exposed to infectious agents during research, production of biologicals, testing of pharmaceuticals, or for any other reason.

### **Isolation wastes;**

Wastes generated from the care of a patient who has or is suspected of having any disease listed as Class 4 in "Classification of Etiologic Agents on the Basis of Hazard," published by the United States Centers for Disease Control.

Definition of Class 4: Agents that require the most stringent conditions for their containment because they are extremely hazardous to laboratory personnel or may cause serious epidemic disease. This class includes Class 3 agents from outside the United States when they are employed in entomological experiments or when other entomological experiments are conducted in the same laboratory area.

### **Class 4 Viral Agents:**

- **Alastrim, Monkey pox, Smallpox, and White pox.**
- **Hemorrhagic fever viruses: Congo-Crimean, Ebola, Hantavirus, Junin, Machupo, and Marburg viruses**
- **Herpesvirus simiae (Monkey B virus)**
- **Lassa fever virus**
- **Tick-borne encephalitis viruses including: Central European encephalitis, Kyasanur forest disease, Omsk hemorrhagic fever, and Russian spring-summer encephalitis viruses**
- **Venezuelan equine encephalitis virus**
- **Yellow fever virus**

**Any residue or contaminated soil, water, or other debris resulting from the cleanup of a spill of any infectious medical waste; and Waste contaminated by or mixed with infectious medical waste.**

## **What is Not Infectious Medical Waste?**

As reported in the CDC's Morbidity & Mortality Weekly Report 36(2S); 12S, August 21, 1987:

"There is no epidemiological evidence to suggest that most hospital waste is any more infective than residential waste. Moreover, there is no epidemiological evidence that hospital waste has caused disease in the community as a result of improper disposal. Therefore, identifying wastes for which special precautions are indicated is largely a matter of judgment about the relative risks of disease transmission. The most practical approach to the management of infective waste is to identify those wastes with the potential for causing infection during handling and disposal and for which some special precautions appear prudent. Hospital wastes for which special precautions appear prudent include microbiology, laboratory waste, pathology waste, and blood specimens or blood products. While any item that has had contact with blood, exudates, or secretions may be potentially infective, it is not usually considered practical or necessary to treat all such wastes as infective."

The WV Infectious Medical Waste Rule specifies that the following items are not infectious medical waste:

- **Used personal hygiene products such as tissues, diapers, and feminine products;**
- **Gauze and dressing material containing small amounts of blood or other body secretions with no free flowing or unabsorbed liquid;**
- **Fixed pathological tissues; and**
- **Medical tubing and devices that have not been contaminated;**
- **Hair, nails, and extracted teeth;**
- **Human remains and body parts being used or examined for medical purposes which are under the control of a licensed physician or dentist and are not abandoned materials;**
- **Human remains lawfully interred in a cemetery or in preparation by a licensed mortician for interment or cremation;**
- **Waste generated by veterinary hospitals, with some exceptions (see Rule for more information).**

**Infectious medical waste contaminated with radioactive waste is considered to be radioactive waste and is subject to State and federal law and regulation as radioactive waste.**

**Infectious medical waste contaminated with hazardous chemical waste is considered to be hazardous chemical waste and is subject to State and federal law and regulation as hazardous chemical waste.**

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# Compliance Monitoring

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## Compliance Monitoring

The City of Martinsburg Fire Department recognizes its responsibility to provide personal protective equipment, education and training, post exposure reporting/follow-up for its employee at risk for exposure. It also notes the responsibility of the employees to comply with the established policy/procedures set forth in the Exposure Control Plan. Thus, employers who have employees identified, as having job responsibilities which place them at risk, will conduct compliance monitoring activities on a regular basis. The time frame between monitoring will be decided by the designated officer.

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 problem identification. The Department's disciplinary action policy will be followed for employees who do not comply with this established plan.

(See Department Disciplinary Action Policy)

# Compliance Monitor - EMS

Screen Monitor Check List

Date: \_\_\_\_\_

	<u>Task/Procedure</u>	<u>Compliance</u>		<u>Comments</u>
		<u>YES</u>	<u>NO</u>	
1.	Personal protective equipment was available			<p style="font-size: 48px; opacity: 0.3; transform: rotate(-45deg);">NOT COPY</p>
2.	Handwashing was observed			
3.	Needle/Sharps container was used			
4.	Gloves were used according to established policy			
5.	Eyewear was indicated and used as per SOP			
6.	Masks were used according to SOP			
7.	Personal protective equipment was appropriate			
8.	Patient was advised regarding the use of PPE			
9.	If PPE was not used per SOP, explain their circumstances			
10.	Patient history information was handled according to department policy			
11.	Patient family was advised regarding use of PPE			
12.	Exposures were promptly reported			
13.	All needles and debris were removed from the scene			
14.	PPE was properly disposed of according to department procedures			
15.	Vehicles were clean following transport			
16.	Cleaning was done using the proper agent			
17.	Contaminated areas were cleaned			

**Intervention- Compliance Monitor**

**Employee Name:**

**Employee Interview:**

**Date:** \_\_\_\_\_

**Observer:** \_\_\_\_\_

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# Station Compliance/Quality Monitor

Date:

Area:

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Exposure incidents and follow up are in the Employee health record	<input type="checkbox"/>	<input type="checkbox"/>		
Immunization records are in each Employee health file	<input type="checkbox"/>	<input type="checkbox"/>		
Education and training records are in each Employee health file	<input type="checkbox"/>	<input type="checkbox"/>		
Employee job descriptions contain information on OSHA Category assignment	<input type="checkbox"/>	<input type="checkbox"/>		
Employees are participating in the hepatitis B vaccine program	<input type="checkbox"/>	<input type="checkbox"/>		
Employees have reviewed the departments infection control program	<input type="checkbox"/>	<input type="checkbox"/>		

Action/Follow Up

Date for Next Review: \_\_\_\_\_

**Employee Interview:**

# Station Compliance/Quality Monitor

Date:

Area:

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Station area is clean	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen is clean/orderly	<input type="checkbox"/>	<input type="checkbox"/>		
Refrigerator is set at _____°	<input type="checkbox"/>	<input type="checkbox"/>		
Trash is in a covered container	<input type="checkbox"/>	<input type="checkbox"/>		
Bathrooms are clean	<input type="checkbox"/>	<input type="checkbox"/>		
Handwashing solutions are available	<input type="checkbox"/>	<input type="checkbox"/>		
Handwashing solution containers are filled	<input type="checkbox"/>	<input type="checkbox"/>		
Waterless hand wash solutions are available	<input type="checkbox"/>	<input type="checkbox"/>		
Personal Protective attire is readily available	<input type="checkbox"/>	<input type="checkbox"/>		
Laundry facilities are provided <input type="checkbox"/> In Station <input type="checkbox"/> Contracted Service	<input type="checkbox"/>	<input type="checkbox"/>		
Specified area for cleaning equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Contaminated linen is bagged and labeled as biohazard	<input type="checkbox"/>	<input type="checkbox"/>		
Stocked medical supplies are in a clean area	<input type="checkbox"/>	<input type="checkbox"/>		

Action/Follow Up  
Review: \_\_\_\_\_

Date for Next

# Station Compliance/Quality Monitor

Date:

Area:

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Solutions for high level disinfection are in date, covered and in an appropriate container	<input type="checkbox"/>	<input type="checkbox"/>		
There is documentation of all routine cleaning of vehicles/equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Needle-disposal containers are located in each decontamination area	<input type="checkbox"/>	<input type="checkbox"/>		
Staff is aware of the policy for reporting exposure situations	<input type="checkbox"/>	<input type="checkbox"/>		
Bio-hazards signs are properly posted	<input type="checkbox"/>	<input type="checkbox"/>		
Infectious waste containers are readily available	<input type="checkbox"/>	<input type="checkbox"/>		
There is a designated area for storage of infectious waste	<input type="checkbox"/>	<input type="checkbox"/>		
Records area maintained for infectious waste removal and disposal	<input type="checkbox"/>	<input type="checkbox"/>		
Blood specimens being sent out are properly labeled, contained	<input type="checkbox"/>	<input type="checkbox"/>		
Exposure incidents have been reviewed and discussed	<input type="checkbox"/>	<input type="checkbox"/>		
Exposure follow up is documented for each incident	<input type="checkbox"/>	<input type="checkbox"/>		

Action/Follow Up \_\_\_\_\_

Date for Next Review: \_\_\_\_\_

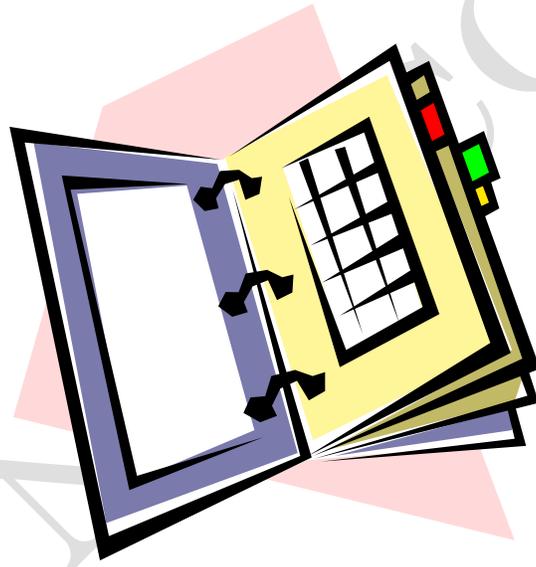
# Disciplinary Action Policy

The purpose of the exposure control plan is to reduce the risk for occupational exposure. Our plan is effective if followed as written. Periodic and unannounced monitoring will be conducted to ensure that employees are complying with this plan.

Compliance with the exposure control plan is a member responsibility. Non-compliance will be noted and records maintained of each incident and member interview. Retraining and education will be offered. Corrective action is outlined in the Department's Disciplinary Action Policy

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# Recordkeeping



# Summary Recordkeeping

On or before December 30, 1995, City of Martinsburg Fire Department will insure that accurate recordkeeping will be established and maintained for each employee deemed to be at risk for occupational exposure.

These records will be maintained by the Designated officer – in conjunction with Valley Health Urgent Care and Occupational Health located at 607 E. Jubal Early Dr. in Winchester, VA 22601. Phone: 540-536-2228, or, Valley Health Urgent Care and Occupational Health located at 97 Administrative Dr. in Martinsburg. Phone: 304-350-3200.

Information for the medical records will include:

1. Name and social security number of the employee (last 4 digits)
2. A copy of the hepatitis B vaccine record, titer results, and PPD status
3. Consent/Denial forms
4. A copy of results of examinations and follow up procedures as required by the OSHA regulation
5. A copy of the healthcare providers written opinion(s) following an exposure
6. A copy of the information provided to the healthcare provider as required to assist with medical follow up

**ALL EMPLOYEE MEDICAL RECORDS WILL BE KEPT CONFIDENTIAL. ALL FILES WILL BE LOCKED AND MAINTAINED BY THE DESIGNATED OFFICER**

Employee medical records will be maintained for at least the duration of their employment plus thirty years in accordance with the OSHA standard, 1910.1030.

Should an employee submit a written request for a copy of their medical records, this will be done within 15 days of the request. Requests for records are to be submitted to the Designated Officer.

## **TRAINING RECORDS**

Training records will include:

1. Dates of the training session
2. The content (outline) or summary of the material presented
3. The name and qualifications of the instructor
4. The names and job titles of all persons attending the training session
5. The employees signature

**ALL training records will be maintained for three (3) years.**

Training records are **NOT** confidential records and will be provided upon request to the employee or the employee's representative within 15 days of the request. If the City of Martinsburg Fire Department should cease to do business, it shall notify the Director of the West Virginia State OSHA office at least three months prior to the end of business. The Director may require that all records be transferred to him/her before the end of the three-month period.

**All medical records will be kept confidential. Contents will *not* be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation.**

Department members who wish to obtain a copy of their medical record, must fill out the request form and the department will make a copy available within 15 days at no cost.

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### **Summary Recordkeeping (cont'd)**

If the City of Martinsburg Fire Department should cease to do business, it shall notify the Director of the West Virginia State OSHA office at least three months prior to the end of business. The Director may require that all records be transferred to him/her before the end of the three-month period.

All medical records will be kept confidential. Contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation.

# Sharps Injuries Log

Week of:

Employee Name	Device Used	Task Performed	Location of the Incident	Description of how Incident Occurred

**OSHA Regulations (Standards - 29 CFR)**

**Sample authorization letter for the release of Member medical record information to a designated representative (Non-mandatory) - 1910.1020AppA**

- Standard Number: **1910.1020AppA**
- Standard Title: **Sample authorization letter for the release of Member medical record information to a designated representative (Non-mandatory)**
- SubPart Number: **Z**
- SubPart Title: **Toxic and Hazardous Substances**

I, \_\_\_\_\_, (full name of worker/patient) hereby authorize \_\_\_\_\_ (individual or organization holding the medical records) to release to \_\_\_\_\_ (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

---



---

(Describe generally the information desired to be released).

**I give my permission for this medical information to be used for the following purpose:**

---



---

**but I do not give permission for any other use or re-disclosure of this information. (Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)**

---



---

Full name of Member or Legal Representative

---

Signature of Member or Legal Representative

---

Date of Signature [6R 31427, June 20, 1996]



## BERKELEY MEDICAL CENTER

### Source Patient Testing

Martinsburg Fire and Rescue  
200 North Raleigh Street  
Martinsburg, WV 25401  
304-264-2111

Guarantor Account Number \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

MFD Employee Identifier: CMFD \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: (circle) M F

Ordering Physician: Dr. Ronald Best

DX code: Z57.8

### Tests to be Run (can be done on one red or yellow top):

Hepatitis C Antibody	Eastlab 78
Rapid HIV	Eastlab 1230281
HIV1/2	Eastlab 304821
Hepatitis B Surface Antigen	Lab 304131
Hepatitis B Core IgM	Lab 304479

### Results shall be called and faxed to the following:

**Andrew Frye            304-702-0504**  
**Fax to 304-264-2144**

Should Andrew Frye not answer, please contact one of the following:  
Jimmy Miller 304-676-6078 and/or Travis Fournier 304-820-5538

**Martinsburg Fire Department Infection Control Officers shall report results to Valley Health Occupational Medicine for follow-up treatment.**

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