

Brooklin Fire Department

25 Bay Road
Brooklin, ME 04616

Standard Operating Guidelines No 9 Infection Control Program APPENDIX A

Duties of the Infection Control Officer

- 1) Keeps and reviews the department Exposure/Infection Control Plan and makes recommendation for revision to that program on an annual basis.
- 2) Tracks member compliance with the program and makes recommendations for improvement to individual members and the department as a whole.
- 3) Arranges for pre-entry physical exams with new members and the department physician.
- 4) Takes note of any serious illness (occupational or not) suffered by department personnel and determines along with the department physician when the members is again fit for duty.
- 5) Arranges for HBV vaccinations, either individually or in groups. Keeps all records of vaccinations and refusals of vaccination. Renews any refusals on an annual basis following a counseling session of no less than twenty (20) minutes on the benefits/risks of vaccination.
- 6) Arranges for all exposure follow-up counseling and testing in consultation with the affected member and the department physician. Documents all such incidents.
- 7) Arranges for annual training on infectious and blood borne diseases and monitors member attendance at such sessions.
- 8) Serves as the notification officer pursuant to the Ryan White Comprehensive AIDS Resources Emergency Act of 1990. (See copy of this document enclosed.).

This list may be added to as the department and its need see fit.

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APPENDIX B

Vaccination Acceptance/Refusal Record

This is to acknowledge that I, _____ residing at _____ have received, read, and understand the policy statement from the Brooklin Fire Department regarding Hepatitis B vaccinations.

Please check one:

___: I understand that, due to my occupational exposure to blood or other potentially infectious material, 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** the 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 vaccine at no charge to me.

___: I have the following questions/concerns:

___: I have already had or am currently having the HBV series. My date(s) of injections are the following:

(1) ____ / ____
MO YR (2) ____ / ____
MO YR (3) ____ / ____
MO YR

Employee Signature _____ Date _____

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**Standard Operating Guidelines No 9
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APPENDIX B**

Vaccination Acceptance/Refusal Record

This is to acknowledge that I, _____ residing at _____ have received, read, and understand the policy statement from the Brooklin Fire Department regarding Tetanus vaccinations.

Please check one:

___: I understand that, due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Tetanus. I have been given the opportunity to be vaccinated with Tetanus vaccine at no charge to myself.; however, I **DECLINE** Tetanus vaccination at this time. I understand that by **DECLINING** the vaccine, I continue to be at risk of acquiring Tetanus, 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 Tetanus vaccine, I can receive the vaccine at no charge to me.

___: I have the following questions/concerns:

___: I have already had a Tetanus vaccine. My date(s) of injections are the following:

(1) ____ / ____ (2) ____ / ____ (3) ____ / ____
MO YR MO YR MO YR

Employee Signature _____ Date _____

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APPENDIX C

Instructions for Post Exposure Follow-up Documentation

The form included with these instructions is to be filled out by the exposed worker after any necessary first aid has been rendered to the exposure site. Please refer to the post exposure follow-up procedures listed in the Sedgwick Fire Department Infection Control Manual for details. This form must be completed in order for you to protect your rights under all applicable laws including OSHA and Workers Compensation.

- 1) Give the date of the exposure and the date the form was completed. The dates should not vary by more than one day ideally.
- 2) Same as for Item (1), except you must enter times here.
- 3) Your Name
- 4) The name of the source patient, i.e. the person whose blood or other bodily fluids you were exposed to. Include any information that might make identification of the source possible.
- 5) Note what your duties were at the time of the exposure.
- 6) Describe exactly how the exposure occurred. Be as detailed as possible.
- 7) Check the appropriate line and note the location on your body where contact occurred. If you are uncertain as to what type of exposure this was, consult the Infection Control Officer as soon as possible.
- 8) Items 1-7 are to be filled in by both exposed worker and the Infection Control Officer, as soon after the incident as possible (right after if at all workable).
- 9) The exposed worker must report to the ICO no later than twelve (12) hours after the incident to complete the form. At that time, arrangements will be made for a physician consult, and a package of materials will be given to the worker to bring to the physician. The department physician will conduct the follow-up; however a worker is free to choose his/her own personal physician. All exposure follow-up protocols will be explained to the physician prior to the consult.

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APPENDIX D

Cleaning up of Blood or Bodily Substance Spills

1) **Policy**

All spills of blood and bodily substances, including housekeeping solutions, and water contaminated with such substances, will be cleaned with a tuberculocidal agent as soon as possible after the spill, and in accordance with the house keeping guidelines in this manual.

2) **Procedure:**

- a) Get all necessary equipment (gloves, tuberculocidal agent, paper towels). Use either LpH se or 1:10 solution of Clorox and Water.
- b) Put on gloves
- c) Place paper towel over the spill
- d) Pour mixed solution of germicide over towel (**NEVER** pour solution directly on the spill. This will cause splashing of blood or bodily fluids).
- e) Wipe up spill
- f) Repeat steps 3, 4, and 5 as necessary.
- g) Place dirty towels in a red BIOHAZARD bag
- h) Remove gloves, and place in the same bag.
- i) Tie bag to close.
 - (a) NOTE: Double bag only if first bag is soiled on the outside. Dispose of gloves in the outer-most bag.
- j) Wash hands
- k) Place red BIOHAZARD bag in the infectious waste disposal bin for removal to Blue Hill Memorial Hospital.

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APPENDIX E

HAND WASHING PROCEDURE

I. Purpose

- A. To ensure member safety against blood borne pathogens, and pathogens present in other bodily fluids by means of effective, proper, and consistent hand washing techniques.
- B. Hand washing is the most important infection control procedure. All members will wash their hands:
 - 1. After removing personal protective equipment
 - 2. After each contact with patients or accident victims
 - 3. After handling potentially infectious materials
 - 4. After cleaning or decontaminating equipment
 - 5. After using the bathroom
 - 6. Before eating
 - 7. Before and After preparing or handling food

II. Procedure

- A. For routine hand washing, a vigorous rubbing together of all surfaces of lathered hands for at least ten (10) seconds, followed by a thorough rinsing under a stream of warm water is recommended.
- B. Use appropriate hand washing products as listed below under equipment.
- C. Dry hands with a clean paper towel. Do not use cloth towels.
- D. Turn off faucet with paper towel to prevent contamination of clean hands. Also use paper towel to open restroom door if necessary, so that hands don't become contaminated. Throw the paper towel away in the closest trash receptacle.

III. Equipment:

- A. Choose hand washing facilities intended for that purpose only. Do not use dirty utility, housekeeping, or food preparation sinks. Use waterless hand cleaning gel in the field if necessary, but follow this with a proper soap and water wash immediately upon return to quarters.
- B. Plain soap should be used, and liquid soap in a pump container is preferable. If bar soap is used, it must be kept on a rack that allows drainage of water.