NEW CASTLE FIRE DISTRICT NO. 1
Infection Control Policy

1. **Purpose**: The purpose of this Policy is to minimize or eliminate member exposure to communicable diseases. The Fire District has established a written Exposure Control Plan that is available in the Chiefs Office at all times. The Chief is the Infection Control Coordinator for this program. The Fire District is committed to full compliance with applicable laws and policies dealing with infection control. The Fire Department will develop plans leading to compliance for any deficient areas identified by this program.

2. **Scope**: This Policy applies to all personnel who have a potential for occupational exposure to blood or other infectious materials.

3. **Manual**: Each Member, volunteer, and employee is responsible for following the policies and procedures outlined in the Infection Control Manual. This Manual is reproduced below as Appendix A to this Policy.

4. **Precautions and Prevention**:

   A. The Fire District requires:

      (1) That Members wash their hands when possible after removal of gloves or other personal protective equipment that have contacted blood or other potentially infectious materials.

      (2) That Members remove personal protective equipment when possible upon leaving the emergency scene, and said personal protective equipment be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

      (3) That all Members performing procedures involving blood or other body fluids minimize splashing, spraying, or aerosols of these substances.

      (4) That all used needles and other sharp objects are not sheared, bent, broken, recapped, or resheather with two hands. Used needles will not be removed from disposable syringes. All used sharps will be placed directly into a sharps container when possible.

5. **Personal Protective Equipment**:

   A. The Fire District provides, and assures that Members use appropriate personal protective equipment where biomedical hazards are possible to exist.

B. Additionally, the Fire District assures that the appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite, or individually issued to the Member.

6. **Scene Management**: The Fire District:

A. Uses the New Castle Fire District No. 1 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.

7. **Cleaning and Disinfection**: The Fire District:

A. Provides for the cleaning, laundering, or disposal of required personal protective equipment.

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 the location, type of surface to be cleaned, type of contaminant present, and tasks or procedures done.

8. **Infectious Waste Disposal**: The Fire District:

A. Assures that Members place all infectious waste needing disposal in a closable, leak proof container or bag that is marked, color coded, or labeled, as required by law.

B. Has been assured by the Captain that the Chappaqua Ambulance Corps equips all EMS vehicles with puncture resistant containers for proper disposal of needles, disposable syringes, and other sharp surface instruments.

C. Assures that Members dispose of infectious waste according to applicable federal, state, and local regulations.

9. **Immunizations**: The Fire District:

A. Makes available Hepatitis B vaccination to all members who have a potential for occupational exposure.

B. Will provide a booster dose(s) for Hepatitis B at a future date, according to standard recommendations for medical practice at no cast to the employee.

C. Recommends that members obtain other vaccinations recommended for health care workers by the Centers for Disease Control and Prevention.

10. **Exposure Determination**: The Fire District:

A. Establishes an Occupational Exposure Incident as one of the following:

(1) Contaminated needle stick injury;

(2) Blood or body fluid contact with mucous membrane of eyes, nose, or mouth;

(3) Blood or body fluid contact with open skin (non-intact skin);

(4) Cuts with sharp objects covered with blood or body fluid; or

(5) Injury sustained while cleaning contaminated equipment.

B. Provides members with a method for the reporting of occupational exposures.

11. **Post-Exposure**: The Fire District:

A. Provides post-exposure and follow-up for all Members with an occupational exposure per New Castle Fire District No. 1 Department Exposure Control Plan, which is produced below in Appendix A.

B. Assures that a licensed physician does, or supervises, all medical evaluation 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.

12. **Medical Surveillance**: The Fire District provides all evaluations, procedures, vaccinations, and post-exposure management to the Member at a reasonable time and place, and according to standard recommendations for medical practice at no cost to the Member.

13. **Record Keeping**: The Fire District:

A. Maintains accurate medical records for each member for at least the duration of employment plus thirty (30) years.

B. Keeps all Member medical records confidential, and does not release them to any person within, or outside the workplace, except as required by law.

C. Maintains all training records for five (5) years in compliance with Section 29, Code of Federal Regulations,

14. **Training Requirements**: The Fire District:

A. Assures that all emergency response personal who are at risk for potential occupational exposure participate in a training program.

B. Provides training at the time of initial membership, and at least annually after that. This training is provided within fifteen (15) days of assignment to emergency response duties.

C. Assures that the training program contains those elements required by law.

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

16. **Amendment**: The Board of Fire Commissioners may amend this Policy from time to time in accordance with the law.

17. **Adoption**: This Policy is adopted on October 17, 2024 and supersedes any previous versions of this policy.

Appendix A: Infection Control Manual/Exposure Control Plan

1. **Purpose**: This manual has been produced to elaborate on the Infection Control Policy of the Fire District and to educate its emergency response personnel about infection control in the workplace. The goal of infection control is to prevent infection from occurring in the patient, emergency response personnel, and their families. The dangers faced by emergency response personnel are not always obvious. The occupational hazards of AIDS, hepatitis, and other communicable diseases are unseen but real. An effective Infection Control Program provides the means to minimize, but not eliminate, occupational health risks. This Exposure Control Plan is an integral part of that program.

2. **Fire District Responsibilities**: The Fire District provides this Manual and the Infection Control Policy to:

   A. Designate the Chief as the Infection Control Coordinator for the Department.

   B. Teach all persons in its membership about the epidemiology, modes of transmission, and prevention of HIV and other blood-borne infections.

   C. Emphasize the need for routine use of universal blood and body fluid precautions for all patients.

   D. Provide equipment and supplies necessary to minimize the risk of infection with HBV, HIV and other blood borne pathogens.

   E. Monitor member adherence to recommend protective measures. When monitoring reveals a failure to follow recommended precautions, appropriate counseling, education or retraining will be provided. If these measures are unsuccessful, appropriate disciplinary action will be considered.

   F. Review and update this document at least annually and whenever necessary to reflect new or modified tasks or procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposures.

   G. Make this document accessible to all members within fifteen (15) working days of their request.

3. **Member Responsibilities**: Members must learn the basics of infection control, including modes of disease transmission, and exposure risks. Each Member is responsible for ensuring compliance with the policies and procedures outlined in the Exposure Control Plan Manual.

4. **Definition of Terms**:

A. **Communicable Disease**: A disease that can be transmitted from one person to another. It is also known as a contagious disease.

B. **Infectious Disease**: An illness or disease resulting from invasion of a host by disease-producing organisms such as bacteria, viruses, fungi, or parasites.

5. **Occupational Risk**: Occupational exposure may occur in many ways, including needle sticks, cut injuries, or aerosols of body fluids. Health care workers are at high risk for blood-borne infections due to routinely increased exposure to body fluids from potentially infected patients. Any exposure to a communicable disease carries a certain amount of risk. Emergency response personnel are in an occupation that directly exposes them to body fluids and must be considered at substantial risk of occupational exposures.

6. **Body Substance Isolation**: The Centers for Disease Control (CDC) recommends the use of "Body Substance Isolation" when emergency response personnel work with blood or body fluids from any patient. This precaution says that emergency response personnel must consider all body substances from any patient as potentially infectious, Body Substance Isolation exceeds Universal Precautions which states that blood or certain body fluids from any patient may be potentially infectious.

7. **Modes of Transmission**: A communicable disease can be spread through two means: direct and indirect transmission. Blood borne diseases spread through direct blood-to-blood contact. Blood is the single greatest source of HIV and HBV in the workplace setting. Airborne diseases spread via droplets expelled into the air by a productive cough or sneeze.

8. **Measures for Prevention Health History**: A complete and detailed health history for each Member is a critical preventive measure. An individual's health history helps to identify potential high-risk areas that may require special attention. All emergency response personnel will participate in a pre-membership physical. Emergency response personnel will receive periodic examinations as recommended in post exposure situations.

9. **Immunizations/Vaccinations**:

A. Immunizations reduce the risk of contracting a communicable disease. This protects the health of the Members and their families. Due to the nature of emergency services all emergency response personnel are required by law to be vaccinated against hepatitis B.

B. The CDC highly recommends that all personnel maintain immunizations against:

(1) Measles, mumps, and rubella (MMR)
(2) Diphtheria, polio, and tetanus (DPT)

(3) Influenza (yearly)

C. The Member is responsible for ensuring that all recommended immunizations/vaccinations are up to date.

D. The Fire District complies with the OSHA mandate by providing the hepatitis-B vaccination free of charge to all emergency response personnel at a convenient time and place for the Member. Although the Fire District cannot require anyone to receive the immunization, it strongly recommends it.

E. Any NEW CASTLE FIRE DISTRICT NO. 1 emergency responder who declines the vaccination must complete and sign a waiver. Such an individual may change their mind at any time and receive the vaccination free of charge. Hepatitis B vaccines are available for all personnel upon employment. Contact the Infection Control Coordinator for details about the hepatitis-B vaccination series, or to obtain a waiver form it the vaccination is declined. A sample copy of this waiver is contained in Appendix 1.

10. **Personal Protective Equipment**:

A. Emergency response personnel often work in unpredictable and uncontrolled situations. To minimize the risk of exposure, safe work practices and appropriate protective equipment must be used.

B. Personal protective equipment includes protective equipment for eyes, face, head, and extremities.

C. The Fire District will provide, and emergency response personnel must use, personal protective clothing to reduce personal exposure to infected blood or body fluids.

D. Personal protective clothing must be maintained in a sanitary and reliable condition. Such clothing must be properly used when necessary.

E. Emergency response personnel must ensure that any personal cuts, abrasions, wounds, etc., are properly dressed for their own protection and that of their patients.

11. **Gloves**:

A. Disposable single-use gloves are a standard component of emergency response equipment in the Fire District. Gloves should be donned by all personnel before initiating any emergency care tasks involving delivery of patient care.

B. Gloves must be of appropriate material, usually intact latex or intact vinyl, of appropriate quality for the procedures done, and of appropriate size for each emergency response personnel.

C. Gloves should be changed after contact with each patient.

D. Members should replace a torn glove when possible.

E. Persons riding apparatus during or after an incident should change gloves before entering the apparatus. This will prevent contamination of the steering wheel, radio, seats; etc.

12. **Mask and Eye Protection**:

A. Personnel are required to use surgical masks and protective eyewear, or face shields, when there exists a possibility for exposure to contaminated body fluids from the following:

(1) Mucosal membranes;

(2) Eyes, mouth, or nose; or

(3) Where splashes or aerosols of material are likely to occur.

B. Such protective equipment is mandatory when providing emergency care to a patient's airway and during emergency childbirth.

C. Surgical masks may be placed on a patient when the potential for airborne transmission of disease exists.

D. Routine care does not require the use of surgical masks.

13. **Hand Washing**:

A. Hand washing is the single most important means of preventing the spread of infection. After removing gloves, hands and other skin surfaces will be washed thoroughly. Personnel should scrub hands briskly for 10-15 seconds with warm water and soap. Hand washing signs will be posted in all fire station restrooms. A copy of the Fire Department hand washing procedure is contained in Appendix II.

B. Emergency response personnel must NEVER wash their hands in food preparation areas. When hand washing facilities are not available, personnel should use a waterless hand cleaner according to manufacturer's directions. Waterless micro bacterial hand cleaner is available on all response vehicles. When this method is used, the Members must wash their hands according to the department hand washing procedure as soon as possible.

14. **Needles and Sharps**:

A. To prevent needle stick injuries, contaminated needles will not be:

(1) Recapped with two hands;

(2) Purposely bent or broken by hand;

(3) Removed from disposable syringes; or

(4) Otherwise manipulated with two hands

B. All EMS vehicles of the Chappaqua Ambulance Corp. are equipped with puncture resistant containers (sharps container) to dispose of needles, disposable syringes, and other sharp surface instruments. If a needle must be recapped because a sharps container is not readily accessible, place the cap on a flat surface, or step on it. The needle can then be placed in the cap, and then secured with the other hand.

C. Resheathing instruments, self-sheathing needles, or forceps may also be used to prevent recapping needles with two hands.

15. **Resuscitation Equipment**: Mechanical respiratory devices are available to all emergency response personnel that respond, or potentially respond, to medical emergencies or victim rescues. Disposable resuscitation equipment should be the primary means of artificial ventilation. Mouth-to-mouth ventilation without the use of a filtering mask is not an approved method employed by the New Castle Fire District No. 1 Scene Management.

16. **Incident Command**:

A. Emergency response personnel will use the New Castle Fire District No. 1 Incident Management System to manage the emergency scene effectively. This includes the following infection control measures, but is not limited to:

(1) Proper use of Personal Protective Equipment (gloves, surgical masks, eye protection, etc.) for patient care vs. extrication; and

(2) Proper packaging and disposal of contaminated equipment.

17. **Public Relations**: The Incident Commander will assure that personnel answer infection control questions arising from contact with the public consistently. Citizen inquiries about the use of Personal Protection Equipment will be answered as follows: “Our use of personal protective equipment is as much for the patient's safety as ours. Wearing such equipment assures your safety, and ours, from any contaminants that may be present.”

18. **Equipment Categories**:

A. There are three distinct levels of patient care equipment, each of which requires a different level of cleaning/decontamination:

(1) Non-critical equipment (ex. stethoscopes and blood pressure cuffs): this level of equipment requires cleaning.

(2) Semi-critical equipment (ex. stretchers, vehicle walls and floors, communication headsets, defibrillators, and drug boxes): this level of equipment requires disinfection.

(3) Critical equipment (ex. resuscitation equipment and intubation equipment): this level of equipment requires sterilization or high-level disinfection.

19. **Cleaning**: Cleaning is the physical removal of dirt and debris. Personnel should use soap and water, combined with scrubbing action. The scrubbing action is the KEY to rendering all items safe for patient use. Cleaning is generally sufficient for non-critical equipment. However, if non-critical equipment has become grossly contaminated with blood or body fluids, they also must be disinfected.

20. **Disinfection**:

A. Disinfection is reducing the number of disease-producing organisms by physical or chemical means. Personnel should clean the item with soap and water, then apply a disinfecting solution. Solutions such as chlorine bleach and water at a 1:10 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. Refer to the MSDS for each disinfectant solution to decide what personal protective equipment may be needed.

B. Remember, disinfectants can be toxic or caustic. Disinfection solutions should have an EPA registry number and show that they are effective against mycobacterium tuberculosis. Routine disposal of germicidal cleaning water in the sanitary sewer system is acceptable.

21. **Sterilization/High-Level Disinfection**:

A. Sterilization is the complete destruction of all microorganisms usually by steam or gasification.

B. High-level disinfection is the use of chemical liquids for sterilization. Personnel should clean the items, then place the items in special solutions for a prescribed time. Items must then be rinsed with sterile water. Refer to the Material Safety Data Sheets for each disinfectant solution to learn what personal protective equipment may be needed.

C. Remember disinfectants can be toxic or caustic. Cidex (a chemical sterilization agent) or equivalent is an acceptable high-level disinfectant when used according to the manufacturer's directions. Routine disposal of germicidal cleaning water in the sanitary sewer system is acceptable.

22. **Cleaning/Disinfecting Areas**:

A. Contaminated equipment from an emergency incident should be bagged and transported to the designated cleaning area. Biohazard waste containers provided for contaminated equipment will have the biohazard symbol. A sample of a biohazard symbol is contained in Appendix III.

B. The designated cleaning area for the Fire District is located in the rear of 3 bay garage by the slop sink.

C. Medical equipment must never be cleaned or disinfected in the station's living quarters, especially food preparation or eating areas.

D. MSDS sheets for each disinfectant will be maintained by the Fire District.

23. **Laundry**:

A. The Fire District encourages all members to wash their outer garments at the fire station to minimize the potential of spreading infection.

B. Turnout gear may be washed only outdoors, on the apparatus floor, or using the District's washing machine using an approved turnout gear cleaner such as Winsol. Chlorine solutions will NEVER be used on turnout gear.

C. Members should have a fresh change of clothing available to them: in the event their clothes become soiled, they may change into clean clothes before returning home. This minimizes the risk of carrying unknown infectious agents or disease producing microorganisms home on a dirty uniform to their family members.

D. Outer garments that are GROSSLY blood soiled should be disposed of as regulated biomedical waste.

24. **Linens**: If for any reason, Department linens are used form EMS purposes, they are to be treated as Laundry as outlined above.

25. **Cleaning Key**:

A. The following represents the cleaning key (i.e., the required cleaning categories):

(1) Dispose

(2) Cleaning (Multipurpose household or industrial cleaner

(3) Disinfection (1:10 Bleach/water solution

(4) High-level Disinfectant (Cidex

(5) Laundry

26. **Article Cleaning Procedure**:

A. The following represents a list of various article cleaning procedures:

Airways (Including ET tubes, Oropharyngeal, Nasopharyngeal): 1
B/P Cuffs: 2
Backboards: 2
Bag Valve Masks: 1
Bite Sticks: 1
Bulb Syringe: 1
Cannulas, Masks: 1
Cervical Collars: 1 or 2
Dressings and Paper products: 1
Drug Boxes: 3
Electronic Equipment: 3
Emesis Basins: 1
Firefighter Protective Equipment: 5
Humidifiers, Regulators, Tanks: 2
KED: 3
Laryngoscope/blades: 4
Linens: 1 or 5
MAST Suit: 3
Needles/Syringes: 1
Penlights: 1 or 2
Pocket Masks: 1 or 4
Restraints: 2
Resuscitators (BVM): 1 or 4
Rescue Tools: 2 or 3
Scissors: 3
Splints: 2
Stethoscope: 2
Stretcher: 3
Stylets: 1 or 4
Suction Catheters: 1
Suction Unit (Collection Jars): 3
Uniforms: 5

B. In cases where the level of contamination is relatively low, it should be cleansed and disinfected.

C. Personnel should take care to make sure that all medical devices are still materially sound before placing them back in service whether they were used during the emergency operation or not.

D. Disposable items are more susceptible to wear than nondisposable items. Repeated non-emergent handling of these items may cause their failure.

E. When contaminants such as blood or vomitus get into the interior of medical equipment it should be cleaned and disinfected or, if this is not, possibly discarded and reordered.

F. For information about cleaning/disinfecting equipment not listed above, contact the Fire Department Infection Control Coordinator.

27. **Biohazard Waste Containers**:

A. The Department of Environmental Conservation mandates the proper disposal of biohazard waste. The Fire District supplies biohazard containers that meet, or exceed, OSHA and EPS specifications.

B. When personnel generate biohazard waste at an incident, it is their responsibility to dispose of that material in a properly marked biohazard container.

C. When transporting biohazard waste aboard emergency response vehicles, the Members will place such waste in appropriately marked leak-proof containers. Each emergency response vehicle will have at least one (1) biohazard container available for their use.

D. The fire station will have at least one (1) large container with a designated area for the storage of and pick up of biohazard waste.

E. When preparing a biohazard container for disposal, personnel will wear both gloves and eye protection. This area must be away from the fire station living area and clearly marked with the biohazard symbol.

28. **Biohazard Bags**: Objects contaminated with potentially infectious materials must be placed in an impervious bag. If outside contamination of the bag is likely, a second bag will be added. The bag will have the signal word "BIOHAZARD" or other biological hazard symbol and, in most cases, be red in color. The items may then be transported to an approved area for disposal or appropriate cleaning.

29. **Contaminated Gloves**: When gloves become contaminated, they should be removed as soon as possible taking care to avoid skin contact with the exterior of the gloves. All gloves will be considered contaminated and must be disposed of in an approved biohazard container. Personnel should never leave used gloves on scene or throw them in an ordinary waste receptacle.

30. **Sharp Instruments Disposal**: Disposable syringes, needles, scalpel blades, and other sharp items must be placed in the provided puncture-resistant containers for disposal. All Chappaqua Ambulance Corps patient care vehicles will have puncture-resistant containers.

31. **Occupational Exposures**:

A. The following is a quick reference guide concerning the different levels of exposure that personnel may encounter:

(1) Occupational Exposure - reasonably anticipated skin, eye, mucous membrane or potential contact with blood or other potentially infectious materials that may result from the performance of a Member's duties.

(2) Exposure Incident - a specific eye, mouth, other mucous membrane, non-intact skin or potential contact with blood or other potentially infectious materials that results for the performance of a Member's duties.

B. The following are among those considered to be classified as an Exposure Incident:

(1) Contaminated needle stick injury.

(2) Blood or body fluid contact with rescuer's mucous membrane or eyes, nose, or mouth.

(3) Blood or body fluid in contact with non-intact skin.

(4) Cuts with sharp instruments covered with blood or body fluid.

(5) Any injury sustained while cleaning contaminated equipment.

C. Complete COMMUNICABLE DISEASE EXPOSURE FORM, a sample copy of this form may be found in Appendix IV. Notify the on-duty chief or line officer. Notify the Infection Control Coordinator.

32. **Post-Exposure Follow Up**:

A. Documentation:

(1) When a Member experiences an Exposure Incident to a communicable disease, the incident must be documented within twenty-four (24) hours of the suspected exposure on a "Communicable Disease Exposure Form." This documentation protects both the Member and the Fire Department. Proper documentation is essential for insurance and compensation claims, and is useful for quality assurance and compliance monitoring.

(2) All Member medical records, including communicable disease exposures, are strictly confidential. The Communicable Disease Exposure Form will be forwarded to the Infection Control Coordinator who will investigate the incident further.

B. Notification:

(1) The Ryan White Comprehensive AIDS Resources Emergency Act of 1990 mandates that the receiving hospital's Infection Control Practitioner must notify the Department's Infection Control Coordinator within forty-eight (48) hours of a communicable disease diagnosis in a patient treated by a pre-hospital team member. Upon notification, the Infection Control Coordinator will notify the involved Member(s) and initiate any necessary follow up. It is the responsibility of the Infection Control Coordinator to document the incident and coordinate any follow-up activities with the Fire Department Surgeon.

(2) If the Member suspects that a patient he may have attended may have a communicable disease that is transmitted by means other than aerosol, and that such Member may have experiences an Exposure Incident, the Department Infection Control Coordinator will request, in writing, that the receiving medical facility determine whether, on the basis of the information possessed by the medical facility, the member was exposed to a communicable disease.

(3) By law, the receiving medical facility must notify the Department Infection Control Coordinator of the determination, in writing, within forty-eight (48) hours whether or not the member was exposed. The Infection Control Coordinator will then notify the member and, if appropriate, the Department Surgeon.

C. Verification:

(1) Verification is the process of deciding if a reported exposure poses a real health risk to the Member. The Infection Control Coordinator will advise the Member of any required follow up treatment. The Department Surgeon and/or the Epidemiologist at the receiving hospital will determine the appropriate follow up treatment.

(2) The Member will be verbally notified of any treatment within twenty-four (24) hours, with written documentation to follow within forty-eight (48) hours. If an exposure requires follow up treatment follow the procedure in the New Castle Fire District's Exposure Control Plan.

D. Treatment:

(1) Treatment is medical care given to reduce the chance of contracting a communicable disease after exposure. The type and timing of treatment varies with different diseases. Depending on the disease, treatment may be short- or long-term.

(2) Diseases that usually require post-exposure treatment include, but are not limited to:

(a) MV

(b) Hepatitis B

(c) Non-A, Non-B Hepatitis

(d) Meningitis

(e) Tuberculosis

(3) All post-exposure testing will be performed at Northern Westchester Hospital Center as specified in the New Castle Fire District No. 1's Policy and Procedure Manual.

(a) The exception would be when the exposure is in conjunction with an injury, such as a laceration, that requires prompt emergency care. In such cases the initial testing and treatment should be done simultaneously at the medical facility providing treatment.

(3) Emergency response personnel will be informed of the results of medical evaluation. They must be told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

(4) Serologic testing is available through Northern Westchester Hospital Center. This is available to all emergency response personnel with concern about a possible communicable disease exposure, provided that they have documented the potential exposure. All testing and any required follow-up treatment will be provided at no cost to the Member.

33. **Exposure Incident Protocol**:

A. Injuries involving unused, sterile needles should be reported to the Department Safety Officer in the same manner as any other minor injury. Care at the time of injury should consist of:

(1) Local wound care, which includes washing the affected area with a germicidal soap and copious amounts of running water. When possible, the affected area should be soaked in an antiseptic solution, using standard first aid procedures. The injury site should then be dressed as any other wound.

(2) Consideration of need for tetanus-diphtheria toxoid.

B. Occupational Exposures with a KNOWN contamination source should be handled as follows:

(1) The hospital receiving the patient will be contacted and informed that an Occupational Exposure Incident has occurred.

(2) The Infection Control Coordinator will contact the Infection Control Practitioner at the receiving medical facility to determine whether or not the patient has an infectious disease. Determination of risk will be based on medical information possessed by the medical facility treating the patient. The medical facility must respond to the Department's request in writing as soon as practical but not later than forty-eight (48) hours after receipt of such request. Although every attempt will be made to secure permission from the suspected source individual to perform appropriate blood tests, New York State Law does not permit testing for infectious disease without the permission of the patient.

(3) The injured member should be interviewed regarding any history of hepatitis, risk factors for exposure to hepatitis B, and hepatitis B immunization status.

(a) The following blood test will be requested:

1. Anti-Hep BsAg (antibody to Hepatitis B surface antigen)

2. HIV antibody

(b) Any personnel receiving an occupational exposure from a HIV positive patient should have an additional HIV antibody test done six (6) weeks post-exposure. The HIV antibody test must be repeated at 3, 6, 12 month intervals.

1. The results of these tests will be provided to the member with counseling from a physician.

2. The results of these tests will remain in strict confidence between the firefighter/EMS provider and the attending physician.

3. These tests will be done at the expense of the Fire District.

4. The Member will provide the Department Infection Control Coordinator with information necessary to comply with worker's compensation laws, and other Fire Department policies only.

C. Occupational Exposure Incidents from an UNKNOWN source should be handled as follows:

(1) Test for anti-Hep BsAg

(2) The HIV antibody will be tested at 3, 6, 12 month intervals post exposure.

(3) If Member tests anti-Hep BsAg negative:

(a) Receive hepatitis B immune globulin

(b) Repeat dose of Hepatitis vaccine at time of injury and test for anti-Hep BsAg one (1) month post vaccination.

D. Prophylactic treatment for the presence of the HIV virus. The Department Surgeon, in consultation with the Department of Epidemiology at Northern Westchester Hospital Center, will decide which agent is most appropriate.

34. **Reporting Requirements**: Employers have a responsibility under various federal and state laws and regulations to report occupational illnesses and injuries. Existing programs in the National Institute for Occupational Safety and Health (NIOSH), Department of Health and Human Services; the Bureau of Labor Statistic, Department of Labor, and the Occupational Safety and Health Administration receive such information for the purposes of surveillance and other objectives. State Health Departments report cases of infectious disease, including HIV and HBV, to the Centers for Disease Control. For the purposes of reporting such information, the Fire District will cooperate with the medical professionals treating its Members for exposure to infectious diseases.

35. **Confidentiality of Patient Information Disclosures**:

A. All patient-related information must be considered confidential. Generally, notification laws emphasize patient confidentiality, not full disclosure to the attending emergency response personnel.

B. The social stigma associated with AIDS, or testing positive for the virus that causes AIDS (HIV), is very strong in this country. Anyone can become a victim of this deadly disease, and not always through behavior on their part. No matter the means through which a person gets the disease AIDS destroys their life. Beyond the killing effects of AIDS, these people suffer humiliation, harassment, neglect, and abandonment by our society. This is just as true for the hemophiliac that gets AIDS from a blood transfusion as it is for the intravenous drug user.

C. EMS personnel learn things about patients through their patient care contact that the patient's most intimate friends, or relatives, don't know. They obtain this information because the patients trust them. Emergency services response

personnel have a tremendous moral responsibility not to betray those confidences, as well as a legal one.

(1) On the federal level, there is legislation enacted in January 1992 designed to provide greater protection against discrimination to patients with HIV.

(2) The Americans with Disabilities Act classifies patients with AIDS or those who test HIV positive as handicapped citizens. This classification affords such patients the same protection against discrimination in our society as other handicapped citizens. This legislation will set the AIDS, or HIV positive, patient apart from patients suffering from other communicable diseases.

(3) The Fire District's emergency response personnel will use knowledge of a patient's communicable disease status for patient care only. The same confidentiality standards apply to information regarding the communicable disease status of workers involved in emergency services response. This information is between the worker and the attending physician.

D. The sharing of this information through any other means, including the "grapevine", is a violation of confidentiality standards. Appropriate disciplinary action will be taken towards individuals who violate these confidentiality standards.

36. **Health Maintenance System**: The health maintenance system is designed to optimize the health of workers, and to minimize the risk of getting an occupational infection or injury. The health maintenance system includes: pre-entry (or premembership) health assessment, periodic reassessment, reporting of communicable disease exposures, and a Member assistance program.

37. **Health Assessment**:

A. The Fire Department Surgeon/Interstate Diagnostic has agreed to be responsible for guiding, directing, and advising personnel concerning their health, fitness and suitability for various duties and has been designated as the New Castle Fire District No. 1's Department Surgeon.

B. Health assessment examinations are available annually to all department personnel engaged in emergency operations.

C. If a physician other than the Department Surgeon/Interstate Diagnostic conducts an examination, the Member is responsible for examination costs, and the examination report will be subject to review by the Department Surgeon/Interstate Diagnostic.

D. Members needing post-exposure follow up care from an infectious disease exposure will receive follow up care from Northern Westchester Hospital Center. If a need arises for medical exam information contained in their annual physical

conducted by the Department Surgeon/Interstate Diagnostic, Members can authorize the release of that information to Northern Westchester Hospital Center.

38. **Work Restrictions**:

A. Under certain circumstances, the supervising physician may prescribe work restrictions or light duty assignment to members. These restrictions may be for infection control purposes or for other medical reasons.

B. Members who are pregnant must provide the Fire Department with written documentation from their private physician indicating the extent of any work limitations, i.e., full duty, light duty, etc.

C. Any emergency response personnel having a communicable disease, such as influenza, lesions with morbid oozing of fluids, or HBV, will be assigned to duty that does not require patient contact. This determination will be made through consultation with the member's private physician, the Northern Westchester Hospital Center, and the Department Surgeon/Interstate Diagnostic.

D. Members undergoing follow-up for post-exposure reasons must keep medical appointments and will be provided with the necessary time off to attend such appointments.

39. **Training**:

A. The Department Training Officer will assure that all members receive education on precautionary measures, epidemiology, modes of transmission and prevention of HIV/HBV.

B. Members will receive training regarding the location and proper use of personal protective equipment, work practices, and precautions to be used in handling contaminated articles and infectious waste within ten (10) days of their assignment to emergency response duties.

C. At a minimum, the training program will include the following:

(a) An accessible copy of the Standard and an explanation of its contents;

(b) A general explanation of the epidemiology and symptoms of blood borne diseases;

(c) An explanation of the modes of transmission of blood borne pathogens;

(d) An explanation of the Fire Department’s Exposure Control Plan and the means by which the Members can obtain a copy of the written plan;

(e) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

(f) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;

(g) Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;

(h) An explanation of the basis for selecting personal protective equipment;

(i) Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be provided at no cost to the Member;

(j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

(k) An explanation of the procedure to follow if an exposure occurs, including the method of reporting the exposure and the medical follow up that is provided to the member following an exposure;

(l) An explanation of the signs and labels and/or color coding required;

(m) An opportunity for interactive questions and answers with the person conducting the training session.

D. The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the members' workplace.

E. Training records will show the dates of training sessions, the content of those training sessions, the names of all persons conducting the training, and the names of all who attended the training. Training records will be maintained for five years.

F. All new members will receive this training before making any patient care contact.

40. **Amendment**: The Board of Fire Commissioners may amend this Manual from time to time in accordance with the law.

41. **Adoption**: This Manual is adopted on _____ and supersedes any previous versions of this policy.

APPENDIX I
MEMBER DECLINATION OF HEPATITIS B VACCINE
NEW CASTLE FIRE DISTRICT NO. 1
P.O. BOX 64
CHAPPAQUA, NEW YORK 10514

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 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 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 at no charge to me.

Signed _____

Printed Name _____

Witness _____

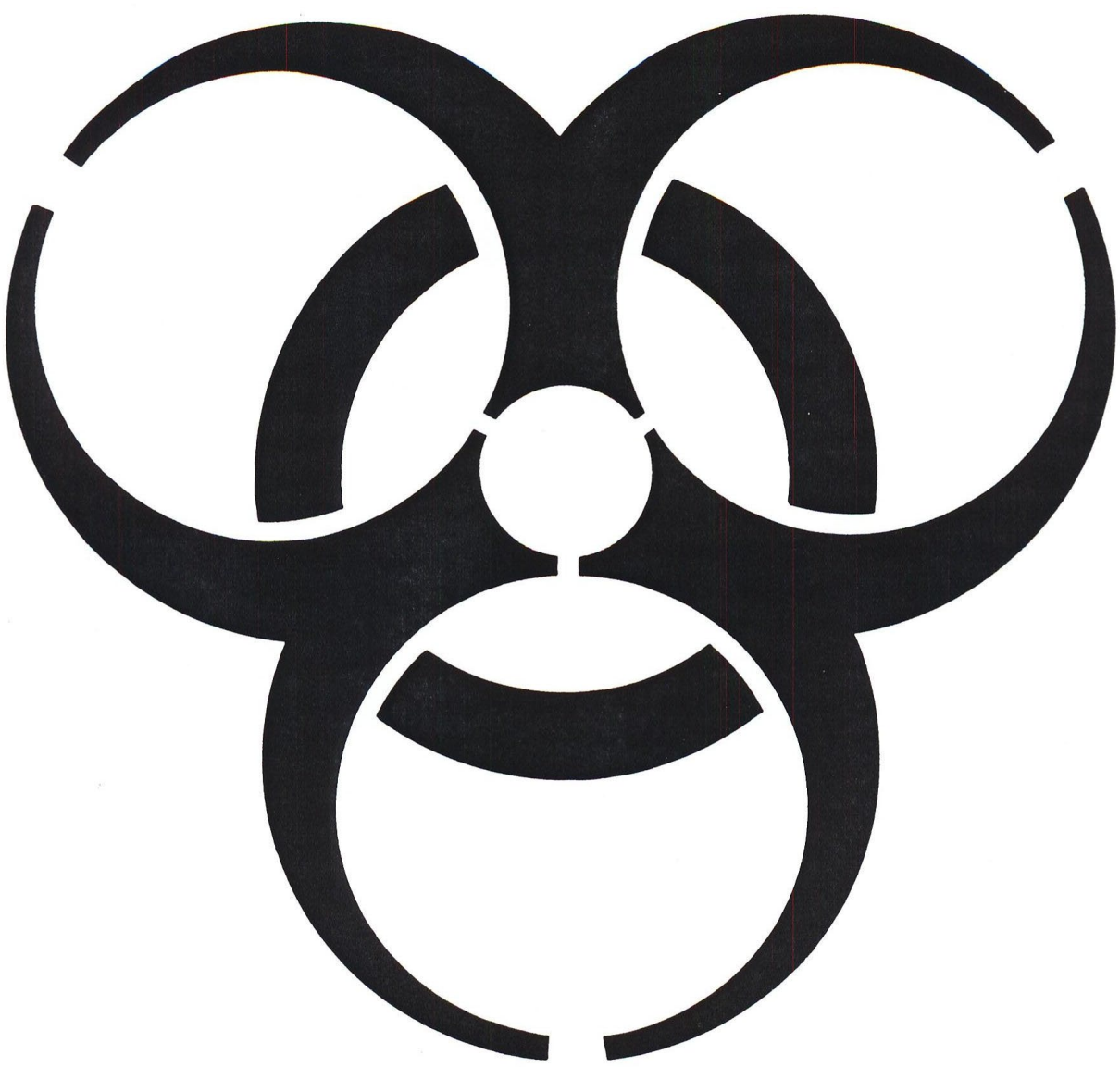
Printed Name _____

Date _____

APPENDIX II
HAND WASHING PROCEDURE

Hand washing is the single most effective means of eliminating the spread of infection. Hand washing should be done before and after contact with the patient, after contact with body fluids and soiled items and after removal of gloves. Remove all rings because these harbor dirt and organisms. Wear your watch well above the wrist or place in a plastic bag is needed. Wet your hands and wrists with warm water and germicidal cleanser. Hold your hands below elbow level to avoid contaminating clean areas. For a routine hand washing, 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 remove. Pay special attention to the area under fingernails and around cuticles and the 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 hand in 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 re-contaminating your hands. Discard paper towel in an appropriate receptacle.

APPENDIX III



BIOHAZARD

P.O. BOX 64
CHAPPAQUA, NEW YORK 10514

Request for Evaluation of Possible Infectious Disease
Exposure to an Emergency Response Employee (ERE)

Date_____ Time_____

ERE Incident Identification Code _____
(DO NOT USE ERE NAME)

ERE Employer _____

Address
_____
_____
Designated Officer _____
Phone _____

INCIDENT INFORMATION

Patient ID Code (PCR/ACR#) _____ Age ____ Sex _____
(Do not use patient's name)
Date Transported_____ Time Received_____
Receiving Facility _____
Nature of Concern;
_____Possible Blood borne Pathogen Exposure
_____Possible Pulmonary Tuberculosis Exposure
_____Possible Exposure to other Respiratory Pathogen
Criteria to support possible blood borne pathogen exposure:
Type of body substance involved in the incident_____
Type of Exposure: _____Needle stick or other penetrating injury
_____Mucus membrane non-intact skin contact
_____ _____Other
Description of the Incident:_____
_____
Criteria to support possible tuberculosis or other respiratory pathogen exposure:
_____

*If necessary, the name of the patient and the identification code may be provided to the medical facility separately.

NEW CASTLE FIRE DISTRICT NO. 1
P.O. BOX 64
CHAPPAQUA, NEW YORK 10514

Facility Response (Must be Completed within 48 Hours)

_____There is insufficient information with which to identify the source patient.

_____ Evaluation of the source patient reflected no available evidence of the type infection in question.

_____ Evaluation of the source patient confirmed the presence of: _____

_____ Evaluation of the source patient demonstrated signs and symptoms which may be compatible with_____, however no laboratory data are available at this time with which to confirm a diagnosis.

Name of Facility Contact_____

Phone_____ Date/Time Designated Officer informed_____

Comment:_____
_____

Date/Time received by Designated Officer:_____

Date/Time ERE informed:_____

Comment:_____
_____