



**GLASTONBURY FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES**



SOG NUMBER: EMS -008 ISSUED DATE: 01-24-96 EFFECTIVE DATE: 01-24-96

REVISION #: 1 REVISED DATE: 01-11-16 EFFECTIVE DATE: 01-11-16

CATEGORY: EMERGENCY MEDICAL SERVICE

SUB-CATEGORY: FIREFIGHTER WELLNESS

SUBJECT: POST EXPOSURE

Section 1 -- Introduction

A. Objectives

To ensure that members who suspect that they have had an exposure to an infectious disease or hazardous chemical are promptly evaluated, treated and counseled.

B. Applicability

This guideline applies to all incidents where a member(s) is suspected or known to have had an exposure to an infectious disease or hazardous chemical. This procedure also applies to those incidents where the Department is notified of a potential exposure by an outside agency or individual.

C. References

Guide to Developing and Managing an Emergency Service Infection Control Program, U.S.F.A., 1992.

29 CFR 1910.1030, Occupational Exposure to Blood Borne Pathogens.

NFPA 1500, Fire Department Occupational Safety and Health Program, 1992

NFPA 1581, Standard on Fire Department Infection Control Program, 1991

Section II – General Guidelines

All information concerning pre-hospital personnel exposure to infectious diseases will be kept confidential. Moreover, all information released concerning the infectious disease status of patients will be kept confidential.

A department appointed physician will be utilized to evaluate all potential exposures.

Letters of agreement will be maintained with Glastonbury Volunteer Ambulance Association, Aetna and Manchester Ambulances and Hartford Hospital (Life Star) to assure notification of department infection control liaison in event of notification as a result of the White-Ryan Act.

Glastonbury Fire Department will notify any other agency included in an incident upon White-Ryan Notification via transporting agency. Notification will be made via the organization's infection control liaison.

Glastonbury Fire Department will notify all involved agencies and hospitals if it becomes aware of a patient having an infectious disease.

Section III – Guidelines

A. Exposure to Blood, Hazardous Chemicals, or other Potentially Infectious Materials.

Members exposed to blood or other potentially infectious materials via needle punctures, open skin contact, or mucosal contact from a patient source are to immediately notify the Incident Commander or their company officer.

Upon notification of an exposure the Incident Commander or company officer should immediately notify the department's Duty Chief or another Chief Officer if he/she is unavailable.

The Duty Chief, or other Chief acting in his/her absence, should:

1. Immediately notify the emergency room receiving the patient and have the member transported to the emergency room for examination in order to provide documentation as a basis to request source patient testing.
2. Immediately notify Department appointed physician.
3. Notify CIRMA 24 hour number and obtain a claim number.
4. Immediately complete and Accident/Injury Report.

The Department appointed physician will work with the receiving emergency room and member to evaluate exposure, and institute follow-up care and counseling.

Exposure to Airborne Infectious Diseases.

This includes:

- Measles
- Meningitis – hemophilus influenza, known or suspected meningococci.
- Mumps
- Rubella (German Measles)
- Tuberculosis
- Varicella (Chicken Pox)

When notification of a treated patient being diagnosed with an airborne communicable disease is received from a transport agency the Duty Chief, or other Chief acting in his/her absence, should immediately:

1. Notify all potentially exposed members and fill out an Accident/Injury Report for each.
2. Immediately notify the Department's appointed physician who will evaluate the exposure(s) and proceed with follow-up care and counseling.

C. Receipt of Potential Blood Borne Pathogen Exposure.

Upon notification of a patient having been diagnosed as having a blood borne disease (via transporting agency) the Duty Chief or other Chief acting in his/her absence will:

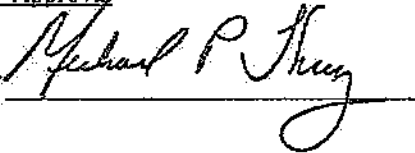
1. Immediately check the reports of the incident in question to determine if any Accident/Injury reports had been previously submitted.
2. Notify Department designated physician to determine appropriate level of member notifications and evaluations to be conducted. This notification is to include previously filed exposure reports.
3. As deemed appropriate by the Department appointed physician, members will be notified of the potential exposure and reporting/follow-up under parts A and B of this section initiated.

Section IV – Reporting

A copy of all completed Accident/Injury reports will be forwarded to the workers compensation coordinator at the Town's Department of Human Resources.

Section V- Approval

Fire Chief



Date of Approval:

