



# ***FIRE RESCUE***

**ALBEMARLE COUNTY**

## **STANDARD ADMINISTRATIVE POLICY**

<b>Subject:</b>	Exposure Control Plan/Infection Control
<b>Reference Number:</b>	SAP-OPS-013
<b>Effective Date:</b>	1 July 2005
<b>Last Revision Date:</b>	27 February 2006

**Signature of Approval:**

A handwritten signature in black ink, appearing to read "Dan Eggleston".

**J. Dan Eggleston, Chief**

**Purpose:**

The purpose of this policy is to adopt the latest revision/edition of the Exposure Control Plan.

**Background:**

The Exposure Control Plan was written and prepared for the Department by Katherine West, BSN, MSED, CIC, in August 2002 with subsequent revisions, changes, additions, and modifications.

**Scope:**

This policy and referenced documents apply to all Department of Fire Rescue personnel.

**Policy:**

By way of this SAP, the Department adopts the latest revision/edition of the referenced [Exposure Control Plan](#).

# Albemarle County Fire Rescue



## OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS AND TUBERCULOSIS

August, 2002, Update/Revised September 2013

Exposure Control Plan

## **IMPORTANT NOTICE**

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



## SCOPE

Albemarle County Fire Rescue and affiliated emergency response agencies recognize that many of its personnel are involved in job responsibilities that may place them at risk for direct contact with blood and other potentially infectious materials. It is the goal of the department to strive to reduce exposure in the department member population and thus reduce the incidence of occupational health risk. It is also the goal of the department to insure that the patients served are offered protection from infection. Albemarle County Fire Rescue's Exposure Control Plan addresses bloodborne pathogens and tuberculosis.

# Albemarle County Fire Rescue

## SCHEDULE FOR IMPLEMENTATION

EXPOSURE CONTROL PLAN - 2002, Revised: September 2013

Bloodborne/Tuberculosis

EDUCATION & TRAINING - Bloodborne	2000
Tuberculosis	2000
HEPATITIS B VACCINE -	1997
ENGINEERING CONTROLS/SOP'S -	1992
POST EXPOSURE/MEDICAL - Follow Up	1992
RECORDKEEPING -	1992
TUBERCULIN SKIN TESTING -	2000
RESPIRATORY PROTECTION - PROGRAM	N/A
COMPLIANCE MONITORING -	2002
SHARPS RISK ASSESSMENT	2000-2004

**Exposure Control Plan**

## GENERAL STATEMENT - EXPOSURE CONTROL PLAN

This Exposure Control Plan shall be:

1. Accessible to members within 15 working days of their request
2. Reviewed and updated at least on an annual basis by the Designated Officer.
3. Reflective of all current Centers for Disease Control recommended practices for protection of patients and staff.
4. Reflective of applicable portions of the NFPA 1581 Infection Control Standard for Fire departments

## POLICY STATEMENT:

It shall be the policy of all supervisors and managers of the organization to:

- A. Support and enforce compliance with the Exposure Control Program
- B. Correct any unsafe acts and refer any individuals for remedial training if required
- C. Mandate safe operating practices on scene and in-station
- D. Refer any individual for medical evaluation who may possibly be unfit for work for infection control or other reasons
- E. Ensure initial medical evaluations, immunizations and infection control training have been completed prior to allowing any individual to begin EMS response.
- F. Participate in education and training programs prior to active duty and attend on-going education and training programs.

**This plan represents the minimum level of practice. Failure to comply with the requirements of this plan will result in disciplinary action.**

## HEALTH MAINTENANCE

### *POLICY STATEMENT*

NO MEMBER OF THE ALBEMARLE COUNTY FIRE RESCUE DEPARTMENT OR AFFILIATED SHALL BE ASSIGNED TO EMERGENCY RESPONSE DUTIES UNTIL CERTIFIED AS FIT FOR DUTY BY THE DEPARTMENT:

1. Applicants will be provided TB skin tests, HBV immunization, infection control education and training, after the completion of the application process
2. Applicants will show written proof of immunity for Measles, Mumps and Rubella, if available
3. Applicants will show proof of immunity for Chickenpox, if available
4. Personnel exposed to a communicable disease off duty should contact the Designated Officer
5. All illnesses listed under the work restriction guidelines program are to be reported to the Designated Officer.

**Exposure Control Plan**

## **Chickenpox Prevention and Control**

On hire, each member will be asked to complete a health history form. This form will address chickenpox immunity. New members, who do not have immunity to chickenpox by reported history of the disease as a child, will be advised to obtain the most current chicken pox vaccine.

It should be noted that the County is responsible for payment of this prevention method. Members will be advised to contact the local health department for immunization clinic hours and fees.

Members who receive chickenpox vaccine should submit proof of vaccination for inclusion in their medical record.

# **EXPOSURE CONTROL PLAN** **DEVELOPMENT**

This Exposure Control Plan was developed by Katherine H. West, BSN, MEd, CIC, an Infection Control Consultant with Infection Control/Emerging Concepts, Inc., in conjunction with Ed Fisher. Any questions regarding the development of this plan should be addressed to both Katherine West and/or the Designated Infection Control Officer

**Implementation of this plan is the responsibility of Albemarle County Fire Rescue.**

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**Katherine West, BSN, MEd, CIC**  
**Infection Control Consultant**  
**August, 2000**

## DOCUMENTS USED IN THE PREPARATION OF THIS PROJECT:

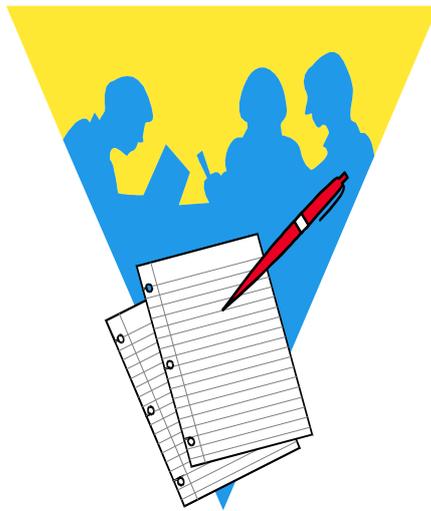
1. APIC Core Curriculum - Infection Control
2. 29 CFR Part 1910.1030- Bloodborne Pathogens
3. 29 CFR Part 1910.20 - Medical Records
4. Centers for Disease Control and Prevention - 1994  
Guidelines for Prevention and Control of Tuberculosis
5. Centers for Disease Control- 1989 Guidelines for Public  
Safety Workers
6. 42 CFR Part 84 Subpart K, Volume 60, Federal Register  
June 8, 1995:30338
7. West KH: Infectious Disease Handbook for Emergency Care Personnel,  
ACGIH, 1994
8. NIOSH Alert, Latex Glove Sensitivity, June, 1997
9. CDC Guidelines for Health Care Worker Infection Control, Draft,  
Federal Register, September, 1998
10. The Source, IC/EC, Inc., 1998, Springfield, Virginia
11. Guidelines for Infection Control in Health-Care Personnel, 1998, AJIC,  
June, 1998
12. Medical Waste Regulations – State of Virginia
13. OSHA Instruction CPL 2-2.44D, Enforcement Procedures for the  
Occupational Exposure to Bloodborne Pathogens, Nov. 5, 1999
14. NIOSH Alert, Preventing Needlestick Injuries in Health Care Settings,  
November, 1999
15. Needlestick Prevention Act, US Congress, March, 2000

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- 16.** Updated Us Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, MMWR, June 29, 2001
- 17.** Virginia State Presumption Act, 2001
- 18.** CPL 2-2.69 Compliance Directive, OSHA Bloodborne Pathogens, November 27, 2001
- 19.** Hand Hygiene Guidelines, Centers for Disease Control and Prevention, October 25, 2002

These documents are currently under review and will be updated in the January 31, 2014 revision of the plan.

# EXPOSURE DETERMINATION



**Exposure Control Plan**

## **EXPOSURE DETERMINATION**

I. This Plan identifies members who are deemed to be at risk. This determination is assigned without the consideration of the use of personal protective equipment. The exposure determination assignments for personnel was made based on if it could be "reasonably anticipated" that an member would come into contact with blood or other potentially infectious materials. Thus, the core of this Plan will deal with exposure to blood and other potentially infectious materials (OPIM).

2. As all members may have the opportunity to be exposed to an airborne transmissible disease, this plan will address education and training with regard to tuberculosis (TB), risk assessment, notification of exposure, testing and medical follow up.

## **EXPOSURE DETERMINATION**

The following member groups were reviewed for the purpose of exposure determination assessment;

**DEEMED NOT TO BE AT RISK:** But covered in this plan

Administrative Staff

Dispatch Staff

It should be noted, however, that if these individuals should sustain an exposure, they will be followed under the department's policy for post-exposure management.

**ALL EXPOSED PERSONNEL:**

Paramedic

EMT's

First Responders

**Exposure Control Plan**

**RISK TASKS AND PROCEDURES LISTING**

**AND**

**RECOMMENDED PERSONAL PROTECTIVE**

**EQUIPMENT**

## Guide For The Use of Personal Protective Equipment – Fire/EMS

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

## Needlestick Injury Risk Assessment

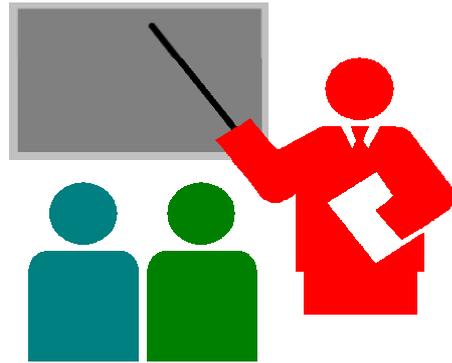
A complete review of needlestick injuries for 2012-2013 has been conducted. **2 sharp** injuries have been documented in staff members.

The Department began converting over to a needleless system beginning in, 2003 after review and trial of selected devices.

Needlesafe and needleless devices are supplied by University of VA Hospital and Martha Jefferson Hospital and Albemarle County Fire Rescue.

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

# EDUCATION AND TRAINING



## **GENERAL GUIDELINES FOR EDUCATION AND TRAINING**

The Designated Officer, in preparation for this new role, will participate in a formal training program to prepare for this role. Certificate is on file. On or before the end of July, 2000, the department will allow for our instructor to attend a train the trainer session to prepare a key individual to serve as trainer for this department. All members will be provided training at no cost to members and will be offered during normal working hours.

Training will be provided at the time of orientation process and on an annual basis. The trainer will reserve the right to require additional training if he/she feels previous training was not in keeping with standards. Annual training for all current members will be completed within one year of their previous training. Annual training will update personnel on the diseases and department changes in policy/procedure and department exposure rates.

All training content will be reviewed on a continual basis and when changes in procedures or equipment are noted, additional training will be scheduled.

Albemarle County Fire Rescue will insure that training is offered in the appropriate language and word level for all members.

Training will include;

1. Each member will have access to a copy of the  
OSHA standard and the department Exposure Control  
Plan.
2. A general explanation of the epidemiology of  
bloodborne disease and their symptoms will be  
offered.

**Exposure Control Plan**

3. Education on the epidemiology and symptoms of tuberculosis will also be offered.
4. The Bloodborne pathogens to be reviewed will include; HIV, Hepatitis B, Hepatitis C and Syphilis. Tuberculosis will also be covered.
5. The department's exposure control plan will be presented along with information on how an member can obtain a copy of the plan.
6. A review of tasks that each member performs and how they might be at risk for exposure.
7. A review of the use of PPE and the limitations of PPE in certain circumstances.
8. The type of PPE that is available and why that type was selected.
9. In depth information on the hepatitis B vaccine program and TB skin testing program.
10. Information on how to report and document an exposure.
11. Information on what action will be taken and by whom in an exposure situation and how to seek medical attention and follow up.
12. Information on what medical follow up will include following an exposure.
13. Explanation of the signs and labels to be used in the handling and storage of medical waste.
14. Access to medical records upon request
15. Latex Glove Allergy/Sensitivity Issues
16. Work Restriction Guidelines

### **Exposure Control Plan**

17. Needle Safe System Use

18. West Nile Virus

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

**Exposure Control Plan**

# Definition of Terms



**Definition of Terms**  
**OSHA — Occupational Safety & Health Administration**  
**U.S. Department of Labor**

Bloodborne pathogens. - 1910.1030  
Regulations (Standards - 29 CFR) - Table of Contents

- Part Number: 1910
- Part Title: Occupational Safety and Health Standards
- Subpart: Z
- Subpart Title: Toxic and Hazardous Substances
- Standard Number: 1910.1030
- Title: Bloodborne pathogens.
- Appendix: A

1910.1030(a) **Scope and Application.** This section applies to all occupational exposure to blood or other potentially infectious materials as defined by paragraph (b) of this section.

1910.1030(b) **Definitions.** For purposes of this section, the following shall apply:

**Assistant Secretary** means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

**Blood** means human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Clinical Laboratory** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

**Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

**Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps** means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

**Decontamination** means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Director** means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

**Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an member/volunteer's duties.

**Handwashing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**HBV** means hepatitis B virus.

## **Exposure Control Plan**

**HIV** means human immunodeficiency virus.

**Needleless systems** means a device that does not use needles for: (1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an member/volunteer's duties.

**Other Potentially Infectious Materials** means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**Personal Protective Equipment** is specialized clothing or equipment worn by an member/volunteer for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

**Production Facility** means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

**Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Research Laboratory** means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

**Sharps with engineered sharps injury protections** means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**Source Individual** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the member/volunteer. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

## **Exposure Control Plan**

*Work Practice Controls* means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by two-handed technique).

**Exposure Control Plan**

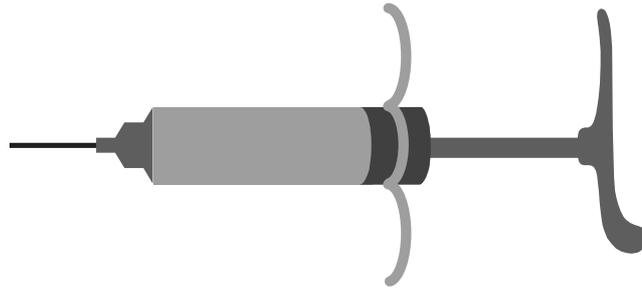



Attach copy of handouts or outline of the training

**Exposure Control Plan**

# HEPATITIS B VACCINATION PROGRAM

&



# TB SKIN TESTING PROGRAM

## HEPATITIS B VACCINE ADMINISTRATION PROGRAM

On or before December, 1997, Hepatitis B Vaccine and later in the form of an on-going vaccine program will be made available to **all** members/volunteers who have been deemed to be at risk for occupational exposure. Vaccine will be administered at no cost to the member. Vaccine will be administered within 10 days of initial assignment to a position that would place the member at risk. The vaccine program will be administered under the direction of a physician designated by Albemarle County Fire Rescue.

If additional times are needed, please contact the Designated Officer. Administration will be in accordance with the published standard set forth by the U.S. Public Health department - Centers for Disease Control. A laboratory that is accredited will conduct any laboratory testing. Testing will be offered at no cost to the member.

For all members at risk, vaccine will be administered - following the education and training. The designated medical care provider at the department will keep records of the injections. The Designated Officer will also keep copies for back up recordkeeping .

## HEPATITIS B VACCINE PROGRAM

Each member deemed to be at risk will be instructed regarding the disease, efficiency and safety of the vaccine, route of administration, administration schedule and benefits. There will be ample opportunity for each member to ask questions and have questions answered. This will allow for each member to make an informed decision to participate **or** decline to participate. Members will be asked to sign an **informed** consent sheet which will be kept on file. Members who decline to participate will be asked to sign a declination form in accordance with the provision of 1910.1030, this will also be kept on file in the individuals medical record. Each member participating in the vaccine program will receive a personal record documenting the vaccine series.

Members who elect to sign a declination form will be advised that if they should change their mind, the vaccine will be made readily available to them.

Members who can show proof of previous vaccination against hepatitis B or who can document that they are antibody positive will not be candidates for the vaccine because they have immunity.

Members with a documented allergy to yeast will be offered an alternative vaccine. Should they decline to receive this vaccine, they will be asked to sign a declination form with added information on their allergy status.

Members who have a documented allergy to MERCURY will be offered an alternate vaccine . This will be should be noted in the members

**Exposure Control Plan**

medical file. A declination form should be signed and reason for non-participation noted.

Pre-screening will be made available to members who request it - at no cost to the member. Pre-screening for exposure to Hepatitis B will NOT be required for participation in the vaccine program. Post vaccine testing will be offered at no cost to the member. This will be done to insure that there was adequate response to the initial vaccine series. Post vaccine titer testing will be conducted 1-2 months after completion of the vaccine series. Non-responders will be offered an additional series in accordance with the CDC's update guidelines.

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## BOOSTER DOSES

Currently, there is no formal recommendation from the Centers for Disease Control for booster doses of the vaccine at any interval. At present, it is stated that the need for a booster is **NOT** indicated due to the “immunologic memory” offered by this vaccine. Should a formal recommendation for a booster be published, Albemarle County Fire-Rescue will make booster doses available to “ at risk “ members free of charge.

# **Albemarle County Fire Rescue**

## **HEPATITIS B VACCINE PROGRAM**

### **CONSENT FORM**

I have received education and training regarding the hepatitis B vaccine. I have had the opportunity to ask questions and to have those questions answered to my satisfaction. I believe I understand the benefits and risks of the vaccine and consent to receive this vaccine.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# Albemarle County Fire Rescue

## HEPATITIS B VACCINE PROGRAM DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Reason: (optional)

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## **HEPATITIS B VACCINE IMMUNIZATION RECORD**

Vaccine is to be administered in three doses. It should be given in the deltoid muscle of the arm **only**. The schedule for doses is as follows;

Initial dose

Four weeks after the first dose, give second dose

Six months after the first dose, give the last dose

### **MEMBER NAME:**

First Dose \_\_\_\_\_

Second Dose \_\_\_\_\_

Third Dose \_\_\_\_\_

### **Post Vaccine Testing**

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

Result \_\_\_\_\_

## RECORDKEEPING FOR HEPATITIS B VACCINE PROGRAM

EACH MEMBER WILL RECEIVE AN IMMUNIZATION CARD THAT WILL NOTE THE DATES OF ADMINISTRATION OF EACH DOSE OF VACCINE FOR THEIR PERSONAL RECORD. The IQ Health staff and the Designated Officer will maintain complete records on vaccine administration. Records will be maintained for the duration of the member's employment with Albemarle County Fire-Rescue, plus an additional thirty (30) years. However, if the individual is on the department for less than one (1) year, the records will be released to the individual at termination. This is in keeping with the requirements of OSHA 1910.1030 and the OSHA medical record standard 1910.1020.

Any member who declines to participate in the program will sign a declination form. The Designated Officer, for the duration of the member's department plus an additional thirty (30) years will keep this form on file.

Members who decline the vaccination and decline to sign the declination form will be referred for counseling and possible administrative action under the disciplinary action policy.

# TESTING



**MEMBERS DEEMED AT RISK FOR**  
**TUBERCULOSIS**

**AT RISK PERSONNEL** : EMS/Rescue personnel with  
direct patient contact

Members listed in the “at risk” group for possible exposure to tuberculosis will be offered baseline PPD skin testing and annual skin testing. PPD administration for baseline and annual testing will be administered by the Departments health care provider.

## TESTING FOR EXPOSURE TO TUBERCULOSIS

All personnel deemed to be at risk for exposure to tuberculosis (TB) will be skin tested upon hire to establish a baseline and then tested on an annual basis. This is decreased from last year due to the decrease in cases in the area. If the rate of TB conversion appears to increase in member population in Albemarle County Fire-Rescue, testing may be recommended on a more frequent basis.

Testing for TB will be done using the MANTOUX test - administration of PPD given by the intradermal method. This test will be read by a trained health care professional. Each member should sign consent or denial forms. Members who have not previously tested **positive or have not been tested in the last 12 months** will be tested using the two step-method. This is done to address the “booster phenomenon” and is in keeping with the current recommendations of the Center for Disease Control and Prevention (CDC). Consent or denial forms will be requested and kept on file in the member medical records file.

# Albemarle County Fire Rescue

## Tuberculosis (Mantoux) Screening Test

### Consent Form

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test, which is used to determine if the bacteria which causes tuberculosis is residing in my body.

I understand that I may be occupationally exposed to Tuberculosis and that I may be at risk for acquiring Tuberculosis. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & Health Administration (OSHA) recommend that I be tested for exposure to TB.

I have been given the opportunity to be tested using the Mantoux skin test, at no charge to myself. I have had the opportunity to ask questions regarding TB and the skin- testing program. Based on this information, I elect to participate in this program.

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

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

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

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

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

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

# Albemarle County Fire Rescue

## Tuberculosis (Mantoux) Screening Test

### Informed Denial

I have attended an educational session on Tuberculosis (TB). This session included information regarding the Mantoux skin test, which is used to determine whether the bacteria causing TB is residing in my body.

I understand that I may be occupationally exposed to TB and that I may be at risk for acquiring TB. I understand that the Centers for Disease Control and Prevention (CDC) and the Occupational Safety & health Administration (OSHA) recommend that I be tested to determine whether I have contracted TB infection.

I have been given the opportunity to be tested using the Mantoux skin test, at no cost to myself. However, I decline TB screening at this time. I understand that, by declining this screening, I am at risk of having TB without my knowledge. I understand that I will be able to obtain testing for TB in the future if I choose to change my mind.

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

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

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

**Exposure Control Plan**

## **MEMBER PROTECTION - SCREENING FOR TB EXPOSURE**

### **RATIONALE FOR EXCLUSION**

The member jobs removed from the “at risk” determination were based upon review of job duties outlined in the job description and the requirements for the application for the position.

The majority of administrative positions do not demonstrate that there may be "reasonable" risk. Consideration was also given to the aspect of "reasonably anticipated" risk. The ultimate decision regarding risk was made by interview with department personnel. However, in the event that an individual in the not at risk group would be exposed, they would be covered under the post exposure management protocol.

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

# Tuberculosis (TB) Surveillance

## Annual TB Screen for Positive Reactions

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

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

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

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

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

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

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

**Exposure Control Plan**

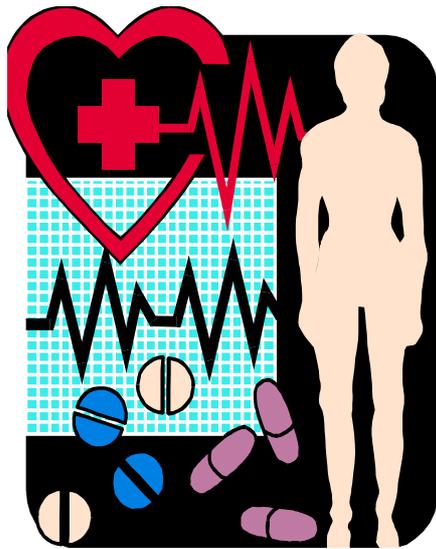
## **HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING**

**PURPOSE:** To make available, upon request, HIV testing and counseling for reasons other than an on the job exposure.

**PROCEDURE:** Any member requesting HIV testing may contact the Designated Officer or may directly contact the Public Health Department office of HIV testing to obtain free and anonymous testing. It is not the employers responsibility to test in a non-work exposure situation.

## **Influenza Vaccination Program**

Albemarle County will make free flu vaccine available to all members. Flu vaccine will be administered by the county's health care provider of choice. Flu vaccine is offered beginning in September/ October and ending in mid-December of each year. A consent form will need to be signed by the member and will be retained on file in the member medical record.



## **Work Restriction Guidelines**

**Exposure Control Plan**

Table 3. Summary of suggested work restrictions for health care personnel exposed to or infected with infectious diseases of importance in health care settings, in the absence of state and local regulations (modified from ACIP recommendations<sup>9</sup>)

Disease/problem	Work restriction	Duration
Conjunctivitis	Restrict from patient contact and contact with the patient's environment	Until discharge ceases
Cytomegalovirus infections	No restriction	
Diarrheal diseases		
Acute stage (diarrhea with other symptoms)	Restrict from patient contact, contact with the patient's environment, or food handling	Until symptoms resolve
Convalescent stage, <i>Salmonella</i> spp.	Restrict from care of high-risk patients	Until symptoms resolve; consult with local patents and state health authorities regarding need for negative stool cultures
Diphtheria	Exclude from duty	Until antimicrobial therapy completed and 2 cultures obtained $\geq 24$ hours apart are negative
Enteroviral infections	Restrict from care of infants, neonates, and immunocompromised patients and their environments	Until symptoms resolve
Hepatitis A	Restrict from patient contact, contact with patient's environment, and food handling	Until 7 days after onset of jaundice
Hepatitis B		
Personnel with acute or chronic hepatitis B surface antigenemia who do not perform exposure-prone procedures	No restrictions*; refer to state regulations; standard precautions should always be observed	
Personnel with acute or chronic hepatitis B a antigenemia who perform exposure-prone procedures	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought; panel should review and recommend procedures the worker can perform, taking into account specific procedure as well as still and technique of worker; refer to state regulations	Until hepatitis B e antigen is negative
Hepatitis C	No recommendation	
Herpes simplex		
Genital	No restriction	
Hands (herpetic window)	Restrict from patient contact and contact with the patient's environment	Until lesions heal
Orofacial	Evaluate for need to restrict from care of high-risk patients	
Human immunodeficiency virus	Do not perform exposure-prone invasive procedures until counsel from an expert review panel has been sought, panel should review and recommend procedures the worker can perform; taking into account specific procedure as well as skill and technique of worker; standard precautions should always be observed; refer to stale regulations	
Measles		
Active	Exclude from duty	Until 7 days after the rash appears

## Exposure Control Plan

Postexposure (susceptible personnel)	Exclude from duty	From 5 <sup>th</sup> day after 1st exposure through 21 <sup>st</sup> day after last exposure and/or 4 days after rash appears
Meningococcal infections	Exclude from duty	Until 24 hours after start of effective therapy

## Continued

Table 3. *Continued*

<b>Mumps</b>		
Active	Exclude from duty	Until 9 days after onset of parotitis
Postexposure (susceptible personnel)	Exclude from duty	From 12 <sup>th</sup> day after 1 <sup>st</sup> exposure through 26 <sup>th</sup> day after last exposure or until 9 days after onset of parotitis
<b>Pediculosis</b>	Restrict from patient contact	Until treated and observed to be free of adult and immature lice
<b>Pertussis</b>		
Active	Exclude from duty	From beginning of catarrhal stage through 3 <sup>rd</sup> week after onset of paroxysms or until 5 days after start of effective antimicrobial therapy
Postexposure (asymptomatic personnel)	No restriction, prophylaxis recommended	
Postexposure (symptomatic personnel)	Exclude from duty	Until 5 days after start of effective antimicrobial therapy
<b>Rubella</b>		
Active	Exclude from duty	Until 5 days after rash appears
Postexposure (susceptible personnel)	Exclude from duty	From 7 <sup>th</sup> day after 1st exposure through 21 <sup>st</sup> day after last exposure
<b>Scabies</b>		
<i>Staphylococcus aureus</i> infection	Restrict from patient contact	Until cleared by medical evaluation
Active, draining skin lesions	Restrict from contact with patients and patient's environment of food handling	Until lesions have resolved
Carrier state	No restriction, unless personnel are epidemiologically linked to transmission of the organism	
Streptococcal infection, group A	Restrict from patient care, contact with patient's environment, or food handling	Until 24 hours after adequate treatment started
<b>Tuberculosis</b>		
Active disease	Exclude from duty	Until proved noninfectious
PPD converter	No restriction	
<b>Varicella</b>		
Active	Exclude from duty	Until all lesions dry and crust
Postexposure (susceptible personnel)	Exclude from duty	From 10 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure
<b>Zoster</b>		
Localized, in healthy person	Cover lesions; restrict from care of high-risk patients†	Until all lesions dry and crust
Generalized or localized in immunosuppressed person	Restrict from patients contact	Until all lesions dry and crust

## Exposure Control Plan

Postexposure (susceptible personnel)	Restrict from patients contact	From 10 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG given) after last exposure or, if varicella occurs, until all lesions dry and crust
Viral respiratory infections, acute febrile	Consider excluding from the care of high-risk patients‡ or contact with their environment during community outbreak of RSV and influenza	Until acute symptoms resolve

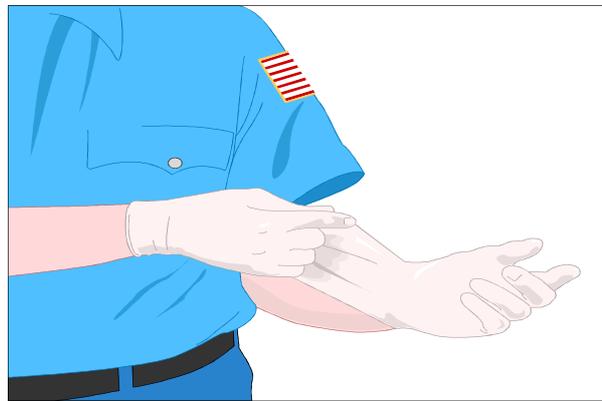
\* Unless epidemiologically linked to transmission of infection

† Those susceptible to varicella and who are at increased risk of complications of varicella, such as neonates and immunocompromised persons of any age.

‡ High-risk patients as defined by the ACIP for complications of influenza.

## Exposure Control Plan

# ENGINEERING CONTROLS AND WORK PRACTICES



**Exposure Control Plan**

# Engineering Controls

Engineering controls address redesign of equipment to insure member risk reduction, procedures which serve to reduce exposure such as cleaning equipment or areas which have been contaminated, and the use of barrier techniques to reduce direct contact with blood and **OPIM**.

Members of the Albemarle County Fire-Rescue will follow the enclosed protocols in the course of their daily work to assist with risk reduction. These protocols are in accordance with the published by the CDC, the National Fire Protection Association (NFPA) 1581, Infection Control recommendations and OSHA.

## ENGINEERING CONTROLS/WORK PRACTICES

All members will adopt the practice of Body Substance Isolation to reduce the risk for exposure to blood and OPIM.

The term Body Substance Isolation is a concept that considers blood and ALL body fluids to be potentially infectious. Use of this concept does NOT require that there be good visibility and a controlled work environment. This can, therefore be followed in all work areas of members.

### **Body Fluids Which Fall Under - Other Potentially Infectious Materials (OPIM)**

**CEREBROSPINAL FLUID**

**SYNOVIAL FLUID**

**AMNIOTIC FLUID**

**PERICARDIAL FLUID**

**VAGINAL SECRETIONS( sexual contact)**

**SEMEN(sexual contact)**

**\*\* ANY BODY FLUID CONTAINING GROSS VISIBLE BLOOD**

**Exposure Control Plan**

# Handwashing

## PROCEDURE

Hands must be washed before and after patient contact.

Scrub hands for at least 15 seconds  
Use friction rub action after the Soap is applied

When running water is not available.  
Use a waterless handwash solution

Rinse hands well under running Water

Dry with a paper towel

Use paper towel to turn off water Faucets

## RATIONALE/ACTION

Handwashing is the single most important means of preventing the spread of infection

Friction will assist in the removal of dirt as well as bacteria and other organisms

Waterless agent such as: Alcare, Hibistat and Cal-Stat may be used  
The routine use of antibacterial soap Is **NOT** recommended

Faucets were handled by soiled hands

## **PERSONAL PROTECTIVE EQUIPMENT**

On or before, December 1992, appropriate personal protective equipment will be provided at no cost to the members with occupational exposure. Personal Protective Equipment will be issued based on the needs of each particular work group and the anticipated exposure.

Personal Protective Equipment (PPE) for personnel will include, but not be limited to: disposable gloves, protective eyewear & mask (surgical), Cover gowns, waterless hand wash solution, and a Biohazard bag. PPE is available in each vehicle. Extra supplies are located in the station.

1. If clothing becomes contaminated with blood or OPIM then it shall be removed as soon as possible;
2. All PPE shall be removed prior to leaving the workplace; between calls, or if contaminated;
3. When PPE is removed, it shall be placed in an appropriate area and in a designated container for disposal, uniforms are to be placed in plastic bags for laundering. All cost is paid for by the department.
4. PPE will be issued in appropriate sizes, and will be readily accessible at the worksite or will be issued directly to the member. This will be a latex free workplace.

### **Exposure Control Plan**

## USE OF PERSONAL PROTECTIVE EQUIPMENT

### GENERAL STATEMENTS

#### **GLOVES -**

Gloves shall be worn when it can be reasonably anticipated that an member may have hand contact with blood or OPIM, mucous membranes, and non-intact skin, when performing patient care procedures, or handling or touching contaminated items or surfaces.

Disposable gloves shall be replaced as soon as practical when they become contaminated, torn or ripped.

Disposable gloves shall not be washed for reuse  
Following glove removal, hands should be washed

Heavy-duty utility gloves should be used when cleaning contaminated equipment, surfaces or when disposable gloves are insufficient.

Heavy duty utility gloves can be washed and reused as long as they are not torn or cracked.

Leather Gloves are to be worn for extrication and search activities.

## **MASKS -**

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

If the patient is SUSPECT for or DIAGNOSED with TB, a mask is required, place a surgical mask on the patient.

Masks in conjunction with protective eyewear will be used when it is anticipated that there is the opportunity for gross splatter of blood or OPIM into the eye, nose or mouth.

## **PROTECTIVE CLOTHING -**

Appropriate protective clothing such as cover gowns or aprons or similar outerwear shall be worn in exposure situations. The type to be used will be based on the exposure anticipated. Turnout gear is appropriate for firefighters.

Sleeves will be offered and readily available.

## **POCKET MASKS -**

All personnel trained in the administration of CPR will be trained in the use of either a bag/mask device or a pocket mask. All personnel will be trained in the proper use of the pocket mask, and the method for proper disposal or cleaning.

## PERSONAL PROTECTIVE EQUIPMENT CLOTHING

Uniforms *will not* be considered personal protective equipment for department personnel. Uniforms are considered to be contaminated when covered with blood/ OPIM and the area is too large to spot clean.

All clothing contaminated with blood or other body fluids, to include personal clothing, will be laundered in the bay area or designated area and paid for by Albemarle County Fire Rescue.

Cleaning will be at NO cost to department personnel. Gloves will be worn when handling contaminated clothing prior to bagging. All **contaminated** clothing will be removed as soon as possible and washed in detergent and hot water at the station. Reference policy/procedure in section on workplace practices.

### ADDITIONAL PPE -

Disposable examination gloves in various sizes-

Gloves- Non Latex, powder free – Microflex, NeoPro

Utility Gloves -

Protective Eyewear –

Waterless Handwash Solution- Alcohol based- MedPlus

Bag/Mask Device

Cover gown - Disposable

Sleeve covers - disposable

### Exposure Control Plan

**Additional PPE is available in the back on the unit**

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

## CLEANING SCHEDULE

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

Cleaning solution is:

Dispatch/Bleach solution - which will be used for ALL BLOOD cleaning activities

Decontamination of the vehicle will be done by following the posted weekly cleaning schedule. Cleaning will be conducted in the designated cleaning area. This will allow for adequate ventilation and rinsing of equipment. Documentation of the cleaning will be noted on the Cleaning Record Form. Variance from the standard will be set by the supervisor and based upon patient call volume.

**Any equipment used and taken to the medical facility and left with the patient will be cleaned by the medical facility prior to return to the department. This is in accordance with OSHA 1910.1030.**

**All primary cleaning will be done at the hospital**

**Exposure Control Plan**

## CLEANING SCHEDULE

ALL CLEANING NOT PERFORMED AT THE HOSPITAL WILL BE DONE IN THE DECONTAMINATION AREA – at the station in the Bay Area.

ROUTINE CLEANING will be accomplished with approved cleaning solution. All vehicles will be cleaned following contamination with blood/body fluids and this will be documented on the cleaning form. (See cleaning form).

# GUIDE TO THE CARE OF SPECIFIC CONTAMINATED EQUIPMENT

key: 1 = DISPOSE

2 = CLEANING (Soap & water)

3 = DISINFECTION ( Bleach/water @ 1:100 or Heptacon)

4 = HIGH-LEVEL DISINFECTION (Metricide)

5 = LAUNDER

<u>ITEM</u>	<u>PROCEDURE</u>
AIRWAY	1
BACKBOARDS	2
BITE STICKS	1
B/P/CUFFS	2,3,5
BULB SYRINGE	1
CERVICAL COLLARS	1
DRESSINGS/PAPER PRODUCTS	1
DRUG BOXES	2,3
ELECTRONIC EQUIPMENT	CHECK MANUFACTURERS RECOMMENDATIONS
FIREFIGHTER , PPE	5
KED	3
LARYNGOSCOPE BLADES	4 OR 1
LINENS	1 or 5
NEEDLES/SYRINGES	1
O2 CANNULAS/MASKS	1
HUMIDIFIERS	1 OR 2
PENLIGHTS	2
POCKETS MASKS	1 OR 3
RESTRAINTS	2
BAG/MASK DEVICE	1
SCISSORS	2 OR 3
SPLINTS	2
STETHOSCOPE	2
STRETCHER	2 OR 3
STYLETS	1
SUCTION CATHETERS	1
SUCTION JARS	1
UNIFORMS	5

**Exposure Control Plan**

## **POST TRANSPORT CLEANING**

Following patient transport to the hospital, cleaning will be conducted at the hospital using solution supplied by the medical facility and cleaning will be conducted by the service tech. Any medical equipment that must be left with the patient at the hospital should be cleaned by the hospital staff before pick up by Albemarle County Fire-Rescue personnel. If not cleaned, it should be properly bagged in accordance with OSHA 1910.1030 for transport to the station for cleaning.

## CARE AND CLEANING

### EQUIPMENT CATEGORIES

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

**Non-Critical Equipment** - such as Stethoscopes and Blood Pressure Cuffs. This level of equipment requires **Cleaning**.

**Semi-Critical Equipment** - such as Stretchers, Vehicle Walls and Floors, Communication Headsets, Defibrillator. This level of equipment requires **Disinfection**.

**Critical Equipment** - such as Resuscitation Equipment or Intubation Equipment. This level of equipment requires **Sterilization or High-Level Disinfection**.

### Definitions:

#### CLEANING

Cleaning is the physical removal of dirt and debris. Members should use soap and water, combined with scrubbing action. The scrubbing action is the **KEY** to rendering all items safe for patient use. All equipment requires a minimum of cleaning. Cleaning must take place prior to any required Disinfection, High-Level Disinfection or Sterilization.

#### DISINFECTION

Disinfection is reducing the number of disease-producing organisms by physical or chemical means. Members should clean the item with soap and water then apply a Disinfection solution. Solutions such as bleach and water at a 1:100 dilution ratio are acceptable Disinfectants. A fresh Disinfectant Solution must be made every day. **DO**

### **Exposure Control Plan**

**NOT** use bleach solution in the cleaning of electronic equipment unless recommended by the manufacturer .. Refer to the MSDS for each Disinfectant Solution to decide what personal protective equipment may be needed. Remember, Disinfectants can be toxic or caustic. Disinfection Solution should have an EPA Registry Number. Routine disposal of the germicidal cleaning water in the drainage system is acceptable.

### **HIGH-LEVEL DISINFECTION**

High-Level Disinfection is the use of chemical liquids for sterilization. Members should clean items then place them in special solutions for a prescribed time. Items need to be removed using sterile process. Items must then be rinsed with sterile water.

Then items must be stored in sterile wrapping until the next use.

Refer to the Material Safety Data Sheets for each Disinfectant Solution to learn what personal protective equipment may be needed. Routine disposal of the germicidal cleaning water into the sanitary sewer system is acceptable.

## **Exposure Control Plan**

## Infection Control Cleaning Log

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

<b>Area</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>
Stock dates checked					
Bench and Doors cleaned					
Driver Area Cleaned					
PPE stocked					
Sharps Container checked					

## LINENS

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

## HANDLING OF CONTAMINATED LAUNDRY

All bags containing contaminated laundry will be placed in appropriate bags and taken to the designated area for cleaning. Contact the Infection Control Officer for any questions. Albemarle County Fire-Rescue. Fire Rescue will verify that the individual charged with laundering the contaminated clothing will put on gloves (heavy duty-dishwashing style). Carefully open the bag and empty the contents into the washing machine. If there is the chance for blood splatter, then a cover gown should be worn. No special solution needs to be added to the wash. No special washing cycle is required. No special washing machine is required. Use a normal washing method.

## **EXEMPTION FORM NO RECAPPING POLICY**

In the provision of EMS departments, it is necessary to use the one-handed recapping procedure when administering intermittent medications.

This procedure is only allowed if an IV adapter is not available.

## **CPR Manikin Cleaning and Training Issues**

### **Basic Considerations:**

1. Students should be told in advance that the training sessions will involve “close physical contact” with fellow students.
2. Students should not actively participate in training sessions if they have dermatological lesions on hands or oral areas; if they are known to currently be infected with a communicable disease, or if they have been exposed to an infectious process.
3. If more than one cardiopulmonary resuscitation (CPR) manikin is used, students should be assigned in pairs, with each pair having contact with only one manikin.
4. All persons responsible for CPR training should be thoroughly familiar with good handwashing procedures and the proper cleaning of manikins.
5. Manikins should be inspected routinely for cracks or tears in the plastic surfaces; these could make cleaning more difficult.
6. The clothes and hair of the manikin should be washed monthly or whenever visibly soiled.

### **Cleaning After Each Participant:**

1. After each participant, the manikin’s mouth and lips should be wiped with a 2X2-gauze pad wetted with a solution of 1:100 bleach and water solution or 70% isopropyl alcohol. The surface of the manikin should remain wet for at least 30 seconds before it is wiped dry.
2. If a protective face shield is used, it should be changed for each student.

### **For Two-Rescuer CPR:**

1. During the two-rescuer CPR, each student should have his/her own CPR mask, as there is not time to disinfect between students. The second student to practice ventilation should “simulate ventilation. This recommendation is consistent with the current training recommendations of the American Heart Association.
2. Training in the “obstructed airway procedure” involves the student using his/her finger to sweep foreign matter out of the manikin’s mouth. This action could contaminate the student’s finger, if there is an open area, with saliva from the previous student. The finger sweep should be either simulated, performed on a manikin which has been decontaminated or use a finger cot.

### **Cleaning of Manikins:**

1. Rinse all surfaces with fresh water
2. Wet all surfaces with a mixture of bleach and water at a **1:100 dilution** (1/4-cup bleach per gallon of water). This solution must be mixed fresh for each class.
3. Rinse with fresh water and dry all surfaces. Rinsing with alcohol will aid drying time of internal surfaces and will prevent the survival and growth of bacteria and/or fungus.

POST - EXPOSURE  
NOTIFICATION/MANAGEMENT AND  
RECORDKEEPING



## **CLARIFYING EXPOSURE TO BLOODBORNE PATHOGENS**

THE FOLLOWING OCCURRENCE SHOULD BE REPORTED  
DIRECTLY TO THE DESIGNATED OFFICER ;

- 1. A CONTAMINATED NEEDLESTICK  
INJURY**
- 2. BLOOD/OPIM IN DIRECT CONTACT WITH  
THE SURFACE OF THE EYE, NOSE, OR  
MOUTH**
- 3. BLOOD/OPIM IN DIRECT CONTACT WITH AN  
OPEN AREA OF THE SKIN**
- 4. CUTS WITH A SHARP OBJECT COVERED WITH  
BLOOD/OPIM**
- 5. HUMAN BITES – BLOOD DRAWN**

## **IMMEDIATE NEEDS POST EXPOSURE:**

- 1. IF THE EXPOSURE IS A SHARPS INJURY;**
  - A. LET THE AREA BLEED FREELY**
  - B. WASH THE AREA WITH SOAP AND WATER  
OR THE WATERLESS HANDWASH  
SOLUTION**
  - C. NOTIFY THE DESIGNATED OFFICER**
  
- 2. IF THE EXPOSURE WAS A SPLASH TO THE EYE,  
NOSE OR MOUTH;**
  - A. FLUSH THE AREA FOR 10 MINS. WITH  
WATER**
  - B. NOTIFY THE DESIGNATED OFFICER**

**DESIGNATED OFFICERS FOR  
DISEASE/EXPOSURE REPORTING AND  
MEDICAL FOLLOW UP**

Members who feel that they may have had an exposure should contact the Designated Officer:

**Designated Officer(s) -**

**David Puckett            434-964-6541**

**Alternate:**

**Steve Elliott            434-962-2132**

## POST EXPOSURE MANAGEMENT

In accordance with OSHA 1910.1030, members will be instructed to contact the Designated Officer if they feel that they have been involved in a possible exposure situation. Exposure reporting will be done with regard to bloodborne and airborne transmissible diseases.

The Designated Officer will conduct the initial investigation of the incident and contact the appropriate hospital contact, if needed.

Should exposure management/treatment be deemed indicated, member will be advised by the Designated Officer, where to seek additional medical treatment and what that treatment should include.

Post-exposure evaluation and medical treatment for fire/rescue will be made available at no cost to the member. It will be set up at a reasonable time at the county's designated healthcare provider as has been presented to member in the training sessions.

Treatment will be conducted by or under the direct supervision of a licensed physician or other health care professional who is familiar with the OSHA standard, the Centers for Disease Control and Prevention medical follow up guidelines and the criteria for pre and post exposure counseling.

All treatment for exposure management will follow the published recommendations set forth by the U.S. Public Health department - (the Centers for Disease Control and/or the Advisory Committee on Immunization Practices).

**Exposure Control Plan**

The established program for medical evaluation and follow up will be conducted by an accredited laboratory at no cost to the member. All laboratory tests will be conducted through the local medical facility.

Medical records of exposure medical management will be  
**confidential**

**Confidential elements will include the following;**

1. Documentation of the route of exposure, and the circumstances under which the exposure occurred
2. The identification of the source individual, unless it is not feasible, that this information be obtained. In the state of Virginia - THERE IS "DEEMED CONSENT" FOR TESTING, if there is an occupational exposure. In the State of Virginia, the source individual need not consent to testing IF there is clear documentation of a health care worker exposure
3. Results of the testing of the source individuals blood test shall be made available to the exposed member. The exposed member **should hold this information confidential.**
4. **Medical facilities must give out the source patient test results. This is NOT a HIPAA violation**

## POST EXPOSURE REFERRAL

### General Guidelines

Albemarle County Fire-Rescue will have the Designated Officer advise the exposed member as to whether a medical facility will need to handle an member exposure injury and treatment.

The Designated Officer will initiate the referral for post-exposure management following a question and counseling session.

The member, if deemed necessary, will be offered Hepatitis B (HBV), Human IMMUNODEFICIENCY virus (HIV), Hepatitis C and VDRL testing. If the member consents to baseline blood testing, but does not wish to have testing done at that time for HIV, then the medical care provider will preserve the blood for at least 90 days. If within the 90 days following the incident, the member elects to have the testing performed, then it will be done as soon as possible.

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

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

## **Hospital Responsibilities**

The Hospital will be furnished a listing of the exposed members job duties as they relate to the exposure incident. This provider will make final exposure determination. The hospital is responsible for obtaining source patient blood sample for testing.

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

**Members' who feel that they have been exposed and it is ruled not to be an exposure, may obtain their own medical follow up at their own expense.**

The Hospital will carry out exposure notification/management within 48 hours.

The receiving hospital is responsible for source patient blood testing. Rapid HIV is the test to be performed on the source patient. This is done to comply with the 1998 CDC Guidelines and to expedite testing on the behalf of the exposed member. Rapid testing takes 10 – 100 minutes depending on the test ordered for the laboratory to perform. Source patient test results will be called to the Designated Officer. The Designated Officer will then review the results with the exposed member.

## **County Healthcare Provider Responsibilities**

Counseling and baseline testing of the member will be done by the county's healthcare provider . Baseline tests drawn on the member will depend on the availability of source patient test results and a positive HBV titer test on file.

## **Exposure Control Plan**

If the member insists on treatment when a non-exposure has been ruled, the hospital will contact the designated officer.

**If the exposure involves HIV and falls under the CDC Guidelines for offering post exposure prophylaxis (PEP) the physician will access the CDC consultation line “expert” recommendations. The CDC consultation line can be reached by calling – 1-888-448-4911.**

### **Albemarle County Fire-Rescue Responsibilities**

The Department will furnish any and all relevant medical information to the office of the designated medical care provider.

If the exposure was a needle stick injury or an exposure to TB resulting in a positive skin test, the Designated Officer will complete an OSHA 300-report form and the Sharps Injury Log.

The Designated Officer **WILL** receive a summary of the written opinion within the 15 days time frame set forth in the regulation. An additional letter of written opinion will be forwarded directly to the member by the county’s healthcare provider, the medical care provider for the department.

The Designated Officer will document that the member has been informed of the evaluation results. This should be in accordance with the 48 hour time frame.

**Any additional medical follow up will be conducted by the county’s health care provider.**

All records will be maintained for duration of the member’s department plus an additional thirty (30) years as set forth in the OSHA regulation.

**Exposure Control Plan**

# Record Keeping Requirements for Sharps Injuries

## The OSHA 300 Log

Group sharps injuries in with all other work-related injuries. Is a different document with different requirements than the Needlestick

Injury Log.

A work related sharps injury is recordable on the OSHA 300 log if:

- It causes a death
- It causes an illness
- It involves an injury which requires medical treatment beyond first aid (even if treatment is offered and refused).
- Sharps injury = exposure

First Aid	Medical Treatment (recordable)
<ul style="list-style-type: none"> <li><input type="checkbox"/> Antiseptics during first visit</li> <li><input type="checkbox"/> Application of bandage</li> <li><input type="checkbox"/> Use of non-prescription medications</li> <li><input type="checkbox"/> Single dose of prescription medication</li> <li><input type="checkbox"/> Administration of tetanus shot or booster</li> <li><input type="checkbox"/> Lab test or x-ray that shows no injury or infection from that injury</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment of infection</li> <li><input type="checkbox"/> Application of antiseptics at 2<sup>nd</sup> and 3<sup>rd</sup> visits</li> <li><input type="checkbox"/> Administration of &gt;1 dose of prescription medication</li> <li><input type="checkbox"/> Administration of hepatitis vaccination</li> <li><input type="checkbox"/> Lab test or x-ray that shows injury or infection</li> </ul>

**The Sharps Injury Log** (States may have additional requirements)

**All contaminated sharps injuries must be recorded. Non-sharp related exposures are not recorded here.**

- The report has names
- Department where exposure incident occurred
- How the incident occurred
- Type and brand of sharp involved in the exposure incident
- This information may be recorded on a separate document or may be included in the data you collect following an exposure investigation. It is acceptable to maintain the information in computer files if you are able to sort the report for sharps injuries only and access it in a timely manner for OSHA if requested

## Exposure Control Plan

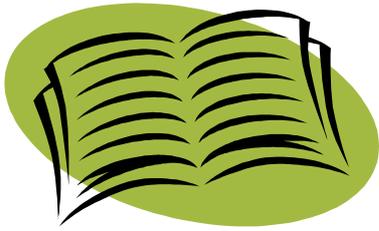
# Sharps Injury Log

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

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

Exposure Control Plan

# State Testing Law



Exposure Control Plan

## FOLLOWING EXPOSURE TO A DECEASED PATIENT

The Medical Examiner will perform necessary blood testing on the deceased patient if there is a documented health care worker exposure. The Medical Examiner will expedite the testing process to assist in meeting the prescribed time frames for post-exposure medical follow up. Notification of the Medical Examiner will be done by the Designated Officer.

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

**POST-EXPOSURE REPORTING FORM**  
**& Post Exposure Protocols**



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

## Physician Counseling Documentation Form

This form is to serve as documentation that \_\_\_\_\_ an Member of \_\_\_\_\_. Has been advised of the results of laboratory testing that was performed on \_\_\_\_\_ 2013. This laboratory work was performed for the purpose of:

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

\_\_\_\_ Annual physical exam

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

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

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

\_\_\_\_\_  
Member Signature

**Exposure Control Plan**

# Declination Form

## Post – Exposure Medical Treatment

I understand that due to my occupational exposure I may be at risk for acquiring \_\_\_\_\_ disease. I have been given the opportunity to be treated prophylactically for this exposure, at no charge to myself. However, I decline follow up medical treatment at this time. I understand that by declining this treatment, I continue to be at risk for acquiring the disease to which I have been exposed. I understand that if I acquire this disease I will be placed under the departments work restriction guidelines.

Name\_\_\_\_\_

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

Signature\_\_\_\_\_

**Exposure Control Plan**

# Post Exposure Medical Treatment for Exposure to HIV

## Post Exposure Prophylaxis (PEP)

I understand that the exposure that I sustained meets the criteria for offering antiretroviral drug treatment in accordance with the Centers for Disease Control and Prevention's recommendations dated May 15, 1998 and June 29, 2001.

I understand that these drugs are offered because " theoretically initiation of antiretroviral PEP soon after exposure may prevent or inhibit systemic infection by limiting the proliferation of virus in the initial target cells or lymph nodes".

I understand that post-exposure prophylaxis (PEP) is a four- (4) week course of treatment. I understand that this drug treatment is associated with an increased risk for side effects. I have been advised that side effects may include; nausea, vomiting, malaise/fatigue, headache, or insomnia.

I have been offered counseling by a licensed health care provider and have had an opportunity to ask questions regarding the following:

- \_\_\_\_\_ Source patient test results (include viral load test)
- \_\_\_\_\_ What is known and unknown about PEP
- \_\_\_\_\_ Side effects
- \_\_\_\_\_ Use of drugs in pregnancy (need for pregnancy testing)
- \_\_\_\_\_ Baseline and every 2 week blood work
- \_\_\_\_\_ Current medication & drug interaction
- \_\_\_\_\_ Drug allergies
- \_\_\_\_\_ Efficacy/toxicity of these drugs
- \_\_\_\_\_ Refraining from- sexual activity, donating blood, tissues or organs
- \_\_\_\_\_ Importance of using condoms if sexually active

Based on this counseling session, I elect to receive PEP treatment in accordance with the current recommendations.

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

Physician Signature: \_\_\_\_\_  
Physician's Name (print) \_\_\_\_\_

**Developed by Katherine West, IC/EC, Inc.**  
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**Exposure Control Plan**

# EXPOSURE TO SYPHILIS

## PROCEDURE

Wash area well with soap & water

Report exposure and complete any necessary reporting forms

Await source patient test results

Report for medical evaluation and/or testing

Treatment – IM injection of long-acting Penicillin 2.4 million units

## ACTION/NOTES

Reduces the number load of organisms

Assists with exposure recordkeeping and documentation for work comp.

Exposure healthcare personnel are Entitled to this information

If results are positive on the source then post exposure treatment is appropriate

If penicillin allergic, oral Doxycycline or tetracycline may be given

# Exposure to Tuberculosis

## PROCEDURE

## ACTION/NOTES

If an unprotected exposure occurs,

And, the Member has no documented negative test in the past three months, and was not previously positive, a

MANTOUX skin should be given as soon as possible

If this skin test is negative, the Member Should be retested in 12 weeks

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

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

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

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

## Exposure Control Plan

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

A PPD skin test is good for 3 months

Person with a positive test on file,

DO NOT require a skin test.

The incubation period is 4-12 weeks

Evaluation is important for each person because some may develop

drug induced hepatitis. Pregnant

members also need close evaluation

Alcoholic beverages should be avoided

## **Post – Exposure Medical Management**

### **Chickenpox (Varicella)**

In the event that a non-immunized member is exposed to the chickenpox, the member should complete an incident report and communicate with the Designated Officer.

The Designated officer will refer the exposed member for post-exposure medical management. Healthy staff members will be offered vaccine post exposure. Staff who are pregnant or immuno-compromised will be offer VZIG . Post-exposure treatment may involve antibody testing and consideration of the administration of Varicella-zoster immune globulin (VZIG).

The exposed member should be removed from duty form the 10<sup>th</sup> day following the exposure until the 21<sup>st</sup> day. If the member has not developed the chickenpox, they may then return to duty. If the member does develop the chickenpox, then he/she may not return to work until all lesions are crusted and dried.

Members who have an on the job exposure will be covered under workers compensation for time off.

# Sharps Injury Log

**Confidential**

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

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

**Exposure Control Plan**

# MEDICAL WASTE ISSUES



**Exposure Control Plan**

## **MEDICAL WASTE ISSUES - Virginia**

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

All medical waste will be contained in accordance with Virginia State Law and the Environmental Protection department. All sharps will be placed directly into a rigid container that is leak-proof, puncture-resistant and exhibit the universal biohazard symbol.

Other waste such as dressings, contaminated medical equipment, and contaminated clothing will be placed in a designated red bag and given over to the contract hauler for disposal or reprocessing.

## **HANDLING OF MEDICAL WASTE**

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

# **State Medical Waste Regulations**

**Exposure Control Plan**



## COMPLIANCE MONITORING

**Exposure Control Plan**

## COMPLIANCE MONITORING

Albemarle County Fire-Rescue recognizes its responsibility to provide personal protective equipment, education and training, post exposure reporting/follow-up for its member at risk for exposure. It also notes the responsibility of the members to comply with the established policy/procedures set forth in the Exposure Control Plan. Thus, employers who have members identified, as having job responsibilities which place them at risk, will conduct compliance monitoring activities on a regular basis. The time frame between monitoring will be decided by the designated officer.

The purpose of compliance monitoring is to verify that the program for reducing member exposure is "on track". It will also ensure that the department is in compliance with all applicable laws, standards and guidelines. Compliance monitoring will also serve to identify training needs or problem identification. The Department's disciplinary action policy will be followed for members who do not comply with this established plan.

## **Intervention- Compliance Monitor**

**Member Name:**

**Member Interview:**

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

**Observer:** \_\_\_\_\_

**Exposure Control Plan**

# COMPLIANCE MONITOR-EMS

## Compliance Monitor – EMS

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

### Compliance

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

**Exposure Control Plan**

# Fire/Rescue Station Compliance/Quality Monitor

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

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

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

Action/Follow Up

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

Member Interview:

**Exposure Control Plan**

# Fire/Rescue Station Compliance/Quality Monitor

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

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

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Station area is clean	<input type="checkbox"/>	<input type="checkbox"/>		
Kitchen is clean/orderly	<input type="checkbox"/>	<input type="checkbox"/>		
Refrigerator is set at _____°	<input type="checkbox"/>	<input type="checkbox"/>		
Trash is in a covered container	<input type="checkbox"/>	<input type="checkbox"/>		
Bathrooms are clean	<input type="checkbox"/>	<input type="checkbox"/>		
Handwashing solutions are available	<input type="checkbox"/>	<input type="checkbox"/>		
Handwashing solution containers are filled	<input type="checkbox"/>	<input type="checkbox"/>		
Waterless hand wash solutions are available	<input type="checkbox"/>	<input type="checkbox"/>		
Personal Protective attire is readily available	<input type="checkbox"/>	<input type="checkbox"/>		
Laundry facilities are provided <input type="checkbox"/> In Station <input type="checkbox"/> Contracted Service	<input type="checkbox"/>	<input type="checkbox"/>		
Specified area for cleaning equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Contaminated linen is bagged and labeled as biohazard	<input type="checkbox"/>	<input type="checkbox"/>		
Stocked medical supplies are in a clean area	<input type="checkbox"/>	<input type="checkbox"/>		

Action/Follow Up

\_\_\_\_\_

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

**Exposure Control Plan**

## Fire/Rescue Station Compliance/Quality Monitor

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

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

Criteria	Compliance		Observation/Notes	% Compliance
	Yes	No		
Solutions for high level disinfection are in date, covered and in an appropriate container	<input type="checkbox"/>	<input type="checkbox"/>		
There is documentation of all routine cleaning of vehicles/equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Needle-disposal containers are located in each decontamination area	<input type="checkbox"/>	<input type="checkbox"/>		
Staff is aware of the policy for reporting exposure situations	<input type="checkbox"/>	<input type="checkbox"/>		
Bio-hazards signs are properly posted	<input type="checkbox"/>	<input type="checkbox"/>		
Infectious waste containers are readily available	<input type="checkbox"/>	<input type="checkbox"/>		
There is a designated area for storage of infectious waste	<input type="checkbox"/>	<input type="checkbox"/>		
Records area maintained for infectious waste removal and disposal	<input type="checkbox"/>	<input type="checkbox"/>		
Blood specimens being sent out are properly labeled, contained	<input type="checkbox"/>	<input type="checkbox"/>		
Exposure incidents have been reviewed and discussed	<input type="checkbox"/>	<input type="checkbox"/>		
Exposure follow up is documented for each incident	<input type="checkbox"/>	<input type="checkbox"/>		

Action/Follow Up

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

Member Interview:

**Exposure Control Plan**

## **DISCIPLINARY ACTION POLICY**

The purpose of the exposure control plan is to reduce the risk for occupational exposure. Our plan is effective if followed as written. Periodic and unannounced monitoring will be conducted to ensure that members are complying with this plan.

Compliance with the exposure control plan is a member responsibility. Non-compliance will be noted and records maintained of each incident and member interview. Retraining and education will be offered.

# RECORDKEEPING

## SUMMARY RECORDKEEPING

On or before March 30, 2002, Albemarle County Fire-Rescue will insure that accurate recordkeeping will be established and maintained for each member deemed to be at risk for occupational exposure.

These records will be maintained by the Designated officer – in conjunction with the medical offices of the county's health care provider. .

Information for the medical records will include:

1. Name and social security number of the member
2. A copy of the hepatitis B vaccine record, titer results, and PPD status
3. Consent/Denial forms
4. A copy of results of examinations and follow up procedures  
As required by the OSHA regulation
5. A copy of the healthcare providers written opinion(s) following an exposure
6. A copy of the information provided to the healthcare provider as required to assist with medical follow up

**ALL MEMBER MEDICAL RECORDS WILL BE KEPT  
CONFIDENTIAL. ALL FILES WILL BE LOCKED AND  
MAINTAINED BY THE DESIGNATED OFFICER.**

Member medical records will be maintained for at least the duration of their employment plus thirty years in accordance with the OSHA standard, 1910.1030.

**Exposure Control Plan**

Should a member submit a written request for a copy of their medical records, this will be done within 15 days of the request.

## TRAINING RECORDS

Training records will include;

1. dates of the training session
2. the content (outline) or summary of the material presented
3. the name and qualifications of the instructor
4. the names and job titles of all persons attending the training session
5. the members signature

ALL training records will be maintained for three (3) years.

Training records are not confidential records and will be provided upon request to the member or the member's representative within 15 days of the request.

If the Albemarle County Fire-Rescue should cease to do business, it shall notify the Director of the Virginia State OSHA office at least three months prior to the end of business. The Director may require that all records be transferred to him/her before the end of the three-month period.

**All medical records will be kept confidential. Contents will *not* be disclosed or reported to any person within or outside the workplace. without the members express written consent, except as required by law or regulation.**

Department members who wish to obtain a copy of their medical record, must fill out the request form and the department will make a copy available within 15 days at no cost.

## Exposure Control Plan

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

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

- Standard Number: **1910.1020AppA**
- Standard Title: **Sample authorization letter for the release of Member medical record information to a designated representative (Non-mandatory)**
- SubPart Number: **Z**
- SubPart Title: **Toxic and Hazardous Substances**

I, \_\_\_\_\_, (full name of worker/patient) hereby authorize \_\_\_\_\_ (individual or organization holding the medical records) to release to \_\_\_\_\_ (individual or organization authorized to receive the medical information), the following medical information from my personal medical records:

(Describe generally the information desired to be released).

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

**but I do not give permission for any other use or re-disclosure of this information. (Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe medical information to be created in the future that you intend to be covered by this authorization letter; or (3) describe portions of the medical information in your records which you do not intend to be released as a result of this letter.)**

Full name of Member or Legal Representative

Signature of Member or Legal Representative

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