

Infectious Disease/Decontamination **(Exposure Control Plan)**

CHAPTER 5.2

Issued: January 1992 & 1996 Revised: January 2018, July 2021

Submitted by: Health & Safety Officer Approved by: Chief Fire Rescue

SCOPE

This policy describes program components, best practices and post exposure procedures.

PURPOSE

The purpose of this SOG is to establish guidelines and policies to decrease the risk of an infectious exposure by informing employees about:

- Infection control standards
- Infection control training requirements
- Personal protective equipment (PPE)
- Work practices to decrease exposure risk
- Engineering controls to decrease exposure risk
- Equipment and station cleaning and disinfecting
- Safe disposal of infectious waste
- Post exposure procedures

OBJECTIVE

- Ensure all ACFR stations are issued current information regarding standard procedures for Post Exposure Prophylaxis (PEP) for documented exposure to HIV.
- Meet the Occupational Health and Safety Administration (OSHA), CFR 1910.1030 Blood-borne Pathogens rule.
- Meet State of Florida Firefighter Occupational Health & Safety Act. FAC 69A-62
- Strive to meet recommendations in NFPA 1581 – Infection Control 1581 – Standard on Infection Control Program for Fire Departments

PROGRAM COMPONENTS

The components of the ACFR Exposure Control SOG include:

- The Exposure Control Plan
- Risk Management assessment
- Training, work practices and engineering controls
- Health and fitness maintenance programs
- Exposure management procedures

“Significant exposure” Means:

Exposure to blood or body fluids through needle-stick, instruments, or sharps.

Exposure of mucous membranes to visible blood or body fluids, to which universal precautions apply according to the National Centers for Disease Control and Prevention, including, without limitations, the following body fluids: Blood, Semen, Vaginal secretions, Cerebrospinal fluid, Synovial fluid, Pleural fluid, Peritoneal Fluid, Pericardial Fluid, Amniotic fluid or other body fluid visibly contaminated with blood or exposure was to a body fluid during a circumstance where it was difficult or impossible to differentiate the fluid type involved and is therefore considered potentially hazardous.

Other Special Cases

If the exposed individual is not satisfied with the determination regarding significant exposure, they should be treated as a significant exposure.

Exposure of skin to visible blood or body fluids when the exposed skin is chapped, abraded, or afflicted with dermatitis

If there has been prolonged contact with intact skin or a massive blood exposure, the exposure should be considered significant.

EXPOSURE CONTROL PLAN

The Exposure Control Plan broadly establishes the need, management of, and policy statement for the program. A copy of this plan is on the Alachua County Intranet and available to all personnel. This document will be revised annually, or as needed to meet any rule changes.

RISK MANAGEMENT ASSESSMENT

Exposure risk, defined as the assessment of the potential risk of an infectious exposure, is determined by job classification and duties. All Department positions are assigned one of three risk classifications; increased, some, minimal.

Risk assessment will be performed when new positions are created or when duties of existing positions change.

TRAINING REQUIREMENTS

Annual infection control training shall be provided to all members who are at an increased risk of having some risk of exposure.

Training will be conducted using a variety of methods including, but not limited to: classroom self-study, internet- based and teleconferencing. Topics will include blood-borne diseases, airborne diseases, principles of disease transmission, proper use of PPE, work practices, use of engineering controls, bio-hazard waste disposal, housekeeping practices, personal and equipment cleaning and disinfecting, and post exposure procedures. The Health & Safety Officer is responsible for tracking training completion.

Training shall be conducted during orientation of newly hired personnel and as needed to meet new or revised regulations, and emergence of new risks.

WORK PRACTICES

It is the responsibility of every member of the Alachua County Fire Rescue Department to report any exposure to infectious disease, utilize all personal protective equipment (PPE) provided, and to clean and disinfect any reusable equipment according to the guidelines set forth in this plan

PREVENTION TECHNIQUES

Infection Control has three objectives:

- Reduce the risk of contamination to the responder
- Reduce the risk of contamination to the patient
- Reduce the risk of cross contamination from patient to provider to patient.

The following work practices will decrease the risk of an exposure to blood and other potentially infectious material (OPIM). OPIM includes semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva and any bodily fluid visibly contaminated with blood.

Members are expected to comply with these standard work practices.

Handling Sharps

- Safety device systems will be used.
- Self-shielding needles shall not be defeated or recapped.
- Sharps will immediately be placed in an approved sharps container.
- Sharps containers will be readily available in transport vehicles and kits at scenes.

Scene Management

- Limit number of members who make direct patient contact when practical.
- Limit exposure time when possible.

Handling Infectious Materials

- Appropriate PPE will be donned before handling infectious materials.
- All contaminated, non-sharp materials shall be isolated and secured in bio-hazard bags.
- Infectious materials collected shall be disposed of in a designated bio-hazard disposal container.
- Refer to Chapter 5.5 – Control of Biomedical Waste
- Refer to Chapter 5.3 – Tuberculosis Exposure Control Plan

ENGINEERING CONTROLS

Engineering controls are physical or mechanical processes implemented to improve efficiency and safety while decreasing exposure risk. Examples include portable sharps containers, needless safety systems, red bags, etc. The Health/Safety Officer and Safety Team will work together to research, review and test new engineering control products.

- Contain biomedical waste in red bags.
- Sharps containers for needles, glass, scalpels, etc.

INFECTIOUS DISEASE PREVENTION

All members are personally responsible for their health and fitness. Members will decrease their risk of acquiring an infectious disease by maintaining high health and fitness levels by:

- Taking advantage of immunizations, vaccinations and tests offered by the Department
- Documenting any exposure per Department regulations.
- Using provided cleaning and disinfecting products.

PERSONAL PROTECTIVE EQUIPMENT

- Gloves (Exam or sterile)
- Eye protection (Safety glasses or fluid shields)
- Masks (surgical or N95)
- Gowns or Bunker gear

DISINFECTION AND DECONTAMINATION

- Non-disposable Medical Equipment will be cleaned and disinfected with provided germicidal agents and appropriate PPE will be worn when performing cleaning and disinfection.
 - Surfaces of rescue units will be cleaned and disinfected on a daily basis.
 - Units will be decontaminated using the AeroClave A.D.S. Ambulance Decontamination System on a rotating regular cycle of at least semi- annually and/or as needed based on call type transported.
 - Insure appropriate stocking of cleaning and disinfection products on transport units. Both transport units and fire apparatus should have waterless hand cleaning dispensers filled and readily available.
 - Cleaning and decontamination should be done in appropriate areas at stations and away from living, sleeping or food preparation/eating areas. Stations with specific decontamination areas can handle larger equipment items.
 - Red bags will be used to contain contaminated equipment during transport to cleaning areas.

When contaminated uniforms, bunker gear or other items have been washed in station washers, a cleaning cycle shall be done afterward using bleach and hot water or ACFR approved germicidal solution.

EXPOSURE FOLLOW UP

Personnel who receive a significant exposure shall complete the transfer of patient care and notify hospital staff of the exposure. The exposed employee shall then notify their District Chief who will contact Risk Management and the Health/Safety Officer.

ACFR Significant Exposure Protocol Steps

When an employee advises of a potential significant exposure, ensure that the receiving hospital is notified immediately so that blood for testing can be secured at that facility, or that blood drawn in the field is retained.

If blood sample is drawn by ACFR personnel, it is important that the blood tubes are labeled with patient name, ACFR, name of medic drawing blood and the date. If unlabeled tubes are left, they will not be used by the lab.

- Call District Chief, DC5 (352-494-9441)-- DC 6 (352-494-9442) and Health/Safety Officer, (352-494-8478)

Each of the hospitals have a specific person to notify:

- Shands at UF

Charge Nurse

- North Florida Regional

PCC

- Veterans Administration

PCC

- Present the Source Patient Testing Request Form to the appropriate employee at the hospital. This form requests HIV, Hepatitis B and Hepatitis C testing. Please be sure to obtain the name of the individual who is the facility contact for follow up by the Health/Safety Officer.
- Source Patient Testing will be done at the hospital. North Florida and Shands use the SUDS test which will provide the HIV status on the patient within 60 minutes. Should there be a reason why they are unable to do the SUDS test; the physician at that facility will determine appropriate Post Exposure Prophylaxis (PEP) recommendations.
- If the source patient is diagnosed as HIV positive, the appropriate PEP will be provided at the receiving facility or through EMC via prescription as recommended by the physician at the receiving facility
- The employee shall be referred for baseline testing (if not done at the receiving facility) and follow-up care at one of the Worker's Compensation clinics:
 - **Alachua County Health & Wellness Center (Primary)**

4340 W Newberry Rd Suite 203 Phone: 745-7949 Hours: Monday, Wednesday, Friday
0800-1900

Tuesday & Thursday 0700-1800
Saturday 0900-1500

Emergency Physicians Medical Center (Secondary)

Two Locations:

2445 SW 76 St. # 110

Phone: 872-5111

Hours: Monday – Friday
0800-2000 Saturday-Sunday
1200-1600

9181 NW 39 Ave

Phone: 727-7755

Hours: Monday--Friday
0800-2000 Saturday –
Sunday 12:00-1600

- If the Source Patient's test results are positive for HIV infection, then the employee must receive immediate treatment according to the guidelines for Post Exposure Prophylaxis (PEP). North Florida, or Shands at UF will dispense a short term dose of these medications from their pharmacy. In some cases, they will provide a prescription for further medications.
- **All** employees will still need to go for follow-up care at one of the worker's compensation clinics. If the patient's HIV status will not be known immediately, the physician at the hospital will decide if PEP administration is warranted until the Source Patient's status has been confirmed.
- If the exposure is from a non-HIV positive patient, the employee will still need to go for baseline testing to determine their Hepatitis B titer status and Hepatitis C and HIV testing. This testing must be completed within 48 hours of the exposure.
- Treatment for an airborne exposure such as meningitis may be done at the hospital, or one of the worker's compensation clinics depending on when we receive notification.
- If the Source Patient's blood cannot be obtained, the employee will have baseline testing done as previously indicated. Examples of these instances are a diabetic patient treated but who refused transport, or a patient who dies on scene and whose body is sent directly to the Medical Examiner's Office.
- **Students.** If the individual exposed is a student riding with ACFR under the preceptor program at SFCC or City College, they are required to contact their coordinator and proceed with testing at their expense and under their insurance.
 - ACFR employees who are riding as students come under the SFCC or City College agreements and are not handled as an employee under our Worker's Compensation policy.
 - Other exposure treatments will be handled according to the specific concern at that time.

Click items below to view forms

[Significant Exposure ALG 2015 ICFORMG-Source Testing Request - 2015](#)

