

Subject:	INFECTIOUS DISEASE CONTROL PLAN
Section:	PPG# 4200.21
Chapter:	Operations
Effective Date:	7/1/98

1.0 POLICY

- 1.1 It shall be the policy of Thurston County Fire Protection District No.5 & 9 to provide a high level of protection against communicable diseases for all members while providing fire, rescue, and emergency medical services.
- 1.2 Members shall utilize accepted Universal Precautions prior to initiating any patient care.
- 1.3 Thurston County Fire Protection District No.5 & 9 shall provide appropriate personal protective equipment, training, and immunization for all members for protection from communicable diseases.
- 1.4 Thurston County Fire Protection District No.5 & 9 shall provide appropriate information prior to, and follow-up health care for any member(s) who become involved in an exposure related incident.
- 1.5 Thurston County Fire Protection District No.5 & 9 shall maintain members' personal health files, in a confidential manner, for the duration of employment/membership plus thirty (30) years.
- 1.6 Thurston County Fire Protection District No.5 & 9's Infection Control Plan shall be reviewed pursuant to WAC 296-62-8001(7) (b)(ii).

2.0 DEFINITIONS

- 2.1 ***Bloodborne pathogens*** means pathogenic microorganisms that may be 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).
- 2.2 ***Confidentiality*** means the protection of medical information and records of employees and/or patients as defined in medical ethics and federal and state law, which prohibits the release of such information without consent from the individual to whom the information or record pertains to.
- 2.3 Washington State addresses the confidentiality of all persons with a sexually transmitted disease (STD including: HIV/AIDS and all bloodborne forms of hepatitis (B, C, and Delta) in Chapter 70.24 -105 RCW and WAC 246-100-016.

- 2.4 Disclosure of STD status is prohibited, with exception of health care providers, including licensed EMS personnel. Agencies with EMS employees must develop written plans and procedures on how to transmit this information in a confidential manner. It cannot be transmitted for infection control purposes, only for the care, treatment and benefit of the patient.
- 2.5 **Contaminated:** The presence of or the reasonably anticipated presence of blood, body fluid or other potentially infectious materials on an item or surface.
- 2.6 **Exposure:** Contact with infectious agents, such as blood and body fluids, through inhalation, percutaneous inoculation, or contact with an open wound, non-intact skin, or mucous membrane that results from the performance of an employee's duties.
- 2.7 **Hospital reportable exposure** (unsuspected exposure): A hospital reportable or unsuspected exposure occurs if EMS employees treat or transport a patient who is later diagnosed as having a serious communicable disease that could have been transmitted by a respiratory route. Hospital reportable diseases include tuberculosis and meningococcal meningitis.
- 2.8 **Fire/EMS reportable exposure:** A direct introduction of a potentially infectious agent from a patient into the EMS worker's body.
- 2.9 **Infection control officer:** An employee or volunteer that is trained and knowledgeable on current medical issues, infection control mandates and practices, state and federal laws (Confidentiality, Ryan White Notification Act, the Americans with Disabilities Act, Federal Civil Rights Laws) and assigned the duties as defined under duties and responsibilities of the fire department infection control officers duties.
- 2.10 **Mucocutaneous** (in eye, mouth, or nose): A mucocutaneous event occurs when blood or body fluids come in contact with a mucous membrane. Example: Blood or body fluid is splashed or sprayed into the eye, nose, or mouth.
- 2.11 **Percutaneous** (through the skin): A percutaneous event occurs when blood or body fluid is introduced through the skin. Examples: needle stick with a bloody needle; sustaining a cut by a sharp object contaminated with blood; entrance of blood or body fluids through an open wound, abrasion, broken cuticle, or chapped skin.

3.0 RESPONSIBILITIES

- 3.1 Members:
- 4.5.1 Shall be responsible for promptly reporting all EMS reportable exposures to their supervising officer.
- 3.2 3.2.1 Shall be responsible for promptly completing the forms required for reporting an EMS reportable exposure and all forms required for any

follow-up treatment as listed below:

- 3.2.1** Worker Compensation Documentation
- 3.2.2** Injury Form
- 3.2.3** Pension Board Claim Form
- 3.2.4** Pension Disability Accident Report

3.3 Shall always use appropriate PPE as the incident dictates following Thurston County Fire Protection District No.5 & 9's procedures and guidelines for protection.

3.4 Members may refuse immunization, or may submit proof of previous immunization. Members who refuse HBV immunization will be counseled on the occupational risk of communicable diseases and the ramifications of refusing the immunization and will be required to sign a refusal of immunization statement. Members who refuse immunization may later receive immunization upon request.

3.5 It shall be the member's responsibility to keep their Health History Immunization Record, up to date, at their assigned station with a current copy in their Injury/Illness file.

The Shift Command Officer:

3.6 **3.6.1** Shall forward reportable exposures to the Infection Control Officer with a completed exposure report form.

3.6.2 Shall notify the Infection Control Officer an EMS reportable exposure has occurred.

3.7 When the potential for an occupational exposure exists, the employer shall provide, at no cost to the employee, personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time, which the protective equipment will be used.

Shift Command Officers:

3.8 **3.8.1** Shall be responsible for the prompt completion of the required forms by members on their shift within 24 hours or the completion of the shift.

3.8.2 Shall be responsible for second level supervisor's review of required supervisor's reports. Shall mandate safe operating practices at an incident site and in the station. Shall support and enforce compliance with the Infectious Disease Control Program.

3.8.3 Shall not allow new recruits to assume emergency response duties until HBV vaccination has been offered.

3.8.4 Monitor the exposure and injury reporting system.

3.8.5 Provide assistance to members and supervisors with problems related to exposure.

The Infection Control Officer:

3.9 **3.9.1** The Infection Disease Control Officer shall maintain confidential records of incidents and treatment, and ensure worker s compensation action or retirement action.

3.9.2 Initiate revisions or education to prevent recurrence of incidents. The Safety Officer shall serve as contact person in the event the Infection Control Officer is unavailable.

3.9.3 Conduct spot inspection of on scene and station operations to ensure compliance with Department s infection control policy.

3.9.4 Shall evaluate the Department s compliance with the infectious disease and exposure program.

3.9.9 Shall confer with Chiefs for any remedial infection control training that may be needed and schedule such training with the Training Division.

3.10 The Fire Chief shall ensure that the infection control officer is qualified to resume and maintain the duties as prescribed above. Such qualification must include knowledge of and current training on appropriate medical practices, infection control standards, and applicable laws and rules.

3.11 The infection control officer shall be assigned to handle the day to day site and work practice-specific operations of infection control mandates, medical prophylactic and post-exposure treatment, confidential medical record keeping, and to act as the "designated officer" as required in the Ryan White Notification Act.

The duties and responsibilities of the fire department infection control officer shall include, but not be limited to:

- 3.12**
- (a) Plan and coordinate infection control activities.
 - (b) Work closely with the safety committee.
 - (c) Ensure that exposures are investigated.
 - (d) Devise corrective measures to prevent exposures.
 - (e) Ensure appropriate and timely medical follow-up to exposures as required by law and prescribed by the United States Public Health Service.
 - (f) Ensure confidential record keeping of all medical prophylactic and post-exposure treatment. Shall approve the release of any related information for whatever purpose.
 - (g) Ensure the application of all requirements of the Federal Ryan White Notification Law and act as "designated officer".

The fire department infection control officer, through the fire chief, shall have the authority and responsibility to identify and recommend correction of infection control procedures.

- 3.13** The fire department infection control officer shall maintain a liaison with staff officers regarding recommended changes in equipment, procedures, and recommended methods to eliminate unsafe infection control practices and reduce existing exposure conditions.
- 3.14** The infection control officer shall maintain liaison with local hospital and health department for compliance with Federal Ryan White Act and Washington State Public Health Law.
- 3.15** The infection control officer shall be the Fire Department contact person for all Hospital Reportable Exposures and act as a liaison between area hospitals and fire department members to provide notification that a communicable disease exposure is suspected or has been determined by hospital medical personnel.
- 3.16** The infection control officer shall follow the confidentiality requirements of chapter 246-100 WAC and the medical protocol requirements of WAC 2396-62-05209.
- 3.17** The infection control officer shall ensure the fire department's compliance with state and federal confidentiality laws.
- 3.18** The infection control officer shall ensure the prompt reporting of all reportable diseases as mandated by Washington State's "Chapter on Communicable and Certain Other Diseases" (WAC 246).
- 3.19** The infection control officer
- (a) Shall confer with the Chiefs for any remedial infection control training that may be needed and ensure that such training is scheduled.
 - (b) Shall attach a copy of the Department's exposure form to a copy of the Injury Form when an exposure has occurred to be filed in the member personnel file.
- 3.20**
- (c) Shall contact employees and inform them of hospital reportable exposures; and that the test results of EMS reportable exposures are available.
 - (d) Shall arrange for initiation of follow-up treatment as required. Shall notify members that results of screening for HIV and Hepatitis B are available.
 - (e) Shall coordinate the immunization program and maintain records.
 - (f) Shall ensure that an adequate infection control plan is developed.
 - (g) Shall ensure that all personnel are trained and supervised on the plan.
 - (h) Shall establish personnel exposure protocols so that a process for dealing with exposures is in writing and available to all personnel.
 - (i) Shall institute the established exposure protocols immediately after report of an exposure.

4.0 GUIDELINES

GUIDELINES: NON-REPORTABLE EXPOSURE

- 4.1** Blood on intact skin;
- 4.2** Blood on clothing or equipment being present in the same room as an infected person;
 - 4.2.1** Touching an infected person; and
 - 4.2.2** Talking to an infected person.
- 4.3** Potentially infectious materials: The following human body fluids: semen, vaginal secretions, cerebrospinal fluids, synovial, pleural fluids, pericardial fluids, peritoneal fluids, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, an all body fluids in situations where it is difficult or impossible to differentiate between body Fluids.
- 4.4** Regulated waste: 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 materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or other potentially infectious materials.
- 4.5** The following job classifications or tasks are areas where members can reasonably anticipate that an exposure to blood, or other body fluids, or other potentially infectious materials have occurred. The examples are not intended to cover every incident to which our members may be exposed.
 - 4.5.2** Administering emergency medical care to injured or ill patients.
 - 4.5.3** Rescue victims from hostile environments, including burning structures or vehicles, other contaminated atmospheres, or oxygen deficient atmospheres.
 - 4.5.4** Extrication of persons from vehicles, machinery, or collapsed excavations, or structures.
 - 4.5.5** Recovery and/or removal of bodies from any of the above situations.
 - 4.5.6** Response to hazardous materials emergencies, both transportation and fixed site, involving potentially infectious substances.
 - 4.5.7** Other job classifications as identified by Thurston County Fire Protection District No.5 & 9.
- 4.6** Station environment:
 - 4.6.1** All work uniforms shall be washed in the station. *Under no circumstances shall contaminated work uniforms be washed at home.*

- 4.6.2** All members shall be provided and expected to maintain an additional clean uniform in their lockers so that contaminated uniforms can be removed and cleaned upon returning to quarters.
- 4.6.3** Disposable gloves shall be used when handling contaminated clothing.
- 4.6.4** Each station shall establish a designated cleaning area, which shall be physically separated from areas used for food preparation, personnel hygiene, sleeping, and living areas.
- 4.6.5** Upon returning to quarters after an incident the following precautions shall be observed:
 - 4.6.5.1** Contaminated clothing shall be removed and replaced with a clean uniform.
 - 4.6.5.2** Contaminated clothing shall be washed as soon as possible upon returning to quarters or placed in a red biohazard bag for future cleaning.
 - 4.6.5.3** In accordance with 296-62-Part J contaminated clothing shall be cleaned in the designated cleaning room.
 - 4.6.5.4** In accordance with CDC guidelines “Cleaning and Decon” Table S 10/93 all cleaning of contaminated clothing shall be done using a tuberculocidal cleaning agent approved and registered with the EPA.
 - 4.6.5.5** In accordance with 296-62-Part 5 Small stains from body fluids shall be spot cleaned and then disinfected.
 - 4.6.5.6** Contaminated boots shall be brush scrubbed in the designated area, with a hot solution of soapy water, rinsed with clean water and allowed to dry.
 - 4.6.5.7** Members who experience substantial body fluid contact with the skin shall shower as soon as possible upon returning to quarters.
 - 4.6.5.8** All waste generated during decontamination shall be placed in a biohazard bag and placed in the biohazard disposal area.

Training. All members of the Fire Department, prior to assignment and annually

- 4.7** thereafter, shall be instructed on protective measures to be taken to minimize the risk of occupational exposure to infectious disease. These topics shall include but not be limited to:

- 4.7.1** Education on infectious diseases and modes of transmission;

- 4.7.2 Symptoms of infectious diseases;
- 4.7.3 Review of Department's infectious disease protocol;
- 4.7.4 Recognition of fire service tasks that may create injury or potential for exposure;
- 4.7.5 Explanation of types, location, use and limitation of personal protective equipment.
- 4.7.6 Explanation of the Hepatitis B vaccine, including information on efficacy, safety, methods of administration and benefits of being vaccinated;
- 4.7.7 Information on post exposure follow up if exposures occur; and
- 4.7.8 Explanation of signs and labels and/or color coding used by the Department.

4.8 Written training records shall be maintained for three (3) years after the date on which the training occurred. Information within the record shall include:

- 4.8.1 Dates of the session;
- 4.8.2 Contents of the session;
- 4.8.3 Name and qualification of persons giving the training; and
- 4.8.4 Names and job titles of persons attending the training session.

4.9 Thurston County Fire Protection District No.5 & 9 shall assure that members participating in work activities involving infectious agents demonstrate proficiency prior to engaging in these activities.

Personal protective equipment.

4.10

- 4.10.1 All operational vehicles, excluding Chief's vehicles, shall have closeable sharp containers, which are puncture resistant and leak-proof. Sharp containers shall be colored in red, labeled as biohazard and shall be used as the situation dictates.
- 4.10.2 Members shall select PPE appropriate to the potential exposure. No standard operating procedure or PPE ensemble can cover all situations. Good judgement has to be used, but when in doubt, select maximal rather than minimal PPE.
- 4.10.3 Facial protection shall be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a face mask and eye protection, or a full face shield.

4.10.4 Fire fighting gloves shall be worn in situations where sharp or rough edges are likely to be encountered. Gloves specified in the referenced WAC provide limited protection to blood borne pathogens. If gloves are exposed to infectious disease they shall be cleaned per policy.

4.10.5 Disposable latex gloves shall be worn during all patient contacts.

4.10.6 Where possible, latex gloves shall be changed between patients in multiple casualty situations.

4.10.7 Disposable latex gloves shall not be re-used, washed or disinfected for reuse.

4.11 Immunizations and history. All members shall be offered and provided the following immunizations or document their immunity:

4.11.1 Hepatitis B One series of three inoculations;

4.11.1.1 Booster shots shall be provided in accordance with CDC recommendations;

4.11.1.2 Initial HBV inoculations for current members shall be provided at no cost.

4.11.2 Tetanus-diphtheria inoculations are required every ten years;

4.11.2.1 If a puncture wound occurs, a booster is required if it has been seven years or more since last inoculation.

4.11.3 Measles, Mumps, and Rubella immunization not recommended if you were born prior to 1957;

4.11.3.1 Immunization is not recommended for members/employees who are pregnant or anticipate becoming pregnant within three months.

4.11.4 Influenza. Vaccine shall be available from October through February annually.

4.11.4.1 Influenza inoculations are recommended annually and shall be provided to members on a voluntary basis.

Tuberculosis. Members shall be provided with annual TB screening.

4.12 Members shall complete a Communicable Disease Health History which shall be updated annually to document immunizations and TB tests.

4.13 Fire/EMS reportable exposures.

- 4.14**
- 4.14.1** Member shall initiate immediate self-care of their wound with disinfectant, soap and hot water; flush eyes, nose, or mouth exposures with water or ringer solution.
 - 4.14.2** Members shall make an immediate verbal report of the exposure to their supervisor, and initiate a Communicable Disease Report.
 - 4.14.2** Infection Control Officer shall report nature of exposure, identify incident number and patient, and request patient be tested for infectious disease by hospital staff.
 - 4.14.3** The Infection Control Officer shall arrange for medical care of members; by a licensed health care professional.
 - 4.14.4** The Health Department shall notify the Infection Control Officer when the results of the patient s blood test are ready.
 - 4.14.5** The Shift Command Officer shall contact member during normal business hours and inform member of test availability and recommended follow-up procedure; self- treated, members shall forward all forms as required for treatment of an occupational injury or illness.
 - 5.5.5** If the hospital recommends immediate care of member after normal business hours, the hospital shall contact the Shift Command Officer who shall arrange for the immediate treatment of member.

Hospital reportable exposures

- 4.15**
- 4.15.1** Hospitals shall notify the Infection Control Officer of all hospital reportable exposures.
 - 4.15.2** The Infection Control Officer shall arrange for the member to receive follow-up medical care as indicated in the exposure follow-up protocols and as recommended by the reporting hospital.
 - 4.15.3** The infection control officer shall contact and inform the member of test availability and recommended follow-up procedures.

If treated, members shall forward all forms as required, for treatment of an occupational injury/illness.

4.16

5.0 REFERENCES

WAC 296-305-02501
WAC 296-62-PART J
WAC 296-62-05207 (1)(a)

Chapter 296-62 WAC, Part J, Biological Agents-Bloodborne Pathogens.
WAC 296-62-08001(3), Exposure Control.

"CDC Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Facilities"
[Statutory Authority: RCW 49.17.010, .050, .060. 96-11-067 (Order 94-27), §296-305-02501, filed 05/10/96, effective 01/01/97.]

6.0 REFERENCES

Appendix A: Infectious Exposure Form



MCLANE/ BLACK LAKE FIRE DEPARTMENT

INFECTIOUS EXPOSURE FORM

Exposed Members Name: _____ Position: _____

Soc. Sec #: _____ Home Phone: _____

Incident #: _____ Shift: _____ Apparatus Assignment: _____

Name of Patient: _____ Sex: _____

Age: _____ Address: _____

Suspected or Confirmed Disease: _____

Transported to: _____

Transported by: _____

Date of Exposure: _____ Time of Exposure: _____

Type of Incident (Auto accident, Trauma): _____

Type of protective equipment utilized: _____

What were you exposed to:

Blood _____ Tears _____ Feces _____ Urine _____ Saliva _____ Vomitus _____ Sputum _____

Sweat _____ Other _____

What part(s) of your body became exposed? Be Specific: _____

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

How did the exposure occur? Be specific: _____

Did you seek medical attention? Yes _____ No _____

Where? _____ Date: _____

Contact Infection Control Officer: Date: _____ Time: _____

Supervisor's Signature: _____ Date: _____

Member's Signature: _____ Date: _____

INFECTION CONTROL OFFICER'S REPORT

Medical facility notified? Yes ____ No ____

If Yes:

Name of facility: _____ Date: _____

Address of facility:

Name of facility contact: _____

Confirmed Exposure: _____

Member Notified? Yes ____ No ____

Member's Signature: _____ Date: _____

Medical Follow-up Action:

Remarks:

Infection Control Officer's Signature: _____ Date: _____