

3.1.6.4 Injury-Exposure Reporting and Investigation



YOUR ORGANIZATION
STANDARD OPERATING PROCEDURES/GUIDELINES

TITLE: Injury-Exposure Reporting and Investigation

SECTION/TOPIC: Post-Incident Operations

NUMBER: 3.1.6.4

ISSUE DATE:

REVISED DATE:

PREPARED BY:

APPROVED BY:

X

Preparer

X

Approver

These SOPs/SOGs are based on FEMA guidelines FA-197

1.0 POLICY REFERENCE

CFR	
NFPA	
NIMS	

2.0 PURPOSE

This standard operating procedure/guideline addresses accident and injury reports, exposure reports, death reports, maintenance of the health database system, identification of injury/exposure trends and problems, liaison with the community's health care system, member notification and testing, confidentiality of personal health records, exposure/injury follow up.

This procedure outlines post-exposure reporting procedures for City Fire Department personnel who, during the performance of their duties are exposed to infectious agents.

The City Fire Department recognizes the potential exposure of its members to communicable diseases in the performance of their duties. In the emergency care setting, the infectious disease status of patients is frequently unknown by fire department personnel. All patients must be considered infectious. Airborne, blood, and body fluid precautions must be taken with all patients.

The goal of the exposure control program is to prevent all infectious disease exposures by providing education, training and personal protective equipment. Knowledge of post-exposure procedures will help to ensure that the appropriate steps are taken to decrease the chances of acquiring an infection. It is the responsibility of each employee to be familiar with this procedure.

3.0 SCOPE

This SOP/SOG pertains to all personnel in this organization.

4.0 DEFINITIONS

These definitions are pertinent to this SOP/SOG.

5.0 PROCEDURES/GUIDELINES & INFORMATION

5.1 Accident and Injury Reports:

Procedure

All infectious exposures shall be reported. An infectious exposure will be defined as contact with bodily fluids or airborne droplets by direct or indirect contact. Body fluids will be defined as follows; blood, urine, feces, vomit, saliva, tears, sweat, mucous, semen, respiratory droplets, vaginal secretions and amniotic fluids.

Patient infectious disease status is irrelevant when making a decision to report an infectious exposure. All infectious exposures shall be reported. Providers should attempt to obtain as much information about the patient/patients who were involved with the exposure. Attempt to obtain as much information on the patients' medical history as possible.

In cases where exposure has occurred or suspected to have occurred, involved personnel will take immediate initial steps to begin decontamination and information collection related to the exposure.

- Exposed personnel shall immediately cleanse affected areas with soap and water or an approved antibacterial solution (Vionex wipes, Preventx Hand Sanitizer).
- Inspect and decontaminate all equipment that may have been contaminated.
- List the names of personnel exposed.
- Document the nature of the exposure. (What happened?)
- Incident numbers, date, time, patient name and incident location.
- Name of known or suspected infectious disease.

- Obtain patient medical history and disposition (Hospital, Coroner, home).

Exposures are generally reported in one of two ways; by the provider (Provider Reported Exposure) or by the hospital to the Infection Control Officer (Hospital Reported Exposure). Occasionally, a possible exposure is reported by a non-involved third party (Third Party Report of Exposure). The following information explains the process when an exposure occurs or is reported.

Infectious exposures are rated by severity. There are three exposure severity ratings; significant, moderate, and minimal.

Significant Exposure A significant exposure is one in which a patient's body fluids come in contact with providers' blood (open wound) or mucous membranes (eyes, nose, or mouth). For example, a contaminated needle stick, blood into an open wound or body fluids splashed into the eyes or mouth

Moderate Exposure A moderate exposure is typically an airborne exposure. For example, an unprotected provider is in a confined space with a patient or a patient who is coughing or sneezing directly at the provider.

Minimal Exposure A minimal exposure occurs when a patient's body fluids make contact with a intact skin.

Provider Reported Exposure

Exposure Level - Significant Exposure

Notification Requirement

- Immediate notification of Captain and on duty Deputy Chief
- The exposed employee or his/her captain should make contact with Infection Control Officer (ICO) within 15 minutes or as soon as possible. The ICO can be reached by phone or cell phone. If unable to contact the ICO contact the EMS Deputy Chief.

Verification and Treatment Steps

- ICO interview of provider
- Appropriate referral to Fire Department Health Center for immediate (blood testing and physician consultation) and long-term care
- Identify and document the source individual (unless it can be established that identification is infeasible or prohibited by state or local law).

- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test were conveyed to the members health care provider.
- Contact receiving facility ICO to request patient follow-up information
- Follow-up session with provider and crew

Documentation Requirements

- Complete City Fire Dept. Infectious Exposure Packet (Red Envelope)
- Follow Infectious Exposure Packet Flowchart
- Complete "City Fire Department Infection Exposure" Form
- Complete "Report of Significant Work Exposure to Bodily Fluids" Form
- Return completed forms in red envelope to ICO within 7 days of exposure

If employee tests positive for infectious disease complete City Industrial Injury Packet

AIDS/HIV Significant Exposure Notification The Industrial Commission of State requires the following procedures in accordance with xxxxx whenever a SIGNIFICANT exposure occurs:

- Employee must report in writing to his employer within ten calendar days the details of the possible HIV exposure
- Employee must have blood drawn within ten calendar days after exposure
- Employee must have blood tested for HIV by antibody testing within 30 day after exposure and test results must show no presence of HIV
- Employee must be tested or diagnosed as HIV positive within 18 months after the exposure
- Employee must file a Worker's Compensation Claim within one (1) year of diagnosis or positive blood test if the employee wishes to receive benefits under the Worker's Compensation System.

The (ICO) will follow-up with the infected employee to insure that testing occurs in accordance with ARS 23-1043.02. In addition, testing will be done on the third and sixth month after baseline testing, as recommended by the Center for Disease Control.

Exposure Level – Moderate exposure

Notification Requirement

- Immediate notification of Captain
 - ICO notification before the end of shift Verification and Treatment Steps
- ICO interview with affected personnel
- Appropriate referral to Fire Department Health Center for immediate (blood testing and physician consultation) and long-term care
- Identify and document the source individual (unless it can be established that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test were conveyed to the members health care provider.
- Contact receiving facility ICO to request patient follow-up information
 - Follow-up session with provider and Captain

Documentation Requirements

- Complete City Fire Dept. Infectious Exposure Packet (Red Envelope)
- Follow Infectious Exposure Packet Flowchart
- Complete "City Fire Department Infection Exposure" Form
- Complete "Report of Significant Work Exposure to Bodily Fluids" Form
- Return completed forms in red envelope to ICO within 7 days of exposure

Exposure Level – Minimal Exposure

Notification Requirement

- Immediate notification of Captain
- Verification and Treatment Steps
 - Report reviewed by ICO. Follow-up interview with affected personnel if appropriate

Documentation Requirements

- Complete City Fire Dept. Infectious Exposure Packet (Red Envelope)
- Follow Infectious Exposure Packet Flowchart
- Complete “City Fire Department Infection Exposure” Form
- Complete “Report of Significant Work Exposure to Bodily Fluids” Form
- Return completed forms in red envelope to ICO within 7 days of exposure

Hospital Reported Exposure

In the event a hospital notifies the Department Infection Control Officer that an exposure has occurred, the ICO will:

- Contact all Department providers (on or off-duty) that were involved in patient care. Specific treatment follow-up and documentation instructions will be provided
- Contact other agencies involved in the incident (ambulance services, Police Department, DPS etc.)
- Direct that all equipment, uniforms and PPE that may have been contaminated during the incident be disinfected or replaced
- Proceed with steps outlined above.

Third Party Reported Exposure

In the event information comes to the ICO (or a provider to the ICO) that an exposure has occurred, the ICO will follow the steps outlined above.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The ICO will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time of exposure
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at time of the exposure incident

- location of the incident (field, ambulance, ER, etc.)
- procedure being performed when the incident occurred
- member's training
- suggested remedial changes in crew behavior if indicated to prevent future occurrences.

RECORDKEEPING

Medical Records

Medical records are maintained for each department member with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The ICO is responsible for maintenance of the required medical records. These confidential records are kept at the City Fire Department Training Center or City Clerks office for at least the duration of employment plus 30 years.

Medical records are provided upon request of the department member or to anyone having written consent of the department member within 15 working days. Such requests should be sent to the ICO.

Training Records

Training records are completed for each member upon completion of training. These documents will be kept for at least three years at the City Fire Department Training Center.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training sessions

Member training records are provided upon request to the member or the member's authorized representative within 15 working days. Such requests should be addressed to the department ICO. OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the ICO.

Sharps Injury Log

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidents must include at least:

- the date of the injury
- the type and brand of the device involved
- the work area where the incident occurred
- an explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the program is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

5.2 Exposure Reports:

5.3 Death Reports:

5.4 Maintenance of Health Database System:

5.5 Identification of Injury/Exposure Trends and Problems:

5.6 Liaison with the Community's Health Care System:

5.7 Member Notification and Testing:

5.8 Confidentiality of Personal Health Records:

5.9 Exposure/Injury Follow Up: