

Polson City/Rural FIRE DEPARTMENT Operating Guidelines

Issued By: Chief Thomas J. Maloney
Created on December 29, 2005
Revised by: Chief John Ed Fairchild Sept. 25, 2008

200.07 Infectious Control Program and Exposure Reporting Page 01 of 29

APPLICABLE TO: ALL CITY OF POLSON DEPARTMENT(S) PERSONNEL and All Fire dept personnel.

SCOPE: This policy applies to all personnel who have a potential for occupational exposure to blood or other infectious materials.

PURPOSE: The purpose of this policy is to minimize or eliminate member exposure to communicable diseases.

AUTHORITY: 29 Code of federal Regulations, part 1910.104
29 Code of federal Regulations, Part 1910.20
OSHA Instruction CPL 2-2.44C
Bloodborne Pathogens, Exposure Control Program 29 CFR1910.1030

POLICY STATEMENT

The Polson Fire and Police Department(s) have established an Individual written Exposure Control Plan that is available in the Office of the Chief at all times. The EMS Officer is the Infection Control Coordinator for this program. When the EMS Officer is absent the following persons are responsible for administering the program:

- * Asst. Chief
- * Captain
- * Lieutenant
- * Senior On-Duty EMT-P, EMT-CC or EMT Basic

The Polson Fire and Police Department(s) are committed to full compliance with applicable laws and policies dealing with infection control. The Department(s) will develop plans leading to compliance for any deficient areas identified by this program.

The Program Administrator is: _____
Name & Title

- *This person is responsible for: Issuing and administering this plan and making sure that the plan satisfies the requirements of all applicable federal, state or local bloodborne pathogen regulations
- *Identifying which employees are likely to be exposed to bloodborne pathogens
- *Developing procedures for post-exposure incidents
- *Maintaining medical records of exposure incidents, training records and hepatitis vaccination records
- *Completing exposure incident reports and notifying affected individuals
- *Evaluating and updating the program annually
- *training employees annually

The following employees are considered at risk of exposure to bloodborne pathogens:

Name	Title	Department

These people are responsible for: Using universal precautions in all situations that involve exposure to blood and other **body** fluids and informing the program administrator of all exposure incidents.

Each member is responsible for following the policies and procedures outlined in the Infection Control manual. The Infection Control Manual contains guidelines for the following areas:

1. Definitions/Guideline Language
2. Precautions and Prevention
3. Personal Protective Equipment
4. Scene Management
5. Cleaning and Disinfection
6. Infectious Waste Disposal/Sharps disposal
7. Immunizations
8. Exposure determination
9. Post-Exposure Evaluation and Follow Up
10. Medical Surveillance
11. Record Keeping
12. Training Requirements
13. Labels/Signs

The Infection Control Program will be reviewed and updated at least annually and as necessary to reflect significant changes in tasks and procedures.

1. DEFINITIONS/GUIDELINE LANGUAGE

- A. Bloodborne Pathogens: Microorganisms that are present in human blood and can cause disease in humans. These pathogens include Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)
- B. Exposure Incident: Occurs when an employee has contact with blood or other potentially infectious materials as a result of his or her duties. This contact includes specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact.
- C. Non-Intact Skin: Skin that has cuts, abrasions or other openings through which bloodborne pathogens could enter the bloodstream.
- D. Occupational Exposure: Reasonably anticipated employee contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. This includes skin, eye, mucous membrane or parenteral contact.
- E. Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- F. Universal Precautions: An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

2. EXPOSURE DETERMINATION

The Polson Fire and Police Department(s):

- A. Establishes an Occupational Exposure Incident as one of the following:
 - * Contaminated needle stick injury
 - * Blood or body fluid contact with mucous membrane of eyes, nose, or mouth
 - * Blood or body fluid contact with open skin (non-intact skin)
 - * Cuts with sharp objects covered with blood or body fluid
 - * Injury sustained while cleaning contaminated equipment
- B. Provides members with a method for the reporting of occupational exposures. Exposure Form is attached to this policy and is kept within department vehicles.

3. PRECAUTIONS AND PREVENTION

The Polson Fire and Police Department(s) requires:

- A. That all members wash their hands as soon as feasible after removal of gloves or other personal protective equipment that have contacted blood or other potentially infectious materials.

- B. Removal of personal protective equipment as soon as possible upon leaving the emergency scene; and placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- C. That all members performing procedures involving blood or other body fluids so that they minimize splashing, spraying, or aerosols of these substances.
- D. That all used needles and other sharp objects are not sheared, bent, broken, recapped, or re-sheathed with two hands. Used needles will not be removed from disposable syringes. All used sharps will be placed directly into an appropriately-labeled Biohazard, puncture resistant sharps container as soon as possible after use.

4. PERSONAL PROTECTIVE EQUIPMENT

The Polson Fire and Police Department(s):

- A. Provides and assures that members use appropriate personal protective equipment where biomedical hazards are possible to exist. This is provided at no cost to the employee.
- B. Assures that the appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite, or individually issued to the member.
- C. Gloves will be worn when the employee may have contact with blood or other potentially infectious materials. Gloves will be replaced if torn, punctured or contaminated. Utility gloves will be decontaminated for reuse if they are not torn or cracked. Decontaminated disposable gloves will never be reused.
- D. Appropriate face and eye protection will be worn when splashes, sprays, splatters or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose or mouth.
- E. Appropriate protective body covering will be worn when occupational exposure is anticipated.

5. SCENE MANAGEMENT

The Polson Fire and Police Department(s):

- A. Uses the Polson Fire Department Incident Management System to manage the emergency scene effectively.
- B. Assures that members follow infection control measures at all emergencies.
- C. Assures that members consistently and correctly answer infection control questions arising from contact with the public.

- D. Any exposed clothing/PPE will be placed in a appropriately marked bag to isolate it from other items. Any sharps must be disposed of in a properly labeled, puncture resistant container.

6. CLEANING AND DISINFECTION

The Polson Fire and Police Department(s):

- A. Provides for the cleaning, laundering or disposal of required personal protective equipment. Contaminated laundry or PPE must be placed in a separate bag and marked with a biohazard label.
- B. Repairs or replaces personal protective equipment as needed to maintain its effectiveness.
- C. Establishes a schedule for cleaning of medical equipment and provides methods for disinfecting same, based on location, type of surface to be cleaned, type of contaminant present, and tasks or procedures done.
- D. Tongs, forceps or a brush and a dust pan will always be used to pick up contaminated broken glass.

7. INFECTIOUS WASTE DISPOSAL

The Polson Fire and Police Department(s):

- A. Assures that members place all infectious waste needing disposal in a closeable, leak-proof container or bag that is marked, color coded, or labeled, as required by law.
- B. Equips all EMS vehicles with labeled, puncture resistant containers for proper disposal of needles, disposable syringes, and other sharp surface instruments.
- C. Assures that all members dispose of infectious waste according to Federal, State, and Local regulations. All medical waste is currently disposed at: (**document facility Name, Address and phone number here**)

8. IMMUNIZATIONS

The Polson Fire and Police Department(s):

- A. Makes available Hepatitis B vaccination to all members who have a potential for occupational exposure. Hepatitis B vaccine and vaccination series will be offered within 10 working days of the initial assignment to employees who have occupational exposure. The vaccine and vaccinations, as well as all medical evaluations and follow-up will be made available to employees at no cost during work hours. Vaccinations will be administered according to current recommendations of the U.S. Public Health Service.

- B. Will provide a booster dose(s) for Hepatitis B at a future date, according to standard recommendations for medical practice at no cost to the employee.
- C. Employees who decline the vaccination will sign a declination form. The vaccination will be made available to the employee at a later date and at no cost if he/she continues to have the potential for exposure.
- D. Recommends that all members obtain other vaccinations recommended for health care workers by the Center of Disease Control.

9. POST-EXPOSURE

The Polson Fire and Police Department(s):

- A. Provides post-exposure and follow up for all members with an occupational exposure per Polson Fire Department Exposure Control Plan. Post-exposure procedures will be followed for any employee who is not initially identified as occupationally exposed, but who voluntarily or inadvertently becomes exposed in the workplace. HBV vaccine will be administered within 24 hours of any reported exposure incident.
- B. Assures that a licensed physician does, or supervises, all medical evaluations and procedures.
- C. Assures that the member is informed of the results of the medical evaluation; and that the member is told about any medical conditions resulting from exposure to blood, or other potentially infectious materials, that require further evaluation or treatment.

10. EXPOSURE INCIDENT PROCEDURE

- A. The routes of exposure and how exposure occurred will be documented.
- B. The source individual will be identified and documented.
- C. If consent is given, the source individual's blood will be tested and documented as soon as possible to determine HIV and HBV infectivity.
- D. The exposed employee will be provided with the source individual's test results and information about applicable laws and regulations concerning source identity.
- E. After consent is given; the exposed employee's blood will be tested for HBV and HIV serological status.
- F. If the employee does not give consent for HIV serological testing, the baseline blood sample will be preserved for at least 90 days.
- G. Recommendations by the U.S. public Health Service will be followed.

- H. The health care provider who is responsible for administering the vaccine and post—exposure evaluation will be given a copy of the State Montana Bloodborne Pathogens Exposure Control program 29 CFR 1910.1030, Department of Labor & Industry.
- I. After an exposure incident occurs, the health care provider will receive a description of the exposed employee’s job duties relevant to the exposure incident, documentation of the route of exposure, circumstances of exposure, results of the source individual’s blood tests and all relevant employee medical records, including vaccination status.
- J. The employee will be provided with a copy of the health care provider’s written opinion within 15 days after the evaluation.
- K. The health care provider who will complete the post-exposure evaluations:

Name _____

Location _____

Address _____ Phone _____

11. RECORD KEEPING

These are records that must be kept for all individual employees who are involved in an exposure incident. These records are kept in each employee’s file for the length of employment plus 30 years and must be kept confidential. These forms include:

- A. Additional Recordkeeping: these forms document equipment selection and evaluation information and also annual evaluation of your program.
- C. Training Recordkeeping: Maintains all training records for three years.

12. TRAINING REQUIREMENTS

- A. Employees will be trained annually on the State of Montana, Department of Labor & Industry Bloodborne Pathogens Exposure Guidelines, CFR 1910.1030, symptoms of bloodborne diseases, ways in which bloodborne pathogens are transmitted, an explanation and copy of the exposure control plan and how to recognize tasks that might result in occupational exposure.

City of Polson Exposure Incident Report (PRINT ON ALL FORMS)

PART I. Exposed Individual

Name: _____

Address: _____

Social Security Number: _____

1. Using the list below, check off the parts of the body that were exposed.

- Eye Mouth Mucous Membrane Non-Intact Skin Puncture

2. What was the employee exposed to?

- Blood Vomit Urine Feces

Other (Explain): _____

What work was being done?

Briefly describe the exposure incident.

What caused the incident?

What personal protective equipment was worn?

What actions were taken immediately following the incident?

PART II. Source Individual

Name: _____

Address: _____

- 1. Does your state have a confidentiality requirement?
Yes No Unknown
- 2. Is the source individual infected with HBV or HIV?
Yes No Unknown
- 4. Has the source individual consented to blood testing?
Yes No

PART III. Medical Examination Checklist

Provide the following information to the health care provider who performs the follow-up medical evaluation on the exposed employee.

Initial and date when each step is completed.

- 1. Copy of the Bloodborne Pathogens Standard (See Appendix V 29 CFR 1910.1030 and State of Montana)
Initial _____ Date _____
- 2. Copy of this Exposure Incident Report
Initial _____ Date _____
- 3. Results of the Source Individual's blood test
Initial _____ Date _____
- 4. Copy of the exposed employee's medical records relevant to the exposure
Initial _____ Date _____

Signature of person completing this form: _____

Print Name: _____ Date: _____

Attach source individual's blood test results and signed consent form or refusal form.

EXPOSED EMPLOYEE MEDICAL RELEASE FORM

I hereby affirm that the information found in the Exposure Incident Report is a true and correct account of my exposure incident. I further authorize my employer to release all relevant medical records to the health care provider who will be performing the medical evaluation and follow-up for this exposure incident. I understand that all information collected during this evaluation and the contents of this report will remain confidential.

Employee Signature: _____

Date: _____

SOURCE INDIVIDUAL MEDICAL RELEASE/REFUSAL FORM

Source Individual Name (Print): _____

Address: _____

You have been involved in an incident that has exposed the following employee(s) to your blood or body fluids:

Permission for Source Individual’s Medical Release

I hereby grant permission to have my blood drawn and tested to determine if I am a carrier of a bloodborne disease. I also grant permission to have the test results released to the individuals listed above, and to the health care providers performing the follow-up evaluations.

Source Individual’s Signature: _____

Date: _____

Refusal for Source Individual’s Medical Release

I have had the exposure evaluation process explained to me and I hereby refuse to consent to blood testing to determine my infectious status with regard to bloodborne pathogens, including but not limited to Hepatitis B Virus (HBV) or Human Immunodeficiency Virus (HIV). I understand that by refusing to do so, those individuals who were exposed to my blood or body fluids will have limited information to determine their potential for contracting these diseases.

Source Individual’s Signature: _____

Date: _____

Exposure Incident Checklist

Initial and date when each step is completed.

#	Description	Initials	Date
1.	Exposure incident report completed.		
2.	Source individual's medical release/refusal obtained.		
3.	The following information has been provided to the health care provider performing the follow-up evaluation.		
	a. Cover letter requesting the evaluation.		
	b. A copy of the OSHA Standard		
	c. All information available on the source individual.		
	d. A copy of the exposed employee's medical records relevant to the exposure.		
4.	Employee notification by the health care provider concerning the results of the follow-up evaluation.		

CITY OF POLSON

DATE: _____

Dear Health Care Provider:

Based upon the attached Exposure Incident Report, the following employee sustained an occupational exposure to bloodborne pathogens. Under the Occupational Safety and Health Administration Bloodborne Pathogen Standard 29 CFR 1910.1030, we are obligated to request a medical evaluation and follow-up for this employee.

You are being provided with the following information:

1. A copy of the OSHA Standard & Corresponding Montana Department of Labor and Industry Guidelines.
2. A copy of the Exposure Incident Report.
3. Information on the source individual.
4. A copy of the exposed employee's medical records relevant to this exposure and his/her HBV vaccine status.

Please verify, within 15 days, that the exposed employee has been informed of the following:

1. The results of the evaluation.
2. Any medical condition resulting from exposure.
3. Any further evaluation or treatment needed.

Please send the verification letter to my attention. If you have any questions, please contact me.

Sincerely,

Name: _____

Title: _____

Bloodborne Pathogens Equipment List

Instructions: List all available equipment to be used for the bloodborne pathogens program, where it is stored and who is responsible for the equipment.

Personal Protective Equipment

Equipment type	Stored Location	Responsible Person

Decontamination and Disposal Materials

Equipment Type	Stored Location	Responsible Person

Bloodborne Pathogens Training Record

Facility: _____ **Department:** _____ **Date:** _____

Employee Name & Social Security Number – Please print	Job Title – Please Print	Employee Signature

Signature of Trainer: _____

Exposure Determination Form I

Write the job titles and names of employees who have the potential of becoming exposed to blood or body fluids as a routine part of their assigned job at your company (i.e., plant nurse, emergency first responders, etc.)

Job Title	Employee Name

Member Declination of Hepatitis B Vaccine

Polson Fire Department (City and Rural)
Polson Police Department
106 1st Street East
Polson, Montana 59860

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood and 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 the Hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccine 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 want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination at no charge to me.

Signed: _____

Printed Name: _____

Witness: _____

Printed Name: _____

Date: _____

HAND WASHING PROCEDURE

Handwashing is the single most effective means of eliminating the spread of infection. Handwashing should be done before and after contact with the patient, after contact with body fluids and soiled items and after the removal of gloves. Remove all rings because they harbor dirt and organisms. Wear your watch well above the wrist or place in a plastic bag if needed. Wet your hands and wrists with warm water and germicidal cleanser. Hold your hands below elbow level to avoid contaminating clean areas. For routine handwashing, wash vigorously for approximately one minute under a stream of water; this removes most transient flora. Do not use bar soap. Avoid splashing water on yourself or the floor, because pathogens spread more easily on wet surfaces and slippery floors are dangerous. Avoid touching the sink or faucet which are considered contaminated. Work up a lather by rubbing your hands together vigorously. If you cannot remove your wedding band, move it up and down the finger to clean beneath the ring. Soap and water reduce organisms which wash away in the lather. The more vigorously you rub your hands when washing, the more contaminants you remove. Pay special attention to the area under your finger nails and around cuticles and thumbs, knuckles, and sides of hands because organisms thrive in these protected or overlooked areas. Rinse hands and wrists well because running water flushes suds, soil, and pathogens away. Keep your hands in the sink to prevent residue from running back up your forearm. Pat hands dry with a paper towel. Avoid rubbing which can cause abrasion and chapping. Turn off faucets by gripping them with a dry paper towel to avoid recontaminating your hands. Discard paper towel in an appropriate receptacle.



BIOHAZARD SYMBOL

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Name: _____

Address: _____

Social Security Number: _____

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3. What was the employee exposed to?

- Blood Vomit Urine Feces

Other (Explain): _____

What work was being done?

Briefly describe the exposure incident.

What caused the incident?

What personal protective equipment was worn?

What actions were taken immediately following the incident?

PART II. Source Individual

Name: _____

Address: _____

2. Does your state have a confidentiality requirement?

Yes No Unknown

3. Is the source individual infected with HBV or HIV?

Yes No Unknown

5. Has the source individual consented to blood testing?

Yes No

PART III. Medical Examination Checklist

Provide the following information to the health care provider who performs the follow-up medical evaluation on the exposed employee.

Initial and date when each step is completed.

2. Copy of the Bloodborne Pathogens Standard (See Appendix V 29 CFR 1910.1030 and State of Montana)

Initial _____ Date _____

3. Copy of this Exposure Incident Report

Initial _____ Date _____

4. Results of the Source Individual’s blood test

Initial _____ Date _____

5. Copy of the exposed employee’s medical records relevant to the exposure

Initial _____ Date _____

Signature of person completing this form: _____

Print Name: _____ Date: _____

Attach source individual’s blood test results and signed consent form or refusal form.

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Employee Signature: _____

Date: _____

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Source Individual Name (Print): _____

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CITY OF POLSON

DATE: _____

Dear Health Care Provider:

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You are being provided with the following information:

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4. A copy of the exposed employee's medical records relevant to this exposure and his/her HBV vaccine status.

Please verify, within 15 days, that the exposed employee has been informed of the following:

5. The results of the evaluation.
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7. Any further evaluation or treatment needed.

Please send the verification letter to my attention. If you have any questions, please contact me.

Sincerely,

Name: _____

Title: _____

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Instructions: List all available equipment to be used for the bloodborne pathogens program, where it is stored and who is responsible for the equipment.

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Equipment type	Stored Location	Responsible Person

Decontamination and Disposal Materials

Equipment Type	Stored Location	Responsible Person

Bloodborne Pathogens Training Record

Facility: _____ **Department:** _____ **Date:** _____

Employee Name & Social Security Number – Please print	Job Title – Please Print	Employee Signature

Signature of Trainer: _____

Exposure Determination Form I

Write the job titles and names of employees who have the potential of becoming exposed to blood or body fluids as a routine part of their assigned job at your company (i.e., plant nurse, emergency first responders, etc.)

Job Title	Employee Name

