



# NORFOLK VOLUNTEER FIRE DEPARTMENT, INC

120 YEARS OF SERVICE

JULY 1902 - JULY 2022



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## Infection/Exposure Control Plan

**I. Policy:** It is the policy of the Norfolk Volunteer Fire Department to provide all members with the information, training, and equipment necessary to prevent the spread of infectious disease in the workplace, in compliance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030, and with NFPA 1581 Standard *on Fire Department Infection Control Program*.

**II. Purpose:** The purpose of the program is to eliminate or minimize occupational exposure to blood or other potentially infectious materials (OPIM) in accordance with the OSHA Bloodborne Pathogens Standard, and otherwise minimize or eliminate the risk of infection among personnel by complying with NFPA 1581.

### **I. Introduction**

The Norfolk Volunteer Fire Department recognizes the potential for its firefighters to be exposed, in the performance of their duties, to infectious and communicable diseases. To minimize the risk of exposure, the Norfolk Volunteer Fire Department has implemented this Infection/Exposure Control Program.

The Infection Control Program will include standard operating procedures, initial and refresher training in infection control practices, a vaccination program, the provision of proper infection control clothing and equipment, decontamination procedures for clothing and equipment, procedures for the disposal of medical waste, a system for reporting and managing exposures, a system for tracking exposures and ensuring confidentiality, monitoring of compliance with the standard operating procedures, and the design of fire department facilities to minimize risk of infection.

In the emergency care setting, the infectious disease status of patients is frequently unknown by Fire Department personnel. All patients must be considered infectious. Blood and body fluid precautions must be taken with all patients.

To minimize the risk of exposure, the Norfolk Volunteer Fire Department will provide its members with proper infection control protective equipment, including disposable medical gloves, facemasks, respirators, gowns, and eyewear, and will provide necessary cleaning and disinfecting supplies. The Norfolk Volunteer Fire Department also will provide initial instruction and continuing education in preventive health care practices so that fire fighters possess a basic awareness of infectious diseases,

understand the risks and severity of various types of exposures, and exhibit proper skills in infection control.

Standard prophylactic medical treatment will be offered to exposed members, and necessary immunizations will be made available to protect members from potential exposure to infectious disease. Exposure to infectious and communicable disease shall be considered an occupational health hazard, and any infectious or communicable disease contracted as the result of a documented workplace exposure shall be considered occupationally related.

## **II. Definitions**

**Airborne Pathogens:** Microorganisms capable of producing infection and/or causing disease in humans after being inhaled.

**Airborne Precautions:** The level of protection that personnel are to use when there is the potential for airborne pathogens that may stay airborne for extended periods of time and maybe inhaled. Diseases that are included in this category are TB, measles, and varicella. Personnel shall use universal precautions, as well as a particulate respirator mask (N95) prior to making patient contact or entering an enclosed area that the patient may have contaminated. When examining or treating potentially high-risk respiratory patients, personnel will use full respiratory protection (particulate respirator mask, eye protection, and gloves). All three items must be worn as an ensemble in order to qualify as full respiratory protection

**Biohazard bags:** Red in color, display the universal biohazard symbol, are sufficiently sturdy to prevent tearing or breaking, and can be sealed securely to prevent leakage.

**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 in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

**Contaminated:** The presence or the 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 sharps.

**Contaminated Sharps:** 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:** 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.

**Disinfection:** A Process used to inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms, such as bacterial endospore.

**Engineering Controls:** 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.

**Environmental Surface:** Interior patient care areas, both stationary and in vehicles, and other surfaces not designed for intrusive contact with the patient or contact with mucosal tissue.

**Exposure Incident:** 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 employee's duties.

**Foodborne Pathogens:** Microorganisms present in food or drinking water that can cause infection and/or disease in humans.

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

**HBV:** Hepatitis B virus.

**HIV:** Human immunodeficiency virus.

**Medical Gloves:** Single-use patient examination gloves that are designed to provide a barrier against body fluids.

**Needleless systems:** 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:** Reasonably 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 Materials (OPIM):** (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.

**Pathogens:** Microorganisms such as a bacteria, virus, or fungus that are capable of causing disease.

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

**Personal Protective Equipment:** Specialized clothing or equipment worn by an employee 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.

**Pocket Mask:** A Pocket-size double-lumen device that is portable and designed to protect the provider from direct contact with the mouth/lips or body fluids of a patient while performing artificial respiration.

**Regulated Waste:** 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.

**Sharps:** Any object that can penetrate the skin including, but not limited to, needles, lancets, scalpels, broken glass, jagged metal, or other debris.

**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.

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

**Structural Firefighting Gloves:** An element of the protective ensemble for firefighters designed to provide minimum protection to the fingers, thumb, hand, and wrist.

**Universal Precautions:** 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.

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

### **III. Infection Control Program**

#### **I. Exposure Determination**

The Norfolk Volunteer Fire Department has determined that *all personnel* who respond to emergency incidents or otherwise engage in the delivery of emergency medical services are at risk of exposure to infectious diseases transmitted through blood and other potentially infectious materials, as well as airborne pathogens.

The Norfolk Volunteer Fire Department has further determined that *all personnel* may be at risk of exposure to foodborne pathogens and other illnesses associated with eating, food preparation, cooking, cleaning, living, and working in fire stations, as well as the use and maintenance of fire apparatus.

#### **II. Tasks and procedures at which personnel have an increased risk of the transmission of infectious diseases.**

**a.** Personnel are at risk of increased risk from bloodborne and airborne pathogens when:

- i.** Providing emergency medical care to injured or ill patients;
- ii.** Rescuing patients from hostile environments, including burning structures or vehicles, water, contaminated atmospheres, or oxygen deficient atmospheres;
- iii.** Extricating persons from vehicles, machinery, or collapsed excavations or structures;
- iv.** Recovering and/or removing bodies from any situation cited above;
- v.** Responding to hazardous materials emergencies, both transportation and fixed-site, involving biohazards containing potentially infectious substances; and
- vi.** The cleaning and disinfecting of patient care and training equipment.

**b.** Personnel Are at risk of increased risk from foodborne pathogens when eating and drinking:

- i.** food prepared in fire stations
- ii.** at emergency scenes, or
- iii.** otherwise while on duty and subject to having meals interrupted

### **III. Methods of Compliance**

**A. Universal Precautions.** Universal precautions shall be observed when members are exposed to blood or other potentially infectious materials (OPIM). Personnel shall treat all blood and OPIM as potentially infectious.

**B. Airborne Precautions.** Airborne precautions shall be observed when members are exposed or potentially exposed to a patient with a disease capable of remaining airborne, and being spread by inhalation, such as TB, measles, and varicella.

#### **C. Hand Washing**

**i.** Hands and other skin surfaces shall be washed thoroughly as soon as possible under the following situations:

- (a)** If contaminated with blood or other potentially infectious materials
- (b)** After each emergency medical incident
- (c)** Immediately or as soon as possible after removal of medical gloves or other PPE
- (d)** After cleaning and disinfecting emergency medical equipment
- (e)** After cleaning PPE
- (f)** After any cleaning function
- (g)** After using the bathroom
- (h)** Before and after handling food, cooking, or touching cooking/food utensils

**ii.** Hands and contaminated skin surfaces shall be washed with nonabrasive soap and water by lathering the skin and vigorously rubbing together all lathered surfaces for at least 10 seconds, followed by thorough rinsing under warm running water.

**iii.** Where soap and running water is not available the area should be flushed with water or saline, and washed with soap and warm water as soon as possible.

**iv.** Hands shall be washed as soon as possible after medical gloves are removed, even if the gloves appear intact.

**v.** Hand washing should be completed using appropriate facilities such as utility or rest room sinks. Hands shall not be washed in sinks where food preparation occurs.

**vi.** Where handwashing facilities are not provided, appropriate antiseptic hand cleansers in conjunction with clean cloth, paper towels, or antiseptic towelettes shall be used. Where antiseptic hand cleansers or towelettes are used, hands shall be washed with nonabrasive soap and running water as soon as feasible.

**D. Personal Protective Equipment.**

- a.** The Norfolk Volunteer Fire Department shall provide members with suitable personal protective equipment (PPE) to accomplish the objectives of this program, including disposable medical gloves, goggles, face masks, and N95 respirators.
- b.** All PPE shall meet the requirements of NFPA 1999, *Standard on Protective Clothing for Emergency Medical Operations*, or provide equivalent protection that meets the requirements of 29 CFR 1910.1030(d)(3).
- c.** Personnel shall be responsible to select and utilize the appropriate PPE based upon the risks presented.
- d.** Personal protective equipment will be considered "appropriate" only if it does not permit blood or OPIM to reach employees' work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- e.** Medical gloves must be worn whenever members anticipate contact with blood or other potentially infectious materials (including whenever involved with emergency patient care). Where multiple patients are present, members shall change gloves, if possible, after caring for one patient and before beginning care on the next.
- f.** To the greatest extent possible, the Fire Department shall provide latex-free medical gloves for use by all members at all times. When not feasible, latex-free or powder-free medical gloves shall be provided to members with a latex allergy or for members providing care for a patient with a latex allergy.
- g.** Eyewear and face masks must be worn in cases where splashing of blood or other potentially infectious materials is anticipated and may come in contact with eyes, nose or mouth.
- h.** Firefighting turnout gear (including structural firefighting gloves, boots, head and face protection) shall be worn when working in areas containing sharp glass, metal, or other debris capable of puncturing or lacerating the skin of the patient, responder or both, as well as puncturing medical gloves.
- i.** Contaminated disposable items must be discarded in a leak proof plastic biohazard bag that is red in color or marked with the international biohazard symbol.
- j.** Members shall not handle personal items such as combs, pens, or cellular phones, touch door knobs, handles, or switches, nor drive apparatus, while wearing

contaminated medical gloves. In the event that contact with such items occurs, members shall decontaminate and disinfect the surfaces contacted as soon as possible.

**k.** Contaminated medical gloves should be removed as soon as possible and discarded in a leak proof plastic biohazard bag that is red in color or marked with the international biohazard symbol. Contaminated medical gloves shall not be disposed of by throwing them in normal trash or by leaving them at the incident scene.

**l.** Prior to any contacts with patients, members shall cover all areas of abraded, lacerated, chapped, irritated, or otherwise damaged skin with adhesive dressings.

**m.** Members with extensive weeping dermatitis and/or open skin lesions on exposed areas shall be restricted from providing direct patient care or handling and/or decontaminating patient care equipment and devices.

**n.** Any member who has skin or mucosal contact with body fluids shall thoroughly wash the exposed area immediately using water or saline on mucosal surfaces and soap and running water on skin surfaces.

**o.** All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

#### **E.** Needles and Sharp Objects

**a.** Members shall take precautions to prevent injuries caused by needles, knives, broken glass, razor blades or other sharp instruments, devices or debris which can puncture or lacerate the skin.

**b.** Used sharps and sharp objects, such as needles, scalpels, catheter stylets, and other potentially contaminated sharp objects, shall be considered infectious and shall be handled with extraordinary care.

**c.** Except for those sharps that are automatic or self-sheathing, needles shall not be manually recapped, bent, or broken.

**d.** Following use, all sharps shall be placed immediately in sharps containers. In addition, any small, mobile sharp objects that are contaminated should be placed in sharps containers. Suitable precautions shall be taken to prevent injury from larger non-mobile contaminated sharp objects such as glass, jagged metal, etc.



**e.** Sharps containers shall be located in all patient transport vehicles and shall be readily available in such items as drug boxes, and IV kits. For the purpose of disposal all sharps shall be discarded into the receptacle located inside Norfolk Ambulance.

**f.** Sharps containers shall meet 29 CFR 1910.1030(d)(4) and must be closable; puncture resistant; leakproof on sides and bottom; and labeled or color-coded in accordance with paragraph (g)(1)(i) of 29 CFR 1910.1030.

**g.** During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found; maintained upright throughout use; and replaced routinely and not be allowed to overfill.

**h.** When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and placed in a secondary container if leakage is possible. The second container must be closable; constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded in accordance with paragraph (g)(1)(i) of 29 CFR 1910.1030.

**i.** Reusable containers shall not be used.

**F. Laundering of Uniforms and Clothing, and Cleaning of PPE**

**a.** Uniforms issued to personnel as well as non-uniform clothing worn by personnel are not considered to be protective clothing. Members shall take affirmative steps to don appropriate PPE to avoid any contamination of uniforms or non-uniform clothing with blood or OPIM.

**b.** Members whose uniform or other clothing is soiled by blood or OPIM shall change from the contaminated uniform or clothing to a clean uniform or clothing immediately, or as soon as possible.

**c.** Contaminated uniform and non-uniform items should be handled by members wearing gloves, bagged in a leak proof plastic biohazard bag that is red in color or marked with the international biohazard symbol. Soiled uniform items shall be decontaminated by laundering according to the manufacturer's instructions.

**d.** Contaminated personal protective equipment shall be placed in biohazard bags to be cleaned, laundered, or disposed of at no cost to the member.

e. The use of washer-extractors in designated fire department facilities shall be for the sole purpose of cleaning and decontaminating PPE. Washer-extractors shall not be used for any other purpose.

**G. Resuscitation Equipment**

a. Resuscitation equipment, including pocket masks, shall be available on all fire department vehicles that provide emergency medical operations.

b. Resuscitation equipment shall be used by members performing airway management. Members are discouraged from giving direct mouth-to-mouth resuscitation to a non-breathing victim.

c. Pocket masks with one-way valves, disposable airways or resuscitation equipment are the preferred methods of treatment rather than mouth-to-mouth resuscitation.

d. Durable equipment, such as face masks and resuscitation equipment, must be thoroughly washed, cleaned, decontaminated and disinfected with an approved disinfectant after each use.

**H. Housekeeping**

a. All equipment and work areas shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

b. Decontamination shall be performed with a department-approved disinfectant, Cavicide, or with a 1:100 dilution of bleach and tap water, or 1/4 cup of bleach to 1 gallon of water.

c. The work area shall be cleaned with an appropriate decontamination/disinfecting agent as soon as possible after a spill of blood or any other potentially infectious materials.

d. Wastebaskets and receptacles that are visibly contaminated shall be cleaned immediately, or as soon as possible.

e. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. This expressly includes the patient compartment of emergency medical vehicles, as well as any cleaning areas and disinfecting facilities in fire stations.

f. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials may be present. This

expressly includes the patient compartment of emergency medical vehicles, as well as any cleaning areas and disinfecting facilities in fire stations.

**g.** As part of routine weekly/monthly inspection and cleaning of apparatus and equipment, all environmental surfaces that commonly could come in contact with blood or OPIM, directly or indirectly, shall be cleaned and decontaminated. These locations include the surface of door handles and latches, switches, oxygen valves, interior compartment doors, walls, seats, stretchers, and any other location that may reasonably be contaminated.

**h.** Delicate equipment (radios, microphones, cardiac monitors, etc.) will be carefully wiped clean of any debris using hot soapy water, wiped with clean water, then wiped with disinfectant or 1:100 bleach solution. Equipment will be allowed to air dry prior to next use.

**I.** Cleaning Areas

**a.** The Fire Chief shall designate a specific area for the cleaning of PPE, portable equipment, and other clothing.

**b.** The cleaning area shall have ventilation, lighting, and drainage connected to a sanitary sewer system or septic system.

**c.** The designated cleaning area shall be physically separate and remote from areas used for:

**i.** Cleaning of food and cooking utensils

**ii.** Food preparation or eating areas

**iii.** Personal hygiene areas (bathrooms)

**iv.** Sleeping quarters

**v.** Living quarters

**vi.** Disinfection Facility

**vii.** Laundry facility used for non-emergency linen, bedding, and personal clothing

**J.** Disinfectants

**a.** All disinfectants shall be approved by and registered as tuberculocidal with the U.S. Environmental Protection Agency (EPA).

**b.** Personnel shall exercise extreme care in the use of all disinfectants.

**c.** Members shall be aware of the flammability and reactivity of disinfectants and shall follow the manufacturer's instructions.

**d.** Disinfectants shall be used only with ventilation and while wearing appropriate infection control garments and equipment, including, but not limited to, cleaning gloves, face protection devices, and aprons.

**e.** Disinfecting of medical equipment shall take place in a designated disinfecting facility in a fire station, or at a suitable facility in a hospital or medical facility.

**K.** Laundry

**a.** Contaminated laundry, such as sheets, blankets and towels, shall be handled as little as possible. Contaminated laundry shall be placed in a leak proof plastic biohazard bag that is red in color or marked with the international biohazard symbol.

**b.** Contaminated laundry shall not be washed in areas designated for PPE or uniforms and clothing, but shall be taken to the facility designated for handling contaminated laundry.

**c.** The contaminated laundry shall be: Bagged and brought to Norfolk Ambulance HQ for access to the decon washing machine.

**L.** Waste

**a.** All contaminated or potentially contaminated waste shall be disposed of in accordance with EPA and state and local regulations.

**b.** Waste may be disposed of at any medical facility with which the Fire Department has a disposal agreement, and/or at the following location (s): Norfolk Ambulance HQ, 7 Shepard Rd. Norfolk, CT

**c.** Under no circumstances may contaminated waste, biohazard bags, sharps or sharps containers be left at an incident scene or disposed of with ordinary trash.

**M.** Vaccinations

**a.** Hepatitis B vaccination will be made available to all personnel. The offer of vaccination will be made after members have received training regarding Hepatitis B. Members may decline to accept the Hepatitis B vaccination by signing a waiver which includes a statement that the member acknowledges the risks associated with contracting Hepatitis B have been explained.

**b.** The statement shall include the following:

*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.*

**c.** Members who initially decline the Hepatitis B vaccination may at a later date decide to accept the vaccination. The members must be allowed to receive the vaccination at that time.

## **VI. Significant Exposures**

**A.** A significant exposure occurs when blood or other potentially infectious materials come into direct contact with eyes, nose, mouth, into an open cut or by needle puncture injury, or through unprotected exposure to an airborne pathogen.

**B.** If an member sustains a significant exposure to blood, other potentially infectious materials, or airborne pathogen, or experiences a situation where a significant exposure is likely to have occurred, the member will:

**a.** Comply with the requirements of this standard operating procedure relative to decontamination and post-exposure washing.

**b.** Report the incident to his/her on-duty officer/fire chief as soon as possible, who in turn will notify the assigned Infection Control Officer Dan Wuori

**c.** Complete a Serious Exposure Report Form describing the incident completely. The report will specifically document the method of potential transmission of infectious disease.

**d.** The officer/fire chief will complete the required notice of injury forms.

**C.** The member will immediately report to the nearest emergency facility (AFC Urgent Care, Winsted Health Center, Charlotte Hungerford Hospital/Hartford HealthCare) to obtain:

**a.** Immediate medical guidance, evaluation, and, where appropriate, post-exposure prophylaxis

**b.** Appropriate, confidential, post-exposure counseling and testing

**D.** The exposed member shall bring the completed Serious Exposure Report Form to the hospital and advise the hospital staff of the exposure or potential exposure. All required post-exposure medical evaluations and follow-up shall be provided and shall be confidential.

**E.** When appropriate and permitted by law, a source individual's blood can be tested to determine the presence of HIV, Hepatitis B virus and/or such other infectious diseases as may be relevant. Pursuant to KRS 214.625, "A court may order an individual to be tested for human immunodeficiency virus only if the person seeking the test results has demonstrated a compelling need for the test results which cannot be accommodated by other means."

**F.** When the source individual is already known to be infected with HBV, HIV, or other infectious disease, the testing of the source individual's blood for these diseases need not be repeated.

**G.** Results of the source individual's testing shall be made available to the exposed member and the member shall be informed of the applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.

**H.** The exposed member's blood shall be collected as soon as feasible and tested after consent is obtained. If the member consents to baseline blood collection but does not consent to HBV or HIV testing, then a sample shall be preserved for at least 90 days. If the member elects to have the baseline sample tested within this 90 day period, then the testing shall be done as soon as feasible after the request.

**I.** Follow up testing, medical visits, prophylactic medications, and counseling arising from the exposure shall be provided at no charge to the member.

**J.** The Infection Control Officer Dan Wuori 860-307-3054 shall be responsible to ensure these procedures are followed and will serve as the liaison with the Hospital, (serving as the Fire Department's "designated officer" as required by the Ryan White Comprehensive AIDS Resources Act of 1990 (PL 101-381)).

**K.** The Infection Control Officer shall serve as the exposed member's advocate to ensure the Hospital complies with the applicable law relative to medical care and information on the source patient. As necessary, the Infection Control Officer shall utilize the Fire Chief and the Fire Department's legal counsel for guidance and assistance.

## **VII. Training**

**A.** All personnel shall be provided with initial and periodic training on infection control, the provisions of this policy, and their responsibilities relative to infection control.

**B.** Refresher training shall be provided at least annually and otherwise as frequently as is necessary to ensure compliance.

- C.** The training program shall contain at a minimum the following elements:
- a.** An accessible copy of the regulatory text of this standard and an explanation of its contents;
  - b.** A general explanation of the epidemiology and symptoms of bloodborne diseases;
  - c.** An explanation of the modes of transmission of bloodborne pathogens;
  - d.** An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
  - e.** An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
  - f.** An explanation of the use and limitations of methods that will prevent or reduce
  - g.** exposure including appropriate engineering controls, work practices, and personal
  - h.** protective equipment;
  - i.** Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
  - j.** An explanation of the basis for selection of personal protective equipment;
  - k.** Information on 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;
  - l.** Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
  - m.** An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
  - n.** Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
  - o.** An explanation of the infection control signs, labels and/or color coding; and

p. An opportunity for interactive questions and answers with the person conducting the training session.

D. Officers/supervisors, including the Infection Control Officer and the Fire Department Safety Officer, shall receive training on their appropriate roles.

## **VIII. Record Keeping**

### **A. Medical Records**

a. Medical records are confidential and are not released without a member's expressed written consent to any person within or outside the Department, except as required by rule or law.

b. Medical records must include a copy of the member's Hepatitis B vaccination record, including the dates of vaccination or copies of refusal forms.

c. Medical records will be maintained in a file separate from the member's personnel file. Medical records will be maintained for the duration of the member's employment plus 30 years. AFC Urgent Care in Torrington CT is the medical provider for the Norfolk Volunteer fire department and maintains all medical records at their facility. Prior to 2022 Concentra Medical in Torrington holds and maintains medical records.

d. A complete record of each exposure incident shall be maintained in a member's medical records.

### **B. Training Records**

a. The Department will keep a record of all training provided to its personnel. The training records will include the date and content of the training and a roster of members in attendance. The training records will be maintained for a minimum of three years from the date of training.

## **IX. Responsibility**

A. All Members: It is the responsibility of each member to:

a. be aware of the types of infectious diseases that can be transmitted by blood or body fluid

b. actively participate in infection control training provided by the Fire Department



- c. use PPE provided by the Department as appropriate for the conditions encountered.
- d. maintain apparatus, equipment, stations, facilities, and clothing in such a way as to minimize the risk of infection to him/herself or other members

**B. Officers/Supervisors**

- a. It is the officer/supervisor's responsibility to monitor the activity of members to ensure that the provisions of this policy are complied with.
- b. Any officer/supervisor observing non-compliance with this policy or observing a potentially hazardous condition involving blood or other potentially infectious materials must immediately correct that condition, or if not possible, report that condition to his or her supervisor.
- c. This provision applies to all officers/supervisors and acting officers irrespective of rank.

**C. Department Administration**

- a. It is the responsibility of the Norfolk Volunteer Fire Department administration to ensure compliance with 29 CFR 1910.1030, and NFPA 1581; to provide personal protective equipment to those members with occupational exposure.
- b. The Fire Chief shall appoint an Infection Control Officer. In the absence of the Infection Control Officer, the duties of the Infection Control Officer shall be carried out by the Fire Department Safety Officer, or such other officer as the Fire Chief may determine appropriate.
- c. The Infection Control Officer, in conjunction with the Fire Department Safety Officer, shall review the Infection Control Program at least annually, and recommend to the Fire Chief such changes as are necessary.
- d. The Infection Control Officer shall have primary responsibility to manage the Infection Control Program, coordinate significant exposure investigations, ensure that the Fire Department administration complies with the requirements of 29 CFR 1910.1030 and NFPA 1581, and submit written recommendations to the Fire Chief and the Fire Department Safety Officer for improvements to training, equipment, policies and procedures to better effectuate the Infection Control Program.
- e. The Infection Control Program Shall be posted in a conspicuous location within the Department, and copies (digital or hard copies) shall be available to each member of the department at their station.

- f. The Infection Control Officer and the Fire Department Safety Officer will ensure that each significant exposure is documented, that the member receives appropriate medical care, and that the exposure is investigated/evaluated to determine if it could have been avoided. An evaluation of the circumstances will be conducted to determine if policies, procedures, or protective equipment should be amended or changed to avoid future significant exposure incidents.
- g. The Infection Control Officer will ensure that training to all members with occupational exposure is completed annually.
- h. The Infection Control Officer and the Fire Department Safety Officer are jointly responsible for monitoring the compliance of all members, including officers/supervisors, with this standard operating procedure, and related procedures.
- i. The Department administration will be responsible for maintaining all medical and training records in the required manner.

## **X. Miscellaneous Provisions**

### **A. Kitchen and Cooking Areas**

- a. Kitchens in fire department facilities may include the following appliances:
  - i. Range/Stove
  - ii. Oven
  - iii. At least one refrigerator capable of providing cold storage at a temperature of 3°C (38°F) or lower, and freezer storage at a temperature of -18°C(0°F) or lower.
  - iv. Dishwasher Capable of supplying water for washing at 60°C (140°F).
- b. Fire station kitchen and food preparation areas shall comply with the following:
  - i. All food preparation surfaces and all surfaces directly used for holding or hanging food preparation containers and utensils shall be of a nonporous material.
  - ii. The use of wood countertops and/or cutting boards, including so-called “butcher block” surfaces is prohibited.
  - iii. Shelving shall be provided above sinks to drip-dry cleaned food preparation containers.
  - iv. All drainage from shelving shall run into a sink or drainage pan that empties directly into a sanitary sewer system or septic system.
- c. All fire station kitchens shall have either double-basin sinks or two sinks.

- d.** A sprayer attachment shall be provided to facilitate washing and rinsing.
- e.** Sinks, adjacent countertops and dish drainage areas, and splash guards around the sink shall be of a nonporous material.
- f.** Perishable food requiring cold storage shall be kept at a temperature of 3°C(38°F) or lower.
- g.** Perishable food requiring freezer storage shall be kept at a temperature of -18°C(0°F) or lower.
- h.** Food that has been removed from its original packaging shall be kept in tightly sealed food containers or wrapped with plastic food wrap.
- i.** Food preparation and storage areas shall meet local health standards.

**B.** Bathroom Facilities

- a.** Bathroom doors, sinks, faucets, soap dispensers, and other bathroom fixtures shall be designed to prevent or minimize the spread of contaminants.
- b.** Each bathroom shall have a clearly visible sign posted in a prominent location reminding members to wash their hands.
- c.** Bathrooms shall meet all state and local standards.

**C.** Miscellaneous

- a.** The Norfolk Volunteer Fire Department shall comply with occupational safety and health regulations, health and infection control laws, regulations, and standards for public use facilities.
- b.** Personal protective equipment shall be stored in a dedicated, well-ventilated area or room.
- c.** Potentially contaminated PPE shall not be stored in personal clothing lockers or taken into station common areas.
- d.** PPE shall not be worn or brought in areas used for the following:
  - i.** Food preparation and cooking
  - ii.** Living
  - iii.** Recreation
  - iv.** Personal hygiene