

# Calvert County Fire/EMS



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

August, 2015

## **IMPORTANT NOTICE**

This Plan has been developed solely for Calvert County Fire-Rescue-EMS. The format of this Plan is proprietary and to be used only for Calvert County. This Plan may not be copied without written permission of Katherine West,BSN,MSEd.



## SCOPE

Calvert County Fire-Rescue-EMS recognizes that many of its personnel are involved in job responsibilities that may place them at risk for direct contact with blood and other potentially infectious materials. It is the goal of the County departments 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 County Departments to insure that the patients served are offered protection from infection. The County Fire-Rescue-EMS Plan will address both bloodborne pathogens, airborne & droplet transmitted diseases. For the purpose of this plan, the term employee will be used to address both paid and volunteer members.

Ride-Along/ Students individuals will be offered a mini training regarding the possible risk for exposure to bloodborne or airborne/droplet diseases and will be asked to sign an “informed consent”. If an exposure occurs, the individual will be advised as to the need for post exposure medical follow up but it will be at their own expense.

**Each department will have department specifics addressed in the last section of the plan. These will be presented in alphabetical order.**

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## **Informed Consent – Observation Program**

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 service 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: \_\_\_\_\_

# Calvert County Fire-Rescue-EMS

## SCHEDULE FOR IMPLEMENTATION

EXPOSURE CONTROL PLAN	2015
EDUCATION & TRAINING	1995
HEPATITIS B VACCINE	1995
ENGINEERING CONTROLS/SOP'S -	1995
POST EXPOSURE/MEDICAL - Follow Up	1995
RECORDKEEPING	1995
TUBERCULIN TESTING	2009
RESPIRATORY PROTECTION	N/A
COMPLIANCE MONITORING	2015
SHARPS RISK ASSESSMENT	2014

# General Policies

## 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 or designated consultant.
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
5. Will address Maryland State Laws regarding HIV testing and medical waste disposal

## POLICY STATEMENT:

It shall be the policy of all supervisors and managers of the Calver County Fire – Rescue-EMS organizations 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. To provide patient care without regard for the patient's disease status.
- H. Comply with the CDC Hand Hygiene Guidelines which do 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 THE CALVERT COUNTY FIRE-RESCUE-EMS SERVICES 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 Heather Howes, EMS Specialist, Calvert Fire Rescue EMS. Any questions regarding the development of this plan should be addressed to both Katherine West and/or Heather Howes.

**Implementation of this plan is the responsibility of Calvert County Fire-Rescue-EMS Departments.**

## **Katherine H. West**

Katherine West RN,BSN,MSEd  
Infection Control Consultant  
August, 2015

## **Heather Howes**

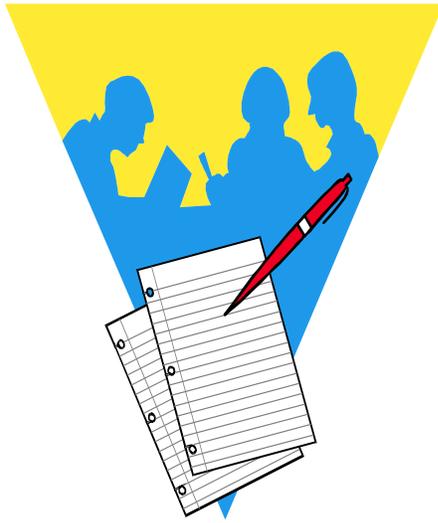
Heather Howes, NPR  
Jurisdictional Designated Infection Control Officer  
Calvert County

## 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. The Source, IC/EC, Inc., 1998, Springfield, Virginia
11. Guidelines for Infection Control in Health-Care Personnel, 1998, AJIC, June, 1998
12. Medical Waste Regulations – State of Maryland
13. OSHA Instruction CPL 2-2.44D, Enforcement Procedures for the Occupational Exposure to Bloodborne  
Pathogens, Nov. 5, 1999
14. NIOSH Alert, Preventing Needlestick Injuries in Health Care Settings, November, 1999
15. Needlestick Prevention Act, US Congress, March, 2000
16. Updated Us Public Health Service Guidelines for the Management of Occupational Exposures to HBV,  
HCV, and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2001
17. OSHA Enforcement Procedure for Bloodborne Pathogens Regulation, CPL 2-2.69, November, 2001
18. Guidelines for Hand Hygiene in Health care settings: Recommendations of the Healthcare Infection Control  
Practices Committee, MMWR, October 25, 2002/51(RR16);1-44

19. Controlling Tuberculosis in the United States, Centers for Disease Control and Prevention, November 5, 2005
20. Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005, MMWR, December 30, 2005
21. Influenza Vaccination of Health-Care Personnel, MMWR, February 24, 2006, Centers for Disease Control & Prevention, Atlanta, GA
22. A Comprehensive Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices (ACIP) Part II: Immunization of Adults, MMWR, December 8, 2006
23. Use of Influenza A (H1N1) 2009 Monovalent Vaccine, MMWR, CDC, August 21, 2009
24. Influenza Vaccination 2011/2012, March, 2011, Centers for Disease Control and Prevention, Atlanta, GA
25. Vaccination of Healthcare Personnel, MMWR, November 25, 2011, CDC, Atlanta, GA.
26. Maryland State HIV Testing Law – 410 ILCS 305
27. Testing for HCV Infection: An Update of Guidance for Clinicians and Laboratorians, May 7, 2013, MMWR, CDC
28. CDC Guidelines for Evaluating Health-Care Personnel for Hepatitis B Virus Protection and for Administering Postexposure Management, MMWR, December 20, 2013

## 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:**

**Administrative Secretary & Staff**

**Fire Administration Staff - non patient care**

**Fire Investigators**

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:**

**Firefighters**

**Paramedics**

**CRTs**

**EMT's**

**First Responders**

### **Personnel deemed to be sometimes at risk for Exposure:**

Sergeants

Lieutenants

Captains

Chief Officers/Safety Officers

**RISK TASKS AND PROCEDURES LISTING**

**AND**

**RECOMMENDED PERSONAL PROTECTIVE**

**EQUIPMENT**

## Guide For The Use of Personal Protective Equipment

<b>Task</b>	<b>Gloves</b>	<b>Eyewear/ Mask</b>	<b>Gown</b>
<b>Airway</b>	<b>x</b>	<b>available</b>	<b>available</b>
<b>CPR</b>	<b>x</b>	<b>none</b>	<b>none</b>
<b>Drawing Blood</b>	<b>x</b>	<b>none</b>	<b>none</b>
<b>Decon Equipment</b>	<b>utility</b>	<b>If splatter Or splash anticipated</b>	<b>If splatter Or splash anticipated</b>
<b>Extrication</b>	<b>x</b>	<b>If splatter Or splash anticipated</b>	<b>If splatter Or splash anticipated</b>
<b>Injection</b>	<b>none</b>	<b>none</b>	<b>none</b>
<b>Intubation</b>	<b>x</b>	<b>x</b>	<b>available</b>
<b>Delivery</b>	<b>x</b>	<b>x</b>	<b>x</b>
<b>IV Start</b>	<b>x</b>	<b>If splash Or splatter anticipated</b>	<b>available</b>
<b>Monitor</b>	<b>none</b>	<b>none</b>	<b>none</b>
<b>Oxygen</b>	<b>none</b>	<b>none</b>	<b>none</b>
<b>Suction</b>	<b>x</b>	<b>available</b>	<b>available</b>
<b>Trauma</b>	<b>x</b>	<b>x</b>	<b>x</b>
<b>Vital Signs</b>	<b>none</b>	<b>none</b>	<b>none</b>

**CDC Guidelines for Public Safety Workers**

# **Needlestick Injury Risk Assessment**

**2013 - 2014**

This department has implemented needles safe systems. There have been no reported contaminated sharps injuries in the past two years.

Safety Devices in use: BD Autoguard  
Safety Lancets

The medical facilities choose and supply the safety devices. Calvert County Fire-Rescue-EMS Departments does not have input on the selection.

The Department Level Designated Infection Control Officer will continue to monitor this issue on an on-going and annual basis.

# RISK ASSESSMENT FOR EXPOSURE TO TUBERCULOSIS – 2014

## Calvert County Fire-Rescue-EMS

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 2013-14. The Public Health Department releases the total number of cases for each area of the state. No active untreated TB patients were directly transported by a Calvert Fire-Rescue-EMS Department. 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 2013-2014. For 2014, there were 8,042, reported nationally. This represents well over an 84% decrease since 1992. During 2013-2014, the primary case numbers were in foreign-born persons of Asian descent. It should also be noted that TB cases are decreasing world-wide.

Based on the 2013-14 case load, the areas serviced by the Calvert County Fire-Rescue-EMS, fall 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. The Calvert County Fire-Rescue-EMS has not been notified by area hospitals of any potential exposures. Such notification is required under the Ryan White Emergency Notification Law. Based on this determination, there is no formal requirement for a Respiratory Protection Program based on the CDC, 2005 Guidelines for Tuberculosis.

Employee 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. This was developed, reviewed and agreed to by Katherine West, BSN, MSED, CIC, 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.

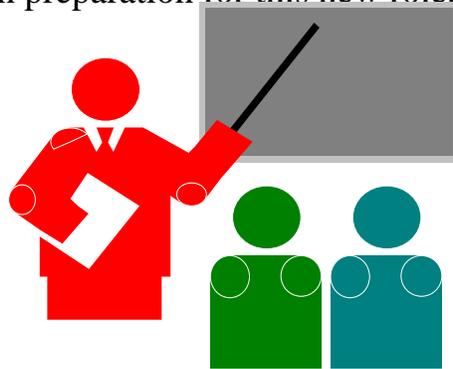
Should the numbers of positive test results change or a shift in the PPD/TST testing results be noted, this risk assessment will be revisited.



## 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. Certificates are on file. On or before September 30, 2015 department members who will be designated trainers for their departments will attend a formal Train-the-Trainer class to prepare them to teach this material. Certificates are on file. 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.

Calvert County Fire-Rescue-EMS will insure that training is offered for all employees.

Training will include;

1. Each employee will have access to a copy of the

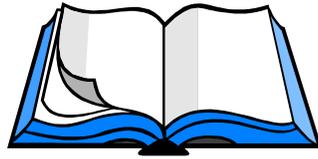
OSHA standard and the department Exposure Control Plan.

2. A general explanation of the epidemiology of bloodborne disease and their symptoms.
3. Education on the epidemiology and symptoms of tuberculosis .
4. The Bloodborne pathogens to be reviewed will include; HIV, Hepatitis B, Hepatitis C and Syphilis.
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. Flu vaccine program
20. West Nile Virus
21. H1N1 influenza
22. Vaccine/immunization program
23. Droplet transmitted diseases
24. New influenza vaccines
25. Proper donning and doffing of PPE

\*\* All programs will allow for interactive questions and answers with a knowledgeable instructor. The instructor will be knowledgeable in communicable diseases and infection control and be able to relate this information to each specific work area.

# 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**

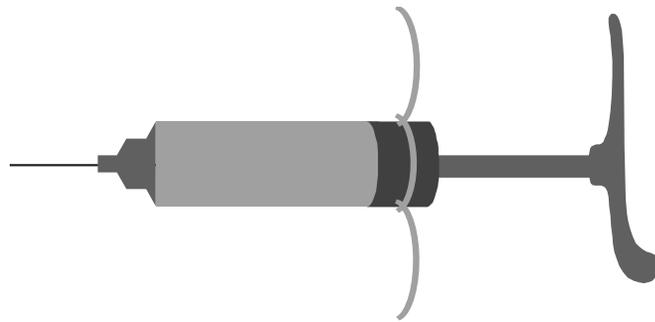
## **Continuing Education Sign-In Sheet**



# VACCINATION/ IMMUNIZATION PROGRAM

&

# TB TESTING PROGRAM



## Vaccine/ Immunization Program

In accordance with the Centers for Disease Control and Prevention (CDC) guidelines for the vaccination and immunization of healthcare workers and the National Fire Protection Association Standard 1581, the department will offer unprotected fire/rescue and law enforcement personnel deemed to be at risk for exposure protective vaccines. Personnel not participating in the program must sign a declination form.

HICPAC and CDC have recommended that secure, preferably computerized, systems should be used to manage vaccination records for HCP so records can be retrieved easily as needed.

Each record should reflect immunity status for indicated vaccine-preventable diseases, as well as vaccinations administered during employment.

# Calvert County Fire-Rescue-EMS

## Communicable Disease Health History

***This information is confidential***

**Disease**

**Date of Illness**

Measles (Rubeola)

\_\_\_\_\_

Measles (Rubella)

\_\_\_\_\_

Mumps

\_\_\_\_\_

Chickenpox

\_\_\_\_\_

Hepatitis

\_\_\_\_\_ Type\_\_\_\_\_

Tuberculosis

\_\_\_\_\_ Type\_\_\_\_\_

Meningitis

\_\_\_\_\_ Type\_\_\_\_\_

Malaria

\_\_\_\_\_ Type\_\_\_\_\_

HIV infection

\_\_\_\_\_

**Allergies:**

Medications \_\_\_\_\_

Latex\_\_\_\_\_

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

# Calvert County Fire-Rescue-EMS

## Immunization Record

*Confidential*

### Immunization/Vaccine

### Date of Administration

Hepatitis B Vaccine

\_\_\_\_\_ Result \_\_\_\_\_

Antibody Titer

Measles, Mumps, Rubella

\_\_\_\_\_ Result \_\_\_\_\_

TB Skin Test

Tetanus/Diphtheria

\_\_\_\_\_

Chickenpox Vaccine

\_\_\_\_\_

Flu Vaccine

\_\_\_\_\_

Tdap Booster x1

\_\_\_\_\_

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

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

## Release of Information

### Health History & 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.

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

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

# Vaccine/Immunization Declination Form

After review of my medical records/history, I have been advised that I may not be protected from childhood diseases that are currently on the rise in this country. I am aware that the Centers for Disease Control & Prevention (CDC) recommends that all unprotected healthcare providers be offered protective vaccines/immunizations by their employers. My employer has offered me additional protective vaccines for the following;

Tdap Booster \_\_\_\_\_  
MMR Vaccine \_\_\_\_\_  
Chickenpox Vaccine \_\_\_\_\_

However, I choose not to participate in the receipt of additional vaccinations/immunizations. I am aware that I am risk for possible exposure to these diseases.

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

## **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. 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.

# Calvert County Fire-Rescue-EMS

## Varicella Vaccine Consent Form

### Employee Information:

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

Yes    No

- |  |       |
|--|-------|
| 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 physicians 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.**

Signed \_\_\_\_\_ Date \_\_\_\_\_

# Calvert County Fire-Rescue-EMS

## Measles, Mumps, Rubella Vaccine Consent Form

### Employee/ Volunteer Information

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

Yes      No

- |   |       |       |
|---|-------|-------|
| 1. Have you ever had an allergic reaction to a vaccine or medication? | _____ | _____ |
| 2. Are you pregnant?  | _____ | _____ |
| 3. Are you under a physician's care ?                                 | _____ | _____ |
| 4. Do you currently have a fever or viral illness?                    | _____ | _____ |
| 5. Are you allergic to eggs?  | _____ | _____ |
| 6. Are you immunocompromised ?  | _____ | _____ |
| 7. Have you recently received any blood products/transfusions ?       | _____ | _____ |

### 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.

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

## **Influenza Vaccination Program**

The department will make free flu vaccine available to all employees. Flu vaccine will be administered from the Calvert County Fire-Rescue-EMS Office or at the Calvert County Health Department . 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.

# Calvert County Fire-Rescue-EMS

## 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.

\_\_\_\_\_  
Signature

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

# Calvert County Fire-Rescue-EMS

## Flu Vaccine

### Declination Form

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.

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

\_\_\_\_\_  
Name/Signature

## HEPATITIS B VACCINE ADMINISTRATION PROGRAM

On or before December, 1988, Hepatitis B Vaccine (Engerix-B) 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 Calvert County Fire-Rescue-EMS. Injections will be administered by staff of the Public Health Department located at 975 Solomons Island Road North, Prince Frederick, MD. Call to make an appointment- 410 -535 – 1600 Ext. 8610. Also you must have a valid Calvert County Fire-Rescue-EMS I.D. upon arrival.

If additional times are needed, please contact the Jurisdictional 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 - following the education and training. The Designated Infection Control Officer at that department will keep records of the injections. The Jurisdictional 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.

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, Calvert County Fire-Rescue- EMS will make booster doses available to "at risk" employees free of charge.

# Calvert County Fire-Rescue-EMS

## HEPATITIS B VACCINE PROGRAM

### CONSENT FORM

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.

\_\_\_\_\_

Name

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

# Calvert County Fire-Rescue-EMS

## HEPATITIS B VACCINE PROGRAM DECLINATION FORM

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.

---

Name

---

Date

---

Signature

Reason: (optional)

# Calvert County Fire-Rescue-EMS

## 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

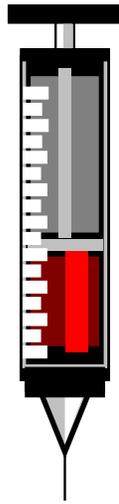
EACH EMPLOYEE WILL RECEIVE AN IMMUNIZATION CARD THAT WILL NOTE THE DATES OF ADMINISTRATION OF EACH DOSE OF VACCINE FOR THEIR PERSONAL RECORD.

The Health Department staff and the Designated Officer will maintain complete records on vaccine administration. Records will be maintained for the duration of the employee's department to Calvert County Fire-Rescue-EMS 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



## **EMPLOYEES DEEMED AT RISK FOR** **TUBERCULOSIS**

### **AT RISK PERSONNEL : FIRE/EMS PERSONNEL**

Employees listed in the “at risk” group for possible exposure to tuberculosis will be offered baseline PPD/TST skin testing and annual skin testing. PPD/TST administration for baseline and annual testing will be administered by Public Health Department.

Due to the current national shortage of solution for testing, 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 on an annual basis. This is decreased from last year due to the decrease in cases in the area. If the rate of TB conversion appears to increase in employee population at the Calvert County Fire-Rescue-EMS, 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.

# Calvert County Fire-Rescue-EMS

## Tuberculosis (Mantoux) Screening Test

### Consent Form

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin 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 using the Mantoux skin test, 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.

NAME: \_\_\_\_\_

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

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

Administered By: \_\_\_\_\_

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

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

# Calvert County Fire-Rescue-EMS

## Tuberculosis (Mantoux) Screening Test

### Informed Denial

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin 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 using the Mantoux skin test, 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.

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

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.

Since ALL personnel are not involved in the transport of patients or the provision of high-risk procedures, they are also exempt from a high-risk listing. (Reference formal risk assessment)

## Tuberculosis (TB) Surveillance

### Annual TB Screen for Positive Reactions

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

Job Classification: \_\_\_\_\_

Since records indicate that you have previously tested positive on PPD skin testing, the following questions must be answered each year as part of our annual TB surveillance program.

Please complete this form and return to: \_\_\_\_\_

During the past year, have you experienced or are you now experiencing any of the following signs/symptoms?

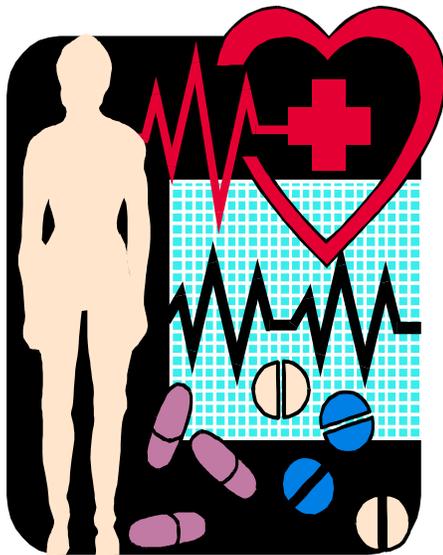
	<u>Yes</u>	<u>No</u>
Weight Loss (unrelated to dieting)	_____	_____
Persistent cough (2-3 weeks duration)	_____	_____
Fever/Night sweats	_____	_____
Weakness or fatigue	_____	_____
Coughing up blood	_____	_____

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

## **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.



## **Work Restriction Guidelines**

# 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	Do not perform exposure-prone invasive procedures until	Until hepatitis B e antigen is negative

a antigenemia who perform exposure-prone procedures	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; refer to state regulations	
<b>Hepatitis C</b>	No recommendation	
<b>Herpes simplex</b>		
<b>Genital</b>	No restriction	
<b>Hands (herpetic window)</b>	Restrict from patient contact and contact with the patient's environment	Until lesions heal
<b>Orofacial</b>	Evaluate for need to restrict from care of high-risk patients	
<b>Human immunodeficiency virus</b>	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	
<b>Measles</b>		
<b>Active</b>	Exclude from duty	Until 4 days after the rash appears
<b>Postexposure (susceptible personnel)</b>	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
<b>Meningococcal infections</b>	Exclude from duty	Until 24 hours after start of effective therapy
<hr/>		
<b>Mumps</b>		
<b>Active</b>	Exclude from duty	Until 5 days after onset of parotitis

<b>Postexposure (susceptible personnel)</b>	<b>Exclude from duty</b>	<b>12 days after first exposure through 25 days after last exposure or 5 days after onset of parotitis</b>
<b>Pediculosis</b>	<b>Restrict from patient contact</b>	<b>Until treated and observed to be free of adult and immature lice</b>
<b>Pertussis</b>		
<b>Active</b>	<b>Exclude from duty</b>	<b>Beginning of catarrhal stage through third week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy</b>
<b>Postexposure (asymptomatic personnel)</b>		
<b>Postexposure (symptomatic personnel)</b>	<b>Exclude from duty</b>	<b>5 days after start of effective antimicrobial therapy</b>
	<b>Symptomatic personnel</b>	<b>Exclude from duty</b>
<b>Asymptomatic personnel -- HCP likely to expose a patient at risk for severe pertussis§</b>	<b>No restriction from duty; on antimicrobial prophylactic therapy</b>	
<b>Asymptomatic personnel -- other HCP</b>	<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>	
<b>Rubella</b>		
<b>Active</b>	<b>Exclude from duty</b>	
<b>Post Exposure (personnel without evidence of rubella immunity)</b>	<b>Exclude from duty unless receipt of the second dose within 3-5 days after exposure</b>	<b>7 days after first exposure through 23 days after last exposure and/or 7 days after rash appears</b>

<b>Scabies</b>		<b>Until medically cleared</b>
<i>Staphylococcus aureus</i> infection		
Active, draining skin lesions	Restrict from contact with patients and patient's environment of food handling	Until lesions have resolved
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started
<b>Tuberculosis</b>		
Active disease	Exclude from duty	Until proved noninfectious
PPD converter	No restriction	
<b>Varicella</b>		
Active	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
Postexposure (susceptible personnel)	Exclude from duty unless receipt of the second dose within 3-5 days after exposure	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>Herpes Zoster</b>		
Localized, in healthy person	Cover lesions; restrict from care of high-risk patients†	Until all lesions dry and crust
Generalized or localized in		

<p><b>immunosuppressed person</b></p> <p><b>Until dissemination id ruled out</b></p>	<p><b>Exclude from duty</b></p>	<p><b>Until all lesions dry and crust</b></p>
<p><b>Postexposure (susceptible personnel)</b></p>	<p><b>Restrict from patients contact</b></p>	<p><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></p>
<p><b>Viral respiratory infections, acute febrile</b></p> <p><b>HCP in contact with persons at high risk for complications of influenza†</b></p>	<p><b>Exclude from duty</b></p>	<p><b>Until afebrile <math>\geq 24</math> 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></p> <p><b>Those who develop acute respiratory symptoms without fever should be considered for evaluation 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</b></p>

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).**

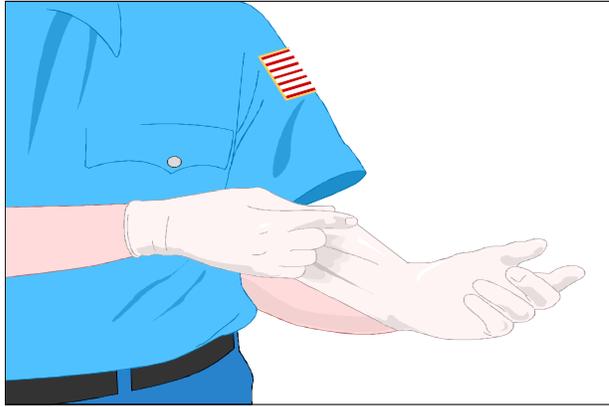
**\* Persons who provide health care to patients or work in institutions that provide patient care (e. g., physicians, nurses, emergency medical personnel, dental professionals and students, medical and nursing students, laboratory technicians, hospital volunteers, and administrative and support staff 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 Calvert County Fire-Rescue-EMS, will follow the enclosed protocols in the course of their daily work to assist with risk reduction. These protocols are in accordance with the guidelines/recommendations published by the CDC, the National Fire Protection Association (NFPA) 1581, Infection Control recommendations and OSHA.

## 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 handwash solution

Rinse hands well under running  
Water

Dry with a paper towel

Use paper towel to turn off water  
Faucets

## RATIONALE/ACTION

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  
The routine use of antibacterial soap Is **NOT** recommended

Faucets were handled by soiled hands

# PERSONAL PROTECTIVE EQUIPMENT

On or before, March 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. Extra supplies are located in the station. The designated officers will insure that PPE is available.

1. An employee may decline the use of personal protective equipment in an emergency situation. An investigation will be conducted by the Infection Control Officer to determine if the non- use of personal protective equipment was warranted to meet the needs of the patient. This is in keeping with the OSHA Bloodborne Pathogens Regulation.
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 .

This is at no cost to the employee. Turnout gear will be washed Per the manufacturer's recommendation

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.

## 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**, Calvert County Fire-Rescue-EMS will move toward more use of vinyl 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.

Department authorized Gloves are to be worn for extrication and search activities.

## **MASKS -**

Masks combination shall be worn when there is suspect that an individual may have an airborne transmissible disease. The style mask issued shall be the molded fitted type.

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. **Turnout gear is PPE for fire service.**

## **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.

## **PERSONAL PROTECTIVE EQUIPMENT CLOTHING**

Uniforms **will not** 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 by department members on site.

**See Department specific listing for PPE for each department**

ADDITIONAL PPE -

Gloves – Nitrile –  
Utility Gloves -  
Protective Eyewear/mask –  
Waterless Handwash Solution-  
A Pocket Face Mask Device-  
Cover gown- disposable  
Masks– Surgical-

**Additional PPE is available in the back on the unit and in the EMS supply room.**

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

## CLEANING SCHEDULE

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

Cleaning solution is:

1:100 Bleach/water solution - 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 the Cleaning Record Form. 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 and left with the patient 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 hospital.

ROUTINE CLEANING the stock cleaning solution will be a 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).

Blood-covered areas will be cleaned with Bleach/Water solution at 1:100 dilution = ¼ cup bleach per gallon of water dilution. This can be used for 24 hours. Diluted bleach solution must **NOT** be stored in glass bottles.

## 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 and Blood Pressure Cuffs. This level of equipment requires **Cleaning**.

**Semi-Critical Equipment** - such as Stretchers, Vehicle Walls and Floors, Communication Headsets, Defibrillator. 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

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.

## **DISINFECTION**

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 MSDS 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**

High-Level Disinfection is the use of chemical liquids for sterilization. Members should clean items then place the 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

key: 1 = DISPOSE

2 = CLEANING (Soap & water)

3 = DISINFECTION ( Bleach/water @ 1:00, SaniCloth Plus wipes )

4 = HIGH-LEVEL DISINFECTION (Cavicide, Maxcide)

5 = LAUNDER

<u>ITEM</u>	<u>PROCEDURE</u>
AIRWAY	1
BACKBOARDS	2,3
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 MANUFACTURERS RECOMMENDATIONS
FIREFIGHTER , PPE	5
KED	3
LARYNGOSCOPE BLADES	1
LINENS	1 or 5
NEEDLES/SYRINGES	1
O2 CANNULAS/MASKS	1
HUMIDIFIERS	1 OR 2
PENLIGHTS	2
POCKETS MASKS	1
RESTRAINTS	2
BAG/MASK DEVICE	1
SCISSORS	2 OR 3
SPLINTS	2, 3
STETHOSCOPE	2
STRETCHER	2 OR 3
STYLETS	1 OR 4
SUCTION CATHETERS	1
SUCTION JARS	1
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 department personnel. Any medical equipment that must be left with the patient at the hospital should be cleaned by the hospital staff before pick up by Calvert County Fire-Rescue-EMS personnel. If not cleaned, it should be properly bagged in accordance with OSHA 1910.1030 for transport to the station for cleaning.

# Infection Control Cleaning Log

Week of: \_\_\_\_\_

<b>Area</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>
Stock dates checked					
Bench and Doors cleaned					
Driver Area Cleaned					
PPE stocked					
Sharps Container checked and disposed of when $\frac{3}{4}$ full					

Daily cleaning in compliance with Department Policy –

## LINENS

The department uses an exchange linen system for transport services. The hospitals will exchange linens with the department. Cleaning of linens is performed by hospital staff.

## HANDLING OF CONTAMINATED LAUNDRY

All bags containing contaminated laundry will be placed in appropriate bags and taken to the designated area at the station for cleaning. Contact the Designated Infection Control Officer for any questions. Calvert County Fire-Rescue-EMS 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.

## Procedure for Cleaning Glucose Monitoring Devices

Procedure	Action/Rationale
<p><u>Finger stick pens – reusable</u>                      Never to be used for more than one person                      Use single use lancets</p>	<p>Have been linked to Hepatitis B outbreaks</p> <p>Failure to change, lancets, disposable platforms or endcaps between each patient</p>
<p>Auto-disabling finger stick devices                      Dispose in sharps container</p>	<p>Should be used – disposable                      Sharps are medical waste</p>
<p><u>Blood Glucose Meters</u>                      Assign to each person                      Wear gloves                      Change gloves between each patient</p>	<p>Potential exposure to blood-</p> <p>Gloves are general trash                      Basic infection control practice</p>
<p>If shared, clean and disinfect after every use</p> <p>Follow the manufacturer’s instructions</p>	

Adapted from- [www.cdc.gov/injectionsafety/blood-glucose-monitoring](http://www.cdc.gov/injectionsafety/blood-glucose-monitoring)

## **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 handwashing 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.
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 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 NEEDLESTICK INJURY**
- 2. BLOOD/OPIM IN DIRECT CONTACT WITH THE SURFACE OF THE EYE, NOSE, 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/ blood drawn**

## **IMMEDIATE NEEDS POST EXPOSURE:**

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

**A. LET THE AREA BLEED FREELY**

**B. WASH THE AREA WITH SOAP AND WATER  
OR THE WATERLESS HANDWASH SOLUTION**

**C. NOTIFY THE DESIGNATED OFFICER**

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

**A. FLUSH THE AREA FOR 10 MINS. WITH WATER**

**B. 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:

**Jurisdictional Designated Officer -**

**Heather Howes --Office 410 – 535 – 1600 Ext. 8610 Monday-Friday 0830-1630 hours  
Cell – (443) 684 8986**

**Designated Officer – Calvert Advanced Life Support-Company 10**

**Eric Peterson - Cell – 240 – 460 – 4713**

Stanley Harris- Cell-443-871-1982

**Designated Officer - Prince Fredrick VRS-Company 4**

**Vanessa DeVries-301-452-3778**

*Alternate: Stanis Inscoe – 443 – 309 – 8517*

**Designated Officer – St. Leonard VFD-Company 7**

**Michelle Weems – 443 – 532 – 5423**

*Alternate: Sterling Myers - 410 – 231 - 9064*

**Designated Officer - Dive Team – Company 12**

**Steve Wilcox - 301 – 908 – 7370**

*Alternate: Candace Milcarzyk 410 – 610 - 4730*

**Designated Officer – Dunkirk VFD – Company 5**

**Danielle Dillon - 301 – 502 – 2059**

*Alternate: Julia Smith 410 – 474 – 0364*

**Designated Officer – Huntingtown VFD-Company 6**

**Dena Marseglia - 410 – 610 – 9821**

*Alternate:* Erin Parks 410 – 703 – 9588

**Designated Officer – North Beach VFD – Company 1**

**Susan Newton - 443 – 684 - 0320**

*Alternate:* Kristina Dillon – 301 – 343 - 9795

**Designated Officer – Prince Frederick Vol. Fire Dept. – Company 2**

**Jennifer Beamer 443 – 532 – 0602**

*Alternate:* James Billings 443 – 532 - 8339

**Designated Officer - Solomons Vol. Rescue Squad & Fire Department – Co. 3**

**Katy Hassler 443 – 624 – 6611**

*Alternate:* Karen Pardoe 443 – 532 - 6753

## 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, employee will be advised by the Designated Officer, where to seek additional medical treatment and what that treatment should entail.

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 the Emergency **Department if the Designated Officer deems that follow up care is appropriate** per this procedure.

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).

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 office of Dr. Paul Pomilla or Dr. Lalita Chulamkha. Their office is located at 110 Hospital Rd. # 310, Prince Frederick, MD. Phone: 410 – 535 – 2005.

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. The identification of the source individual, unless it is not feasible, that this information be obtained.
3. In the State of Maryland, consent is NOT required if there has been an actual exposure of a health care provider.
4. 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**.
5. **IT is NOT a HIPPA violation for the exposed employee to receive source patient test results.**

## **POST EXPOSURE REFERRAL**

### **General Guidelines**

The Department will have the Designated Officer 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 provider 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.

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

**ALL exposed employees will receive counseling, this will be conducted by a health care professional who has been trained in pre-and post test counseling.**

## **Hospital Responsibilities**

The Hospital 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. The hospital is responsible for obtaining *source* patient blood sample for testing. The hospital will do exposure follow up after business hours. Dr. Paul Pomilla or Dr. Lalita Chulamkha will follow exposures during business hours.

## **Airborne/Droplet Exposures:**

In keeping with the new Ryan White disease notification list, the medical facility will notify the Designated Officer if a crew has transported a patient suspected of or diagnosed with an airborne/droplet transmitted disease.

Documentation of the route of exposure and the circumstances of the exposure will be furnished by the Designated Officer to assist with this determination, if the designated officer disagrees with this, the public health officer will be contacted.

**\*\*The Hospital will carry out exposure notification/management ASAP no longer than within 48 hours as outlined in the Ryan White Law (Part G).**

The receiving hospital is responsible for source patient blood testing. Rapid HIV and rapid HCV is the test to be performed on the source patient. This is done to comply with the 2001/2005/2013 CDC Guidelines and to expedite testing on the behalf of the exposed employee. Rapid testing takes 10 – 100 minutes depending on the test ordered for the laboratory to perform. Source patient test results will be called to the Designated Officer. The Designated Officer will then review the results with the exposed employee.

**The hospital will provide coverage for exposure follow up when Dr. Paul Pomilla or Dr. Lalita Chulamkha Office is closed.**

## **Physicians Responsibility –**

Counseling and baseline testing of the employee will be done in the office of Physicians Immediate Care/ Occupational Health. 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, Dr. Paul Pomilla or Dr. Lalita Chulamkha 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.**

### **The Department’s Responsibilities**

The organization 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 and the Sharps Injury Log

The Designated Officer **WILL** receive a summary of the written opinion within the 15 days time frame set forth in the regulation. An additional letter of written **opinion** will be forwarded directly to the employee by the physician at 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 Dr. Paul Pomilla or Dr. Lalita Chulamkha

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.

# Record Keeping Requirements for Sharps Injuries

## The OSHA 300 Log

List sharps injuries in with all other work-related injuries. This 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>
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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**

# Sharps Injury Log

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

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

# State of Maryland HIV Testing Law

West's Annotated Code of Maryland

Health--General

Title 18. Disease Prevention (Refs & Annos)

Subtitle 3. Specific Diseases (Refs & Annos)

Part VI. Acquired Immune Deficiency Syndrome (AIDS)

MD Code, Health - General, § 18-338.1

§ 18-338.1. Health care providers

Effective: April 12, 2011

Currentness

Definitions

**(a)(1) In this section the following words have the meanings indicated.**

**(2)(i) “Body fluids” means:**

- 1. Any fluid containing visible blood, semen, or vaginal secretions; or**
- 2. Cerebrospinal fluid, synovial, or amniotic fluid.**

**(ii) “Body fluid” does not include saliva, stool, nasal secretions, sputum, tears, urine, or vomitus.**

**(3) “Exposure” means as between a patient and a health care provider:**

**(i) Percutaneous contact with blood or body fluids;**

**(ii) Mucocutaneous contact with blood or body fluids;**

**(iii) Open wound, including dermatitis, exudative lesions, or chapped skin, contact with blood or body fluids for a prolonged period; or**

**(iv) Intact skin contact with large amounts of blood or body fluids for a prolonged period.**

**(4) “Health care facility” means a facility or office where health or medical care is provided to patients by a health care provider, including:**

**(i) A health care facility as defined in § 19-114(d)(1) of this article;**

**(ii) A facility operated by the Department or a health officer;**

**(iii) The office of a health care provider; or**

**(iv) A medical laboratory.**

**(5)(i) “Health care provider” means a person who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health or medical care in:**

**1. The ordinary course of business or practice of a profession; or**

**2. In an approved education or training program.**

**(ii) “Health care provider” includes any agent or employee of a health care facility.**

**(iii) “Health care provider” does not include any individual who is eligible to receive notification under the provisions of § 18-213 of this title, including any law enforcement officer or any member of any fire department, ambulance company, or rescue squad.**

**(6) “HIV” means the human immunodeficiency virus that causes acquired immune deficiency syndrome.**

Exposed health care providers

**(b) Except as provided in § 18-338.3 of this subtitle, a physician, nurse, or designee of a health care facility shall, at the request of an exposed health care provider, seek the informed consent of a patient to test a blood sample of the patient for the presence of HIV when:**

**(1) There has been an exposure between the patient and the health care provider;**

**(2) The health care provider involved in the exposure has given prompt written notice of**

**the exposure, in accordance with the standards of the health care facility, to the chief executive officer or the chief executive officer's designee of the health care facility where the exposure occurred;**

**(3) The exposure occurred based on the judgment of a physician who is not the health care provider involved in the exposure; and**

**(4) The health care provider involved in the exposure has given informed consent and has submitted a blood sample to be tested for the presence of HIV in accordance with the provisions of subsection (d) of this section.**

Inability to obtain informed consent

**(c) If, by virtue of the physical or mental condition of a patient, a physician, nurse, or designee of a health care facility is unable to obtain the informed consent of the patient to test a blood sample of the patient for the presence of HIV in accordance with subsection (b) of this section, the physician, nurse, or designee of the health care facility shall seek the consent of any person who has authority to consent to medical care for the patient as provided under § 5-605 of this article or as otherwise authorized by law.**

Collection of blood samples

**(d) If the patient's informed consent has been obtained in accordance with subsection (b) of this section or substitute consent has been obtained in accordance with subsection (c) of this section and the other requirements of subsection (b) of this section have been satisfied, a physician or the physician's designee shall:**

**(1) Collect the blood sample from the patient and health care provider involved in the exposure; and**

**(2) Have the blood samples tested for the presence of HIV using a test procedure approved by the Department.**

Test results

**(e) When a physician obtains the results of a test for the presence of HIV that was conducted in accordance with the provisions of subsection (d) of this section, the physician or a designee of the health care facility shall directly notify the health care provider and the patient of the results of the patient's HIV test.**

Notification

**(f) The notification required under subsection (e) of this section shall:**

- (1) Be made within 48 hours of confirmation of the results of the patient's HIV test;**
- (2) Include subsequent written confirmation of the possible exposure to HIV; and**
- (3) To the extent possible, be made in a manner that will protect the confidentiality of the health care provider and the patient.**

#### Counseling

**(g) If the results of a test for the presence of HIV that was conducted in accordance with the provisions of subsection (d) of this section are positive, a physician or the physician's designee shall provide or arrange for the provision of appropriate counseling to the health care provider and the patient.**

#### Documentation in medical record

**(h)(1) Notwithstanding the provisions of Title 4, Subtitle 3 of this article, the records, including any physician order for an HIV test or the results of an HIV test performed on a blood sample of a patient or a health care provider in accordance with the provisions of this section, may not be documented in the medical record of the patient or health care provider.**

**(2) The health care facility shall maintain a separate confidential record or incident report for all HIV tests performed on a blood sample of a patient or health care provider in accordance with the provisions of this section.**

**(3) The health care facility shall adopt procedures for the confidential testing of blood samples obtained in accordance with the provisions of this section.**

**(4) Except as provided in paragraph (5) of this subsection, the records, including any physician order for an HIV test or the results, of any HIV test performed on a blood sample of a patient or health care provider in accordance with the provisions of this section are:**

**(i) Confidential; and**

**(ii) Not discoverable or admissible in evidence in any criminal, civil, or administrative action.**

**(5) If the identity of the patient or any other information that could be readily associated with the identity of the patient is not disclosed, the results of an HIV test performed on a patient or health care provider in accordance with the provisions of this section may be introduced into evidence in any criminal, civil, or administrative action including the adjudication of a workers' compensation claim.**

#### Costs

**(i) The costs incurred in performing an HIV test on a patient or health care provider in accordance with the provisions of this section shall be paid by the health care facility.**

#### Written procedures

**(j) All health care facilities shall develop written procedures to implement the provisions of this section.**

#### Liability

**(k) A health care provider or health care facility acting in good faith to provide notification or maintain the confidentiality of the results of a test for the presence of HIV in accordance with the provisions of this section may not be held liable in any cause of action related to a breach of patient or health care provider confidentiality.**

#### Physicians infected with HIV

**(l) The Medical and Chirurgical Faculty of the State of Maryland in consultation with the Centers for Disease Control and Prevention, the Maryland Hospital Association, and the Department of Health and Mental Hygiene shall develop a practice protocol for physicians who are infected with HIV.**

#### Credits

**Added by Acts 1991, c. 535, § 1, eff. July 1, 1991. Amended by Acts 1992, c. 22, § 1, eff. April 7, 1992; Acts 1992, c. 432, § 1, eff. May 12, 1992; Acts 1994, c. 3, § 1, eff. Feb. 28, 1994; Acts 1995, c. 3, § 22, eff. March 7, 1995; Acts 1998, c. 21, § 1, eff. April 14, 1998; Acts 1999, c. 702, § 5, eff. Oct. 1, 1999; Acts 2001, c. 29, § 5, eff. April 10, 2001; Acts 2003, c. 143, § 1, eff. Oct. 1, 2003; Acts 2010, c. 72, § 1, eff. April 13, 2010; Acts 2011, c. 65, § 1, eff. April 12, 2011.**

#### Notes of Decisions (7)

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**MD Code, Health - General, § 18-338.1, MD HEALTH GEN § 18-338.1**

**Current through chapter 1, 4, 9, 40, 41, 44, 45, 48, 49, 62, 67, 68, 72, 88, 90, 95, 127, 146, 233, 241, 246, 254 and 255 of the 2014 Regular Session of the General Assembly.**

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End of Document

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# Declination Form

## Post – Exposure Medical Treatment

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.

Name \_\_\_\_\_

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

Signature \_\_\_\_\_

**POST-EXPOSURE REPORTING FORM**

**&**

**POST- EXPOSURE PROTOCOL**

# Blood and Body Fluid Exposure Report Form

Name of exposed worker: Last \_\_\_\_\_ First: \_\_\_\_\_ SS# \_\_\_\_\_

Date of exposure: \_\_\_\_\_ Time of exposure: \_\_\_\_\_

Job title/occupation: \_\_\_\_\_ Department/work unit: \_\_\_\_\_

Location where exposure occurred: \_\_\_\_\_

Name of person (if other than exposed worker) completing form: \_\_\_\_\_

## Section I. Type of Exposure *(Check all that apply.)*

Percutaneous (Needle or sharp object that was in contact with blood or body fluids)  
***(Complete Sections II, III, IV, and V.)***

Mucocutaneous ***(Check below and complete Sections III, IV, and VI.)***  
 Mucous Membrane  Skin

Bite ***(Complete Sections III, IV, and VI.)***

## Section II. Needle/Sharp Device Information

*(If exposure was percutaneous, provide the following information about the device involved.)*

Name of device: \_\_\_\_\_ Unknown/Unable to determine

Brand/manufacturer: \_\_\_\_\_ Unknown/Unable to determine

Did the device have a sharps injury prevention feature, i.e., a "safety device"?

Yes

No  
determine

Unknown/Unable to

If yes, when did the injury occur?

Before activation of safety feature was appropriate

Safety feature failed after activation

During activation of the safety feature

Safety feature not activated

Safety feature improperly activated

Other: \_\_\_\_\_

Describe what happened with the safety feature, e.g., why it failed or why it was not activated:

### Section III. Narrative

Describe how the exposure occurred and how it might have been prevented: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section IV. Exposure and Source Information

#### A. Exposure Details: (Check all that apply.)

1. Type of fluid or material (For body fluid exposures only, check which fluid in adjacent box.)

Blood/blood products

Visibly bloody body fluid\*

Non-visibly bloody body fluid\*

Visibly bloody solution (e.g., water used to clean a blood spill)

\*Identify which body fluid

<input type="checkbox"/> Cerebrospinal	<input type="checkbox"/> Urine	<input type="checkbox"/> Synovial
<input type="checkbox"/> Amniotic	<input type="checkbox"/> Sputum	<input type="checkbox"/> Peritoneal
<input type="checkbox"/> Pericardial	<input type="checkbox"/> Saliva	<input type="checkbox"/>
<input type="checkbox"/> Semen/vaginal		
<input type="checkbox"/> Pleural	<input type="checkbox"/> Feces/stool	<input type="checkbox"/>
<input type="checkbox"/> Other/Unknown		

2. Body site of exposure. (Check all that apply.)

Hand/finger

Eye

Mouth/nose

Face

Arm

Leg

Other (Describe: \_\_\_\_\_)

3. If percutaneous exposure:

Depth of injury (Check only one.)

Superficial (e.g., scratch, no or little blood)

Moderate (e.g., penetrated through skin, wound bled) Deep (e.g., intramuscular

penetration) Unsure/Unknown

Was blood visible on device before exposure?

Yes

No

Unsure/Unknown

4. If mucous membrane or skin exposure: (Check only one.)

Approximate volume of material

Small (e.g., few drops)

Large (e.g., major blood splash)

If skin exposure, was skin intact?

Yes

No

Unsure/Unknown

**B. Source Information**

1. Was the source individual identified? Yes No Unsure/Unknown  
If YES ID#: \_\_\_\_\_

2. If known, when was the serostatus of the source determined?

Known at the time of exposure

Determined through testing at the time of or soon after the exposure

3. Attach serostatus of the source patient.

Obtained

HIV  
Antibody

HCV  
Antibody

HbsAg

**Section V. Percutaneous Injury  
Circumstances**

**A. What device or item caused the injury?**

Hollow-bore  
needle

Hypodermic needle

Attached to syringe  Attached to IV tubing  
 Unattached

Prefilled cartridge syringe needle

Winged steel needle (i.e., butterfly<sup>R</sup> type devices)

Attached to syringe, tube holder, or IV tubing  
 Unattached

IV stylet Phlebotomy

needle Spinal or

epidural needle

Bone marrow needle

Biopsy needle

Huber needle

Other type of hollow-bore needle (type: \_\_\_\_\_) Hollow-bore needle, type unknown

Suture needle

Suture needle

**Glass**

Capillary

tube

Pipette

(glass)

Slide

Specimen/test/vacuum

Other: \_\_\_\_\_

**Other sharp objects**

**Bone chip/chipped tooth**

**Bone cutter**

**Bovie electrocautery device**

**Bur Explorer**

**Extraction forceps**

**Elevator**

**Histology cutting blade**

**Lancet**

**Pin**

**Razor**

**Retractor**

**Rod (orthopaedic applications)**

**Root canal file**

**Scaler/curette**

**Scalpel blade**

**Scissors**

**Tenaculum**

**Trocar**

**Wire**

**Other type of sharp object**

**Sharp object, type unknown**

**Other device or item**

**Other: \_\_\_\_\_**

**B. Purpose or procedure for which sharp item was used or intended.**

*(Check one procedure type and complete information in corresponding box as applicable.)*

Establish intravenous or arterial access (Indicate type of line.)

Type of Line	
<input type="checkbox"/> Peripheral	<input type="checkbox"/> Arterial
<input type="checkbox"/> Central	<input type="checkbox"/> Other

Access established intravenous or arterial line  
(Indicate type of line and reason for line access.)

Reason for Access	
<input type="checkbox"/> Connect IV infusion/piggyback	
<input type="checkbox"/> Flush with heparin/saline	
<input type="checkbox"/> Obtain blood specimen	
<input type="checkbox"/> Inject medication	
<input type="checkbox"/> Other: _____	

Injection through skin or mucous membrane  
(Indicate type of injection.)

Type of Injection	
<input type="checkbox"/> IM injection	<input type="checkbox"/> Epidural/spinal
<input type="checkbox"/> anesthesia	
<input type="checkbox"/> Skin test placement	<input type="checkbox"/> Other injection
<input type="checkbox"/> Other ID/SQ injection	

Obtain blood specimen (through skin) (Indicate method of specimen collection.) Other specimen collection

Type of Blood Sampling	
<input type="checkbox"/> Venipuncture	<input type="checkbox"/> Umbilical vessel
<input type="checkbox"/> Arterial puncture	<input type="checkbox"/> Finger/heelstick
<input type="checkbox"/> Dialysis/AV fistula site	<input type="checkbox"/> Other blood sampling

Suturing

Cutting

Other procedure

Unknown

**C. When and how did the injury occur? (From the left hand side of page, select the point during or after use that most closely represents when the injury occurred. In the corresponding right hand box, select *one or two* circumstances that reflect how the injury happened.)**

**During use of the item**

**Select one or two choices:**

- Patient moved and jarred device
- While inserting needle/sharp
- While manipulating needle/sharp
- While withdrawing needle/sharp
- Passing or receiving equipment
- Suturing
  - Tying sutures
  - Manipulating suture needle in holder
- Incising
- Palpating/Exploring
- Collided with co-worker or other during procedure
- Collided with sharp during procedure
- Sharp object dropped during procedure

**After use, before disposal of item**

**Select one or two choices:**

- Handling equipment on a tray or stand
- Transferring specimen into specimen container
- Processing specimens
- Passing or transferring equipment
- Recapping (missed or pierced cap)
- Cap fell off after recapping
- Disassembling device or equipment
- Decontamination/processing of used equipment
- During clean-up
- In transit to disposal
- Opening/breaking glass containers
- Collided with co-worker/other person
- Collided with sharp after procedure
- Sharp object dropped after procedure
- Struck by detached IV line needle

**During or after disposal of item**

**Unknown**

**Other (Describe):**

Select one or  
two choices:

Placing sharp in container:

Injured by sharp being disposed

Injured by sharp already in  
container

While manipulating container

Over-filled sharps container

Punctured sharps container

Sharp protruding from open  
container

Sharp in unusual location:

In trash

In linen/laundry

L

ef

t

o

n

ta

bl

e/

tr

ay

Left in bed/mattress

On floor

In pocket/clothing

Other unusual location

Collided with co-worker or other  
person

Collided with sharp

Sharp object dropped

Struck by  
detached IV line  
needle

## Section VI. Mucous Membrane Exposures Circumstances

### A. What barriers were used by worker at the time of the exposure? *(Check all that apply.)*

Gloves Single      Goggles      Eyeglasses      Face Shield      Mask      Gown  
Gloves double      Other barriers in use \_\_\_\_\_

### B. Activity/Event when exposure occurred *(Check one.)*

Patient spit/coughed/vomited  
Airway manipulation (e.g., suctioning airway, inducing sputum) Endoscopic procedure  
Dental procedure  
Tube placement/removal/manipulation (e.g., chest, endotracheal, NG, rectal, urine catheter) Phlebotomy  
IV or arterial line insertion/removal/manipulation  
Irrigation procedure  
Vaginal delivery  
Surgical procedure (e.g., all surgical procedures including C-section) Bleeding vessel  
Changing dressing/wound care  
Manipulating blood tube/bottle/specimen container Cleaning/transporting contaminated equipment Other:  
Unknown

Comments:

## **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.

Ryan White Law Part G, page 10

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

## Physician Counseling Documentation Form

This form is to serve as documentation that \_\_\_\_\_ an employee of \_\_\_\_\_  
\_\_\_\_\_. Has been advised of the results of laboratory testing that was performed on  
\_\_\_\_\_ 2016/2017. This laboratory work was performed for the purpose of:

\_\_\_\_\_ Post exposure medical follow up

\_\_\_\_\_ Annual physical exam

\_\_\_\_\_ Post hiring physical examination

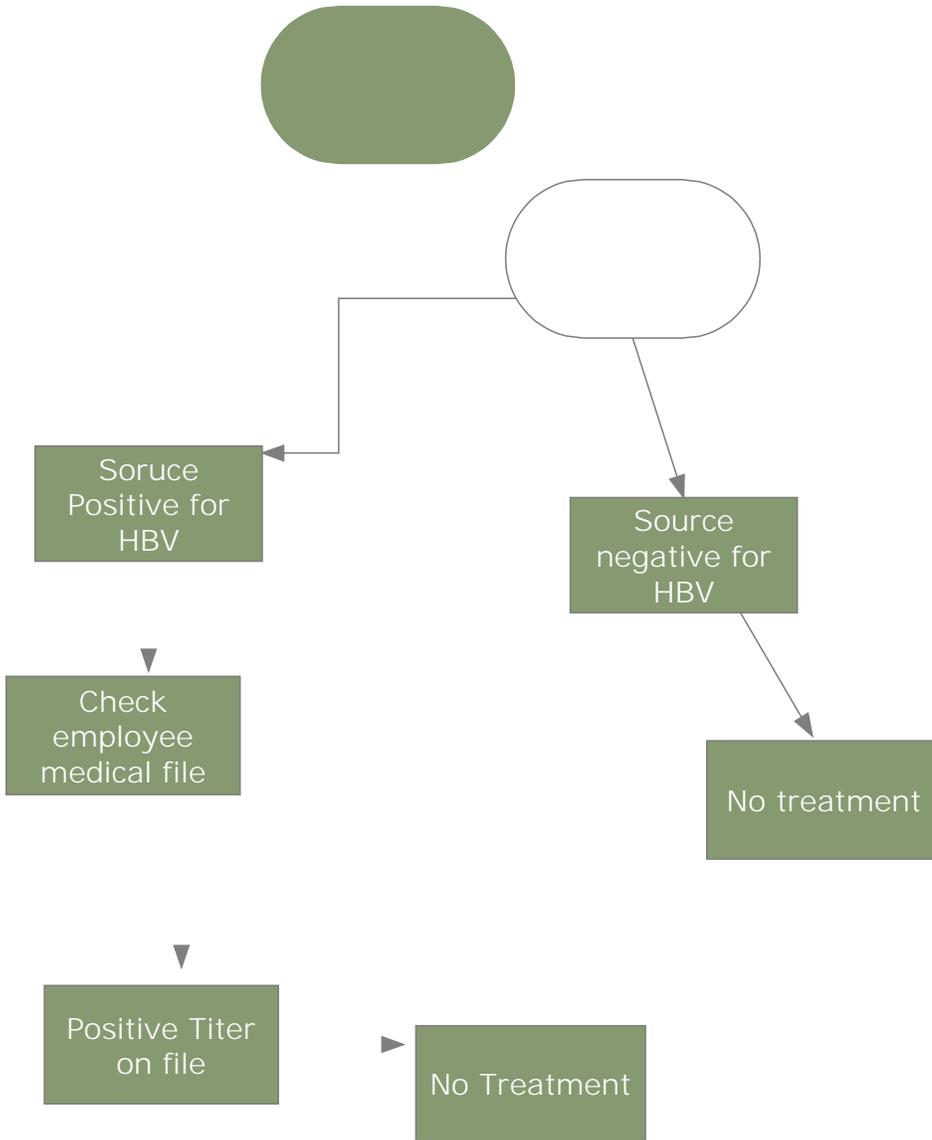
Appropriate counseling was provided to this employee and all test results will remain confidential. A copy of the results will be held in the employee's confidential medical record.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Employee Signature

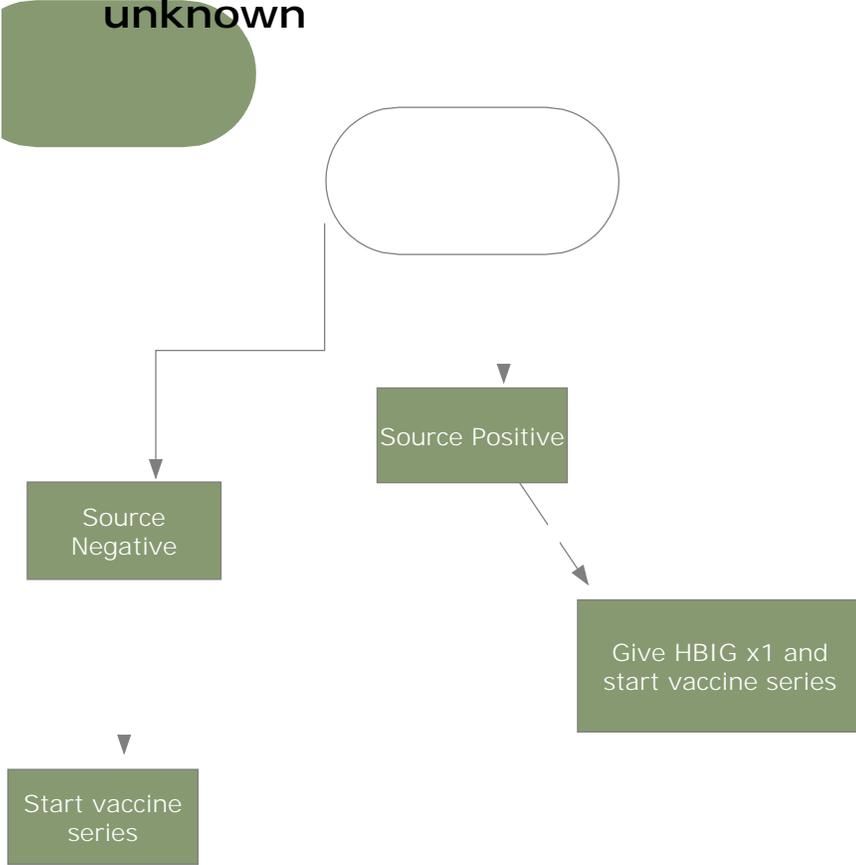
Date: \_\_\_\_\_

# Post - exposure HBV Known Responder



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

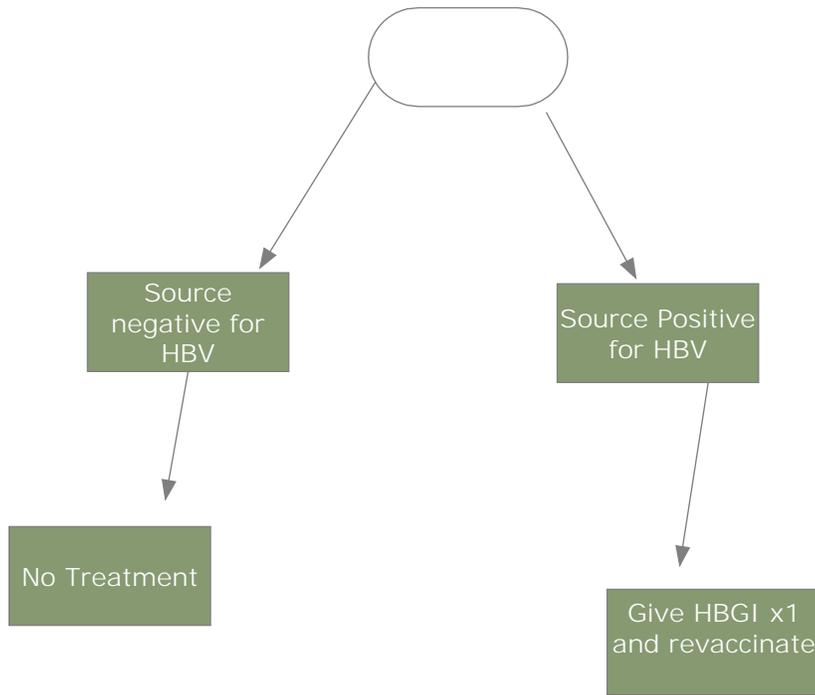
# Post - exposure HBV - Non Vaccinated Employee or Source unknown



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

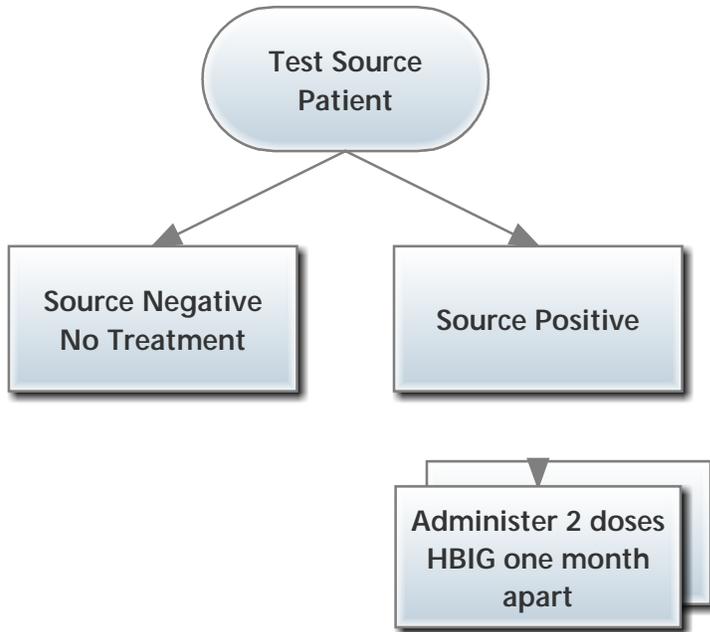
# Post - exposure Known Vaccine

## Non - Responder - 3 Dose Series



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

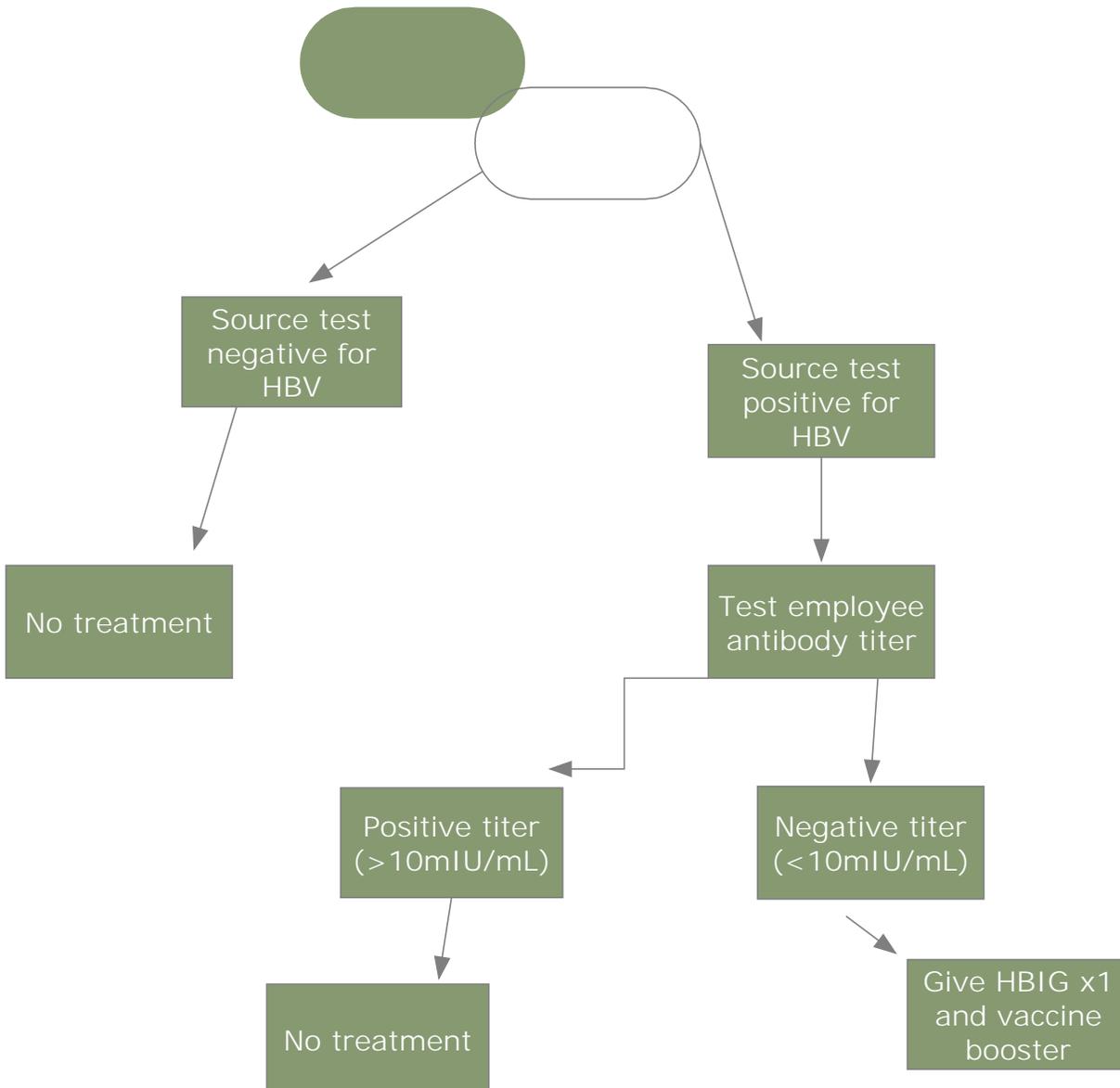
# Post Exposure Follow Up Hepatitis B Vaccine Non - Responder - 2 Series of Vaccine



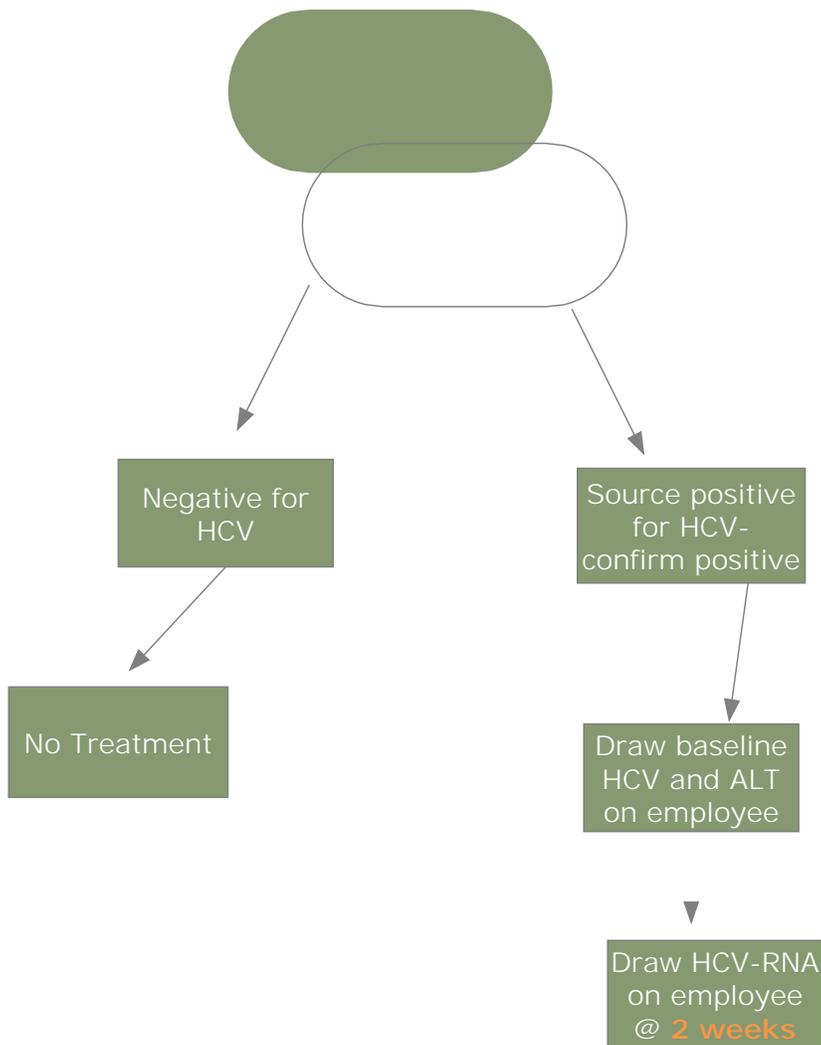
CDC Guidelines - December, 2011, 2013

# Post - exposure HBV Vaccine

## Response Unknown

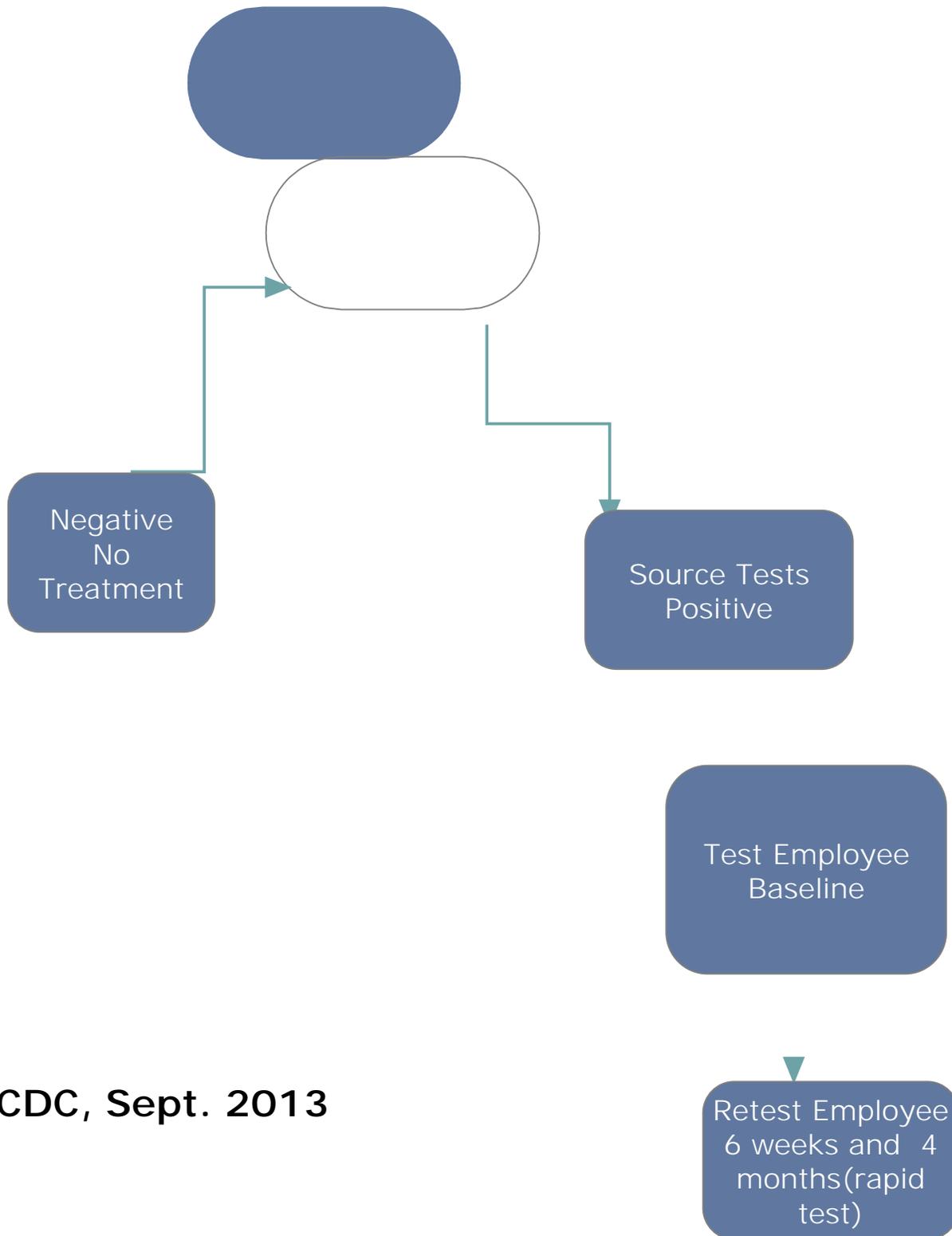


# Post - exposure HCV



2009

# Post Exposure Protocol - HIV



**CDC, Sept. 2013**

# Post Exposure Medical Treatment for Exposure to HIV

## Post Exposure Prophylaxis (PEP)

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 and June 29, 2001 & September 30, 2005, 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)
- \_\_\_\_\_ What is known and unknown about PEP
- \_\_\_\_\_ Side effects
- \_\_\_\_\_ Use of drugs in pregnancy (need for pregnancy testing)
- \_\_\_\_\_ Baseline and every 2 week blood work
- \_\_\_\_\_ Current medication & drug interaction
- \_\_\_\_\_ 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 Signature: \_\_\_\_\_  
Physician's Name (print) \_\_\_\_\_

**Developed by Katherine West, IC/EC, Inc.**

# EXPOSURE TO SYPHILIS

## PROCEDURE

## ACTION/NOTES

Wash area well with soap & water

Reduces the number load of organisms

Report exposure and complete any necessary reporting forms

Assists with exposure 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 penicillin allergic, oral Doxycycline or tetracycline may be given

# Exposure to Tuberculosis

## PROCEDURE

If an unprotected exposure occurs, And, the employee has no documented negative test in the past three months, and was not previously positive, a MANTOUX skin should be given as soon As possible

If this skin test is negative, the employee Should be retested in 8-10 weeks

If the exposed employee tests positive, (>5mm reaction) or shows signs or symptoms of TB, a chest x-ray should be preformed

Employees testing positive following an exposure should be evaluated for preventive therapy in accordance with the current CDC guidelines

If over 35 and INH or RIF therapy is prescribed, then liver function studies should be monitored on a monthly basis

Healthy employee who are receiving prevention treatment for TB exposure should be allowed to continue to work

## ACTION/NOTES

Persons who have tested positive in the past should not be tested

A PPD/TST skin test is good for 3 months

Person with a positive test on file, DO NOT require a skin test. The incubation period is 4-12 weeks

Evaluation is important for each person because some may develop drug induced hepatitis. Pregnant employees also need close evaluation

Alcoholic beverages should be avoided

**A new 12 week course of treatment is now available**

## **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, Rubella

## Procedure

## Action/Rationale

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

Mumps vaccine is NOT effective given post exposure

# Post Exposure Medical Follow Up – Bacterial Meningitis

## Procedure

## Action/Rationale

Document exposure:  
Mouth-to-mouth, spraying of secretions, direct contact with patient's oral or nasal secretions, contact with vomitus in eye, nose, mouth

CDC Guidelines define

If exposure confirmed to bacteria  
Meningitis, post exposure treatment  
May include;

- Rifampin PO x 2days

Turns all body fluids orange

Should not be administered to  
Women on birth control pills

Will interfere with pregnancy  
protection

- Cipro 1 x oral

Not to be given to an one who  
is pregnant

May cause joint and tendon damage

- Rocephin

For a pregnant member  
following an exposure

# Post Exposure Protocol – Pertussis

## Procedure

## Action/Rationale

Document an actual exposure-

Considered highly communicable

An obvious exposure that involves direct contact with respiratory, oral, or nasal secretions from 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).

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 - Maryland**

**Medical Waste is as defined by the attached document published by the State of Maryland.**

All medical waste will be contained in accordance with Maryland State Law and the Environmental Protection Agency.

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 hospital for disposal or reprocessing.

### **HANDLING OF MEDICAL WASTE**

All items meeting the State of Maryland definition for medical waste ( see State Medical Waste Regulation) will be placed into red biohazard waste bags. When bags are full  $\frac{3}{4}$ , place into a cardboard box and call logistics for pick up. Full containers awaiting pick up should be stored in a secured area with a bio-hazard label on the door. This is in accordance with Maryland State Law.

# State Medical Waste Regulation

- **Definition**
- **Managing Special Medical Waste**
- **OSHA Regulations**
- **Statutes, Regulations and Guidelines**
- **Contacts**
- **More Information**

### Regulated Medical Waste

#### Definition

### of Special Medical Waste

- **Special medical waste is a solid waste that is composed of:**

Anatomical material, which is human or animal body parts, including tissues and organs;

- **Blood (human or animal);**
- **Blood-soiled articles, which means any article that contains blood in any form as a result of contact with blood;**
- **Contaminated material which means:**
- **Microbiological laboratory waste;**
- **The feces of an individual diagnosed as having a disease that may be transmitted to another human being through the feces;**
- **An article soiled with the feces of an individual diagnosed as having a disease that may be transmitted to another human being through the feces; or**
- **An article that has come into contact with a known infectious agent.**
- **Microbiological laboratory waste, which means waste from a microbiological laboratory that contains an infectious agent and includes cultures and stocks of infectious agents and associated biologicals; or**
- **Sharps, which means a syringe, needle, surgical instrument, or other article that is capable of cutting or puncturing human skin.**

## Exclusions

The following solid wastes are not special medical wastes:

- Household waste;
- Wastes generated in the handling of an animal unless the generator knows or has reason to know that the animal has a disease that is capable of being transmitted to humans;
- The ash or by-product from an incinerator authorized by a state to burn special medical waste; and
- Wastes not generated in the ordinary course of business.

Except as otherwise provided in the regulations, if a person generates, in a calendar month, a total of less than 50 pounds of special medical wastes, those wastes are not subject to regulation.

If a person whose waste has been excluded from the regulations accumulates special medical wastes in quantities greater than 50 pounds, those accumulated wastes are subject to regulation.

In order for special medical waste to be excluded from regulation, the generator shall comply with all applicable regulations.

If a person sterilizes special medical wastes, those wastes are excluded from portions of the regulations.

### Managing Special Medical Waste

#### Standards for generators of special medical waste

A generator who treats, stores, or disposes of special medical wastes on-site shall only comply with the following requirements with regards to that waste:

- **Determining whether or not the generator has special medical waste;**
- **Obtaining an identification number;**
- **Record keeping;**
- **Additional reporting; and**
- **Applicable requirements of the U.S. Department of Transportation Hazardous Materials Regulations.**

An owner or operator who initiates a shipment of special medical waste from a treatment, storage, or disposal facility shall comply with the generator standards established in this chapter.

## **Special Medical Waste Determination**

A person who generates a solid waste, shall determine if that waste is a special medical waste by first determining if the waste is excluded from the regulations, and then determine if the waste is a special medical waste.

## **Maryland Identification Numbers**

A generator may not treat, store, dispose of, transport, or offer for transportation, special medical waste without having received a Maryland identification number from the Secretary.

- A generator who has not received a Maryland identification number may obtain one by applying to the Secretary. Upon receiving the request the Secretary will assign an identification number to the generator.
- A generator may not offer his special medical waste to transporters that have not received a Maryland identification number.

## COMPLIANCE MONITORING



## COMPLIANCE MONITORING

The departments in Calvert County Fire-Rescue-EMS recognize their 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 personnel to comply with the established policy/procedures set forth in the Exposure Control Plan. Thus, employees who have been 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 Service's disciplinary action policy will be followed for personnel who do not comply with this established plan.

(See Disciplinary Action Policy)

# COMPLIANCE MONITOR-EMS

## Compliance Monitor – EMS

Scene Monitor – Check List \_\_\_\_ Date: \_\_\_\_

### Compliance

Task/Procedure	Yes	No	Comments
1. Personal protective equipment was available	<input type="checkbox"/>	<input type="checkbox"/>	
2. Handwashing was observed	<input type="checkbox"/>	<input type="checkbox"/>	
3. Needle/Sharps container was used	<input type="checkbox"/>	<input type="checkbox"/>	
4. Gloves were used according to established policy	<input type="checkbox"/>	<input type="checkbox"/>	
5. Eyewear was indicated and used as per SOP	<input type="checkbox"/>	<input type="checkbox"/>	
6. Masks were used according to SOP	<input type="checkbox"/>	<input type="checkbox"/>	
7. Personal protective equipment was appropriate	<input type="checkbox"/>	<input type="checkbox"/>	
8. Patient was advised regarding the use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	
9. If PPE was not used per SOP, explain the circumstances	<input type="checkbox"/>	<input type="checkbox"/>	
10. Patient history information was handled according to Department policy	<input type="checkbox"/>	<input type="checkbox"/>	
11. Patient family was advised regarding use of PPE	<input type="checkbox"/>	<input type="checkbox"/>	
12. Exposures were promptly reported	<input type="checkbox"/>	<input type="checkbox"/>	
13. All needles and debris were removed from the scene	<input type="checkbox"/>	<input type="checkbox"/>	
14. PPE was properly disposed of according to Department procedures	<input type="checkbox"/>	<input type="checkbox"/>	
15. Vehicles were cleaned following transport	<input type="checkbox"/>	<input type="checkbox"/>	
16. Cleaning was done using the proper agent	<input type="checkbox"/>	<input type="checkbox"/>	
17. Contaminated areas were cleaned	<input type="checkbox"/>	<input type="checkbox"/>	

# Fire/Rescue Station Compliance/Quality Monitor

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

Area: \_\_\_\_\_

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

Action/Follow Up

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

Employee Interview:

# Fire/Rescue Station Compliance/Quality Monitor

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

Area: \_\_\_\_\_

Criteria	Compliance		Observation/Notes
	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

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

Employee Interview:

# Fire/Rescue Station

## Compliance/Quality Monitor

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

Area: \_\_\_\_\_

Criteria	Compliance		Observation/Notes
	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 personnel 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.

**Reference Department's disciplinary action policy.**

# RECORDKEEPING



## SUMMARY RECORDKEEPING

On or before August 30, 1995, Calvert County Fire-Rescue-EMS 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 the office of Dr. Paul Pomilla.

Department medical records will be stored in the Designated Officers office but only the Designated Officer will have access to the locked files unless the employee gives written consent for another person to access.

### Information for the medical records will include:

1. Name and social security number of the employee
2. A copy of the hepatitis B vaccine record 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.

## TRAINING RECORDS

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 personnel 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 any of the departments listed in this plan should cease to do business, it shall notify the Director of the Maryland 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 personnel express written consent, except as required by law or regulation.**

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

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

- Standard Number: **1910.1020AppA**
- Standard Title: **Sample authorization letter for the release of employee 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:

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(Describe generally the information desired to be released).

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

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**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.)**

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Full name of Employee or Legal Representative \_\_\_\_\_

Signature of Employee or Legal Representative \_\_\_\_\_

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

# Sharps Injury Log

Month: \_\_\_\_\_

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

# Department Specifics

Listed alphabetically are the department specifics that differ from the County-wide Exposure Control Plan

## **Calvert Advanced Life Support – Co. 10**

**Cleaning Solutions** – Lysol, Bleach & water 1:100 solution

**Handwash Substitute** - Purell

**Personal Protective Equipment** - 5.1.1 Brand, Green  
Nitrile gloves

**Post Exposure Follow Up Physician & Designated Officer** – see section  
5

## **Calvert County Fire-Rescue-EMS - Co. 20**

**Cleaning Solutions** – Bleach & water 1:100 solution, and  
PDI Super Sani Wipes

**Handwash Substitute** - Purell, Germ-X, and Avant

**Personal Protective Equipment** - North American Rescue Brand, Black  
Microflex Brand, Ultra Sense Blue  
Nitrile gloves

**Post Exposure Follow Up Physician & Designated Officer** – see section

## **Calvert Rescue Dive Team- Co. 12**

The dive team will use equipment supplied by the responding Fire/Rescue/EMS unit;

**Designated Officer and Post Exposure Physician** – see section 5

## **Dunkirk Volunteer Fire Department– Co. 5**

**Cleaning Solutions** – Cavicide wipes, Bleach & water 1:100 solution

**Handwash Substitute** - Purell

**Personal Protective Equipment** - Supremo SE, Aloe touch Nitrile

**Post Exposure Follow Up Physician & Designated Officer**– see section 5

## **Huntingtown Volunteer Fire Department – Co. 6**

**Cleaning Solutions** – Cavicide wipes, Bleach & water 1:100 solution

**Handwash Substitute** - Purell & Vionex

**Personal Protective Equipment** - Kimberly-Clark Purple Nitrile, Globe Fire Gear, Globe Protective wear

**Post Exposure Follow Up Physician & Designated Officer** – see section 5

## **North Beach Volunteer Fire Department-Co. 1**

**Cleaning Solutions** – Cavicide wipes, Bleach & water 1:100 solution

**Handwash Substitute** - Abgar

**Personal Protective Equipment** - Kimberly-Clark Purple Nitrile, Globe Fire Gear, Globe Protective wear

**Post Exposure Follow Up Physician & Designated Officer** – see section 5

## **Prince Frederick Volunteer Rescue Squad-Co. 4**

**Cleaning Solutions** –Super Sani wipes, Bleach & water 1:100 solution

**Handwash Substitute** - Purell & Germ-X

**Personal Protective Equipment** - Purple

Nitrile gloves, Apex Pro

**Post Exposure Follow Up Physician & Designated Officer** – see section  
5

## **Prince Frederick Volunteer Fire Department-Co. 2**

**Cleaning Solutions** – Sani wipes,  
Bleach & water @ 1:100 solution

**Handwash Substitute** - Purell

**Personal Protective Equipment** - Purple  
Nitrile gloves, Apex Pro

**Post Exposure Follow Up Physician** – see section 5

## **Solomons Volunteer Rescue Squad & Fire Department- Co. 3**

### **Cleaning Solutions –**

Bleach & water @ 1:100 Solution

### **Handwash Substitute - Purell**

### **Personal Protective Equipment - Nitrile gloves**

### **Post Exposure Follow Up Physician & Designated Officer – see section 5**

## **St. Leonard Volunteer Fire Department & Rescue Squad - Co. 7**

**Cleaning Solutions** – Sani wipes,  
Bleach & water @ 1:100 Solution

**Handwash Substitute** - Germ X

**Personal Protective Equipment** - Supremo & Aloe touch Nitrile  
Nitrile gloves, Apex Pro

**Post Exposure Follow Up Physician & Designated Officer** – see section  
5