

Fauquier County Department of Fire Rescue

OPERATING PROCEDURE

No. 707

Infectious Disease Exposure Reporting

Effective Date: September 1, 2009 Page 1 of 5

Revision Date: February 2, 2018 Forms:

Approved By: Darren L. Stevens, Fire Rescue Chief

Approved By: Tom Marable, President VFRA



PURPOSE

To establish procedures for the reporting of an exposure to actual or suspected communicable diseases

SCOPE

This procedure applies to all operational personnel within the Fauquier County Department of Fire, Rescue and Emergency Management and the Fauquier County Volunteer Fire and Rescue Association and its associated departments.

I. PREFACE

- A. From time to time department personnel, volunteer personnel, and Good Samaritans may be exposed to potentially infectious materials during the performance of various duties. These operating procedures are to establish preliminary actions to be taken when such an occurrence takes place.
- B. Actions should be taken to limit the exposure of personnel to patients with active or suspected communicable diseases. Actions should include, but not be limited to:
 1. Restricting the number of personnel in contact,
 2. Use of appropriate PPE,
 3. Separation of all equipment and supplies used for patient care which needs to be destroyed or decontaminated.
- C. The Department recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of operations including emergency response, training and while in the station.
- D. Personnel should be aware that being in contact with blood or other bodily fluids does not necessarily constitute an exposure. If, however, the employee is concerned, or feels an exposure has taken place, he/she is to follow the procedures for reporting an exposure.

Desire to Serve

Ability to Perform

Courage to Act

Infectious Disease Exposure Reporting		No. 707
Effective Date: September 1, 2009	Revision Date: February 2, 2018	Page 2 of 5

E. It is the Department's policy to:

1. Provide services to all persons requiring them without regard to known or suspected diseases in any patient.
2. Regard all patient contacts as potentially infectious and to take universal precautions at all times.
3. Provide Department personnel with the necessary training, immunizations and protective equipment to reduce the risk to them and members of the public.
4. Recognize the need for infection controls in the workplace.
5. Prohibit discrimination of any Department member based on infection with HIV or HBV virus.
6. Regard all medical information on Department personnel as confidential.

II. PROCEDURES

A. Program Administration

1. The Department is responsible for the implementation of the Exposure Control Plan (ECP). The safety and health group under the direction of the Infection Control Officer (ICO) will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
2. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this OP and the full ECP.
3. Fauquier Fire and Rescue and the volunteer companies will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the regulations.
4. The ICO will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
5. The Department will be responsible for training, documentation of training, and making the full written ECP available to employees, OSHA, and NIOSH representatives upon request.

Infectious Disease Exposure Reporting		No. 707
Effective Date: September 1, 2009	Revision Date: February 2, 2018	Page 3 of 5

B. Post Exposure Evaluation and Follow-up

1. Should a suspected exposure incident occur, cleanse exposed area immediately with soap and water (if not available use saline and/or disinfecting cleaner). Clean the wound and flush the eyes or any mucous membrane with water

2. Report the suspected exposure *immediately* to the ICO:
 - a. Primary: Battalion Chief Kenneth Johnson (540) 222-0426
 - b. Secondary: Battalion Chief Michael Gillam (540) 287-9114
 - c. Volunteer Members: Stations ICO (if unavailable contact ICOs above)
 - i. **Immediately** means prior to leaving the receiving hospital or upon completion of the incident, if not sooner. Personnel not on transport units shall make notification upon returning to the station if you cannot make contact sooner. If the source patient refuses to be transported you must contact the ICO prior to leaving the scene (no mention of exposure via radio).

3. If source patient refuses transport inform them that an exposure occurred and you would like them to accompany you to the hospital for testing at no charge. If they continue to refuse inform the ICO.

4. Inform your immediate supervisor that an “exposure has occurred.” No other information need be given. Employees are discouraged from sharing information with other employees not directly involved with the exposure incident.

5. After the above actions are completed and after the incident is over, the following actions should take place if an exposure was determined by the ICO to take place:
 - a. Contact the hospital receiving the source patient and request the charge nurse draw bloods for an occupational exposure
 - b. An immediately available and confidential medical evaluation will be conducted on the exposed individual
 - c. Do not record any exposure information on daily log

Infectious Disease Exposure Reporting		No. 707
Effective Date: September 1, 2009	Revision Date: February 2, 2018	Page 4 of 5

- d. Provide the ICO the patients name, age, DOB, receiving hospital, patient ID, nature and duration of exposure, suspected or known organisms, actions taken, name of charge nurse and attending physician
- e. If an injury occurred with or without exposure, follow the injury reporting procedures
- f. If an exposure has occurred' fill out the exposure form located on SharePoint and submit to ICO

C. Animal Bites

- 1. In the event of a domesticated or non-domesticated animal bite first retreat to a safe place or place a barrier between you and animal and contact animal control (Sheriff's office). Animal control will be necessary later to facilitate testing of rabies and other transmittable diseases.
- 2. After it is safe to do so:
 - a. Thoroughly cleanse the area with soap and water
 - b. Bandage site if possible
 - c. Notify supervisor and ICO
 - d. If possible and without risking injury, keep animal contained for testing
 - e. Fill out exposure form and follow the injury reporting procedures

D. Good Samaritan Exposure

- 1. Get as much patient information as possible: name, sex, DOB, patient I.D. #, E.R. room #, transport unit and names of exposed Good Samaritans. Make sure an incident number and the ICO contact info is given to Good Samaritan (NO PATIENT INFO IS TO BE GIVEN TO GOOD SAMARITAN).
- 2. Information from Good Samaritan is obtained and provided to the charge nurse and the ICO. Information to include Good Samaritan's name, address, contact number, and primary care physician.
- 3. ICO will contact the hospital receiving source patient and ask charge nurse to draw bloods for a Good Samaritan exposure.

Infectious Disease Exposure Reporting		No. 707
Effective Date: September 1, 2009	Revision Date: February 2, 2018	Page 5 of 5

4. Charge nurse will notify hospital's Infection Control Supervisor of Good Samaritan exposure. The hospital's Infection Control Supervisor will contact the Good Samaritan's primary care physician with the results of the lab tests. The primary care physician will notify Good Samaritan of the results and any treatment required.
5. If source patient refuses transport or blood draw the crew shall contact the ICO and if unavailable the on duty Battalion chief (no mention of exposure via radio). Inform the source patient that this is a safety issue and if needed legal means shall be pursued as provided by Virginia code.
6. If Source Patient is not transported have patient go to closest hospital to have bloods drawn. Charge Nurse will have to be notified.