



Buxton Fire-Rescue

Administrative Policy

Subject: Exposure Control Plan (6)

Section/Number: Policy (1)

Date Approved: June 6, 2019

Nathan R. Schools



Exposure Control Plan Documentation

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Computer File Name AP.6.1 – Exposure Control Plan 2019

Nathan R. Schools, *EFO*
Authorization

Nathan R. Schools

Fire-Rescue Chief

June 6, 2019
Date

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Purpose:

The Exposure Control Plan for the Town of Buxton has been developed in accordance with OSHA 29CFR1910.1030(c) Exposure Control Plan, as adopted by the Maine Bureau of Labor.

The Plan identifies:

- General hazards associated with exposure to blood or other potentially infectious materials.
- Specific tasks considered to present a potential exposure to these hazards.
- Job classifications of the personnel expected to perform these tasks.
- Personal protective equipment and safe work practices designed to prevent exposure.
- Vaccination requirements.
- Training requirements.
- Exposure determination and follow-up to include record keeping requirements.

Failure to adhere to the requirements of the Plan will be considered a violation of policy and may result in appropriate disciplinary action.

Plan Maintenance:

Plan maintained by the Fire-Rescue Chief and the departments designated infectious control officer (DICO).

Definitions:

Blood – Human blood, human blood components and products made from human blood.

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

Contaminated – The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

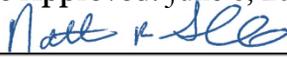
Contaminated Laundry – Laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.

Contaminated Sharps – Any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, and broken glass.

Decontamination – 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.

Department Head - Fire-Rescue Chief

Engineering Controls – (e.g. sharps disposal containers etc.) which isolate or remove the Bloodborne pathogens hazard from the workplace.



Exposure Incident – A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials which results from the performance of employee's duties.

HBV – Hepatitis B virus

Healthcare Professional – A person whose legally permitted scope of practice allows him or her to independently perform activities required for Hepatitis B vaccination and Post-exposure Evaluation and follow-up.

HIV – 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 – Reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Material (OPIM) – The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, plural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any fluid visibly contaminated with blood, and all body fluids in situations in which differentiation between body fluids and unfixed human tissue or organ is impossible.

Parenteral – Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE) – Specialized clothing or equipment worn by an employee for protection against a hazard. (General work clothes, not intended to function as protection against a hazard, are NOT considered Personal Protective Equipment. Personal Protective Equipment including but not limited to: gloves, gowns, face shields, masks, eye protection, pocket masks, or other ventilation devices.

Personal – (person) Includes both paid employees and volunteers of the same organization. The law does not recognize a difference in status nor will this plan.

Regulated Waste – Liquid or semi-liquid 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; pathological and microbiological waste containing blood or other potentially infectious materials.

Sharps with engineered sharps injury protections - a non-needle 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.

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Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. 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 – The use of physical or chemical procedure to destroy all microbial life including highly resistant endospores.

Universal Precautions – An approach to infection control. According to concept, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens.

Work Practice Controls – Controls which reduce the likelihood of exposure by altering the manner in which a task is performed.

Occupational Exposure:

As defined in the OSHA standard, “Occupational Exposure” is the reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of any employee’s duties without regard to the use of PPE.

Determination of this classification requires an identification of job tasks that have this potential. If a task that resulted in occupational exposure was identified as an anticipated routine part of the job classification, then that job classification was subsequently classified as occupationally exposed, and all persons operating within the scope of that job were classified the same.

In some instances, the potential for occupational exposure was present in job classifications, however, not as an anticipated routine occurrence. An assessment was made on this type of situation and it has been determined that due to the nature or their specific job duties, those identified individuals have been classified as not being occupationally exposed.

Fire Response

All active personnel on a fire response who have been identified as being at risk for occupational exposure are to perform the following tasks:

- Trauma treatment (bleeding control, etc.)
- Decontamination of surfaces contaminated with blood or OPIM
- CPR
- Extrication

All active personnel on a fire response, who have been identified as being at risk for occupational exposure, will receive appropriate training related to occupational exposure, and will be required to receive the HBV vaccine.

Ambulance Response:

Listed below are some tasks that could be performed during a medical emergency that would result in occupational exposure:

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- Suctioning
- Trauma treatment (bleeding control, etc.)
- Decontamination of surfaces contaminated with blood or OPIM
- Venipuncture procedures
- CPR
- Endotracheal intubation
- Chest decompression
- Extrication
- Emergency childbirth
- Cricothyrotomy

Standard Precautions:

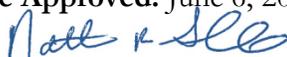
It is the Town's policy that all human blood and OPIM as defined in 29CFR1910.1030 be treated as if known to be infected with HIV, HBV, and other Bloodborne pathogens.

All proper exposure controls shall be observed whenever dealing with these materials.

An exposure incident which results from the willful disregard of the proper use of PPE as stated in this policy will be considered a willfully reckless and negligent act and will result in discipline up to/ including discharge. Any deviation/violation is strictly prohibited.

Engineering Controls:

- Engineering controls shall be the first line of defense against occupational exposure.
- Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- The container for storage, transport, or shipping shall be labeled and color coded Red and closed prior to being stored, transported or shipped.
- If outside contamination of the primary container occurs the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled and color coded RED.
- If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture resistant in addition to the above characteristics.
- Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.
- A readily observable label shall be attached to the equipment stating which portions remain contaminated.
- Contaminated needles and other sharps shall not be recapped, bent or removed; instead they are to be immediately, or as soon as possible, placed in the appropriate containers until properly disposed of.



Containers shall be:

- Puncture resistant
- Labeled and color coded RED
- Leak-proof on the bottom and sides
- Closeable
- Easily accessible to personnel and located as close as feasible to the immediate area where sharps are used
- Maintained upright throughout use
- Replaced routinely and not allowed to overfill

These containers will be located on each ambulance where anticipated contamination may occur. There will be a portable sharps container used when a provider starts an IV line in the field. Once used it shall be put back on the ambulance to be disposed of properly at the station or hospital.

Disposable type items contaminated with blood or OPIM (e.g. bandages, gloves, gowns, dressings, etc.) shall be placed in the appropriate designated waste receptacle. These items generated on an ambulance run shall be removed from the ambulance and disposed of at the Hospital Emergency Department whenever possible. If not possible, these materials are to be placed in the appropriate disposal bag. These containers shall be:

- Labeled and color coded RED
- Closed prior to removal to prevent spillage or protrusion of the contents during handling, storage, transport, or shipping.

If outside contamination of the container occurs, it shall be placed in a second container, or decontaminated if possible. This second container must conform to all the listed requirements for the primary container.

Red plastic biohazard bags will be stored on each ambulance for the temporary storage of contaminated material.

Eating, drinking, smoking, applying any cosmetics, and handling contact lenses are prohibited in the patient compartment of the ambulances. Further, food, drink, cosmetics, or tobacco shall not be stored in the patient compartment of the ambulance.

All procedure involving blood or OPIM shall be performed in such a manner as to minimize splashing, spattering, and generation of droplets of these substances.

Buxton Fire-Rescue identifies the need for changes in engineering controls and work practices that reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens through employee interviews, review of incident and near miss investigations and review of OSHA records.

At least annually, Buxton Fire-Rescue evaluates new procedures and appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure by employee survey and suggestion, literature review and direct product evaluation. Both front-line workers and management officials are involved in this process in the following manner:

- Employees will be surveyed about current practices and products used.
- New products will be evaluated by a random sample of staff and will provide a written evaluation of the product.
- The department infection control officer will compile the results and present them to management for implementation.

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- The Fire-Rescue Chief is responsible for ensuring that these recommendations are implemented.

Hand Washing:

All personnel shall wash all potentially exposed skin with soap and water; or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials. If hand washing facilities are not immediately available, personnel are to wipe exposed skin with the germicidal hand sanitizing agent or wipes available in each ambulance, fire apparatus, and in the medical supply room. Hand washing shall occur at the earliest opportunity.

PPE:

PPE shall be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE shall be used. The Chief shall approve all new forms of PPE before they are placed in service.

The following PPE is located on both ambulances and shall be made available to all personnel at a scene:

- Disposable non-latex gloves
- Protective gowns
- Eye goggles
- Surgical masks
- Mask/Shield combination
- Ventilation masks with one-way valve

All personnel shall use the appropriate PPE unless the person temporarily and briefly declines to use PPE when, under rare and extraordinary circumstances, it is the person’s professional judgment that in the specific instance its use will prevent the delivery of health care, or will pose an increased hazard to their safety or their co-workers safety. It will be mandatory that all personnel will document all judgment decisions not to wear PPE.

All contaminated PPE shall be disposed of according to the requirements of this Plan.

Any PPE found to be or suspected of being in disrepair shall be appropriately discarded or tagged out of service and reported to an EMS Officer or the Fire-Rescue Chief.

If a garment(s) is penetrated by blood or OPIM, non-disposal garments or laundry shall be removed as soon as possible. On ambulance runs, all PPE shall be removed prior to leaving the hospital Emergency Department. All disposable PPE shall be properly disposed of at that time in the Emergency Department. All non-disposable PPE and garments shall be laundered in the designated laundry facility at Bar Mills Station.

When PPE is removed, it shall be placed in an appropriately designated container for disposal or decontamination.

Disposable non-latex gloves shall be put on:

- For an ambulance run, on your way to every call, prior to making patient contact; no exceptions to this rule (It can be reasonably anticipated that the person may have contact with blood or OPIM, mucous membranes, or non-intact skin)
- When performing vascular access (IV) procedures.

- When handling or touching contaminated items or surfaces.

Disposable non-latex gloves shall:

- Be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to act as a protective barrier is compromised.
- Never be washed or decontaminated for re-use.
- Be changed between patients, whenever practical.

Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

Masks and eye shields – Masks in combination with eye shields with solid side shields shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, mouth contamination can be reasonably anticipated.

Gowns and Other Protective Body Clothing shall be worn in occupational exposure situations to the degree determined by the task and degree of exposure anticipated.

Housekeeping:

The Fire-Rescue Chief is ultimately responsible for all biohazard materials and that they are maintained in a clean and sanitary condition away from all other clean/sanitary equipment.

The Fire-Rescue Chief shall ensure that the ambulances are maintained in a clean and sanitary condition.

These responsible parties shall implement a written schedule for cleaning these areas. This schedule shall be based on:

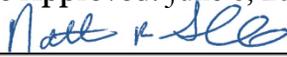
- Method of decontamination
- Type of surface to be cleaned
- Type of soil present
- Tasks being performed in the area.

Contaminated work surface shall be decontaminated with an appropriate disinfectant immediately or as soon as feasible, when surfaces are contaminated.

The specific type of decontamination solutions shall be approved by the Fire-Rescue Chief before use. This solution may vary based on the various products on the market. However, for approval, the solution must meet the requirements for decontamination as defined in 29CFR1910.1030(c).

All bins, pails, wastebaskets, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled bases as determined by the cleaning using an approved disinfecting solution as previously described, or as soon as feasible upon visible contamination.

Sharps which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a broom and dust pan, tongs, forceps, etc.



Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires personnel to reach by hand into the containers where sharps have been placed.

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

Contaminated linen generated from a medical call should be left at the hospital if possible.

Contaminated linen that must be transported must be placed in a RED biohazard bag and labeled.

Personnel who may come in contact with contaminated laundry shall wear protective gloves or other appropriate PPE.

All contaminated laundry that is being stored for future decontamination will be placed in a locked storage container at the fire station.

Spills of blood or OPIM are to be considered, for the purpose of cleanup, a hazardous materials incident. This incident shall be handled in accordance with all applicable safety and disposal guidelines as listed in this Plan.

Vaccinations:

The Town of Buxton shall make available the Hepatitis B vaccination series to all identified personnel. This vaccination shall be provided at no charge to the person and at a reasonable time and place.

1. The vaccination series will be provided by the towns designated occupational health provider.
2. The vaccination series, evaluation and immunity profile will be administered according to accepted medical protocol. All laboratory tests shall be conducted at no cost to the individual.
3. The Chief, working with the appropriate Department Heads, shall ensure that the person declining the Hepatitis B vaccination offered by this Plan sign the appropriate declination statement.

Personnel who declined the vaccination and refuse to sign the declination statement and do not demonstrate immunity, will be removed from the job classification identified as occupationally exposed until such time as they comply with the requirements of this Plan.

- B. All records relative to the vaccination series, follow-up and immunity profile are to be stored in the person's medical records kept with the designated occupational health provider. Further, it is the responsibility of each Department Supervisor to maintain a separate medical record of each of their employees classified as occupationally exposed.

Exposure Incident:

An Exposure Incident is defined as a specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of a person's duties.

It is imperative that all personnel immediately report any exposure incident to the appropriate department head, supervisor or directly to the Designated Infectious Control Officer (DICO).

Following Exposure:

The person shall be evaluated by the Department's occupational health provider at the earliest opportunity for confidential medical evaluation and follow up. In some instances, the employee will be directed to admit

his/herself to the hospital that the patient was transported to for immediate testing/treatment. This confidential/follow up shall be documented in the person's medical record.

The incident shall be investigated by the appropriate department head to determine cause and any appropriate corrective action.

- A. In accordance with 29CFR1910.1030, the following elements shall be covered in the Post-exposure investigation; or otherwise prohibited by law.
 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
 2. Identification and documentation of the source individual, unless that identification is not feasible.
 3. The degree work practice and PPE controls that were utilized.

- B. The source individual's blood shall be tested as soon as feasible and after consent is obtained to determine HBV and HIV infection. In the event consent is not obtained, the Town Attorney will establish and document that legal consent could not be obtained and follow the Ryan White Law.
 1. When the source individual is already known to be infected with HBV or HIV, testing need not be repeated.
 2. Results of the source individual's testing will be made available to the exposed person, and the person shall be informed of applicable state law that regulates the disclosure of the source individual's identity and infection status.

- C. The exposed person's blood shall be collected and tested as soon as feasible after consent is obtained.
 1. If the person consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the samples shall be preserved for at least 90 days. If within 90 days of the exposure incident, the person elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 2. Post-exposure counseling and evaluation of reported illnesses shall be made available as medically indicated.

Information Provided to The Healthcare Professional:

The appropriate department head will ensure that the post-exposure evaluating professional is provided:

1. A copy of 29CFR1910.1030(c)
2. A description of the exposed person's duties as they relate to the exposure incident.
3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
4. Results of the source individual's blood testing, if available.
5. All medical records relevant to the appropriate treatment of the person including vaccination status.

Healthcare Professionals Written Opinion:

The Town's occupational healthcare provider shall provide the exposed person, and the appropriate department head, with a copy of the evaluating physicians written opinion within 15 days of the completion of the evaluation.

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The health care professional's written opinion for the hepatitis B vaccination shall be limited to:

1. Whether the hepatitis B vaccination is indicated for the person.
2. If the person has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the person has been informed of the results of the evaluation.
2. That the person has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

All other findings or diagnoses shall remain confidential and shall not be included in this written report.

Communication of Hazards:

Warning labels shall be affixed to:

- Containers of medical waste, refrigerators and freezers containing blood or OPIM.
- Other containers used to store, transport or ship blood or OPIM.
- Labels shall include the "BIOHAZARD" symbol illustrated in 29CFR1910.1030(c)
- These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- Labels are to be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss of unintentional removal.
- Red bags or containers may be substituted for labels.
- Individual containers of blood or OPIM placed in a labeled container during storage, transport, shipment, or disposal are exempted from this labeling requirement.
- Labels required for contaminated equipment shall be in accordance with this section and state the portion(s) of the equipment which remain contaminated.
- Medical waste which has been decontaminated need not be labeled or color-coded red.

Training:

All personnel identified with occupational exposure shall receive training at no cost when:

- At the time of initial assignment to an identified job classification.
- At least annually thereafter.
- When changes such as modification of tasks or procedures, or institution of new tasks or procedures affect the person's occupational exposure. The additional training may be limited to addressing the new exposures created.
- The appropriate department head shall be responsible for arranging this training as required and when appropriate.
- General epidemiology and symptoms of bloodborne diseases.
- The modes of transmission for bloodborne pathogens.
- The appropriate methods of recognizing tasks and other activities which may involve exposure to blood or OPIM.

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- The use and limitations of methods which will prevent or reduce exposure including appropriate engineering controls, work practices and PPE.
- The types, proper use, location, removal, handling, decontamination, and disposal of PPE.
- The basis for selection of PPE.
- The hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
- The appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- The procedures to follow, if any exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- The post-exposure evaluation and the follow-up that the physician will provide the person following an exposure incident.
- The labeling requirements for medical waste.
- An opportunity for interactive questions and answers with the person conducting the session.

- The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to The Town of Buxton.

Record Keeping:

The employer shall maintain an accurate record for each person with occupational exposure, in accordance with 29CFR1910.20(c). This record shall include:

1. The name and SSN of the person
 2. A copy of the person's hepatitis B vaccination status including the dates of all the hepatitis vaccinations and any medical records relative to the person's ability to receive this vaccination.
 3. A copy of all results of examination, medical testing, and follow-up procedures as required following an exposure incident.
 4. A copy of health care professional's written opinion as described in this Plan.
 5. A copy of the information provided to the health care professional as described in this Plan.
- The Department's designated occupational provider shall ensure that the person's medical records required in this Plan are:
- a) Kept confidential
 - b) Are not disclosed or reported without the person's express written consent to any person within or outside of the Town of Buxton's municipal government except as required by law.
 - c) The Town of Buxton, in conjunction with the designated Physician, will maintain these records for at least the duration of employment, or membership, plus thirty (30) years in accordance with 29CFR1910.20(c).

Training Records:

Records for training required by this Plan shall include:

1. The dates of the training session(s).
2. The contents or a summary of the training sessions.
3. The names and qualifications of the people conducting the training sessions.
4. The names and job titles of all persons attending the training sessions.

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5. Training records shall be maintained in the department's training file for three (3) years from the date of which the training occurred.

Availability and Transfer of Records:

All records required to be maintained by this Plan shall be made available, upon request, to the Assistant Secretary and the Director of the National Institute for Occupational Safety and Health or the U.S. Department of Health and Human Services, or the designated representative.

All personnel medical records required to be maintained by this Plan shall be provided upon request for examination and copying to:

- The subject personnel.
- Anyone having written consent of the subject person.
- The Assistant Secretary and the Director of the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, or their designated representative.

The Town of Buxton, will comply with requirements involving the transfer of records as set forth in 29CFR1910.20

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To be completed by evaluating physician

Date Employee's medical evaluation completed:

Employee was informed of the results of the evaluation:

Employee was informed of any possible medical conditions resulting from this exposure that require further evaluation of treatment:

Evaluation Physician's Name (Please Print):

Evaluation Physician's Name (Please Sign):

Date:

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Housekeeping Procedures

AMBULANCES:

The interior of each ambulance shall be inspected daily by the on-duty personnel to ensure that the patient area is in an orderly condition and has been cleaned as necessary to remove or decontaminate any soil, waste or body fluids and assures that the unit is completely free of any biohazards.

Any spill of blood or OPIM, as defined in the Exposure Control Plan, shall be wiped immediately, or as soon as feasible, with the approved disinfectant or the approved germicidal wipes located in the ambulance. Appropriate PPE equipment is to be used when cleaning this type of spill.

Upon return to the station, the affected area shall be cleaned with the ambulance interior cleaner. Appropriate PPE is to be worn when cleaning this type of spill.

If the ambulance is toned out for a call the driver shall ensure that the unit is in an orderly condition and has been cleaned as necessary to remove or decontaminate any soil, waste or body fluids and assures that the unit is completely free of any biohazards.

Each ambulance will undergo a complete decontamination process on a weekly basis.

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EMPLOYEES HAVE RESPONSIBILITIES!!

ATTEND AND ACTIVELY PARTICIPATE IN TRAININGS.

GET HBV VACCINATION.

ASK QUESTIONS IF ANY AREA IS NOT CLEAR!

BECOME PRO-ACTIVE IN SAFETY... LOOK FOR HAZARDS AND WAYS TO AVOID THEM.

REPORT HAZARDS TO THE EMPLOYER.

REPORT ALL EXPOSURES TO THE EMPLOYER REGARDLESS OF PERCEIVED RISK.

FOLLOW RECOMMENDATIONS FOR POST-EXPOSURE CARE.

EVALUATE INCIDENT WITH EMPLOYER AND HOW TO AVOID IN THE FUTURE

REPORT FEBRILE ILLNESSES THAT OCCUR WITHIN TWELVE (12) WEEKS OF EXPOSURE.

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Important Contacts

Licensed Healthcare Professional:

Concentra is the contracted healthcare provider to administer the Department's Exposure Control Program, as well as providing emergent/non-emergency medical care for a workplace injury, illness, or exposure.

Concentra Medical Care
85 Western Avenue
South Portland, Maine 04106
Phone: (207) 774-7751
After hours phone: (207) 774-7751
Fax: (207) 828-5140

For employees who need emergent medical care due to a workplace injury, illness, or exposure, when Concentra is not open, or cannot see the employee, all employees will be directed/transported to an appropriate health care facility and treated/tested based upon the dictating situation.

In situations where an employee has an exposure to a patient's bodily fluid, the employee may be directed/transported to the same hospital that the patient has been transported and shall be checked in as a patient by the receiving hospital. This will allow proper tracking and documentation of the exposure as it relates to both the patient and the employees overall health.

Handwritten signature

BUXTON FIRE-RESCUE HEPATITIS B VACCINATION CONSENT TO DECLINE FORM

Name (print) _____ Date _____

Telephone Number _____ Social Security Number _____

Declination
Section 1910-1030

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 the 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 decide I want to be vaccinated with the hepatitis vaccine, I can receive the vaccination series at no charge to me.

Signature _____ Date _____

Consent to have Hepatitis B Vaccination

I have been instructed on the exposure hazards of not having the hepatitis B vaccination and consent to having the series at no charge to me.

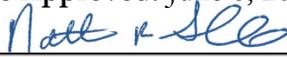
Signature _____ Date _____

I have already had the hepatitis B vaccination series and do not wish to have it again.

Signature _____ Date _____

Place and date of vaccination series/ blood test results:

Employee Fact Sheet



Hepatitis – Hepatitis is a liver disease, initially resulting in inflammation of the liver, and frequently leading to more serious conditions including cirrhosis and liver cancer. In the United States there are approximately 300,000 new cases of Hepatitis B virus (HBV), the most prevalent form of Hepatitis, and every year. While there is no cure for Hepatitis B, a vaccination does exist that can prevent infection.

HBV is most often transmitted through breaks in the skin of mucous membranes. This usually occurs through needle sticks, human bites, or having infectious material (such as blood or other bodily fluids) get into existing cuts or abrasions.

The symptoms of HBV infection are very much like a mild “flu”. Initially there is a sense of fatigue, possible stomach pain, loss of appetite, and even nausea. As the disease continues to develop, jaundice (a distinct yellowing of the skin) and darkened urine will often occur. However, people who are infected with HBV will often show no symptoms for some time.

After exposure it can take 2-6 months for Hepatitis B to develop. This is extremely important, since vaccinations begun immediately after exposure to the virus can often prevent infection.

Human Immunodeficiency Virus – Human immunodeficiency virus (HIV) is the newest of the major bloodborne diseases. HIV is spreading rapidly.

Symptoms of HIV infection can vary, but often include:

- Weakness
- Fever
- Sore Throat
- Nausea
- Headaches
- Diarrhea
- Other Flu-like symptoms

However, many people with HIV virus can show no apparent symptoms for years after their infection.

In most cases, contacting the HIV virus ultimately leads to the development of Acquired Immunodeficiency Syndrome (AIDS). This results in the breakdown of the immune system, so the body does not have the ability to fight off other diseases. Currently no vaccination exists to prevent infection of HIV, and there is no known cure.

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Buxton Fire-Rescue Exposure Report

Date of Report: _____

Date of Incident: _____

Location of Incident: _____

Department Run Number: _____

Name: _____

Employee Duties: _____

Circumstances of Incident: _____

Route of Exposure: _____

Source Individual's HBV or HIV Status (if known): _____

Employee's HBV Status or vaccination info: _____

Also include any relevant medical records of the employee, especially with regard to ability to receive vaccine.