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A. PURPOSE

To meet the standards of the Department of Labor, Occupational Safety and Health Administration (OSHA 29 CFR 1910.1030), OR-OSHA Regulations OAR 437-1910/1030 and the Center for Disease Control recommendations.

B. DEFINITIONS

**AIDS** - Acquired Immune Deficiency Syndrome. A communicable disease caused by Human Immunodeficiency Virus (HIV).

**AIRBORNE PATHOGENS** - usually occur by the respiratory route, with the agent present in aerosols (infectious particles < 5 µm in diameter). This includes dry particles, often the remainders of an evaporated wet particle called nuclei, and wet particles. This kind of infection usually requires independent ventilation during treatment.

**ANTIBODY** - A component of the immune system, which eliminates or counteracts a foreign substance (Antigen) in the body.

**ANTIGEN** - A foreign substance, which stimulates the production of antibodies in the immune system.

**BACTERIA** - A type of living microorganism that can produce disease in a suitable host. Bacteria can self-reproduce, and some forms may produce toxins harmful to their host.

**BLOOD BORNE PATHOGEN** - Pathologic microorganisms that are present in human blood and that can cause disease in humans. (OSHA) Note: The term "blood" includes blood, blood components, and products made from human blood.

**BODY FLUIDS** - "Fluids that have been recognized by the CDC as directly linked to the transmission of HIV and/or HBV and/or to which Universal Precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV viruses." (OSHA)

**BODY SUBSTANCE ISOLATION (BSI)** - An infection control strategy, which considers all body substances potentially infectious (See Universal Precautions).

**CDC - CENTERS FOR DISEASE CONTROL AND PREVENTION**- Branch of the Public Health Service, District of Health and Human Services concerned with communicable disease tracking and control.

**COMMUNICABLE DISEASE** - A disease that can be transmitted from one person to another.

**CONTAMINANT/CONTAMINATED** - "A substance or process that poses a threat to life, health, or the environment." (NFPA 472.)

**ENGINEERING PRACTICES** - Protocols and practices used to mitigate potential infections to blood or OPIM.

**INFECTION** - Eye, mouth, other mucous membrane, non-related skin, or parenteral contact with blood, other body fluids, or other potentially infectious material (OPIM).

**HEPATITIS** - Inflammation or swelling of the liver. Certain drugs, toxins, or infectious agents, including viruses, can cause hepatitis. Hepatitis caused by viruses includes hepatitis A, B, and D (Delta), and non-A, non-B. Non-A, non-B, hepatitis C, hepatitis E, and others, as yet are unclassified types of hepatitis.

**HEPATITIS A - (Infectious Hepatitis)** Viral form of hepatitis spread by fecal contamination and generally not a significant risk for emergency care providers. Vaccine available.

**HEPATITIS B - (Serum Hepatitis)** Viral form of hepatitis spread by blood contact, and as a sexually transmitted disease. It is a significant risk for emergency care workers. Infection may result in death, chronic hepatitis, liver cancer, or cirrhosis of the liver. Vaccine available.

**HEPATITIS C (HCV)** - A recently identified viral form of hepatitis, spread via blood contact.

**HEPATITIS D - (DELTA, HDV)** Viral hepatitis in people with an HBV infection. Delta hepatitis is a complication of HBV infection and can increase the severity of HBV infection.

**HEPATITIS, NON-A NON-B (NANB)** - Viral hepatitis caused by a virus other than hepatitis A or B. A disease of exclusion, there are probably several viruses responsible. NANB hepatitis is a blood borne infection, and the cause of ninety percent of post-transfusion hepatitis cases.

**HIV INFECTION** - A person who has tested positive for HIV antibodies and confirmed with western blot testing. HIV infected patients may or may not develop AIDS but can spread the virus through blood and bodily fluids.

**MUCOUS MEMBRANE** - The lining of the nose, mouth, eyes, vagina, and rectum. Not as durable as skin, contact of infected body fluids with mucous membranes may transmit disease.

**OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)** - Human body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid,

amniotic fluid, saliva in dental procedures, 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; and any unfixed tissue or organ (other than intact skin) from a human (living or dead).

**PANDEMIC** - A global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread easily between people.

**PARENTERAL INFECTION** - "Infection, which occurs through a break in the skin barrier." (OSHA) This would include injections, needle sticks, human bites, and cuts contaminated with blood.

**PPE - PERSONAL PROTECTIVE EQUIPMENT** - "Specialized clothing or equipment worn by an employee for protection from a hazard. General work clothes (e.g. uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment." (OSHA)

**UNIVERSAL PRECAUTIONS** - "A system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every employee exposed to direct contact with body fluids to be protected as though such body fluids were HBV or HIV infected. Therefore, Universal Precautions are intended to prevent health-care workers from parenteral, mucous membrane, and non-intact skin infections to blood borne pathogens and should be used by emergency response personnel." (OSHA)

### C. GENERAL PROGRAM MANAGEMENT

1. There are seven major "Categories of Responsibility" that are central to the effective implementation of this Infection Control Plan. They include but are not limited to: Fire Chief, Infection Control Officer, Training Officer, Fire Officers, Marion County Health District, Jefferson Rural Fire Protection District Administration, Paramedics, EMTs, Responders and Jefferson Rural Fire Protection District Medical Director.
2. The following sections define the roles of each of these personnel in carrying out this plan.
  - a. Fire Chief - The tasks of managing the District's Infection Control Plan is delegated to appropriate officers and other District's personnel as noted below. The ultimate responsibility for the health and welfare of all personnel, however, remains that of the Fire Chief.
  - b. Infection Control Officer: (Scott Shepherd) The Infection Control Officer will be responsible for overall management and support of the Air Borne and Blood Borne Pathogens Compliance Program. Activities delegated to the Infection Control Officer, include, but are not limited to: Overall responsibility for implementing the Infection Control Plan for the entire District Personnel. Working with Administration, Medical Director, Designated Health Care Professional, supervisors and other personnel to develop and administer any additional blood borne related policies and

practices needed to support the effective implementation of this plan. Collecting and maintaining a suitable reference library on Blood Borne Pathogens. Standard and Blood Borne Pathogens safety and health information. Knowing current legal requirements concerning air borne and blood borne pathogens. Acting as District liaison during District of Safety inspections. Conducting periodic District audits to maintain a current Infection Control Plan. Conduct spot inspections of on-scene and station operation to ensure compliance with District Infection Control Plan. Coordinate the HBV immunization program with the designated District Medical Director and maintain immunization records. Follow up on any infections and advise the employee of status. Conduct training in air borne and blood borne pathogens. In conjunction with the Training Division, maintain accurate roster of personnel who have received required training and develop suitable education programs.

- c. Training Officer - The Training Officer will be responsible for coordinating training objectives with the Infection Control Officer and assist in record keeping with regard to training. The Training Office will: Maintain a current list of District personnel who have received the required training and work with the Infection Control Officer to ensure appropriate training is planned.
  - d. Fire Officer personnel are responsible for infection control in their respective areas. They work directly with the Infection Control Officer and their personnel to ensure that the proper infection control procedures are followed, and significant infections documented.
  - e. Firefighters, Responders, EMTs and Paramedics - These personnel have the most important role in the air borne and blood borne pathogens compliance program. The ultimate execution of much of this Infection Control Plan rests in their hands. Activities which are delegated to these individuals, include, but are not limited to: knowing the tasks they perform that have a potential for infection, successfully completing the blood borne pathogens training sessions, knowing and following the work practice controls outlined in the Infection Control Plan, planning and conducting all operations in accordance with the work practice control plan, developing good personal hygiene habits and reporting any suspected occupational infection or infectious disease to the Infection Control Officer.
  - f. Approved Medical Director: Act as liaison with the medical community. Act as resource for Infection Control Officer.
3. Availability of Infection Control Plan to Personnel - To help them with their compliance efforts, the District's Infection Control Plan is available to all personnel at any time. Personnel are advised of this availability during their education/training sessions. The Infection Control Plan is kept in the following locations: District Web page.
  4. Review and Update of The Plan - The Districts recognize that it is important to keep this Infection Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances: Whenever Federal, State, or Local Laws mandate a change to the plan whenever new or modified tasks and procedures are implemented which affect occupational Infection of

District personnel, whenever the Medical Director recommends changes, whenever the Center for Disease Control recommends changes and annually reviewed by the Compliance Officer.

5. Infection Determination - Personnel in the following job classifications have risk of occupational infection during the course of providing emergency medical services: Emergency Medical Responder (EMR), Emergency Medical Technician (EMT), Advanced Emergency Medical Technician (AEMT), EMT Intermediate, Paramedic, Fire Officers, Driver/Operator, Firefighters and Support Personnel.

#### D. INFECTION CONTROL PROCEDURE

##### 1. Introductions and Purpose

- a. This procedure outlines protective measures that the District personnel and affiliated responders shall take when treating all patients. These protective measures shall be taken even if the patient does not have symptoms of an infectious disease. It will be the individual responder's responsibility to initiate protective measures as designated in the protocol and the District's responsibility to provide the necessary equipment, training, and inspections to ensure compliance.
- b. It is understood that while it is the responsibility of Jefferson Rural Fire Protection District to keep its responders informed on infectious diseases, it is equally as important for each and every responder to make every effort to remain up-to-date on the latest information available in the area of infectious disease and infectious disease control practices. Due to the almost daily updates and changes on this topic, Jefferson Rural Fire Protection District will find it difficult to remain the responder's only source of information and guidance. Each responder must accept a portion of the responsibility for their own protection and should continuously update their knowledge in this area.

##### 2. Infectious Disease Transmission

- a. All viral agents must penetrate the body's defenses to cause illness. Each type of cells' the viral agents attack tends to be specific for that virus. The virus, in its attack, does not immediately kill the cells; rather the virus takes over the reproductive process of the cell in order to reproduce daughter virus particles. Viral agents live and reproduce without the host cell.
- b. Infection Control has three objectives: Reducing the risk of contamination to the responder, reducing the risk of contamination to the patient and risk of cross contamination from patient to provider to patient.
- c. The skin acts as a barrier against infection to infectious contaminants. If the skin has open sores, cuts, or abrasions this protective barrier is compromised. Infectious contaminants can also enter the body through the mucus membranes of the eye and mouth. Once inside the body, viruses can be absorbed into the blood stream. Some of these viruses are able to stimulate the body to produce antibodies to defend against it.
- d. For illness to occur there must be the following: Blood or other body fluids containing the virus an opening to the inner part of the body, a means of getting the virus inside that opening, an adequate amount (dose) of virus, and an immune system incapable, for any reason, of adequately responding to the

infective challenge. Patients who cough and/or sneeze around treatment personnel also increase the risk of infection. A puncture wound resulting from sharps that have been in contact with the blood or OPIM possess a significant risk to treatment personnel. Among the general public, and in the hospital setting, the most efficient route of transmission is directly from the infected person, not through an intermediary. In other words, for the rescuer to take an infection home to a family member, the rescuer would have to first get the infection.

- e. Hand washing is the best deterrent for transmitting infectious diseases.
- f. Tasks and procedures in which occupational infection to air borne or blood borne pathogens may occur include but are not limited to:
- |                                      |                                      |
|--------------------------------------|--------------------------------------|
| During emergency conditions          | Pleural decompression                |
| Conducting patient assessment        | Controlling hemorrhage               |
| Maintaining airway control           | Transportation of biohazardous waste |
| Suctioning the airway                | Splinting fractures                  |
| Obtaining intravenous access         | Bandaging wounds                     |
| Packaging and handling patients      | Childbirth                           |
| Placing oropharyngeal devices        | During non-emergency conditions      |
| Placing nasopharyngeal devices       | Decontamination procedure            |
| Placing esophageal obturator devices | Providing supplemental oxygen        |
| Tracheal intubation (Nasal/Oral)     | Obtaining blood samples              |
| Cricothyrotomy                       | General housekeeping procedures      |
3. Infectious Disease Prevention  
The objective of prevention is to establish protective measures to prevent or reduce the risk of direct infection to infectious diseases. When asking a patient about their medical history, it is appropriate to ask if they have any infectious diseases. Personnel should be aware of the following: Patients may not know they have an infectious disease, and/or patients may not be honest in their responses to questions. The level of protective precautions taken by personnel should be based on an evaluation of the patient's medical status and good judgment. All blood, airborne and OPIM should be treated as if known to be infectious for HIV, hepatitis, TB, or other blood borne pathogens.
4. Definition of Occupational Infection  
OSHA defines a significant infection as "a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with air, blood or other potentially infectious materials that results from the performance of Members duties." In other words, this would be either a percutaneous injury such as a needle stick, a cut with a sharp object, or contact of mucous membranes with blood, airborne or other OPIM.
5. Method of Compliance  
The District understands that there are a number of areas that must be addressed in order to effectively eliminate or minimize infection to air borne or blood borne pathogens. The Plan calls for the following: Establishing appropriate work

practice controls, i.e. sharps boxes and the use of Body Substance Isolation, respiratory protection and necessary PPE (Personal Protective Equipment) for example, gloves and implementing appropriate Housekeeping Procedures i.e. germicidal agent. Each of these areas is reviewed with personnel during their Air and Blood Borne Pathogens related training and at the time of their initial orientation with the Jefferson Rural Fire Protection District (JRFPD).

6. Personal Protective Equipment

- a. The most important factor is protecting District personnel and carefully following infection control guidelines. Any patient's air, blood or OPIM must be considered infected. This means that personal protective equipment (PPE) such as gloves, gowns, masks, and eye protection must be worn or be available to the responder when the likelihood of through-the-skin, mouth, nose or eye infection to the patient's air, blood or OPIM exists.
- b. Refer to COVID-19 Control Procedure for workplace application.
- c. Mask  
The District provides three styles of masks: cloth mask, surgical mask, N95 mask and half mask respirators. Cloth or surgical masks will be worn if within six feet of patient. A N95 or half mask respirator will be worn whenever a patient is actively coughing or sneezing and there is the potential for aerosol or sputum infection to the crew. It is appropriate to also place either an oxygen mask with oxygen flow or a surgical mask on the patient.
- d. Gloves  
Wearing gloves is mandatory during direct patient care with any patient. Change contaminated gloves before touching other patients, uncontaminated equipment, or touching one's own body. Gloves must also be worn when cleaning potentially contaminated equipment, or when cleaning up blood or OPIM on surfaces of the apparatus. Remember to remove contaminated gloves before touching other surfaces or your exposed skin. Never re-use disposable gloves. To avoid cross contamination when dealing with multiple patients, multiple pairs of gloves may be appropriate. Double gloving may be useful if dealing with extreme amounts of blood or OPIM. Grossly contaminated gloves should be removed prior to entering the patient compartment once the initial on-scene treatment has been completed.
- e. Eye protection  
With the potential risk of getting infection through the mucous of the eyes greatly increasing, personnel should wear eye protection when within six feet of every patient contact.
- f. Full body gowns  
Whenever there is gross contamination or the patient has been contaminated with hazardous material, personnel shall wear full body protection. Turnouts with SCBA's or medical gowns with a mask, eye protection and gloves would be considered full body gowns.  
PPE consisting of gloves and a combination of surgical mask/fluid shield, at a minimum, should be worn in the following situations: Whenever an intubation (medical or trauma) is being performed; when assisting with childbirth; when assisting with airway control, such as using BVM; when traumatic injuries

result in significant contact with blood OPIM; when other types of calls (i.e. significant GI bleeds or vein-puncture) result in potential infection to blood or OPIM.

Someone with a potential or known pandemic disease, gowns will be worn for most situations. The probability that the medical care provider may be exposed to blood or OPIM can be determined prior to arriving on scene.

Therefore, if the chances of handling blood or OPIM are high (i.e. CPR, IV Insertion, trauma, intubation, emergency childbirth), the care provider should put on PPE before beginning patient care. It is much easier to remove PPE if it is not necessary than to attempt to put it on during an emergency. Every attempt should be made to limit the number of rescuers having actual physical contact with a potentially infectious patient. Every effort should also be made to limit the infection time of all rescuers.

7. Disposable Medical Equipment

Disposable medical equipment will be used. The reusable medical equipment should be used only when disposable types are not available. Equipment not intended for reuse should be disposed of properly and not reused. To assure appropriate use of on hand supplies, refer to Medical Supplies and Equipment operational guideline.

8. Handling of Sharps

All personnel must take precautions to prevent injuries that can result when using, handling, cleaning, or disposing of needles, scalpels and other sharp instruments. Needles and other sharp instruments must be disposed of in sharps boxes as soon as possible after use. Sharps containers must always be kept closed. These containers are recommended by the Center for Disease Control and Prevention (CDC) as the only safe disposal means for sharps disposal. When disposing of sharps in a sharps box, the sharp edge should face downward. Always directly observe sharps dropping into the container. Jump kits shall have sharps boxes so that sharps may be properly handled.

Current policy is that sharps should rarely be recapped. If, however, a situation arises where the needle must be secured by recapping, the following procedure must be followed:

When starting an IV, remove the IV needle from the protective sheath and place the sheath within arm's reach. After the IV is initiated and the catheter is secured, reach with one hand and scoop the protective sheath up with the contaminated needle and click the needle in securely, locking it safely into the sheath by pressing the tip of the sheath against a firm surface.

A second alternative is to set the protective sheath on the ground nearby before starting the IV. When the IV is secured, step on the protective sheath and slide the needle into the sheath, locking it with an audible click. This method is only safe if wearing leather shoes or boots where an accidental puncture through the thick leather is highly unlikely.

Each of these alternatives allow for a relatively safe means for the disposing of contaminated IV needles. Never attempt to recap a needle with two hands or leave a needle unsheathed unless it can be immediately placed in an approved sharps container. Never attempt to remove the needle by hand from a syringe. It should



be disposed of in a sharp's container. Sharps boxes shall be inspected and replaced when they are less than 3/4 full.

9. Decontamination, Disinfection and Disposal of Biohazard Waste

a. Disposal of Biohazard Waste

Biohazard waste is any solid or liquid waste which may present a threat of infection.

All biohazard waste shall be placed in red plastic disposable bags. When full, these bags will be disposed of in an approved biohazard waste container.

b. Decontamination and Disinfecting

It is important to remember that there are two steps in this process; cleaning and disinfecting. A contaminated object must first be cleaned with soap and water and then disinfected. Disinfection solutions need to be able to attack viruses and bacteria, however they cannot penetrate oils and other surface contaminants. That is the task of cleaning agents such as soap.

c. Hand Washing

The CDC states that hand washing before and after patient contact is the single most important means of preventing the spread of infection and to rid them of protein matter, blood and OPIM. Personnel are to wash their hands vigorously with soap and water as soon as possible after patient contact, whether or not protective gloves are worn. It is recommended that hand washing take a minimum of ten seconds. A soft soap that produces lather is preferred to an abrasive type. The use of a special disinfectant soap is not necessary. When immediate access to a sink is unavailable, or if an emergency situation does not allow time, the use of a waterless cleaner is acceptable. As soon as possible, wash hands with soap and water.

d. Clothing

All contaminated clothing and protective clothing must be placed in a yellow biohazard bag for cleaning. The on-duty Duty Officer and Infection Control Officer will be advised of the incident and will meet the crew at Station 600 if feasible. Boots and leather goods may be brush-scrubbed with soap and hot water to remove contamination. Remember, soles and heels of footwear can become contaminated with blood or OPIM. Therefore, they should, if possible, be cleaned before leaving a scene or immediately upon completion of the call.

Place contaminated bunker gear or uniform in a yellow plastic biohazard bag and seal with tape. Tag biohazard bag by writing employee's name and contaminating material on piece of tape on the outside of bag.

The Infection Control Officer or designee shall wash contaminated gear according to CDC and NFPA 1581 recommendations. Personal uniforms and/or bunker gear shall be placed in a yellow biohazard disposable bag with ties as soon as possible and be laundered in the District extractor with the water temperature set at 160 degrees F and 50-150 ppm of chlorine bleach. When decontamination is complete, the bunker gear will be suitable for service.

Personnel handling contaminated bunker gear or uniforms will use gloves and gown. If there is any potential for splashing of contaminants, full surgical mask with fluid shield will also be worn.

e. Equipment

Since most non-disposable pre-hospital equipment does not interface directly with the patient's cardiovascular or respiratory system, sterilization and high-level disinfection are not required. Decontamination can be accomplished in most cases by thorough cleaning with a detergent and then disinfecting with a germicidal product. Cleaning should be followed by disinfection. Gloves should be worn for all cleaning and decontamination procedures. Eye protection and facemasks are required if there is a possibility that contaminants or cleaning/disinfecting agents may splash.

f. Large Items

Large items such as traction splints and backboards must be thoroughly cleaned and then disinfected with the germicidal agent to remove all protein matter. Equipment cleaning should be completed as soon as possible after use. After washing, equipment should be disinfected and air-dried.

g. Respiratory Equipment

Non-disposable equipment should be completely cleaned and disinfected after each use.

h. BP Cuffs

BP cuffs should be cleaned on a routine basis. They must be cleaned and disinfected if contaminated with blood or OPIM, or if the patient is suspected of having an infectious disease. Contaminated items shall be placed in yellow plastic biohazard bags.

BP cuff covers shall be laundered in the District extractor after the bladders have been removed. Cleaning and temperature settings outlined for clothing are appropriate for covers. After machine washing, allow the items to air dry.

i. Delicate Equipment

Delicate equipment such as cardiac monitors should be disinfected using an approved disinfectant following the manufacturer's instructions. Thoroughly dry all surfaces after disinfecting is completed. Remember that many disinfectants are corrosive to metals and will degrade many materials. Never immerse these items in a disinfectant. If in doubt, place these items in a yellow biohazard bag and contact the Infection Control Officer before proceeding with cleaning/disinfecting procedures.

j. Replacement of Bunker Gear Undergoing Decontamination or Repair

Bunker gear may have to be repaired or decontaminated either for hazardous materials or blood borne pathogens.

Blood borne decontamination shall be done in house per existing protocol.

Hazardous material decontamination may require outside assistance and repair will require that the article be sent out.

If replacement bunker gear is needed during the time the gear is out of service, the following procedure will be followed:

Bunker gear with blood borne contamination will be placed and sealed in a yellow biohazard soiled laundry bag.

The on-duty Duty Officer will be advised of the incident and will meet the crew at Station 600 if feasible.

Once the contaminated bunker gear has been cleaned or the damaged gear returned, any temporary gear should be returned to stock.

Should the contaminated gear not be able to be cleaned or gear is not repairable, replacement gear will be used until new gear has been requisitioned and received, as soon as possible.

#### 10. Infection Reporting and Tracking

##### Record Keeping and Post Infection Prophylaxis Program (PEP)

The Infection Control Officer shall maintain an accurate medical record for each employee with an occupational infection. If a compensable injury should arise from the Infection, an 801 Claim Form will then be filed. It is not necessary to document reason of claim if the employee wishes to maintain confidentiality; however, the infection form must be completed. An infection form shall be completed and maintained in the employee's medical file. All infection test results will be confidential, and the employee can choose not to release any testing results to the District.

The exposed responder must be provided with a post infection prophylaxis (PEP) program within two hours of the infection. Members are to report to the hospital Emergency room for counseling and to determine if the PEP program is warranted. The exposed employee shall undergo HIV testing during the next six months. The employee will be given up to a four days' supply of PEP and will take the drugs until the source patient's HIV testing is complete. It is advised that the PEP drugs be discontinued if the source patient's HIV antibody test is negative. If the employee cannot make a rational decision at this point in time regarding the initiation of drug therapy, it may be beneficial to start treatment and then reconsider options once the written material has been reviewed.

The source patient must be given the opportunity to refuse or consent to testing; counseling must be made available.

The receiving physician of the source patient must document that a significant infection has occurred and that the test results are medically necessary in the physician's medical judgment. This can all be documented in the responder's medical record. The responder must keep the source patient's HIV test results confidential.

The Infection Control Officer shall maintain a confidential record of each infection which shall include date and time of infection, details of infection, including type of fluid, counseling, post infection management and follow-up which shall include testing according to CDC guidelines (time of infection, six weeks, twelve weeks, and six months).

#### 11. Immunization and Testing

Access to an appropriate immunization program shall be made available, including vaccination against Hepatitis B at no charge to the employee. Hepatitis B vaccination shall be available to all newly assigned personnel within 10 days of assignment. All personnel who decline the Hepatitis B vaccination will sign a statement of declination.

The responder shall inform the Infection Control Officer when each vaccination is received.

Each responder will be required to complete the Hepatitis B Release Form, which will document that the responder wishes to either have the Hepatitis B series, has already completed the series, or wishes to refuse immunization at this time. This form will be maintained in each responder's medical file.

Tuberculosis screening will also be offered prior to assignment and when the employee feels that they may have been exposed.

#### 12. Training and Education

The District will conduct training and education programs on infectious and airborne diseases that pose potential occupational health risks for all members who are involved in emergency operations. The training program shall include proper use of PPE, standard SOG's for safe work practices in infection control, proper methods of disposal for contaminated articles and medical waste, handling and disposal of sharps (needles) and infection management and medical follow-up. The education program shall provide the information on epidemiology, modes of transmission and prevention of diseases including, but not limited to, hepatitis, human immunodeficiency virus, tuberculosis, and herpes viruses.

Training on tuberculosis will be conducted using course objectives recommended by the CDC. Training will be provided within 20 days of initial assignment and updated yearly. Training records will be maintained by the Training Office and will be kept for three years.

#### 13. Legal Aspects

##### a. Confidentiality

The identity of the individuals tested for Air borne, Blood borne and OPIM results shall remain confidential. No persons shall have access to records containing Air borne, Blood borne and OPIM test results. The identity of Air borne, Blood borne and OPIM test subjects and test results may be disclosed only under specific circumstances, and only to those who can demonstrate a legal "need to know."

Air borne, Blood borne and OPIM test results may be provided to persons with a significant infection after the significant Infection has occurred.

##### b. Informed Consent

No person shall perform a test to identify Air borne, Blood borne and OPIM, or its antigen or antibody without obtaining the informed consent of the person upon whom the test is being performed, except as specified elsewhere in the law. Informed consent shall be preceded by an explanation of the test, including its purpose, potential uses, limitations and the meaning of its results.

#### 14. Post-Exposure Evaluation and Follow-up.

- a. If District personnel became exposed, first clean the exposed area with soap and water as soon as possible. Remove exposed clothing as needed.
- b. Notify the Duty Officer and /or Infection Control Officer.
- c. Notify the ER staff, where possible source patient is being treated at, and have the staff attempt to get permission to test the source patient.
- d. If the management is informed of a possible exposure, management will notify all affected members and follow this procedure.

- e. The exposed person shall fill out an Incident Report form.
  - f. Upon notification of an exposure to blood or other potentially infectious materials, the District personnel will be given the opportunity to have a confidential medical evaluation and follow-up by a doctor at no cost to the employee, as soon as possible.
  - ~~g. The Safety Committee and/or Infection Control Officer shall perform an investigation of the exposure immediately. A copy of the evaluation shall be provided to the District personnel and the medical person performing the medical evaluation.~~
15. Employee Biographical Information:
- a. Circumstances under which the exposure incident occurred.
  - b. The route of exposure.
  - c. A description of the exposed personnel duties as they relate to the exposure incident.
  - d. Results of the source individual's blood testing, if available.
  - e. If the exposure was not a person, the source of the exposure.
  - f. All medical records relevant to the appropriate treatment of the employee, including vaccination status.
  - h. The District shall obtain a copy of the health care provider's written evaluation, if any, within 15 days of the evaluation, and shall provide a copy to the exposed employee. The information shall be kept confidential and not disclosed without the employee's consent.
  - i. After an exposure, the exposed person shall be given the opportunity to have their blood tested for the presence of hepatitis B (HBV) and human immunodeficiency virus (HIV).
  - j. After the exposure the exposed person shall be given the opportunity for counseling.

Reasonable attempts shall be made to identify the source individual and obtain a consent test for HIV/HBV, including consent to make the test results available to the exposed employee.