

NORTH WHATCOM FIRE AND RESCUE

FIRE DISTRICT POLICY

Number:	0400.0321.00	Date:	7/10/08
Area:	Personnel/Safety	Page:	1 of 3
Subject:	Infectious Disease Control – Post-Exposure Protocol	Approved:	

1.0 General:

The safe practices and procedures outlined in the fire district infection control policy serve as guidelines for protecting the care provider against infection. However, a care provider may inadvertently be exposed to an infectious disease through no fault of their own. Should such an incident occur, it is important that the fire district provide a procedure of post exposure protocols to allow for documentation of the exposure, evaluation of the circumstances surrounding the exposure, and medical follow up.

2.0 Purpose:

It is the purpose of this policy to provide the procedures to document an exposure, provide a systematic review of events leading to the exposure, and provide direction for medical care.

3.0 Scope:

This policy applies to all fire district personnel who may have been exposed to an infectious disease.

4.0 Policy

4.1 Policy Statement – Post Exposure Protocols:

- 4.1.1 Any member exposed to potentially infectious material will immediately wash the exposed area with hot soap and water or saline eye wash if the eyes are involved. When soap and hot water are not readily available, the member can wash the exposed area with waterless hand cleaning disinfectant provided by the fire district in each medical kit. It essential that the care provider wash the area with hot soapy water as soon as possible.
- 4.1.2 Any member having an occupational communicable disease exposure will immediately report the exposure to his or her supervisor.
- 4.1.3 Needle stick injuries will be reported to the infection control officer immediately.
- 4.1.4 All members will complete a communicable disease exposure report and follow injury procedures per district policy before the end of the shift following an exposure for any of the following exposures:

Cancels: New

Revised:

Reviewed:

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- Needle stick injury
- Break in skin caused by a potentially contaminated object
- Splash of blood or other potentially infectious material onto eyes, mucous membranes, or non-intact skin
- Mouth-to-mouth resuscitation without a pocket mask with a one-way valve
- Other exposure that the member may feel is significant

4.1.5 The communicable disease exposure report will include details of the task being performed, the means of transmission, the portal of entry, and the type of personal protective equipment in use at the time.

4.1.6 The member's supervisor will review the communicable disease exposure report and forward it to the fire district Infection Control Officer.

4.1.7 The fire district Infection Control Officer will evaluate the report for exposure hazards.

4.1.8 If the Infection Control Officer determines that a possible exposure has occurred, a medical evaluation by the Fire District physician or designee will be arranged by the Infection Control Officer no later than 48 hours after the exposure.

4.1.9 If no actual exposure has occurred, the Infection Control Officer will counsel the member on exposure hazards and may refer a member for infection control retraining or stress management counseling. Counseling for the member and spouse may also be made available, if indicated.

4.1.10 The Infection Control Officer will complete the communicable disease exposure report, indicating the disposition of medical management, and file the report in the office of the Fire District Physician.

4.1.11 The source patient of the possible infectious disease exposure will be traced to the receiving medical facility by the Infection Control Officer. The Infection Control Officer will notify the transporting agency and the receiving facility that a communicable disease exposure has possibly occurred, and will request infectious disease testing, as provided by the "Ryan White Act of 1990". The Infection Control Officer shall request a consent for testing the source patient for HIV, HCV and HBV.

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4.1.12 The Fire District Physician or his/her designee will provide appropriate diagnostic work-up and treatment of members with communicable disease exposures. Such services will include long-term follow up and member/spousal counseling, as needed.

4.1.13 Under the Ryan White Act, medical transport or medical treatment facilities shall notify the fire district Infection Control Officer following a documented exposure to blood or body fluids which are life threatening by carrying a substantial risk of death if acquired, as verified by the receiving hospital. The Infection Control Officer shall contact the receiving hospital for notification of a patient's infectious status if, after an investigation, the Infection Control Officer believes that an exposure was sustained. When notified, the Infection Control Officer will contact the members involved and may schedule medical evaluations with the Fire District Physician.

4.1.14 The Fire District Safety Officer will assume the duties of the Infection Control Officer in his/her absence.

Approved: _____
Chairman, Board of Fire Commissioners
North Whatcom Fire & Rescue

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Reviewed: