

<b>Sugar Loaf Fire Department – Standard Operating Procedure</b>			
<b>Subject: Firefighter Injury or Exposure</b>		<b>SOP#: 1.2.12</b>	<b>Revision: NA</b>
<b>Category: Administration</b>	<b>Type: Standard</b>	<b>Effective date: 2/16/2016</b>	<b>Page: 1 of 2</b>

## **1. Purpose**

This document summarizes procedures to be followed at any time that a firefighter sustains an injury or exposure while acting in the capacity of a volunteer with the Sugar Loaf Fire Department (“SLFPD”). These procedures are designed to ensure appropriate medical care and qualification, where possible, for workmen’s compensation under SLFPD insurance. This SOP is intended to be included in the firefighter’s handbook, to be signed and submitted upon receipt of the handbook. This signature will evidence that each firefighter has been informed of their responsibilities and requirements to qualify for workmen’s compensation.

## **2. Definitions**

- A. SLFPD Insurance Manager – SLFPD person responsible for maintaining insurance records and the relationship with insurance carriers and for filing insurance claims, usually a board member. The administrative assistant or Chief can provide this contact.
- B. Exposure – condition in which blood or body fluids come into contact with an open wound or mucous membrane (this includes needle sticks or entering unprotected, a room occupied by an individual with TB) or someone is exposed to an infectious disease during administration of emergency medical care or during performance of a firefighter’s job duties
- C. Contamination - the presence of blood or body fluids on any intact body surface (other than open wounds or mucous membranes) and on or in any equipment, clothing, apparatus surface, sidewalk, car seat, etc.

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### **3. Process**

- A. Injury - Whenever a firefighter sustains an injury during the course of his/her activities as a SLFPD volunteer, the firefighter should obtain timely medical care with assistance from SLFPD personnel as needed. If the injury is potentially incapacitating and may qualify the firefighter for workmen’s compensation, the firefighter must notify the SLFPD Insurance Manager of the nature and date of the injury as soon as reasonably feasible. The firefighter will be provided with the designated provider list (example letter and list appended here) which identifies the medical providers in the area who are qualified to determine qualification for workmen’s compensation and can make referrals for care. Note that SLFPD is required to provide this list within 7 days of the injury. The firefighter should then visit one of the designated providers to be evaluated and treated. This medical visit will be billed directly to the SLFPD insurance carrier. If the firefighter misses work as a result of the injury, they must inform the SLFPD Insurance Manager of the date when they return to work, either as a SLFPD volunteer or for their paying work. A Return to Work form will then be filed with the insurance carrier by either the volunteer or the Insurance Manager. Any qualified compensation will be paid directly by the insurance carrier to the firefighter.
- B. Exposure – Whenever a firefighter sustains or experiences an Exposure, defined in Section 2 above, during the course of his/her activities as an SLFPD volunteer, the firefighter should obtain timely medical care with assistance from SLFPD personnel as needed. In the specific case of an Exposure or Contamination, the firefighter is to follow the Boulder County Protocols, including completion of the Boulder County Exposure Contamination Form, both of which documents are attached and incorporated herein to this SOP.

## Instructions for Designated Provider List Notification Letter

- \* You must provide an injured employee your designated provider list within 7 business days following the date you are informed of the injury.
- \* Enter the name of your injured employee at the top of the notification letter.
- \* Be sure to add the name, address and phone number of your company representative for workers' compensation and sign the notification.
- \* The letter should be hand-delivered or mailed to your injured employee.
- \* Employee signature is preferred but not required.
- \* **Keep a copy for your records.**
- \* Failure to provide this list allows your injured employee to select a treating physician.
- \* If you have questions regarding this notification or your designated medical providers, please contact your Pinnacol underwriter.

## **Designated Provider List**

### **Concentra Medical Centers – CO-Boulder**

3300 28<sup>th</sup> Street

Boulder CO 80301

Phone # 303-541-9090

### **Boulder Occupational Health Services –Lafayette**

1000 W South Boulder Road Suite 220

Lafayette CO 80026

Phone #303-604-4660

### **Arbor Occupational Medicine – Boulder**

1690 30<sup>th</sup> Street

Boulder, CO 80301

Phone # 303-443-0496



# Sugar Loaf Fire Protection District

1360 Sugar Loaf Road, Boulder, Colorado 80302

*Serving the Sugar Loaf Community since 1967*

[Date]

IN DUPLICATE

[Name and address of injured firefighter]

Re: Injury and Designated Provider List

Dear [Name]:

I am sorry to learn that you have been injured. In order to be sure you receive the care you need, we are filing a claim with our workers' compensation insurance carrier, Pinnacol Assurance. Pinnacol will contact you with your claim number and additional information very soon. In the meantime, you should see one of the medical providers we have selected to treat our injured employees. These medical providers specialize in on-the-job injuries, and we want you to have the best possible care.

Please contact one of the medical providers in the attached list to be seen as soon as possible. After your first appointment, please follow up with me so we can review your medical status and work capabilities.

The SLFPD workers' compensation insurance company is Pinnacol Assurance:

7501 E. Lowry Blvd.  
Denver, CO 80203-7006  
Ph: 303-361-4000 or 1-800-873-7242

If you have questions, please contact me. My goal is to ensure that you get the care you need to recover quickly and return to work as soon as possible.

[Name, address and phone for SLFPD Insurance Manager]

\_\_\_ hand delivered on (date) \_\_\_\_\_

\_\_\_ mailed to injured worker on (date) \_\_\_\_\_

Please acknowledge receipt and return a copy:

\_\_\_\_\_  
Firefighter signature

## **Appendix D3**

### **Infection Control Resource Guide: Occupational Exposure and/or Contamination Policy**

This document is intended to supplement the Infection Control Resource Guide by providing an occupational exposure and contamination policy for those Boulder County Agencies that do not already have one. It is not intended to replace one if one already exists.

(Completed by emergency worker at the time of the incident)  
Phone Number of Agency Contact: \_\_\_\_\_

Rev. Jan 2015

**Demographics**

Name: \_\_\_\_\_ Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Run Number: \_\_\_\_\_ Shift: \_\_\_\_\_ Unit #: \_\_\_\_\_ Emp #: \_\_\_\_\_ SSN: \_\_\_\_\_

Home address: \_\_\_\_\_  
Street City State Zip

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Last Tetanus: \_\_\_\_\_ HepB/Ab status: \_\_\_\_\_

**Hazardous Materials:**  
List material if known

**Exposure/Contamination Description:**

**A. Blood or Body Fluids**

- \_\_\_\_ Blood or body fluids into natural body openings (nose, mouth, eye)
- \_\_\_\_ Blood or body fluids into cut or wound less than 24 hrs old
- \_\_\_\_ Needle stick with contaminated needle \_\_\_\_\_ noncontaminated needle
- \_\_\_\_ Blood or body fluids on intact skin, clothing or turn-out gear, PPE
- \_\_\_\_ Treated or transported known infected/contaminated patient (List known substance \_\_\_\_\_)
- \_\_\_\_ Other (describe) \_\_\_\_\_

**B. Respiratory**

- \_\_\_\_ Mouth-to-mouth resuscitation \_\_\_\_\_ Resuscitation using airway
- \_\_\_\_ Other (describe) \_\_\_\_\_

Type of substance(s) to which you were exposed to: \_\_\_\_\_

Type of PPE used at time of exposure/contamination: \_\_\_\_\_

Describe any action taken in response to the exposure/contamination: \_\_\_\_\_

Describe the incident in detail: \_\_\_\_\_

Witness(es) to Incident: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Supervisor's Signature: \_\_\_\_\_

**Source of Exposure (NOT for Contamination)**

Patient's Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_

Hospital Receiving Pt \_\_\_\_\_ Form Delivered to: \_\_\_\_\_ Date: \_\_\_\_\_  
(Hospital Representative)

Treatment Administered (if any): \_\_\_\_\_

Return to Work Status: \_\_\_\_ No Restrictions \_\_\_\_ Modified Restrictions \_\_\_\_  
\_\_\_\_ Unable to return to work for \_\_\_\_ days. Why \_\_\_\_\_

Referral: \_\_\_\_ IDCO \_\_\_\_ Primary Care/Agency Physician \_\_\_\_ Work Comp Physician

Please contact \_\_\_\_\_ for reporting results: \_\_\_\_\_

## **I. Occupational Exposure/Contamination**

This protocol is in accordance with NFPA 1581 – Fire Department Infection Control Program. It contains the minimum requirements for a fire department infection control program exposure/contamination reporting and post-exposure follow up standard.

### **A. Definitions**

1. **On the Job Exposure/Contamination**  
Occupational exposure to an infectious disease during administration of emergency medical care or during performance of your job duties requires careful and comprehensive documentation. This documentation ensures appropriate intervention.
2. **Off the Job Exposure/Contamination**  
Any exposure/contamination or contraction of an infectious disease that occurs off the job shall be reported to the IDCO. This information will remain confidential.
3. **Exposure**  
The Centers for Disease Control (CDC) definition of an exposure is: "...blood or body fluids that come into contact with an open wound or mucous membrane...(this includes needle sticks or entering unprotected, a room occupied by an individual with TB)"
4. **Contamination:**  
The presence of blood or body fluids on any intact body surface, (other than open wounds or mucous membranes) and on or in any equipment, clothing, apparatus surface, sidewalk, car seat, etc.

### **B. Contamination (of person) Reporting Protocol**

When contact with a possible source of infectious disease or suspected contamination has occurred, a means of recording the incident is a prudent measure for initial documentation.

For example, a suspected contamination includes blood or body fluids (vomit, urine, sweat, feces or saliva) on intact skin, on uniform, or being unprotected with a patient who is coughing.

Even though the employee has taken all necessary precautions and the CDC definition of exposure is not met, the circumstances of the incident may be such that the employee needs to document the occurrence.

#### **1. Contamination Procedure**

- a. The employee decontaminates self, i.e. changes clothes, washes with soap/water, etc. Employee will remain out-of-service until



## Boulder County Protocol

decontamination is completed. Decontamination is done as quickly as possible.

- b. The employee notifies his/her immediate supervisor.
- c. The employee fills out Boulder County Infectious Disease Exposure/Contamination report form and makes one copy. The Boulder County Exposure Report form can be found in the "forms" section of this document.
- d. The original form is sent to the agency Infection Control Officer for placement in agency personal file. The remaining copy is for the employee's own personal records.

Remember, the mode of transmission of communicable diseases changes as studies and testing procedures improve. In the employees best interest, anytime treatment or transport of a known infected patient has occurred all involved employees shall follow contamination procedures for documenting and record keeping.

- C. Exposure Reporting Protocol (See Algorithm Appendix E2)  
An exposure incident such as work-related needle-sticks, vomit or blood in the mouth, eyes, open wounds and other exposures to the blood are all classified as bloodborne pathogens injuries.

The following procedure has been adopted to ensure proper documentation of exposures and to ensure post exposure prophylaxis/record keeping.

1. The employee notifies his/her immediate supervisor and completes decontamination. At that time it will be up to the employee if he/she wants to go immediately to the Emergency Room for the appropriate testing that needs to be done (blood drawn from source patient). If prophylaxis is needed it can be given as soon as possible after the exposure.

NOTE: The employee may also choose to go to the work comp clinic or personal care physician at a later date to have their blood drawn. (Employee blood can be drawn after exposure several days later with no further risk to the employee.)

2. The employee fills out the Boulder County Exposure Report form and any work comp or injured-on-duty agency form.
3. Employee insures the Boulder County Exposure Report form is taken to the receiving hospital of the source patient. This should be done as soon as possible by the most expedient means available, private vehicle, chief officer, ambulance, etc.

4. At the receiving hospital three copies of the exposure form are made. One copy is given to the ED physician or designee caring for the source patient. One copy is for the employee. One copy is for the employee's personal care physician (if necessary). The original is given to the agency infection control officer.
5. In the case of blood/body fluid exposure, the employee should wait until the rapid HIV test has been completed and immediate counseling and prophylactic treatment offered as necessary. Other treatment may be in the form of a tetanus shot, blood draw or no treatment at all. The emergency room Physician will tell the employee what he or she should do next.

Any further prophylaxis received or follow up appointments recommended should be recorded by the ED physician or his/her designee, on the BoCo Exposure Form..

6. Upon employee returning to quarters, the original Boulder County Exposure form and any other required agency paperwork (work comp or IOD form) will be delivered to the employee's agency. Paper work shall be placed into a sealed envelope, stamped "CONFIDENTIAL", and given to the agency ICO.
7. The employee is personally notified by their agency ICO of the remaining results of the tests (Hep B, Hep C, etc.).
  - a. Results negative: no further action taken.
  - b. Results positive: The appropriate agency forms will be filled out.
    - These may include, but not be limited to:
    - Work Comp forms (if not previously done)
    - Medical Treatment authorization form
    - Injured-On-Duty (IOD) Forms (if not previously done)

## **II. Post-Exposure Program**

Exposure incidents can lead to infection from the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), or the Human Immunodeficiency Virus (HIV) which causes AIDS. The most obvious exposure incident is a needle stick. But any specific eye, mouth, or other mucous membrane contact with potentially infectious material is considered an exposure incident and should be reported immediately to the Infection Control Officer (ICO).

Testing is completed first on the source patient. Only when those results are positive is testing done on the employee. A rapid HIV test is now available and can be done in 20 minutes. This is why prompt reporting is necessary.

## Boulder County Protocol

A call is made to the Infection Control Officer explaining the incident noting the details and route of exposure. The ICO will then notify the hospital receiving the source patient, that an exposed employee will be arriving for source patient testing.

The new guidelines issued by the Center for Disease Control (CDC) for the medical management of an exposure to the HIV Virus and the use of chemoprophylactic drugs concurs that the highest level of benefit will occur when the drugs are give within one to two hours post-exposure.

Identification and documentation of the source individual is a necessity, noting the route of exposure and the circumstances under which the exposure occurred. The source patient's blood shall be tested as soon as possible after consent is obtained in order to determine HBV, HCV and HIV infectivity. The HIV test is run immediately to meet the CDC guidelines with appropriate medications initiated in the two hour window.

When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known status need not be repeated. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source individual.

Initial counseling for occupational exposures to the HIV/HBV/HCV Viruses is completed by ED staff and includes the following points:

- Epidemiology of HIV/HBV/HCV
- Policies and procedures
- Issues of confidentiality
- Issues of lifestyle changes during the period of testing (what are safe sexual practices, etc.?)
- Psychological consequences from the exposure
- Prophylactic medications

Additional counseling is necessary if the source is unknown and the exposed individual has never completed the Hepatitis B series of vaccines, or if the source is a known carrier of a serious infectious disease. Physician counseling will be necessary to review the HIV pathogen, the risk of infection and the necessity for PEP (post exposure prophylaxis) medications for positive HIV exposures.

Serial testing of the HIV antibody is recommended at six weeks, twelve weeks and six months.

Written Opinion/Confidentiality

The post exposure follow-up is a written report to the employer identifying that blood tests were completed and what medications were recommended and given. The health care provider also notes that the exposed employee has been informed of the results of the evaluation, and told of any medical indications resulting from exposure to blood which requires further evaluation or treatment.

**Medical records must remain confidential and are not available to the employer.**