
**Ocean City Fire Department
Standard Operating Guidelines**

General Policies

Subject: Infectious Exposure
Event
Revised: 4-24-2012
Effective: 9-01-2012
Approved: 4-24-2012
Section: 232.00

232.01 Purpose

This policy explains the steps Fire Department personnel should take in the event of an exposure incident to blood and/or body fluids.

232.02 Definition

An Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (e.g. needlestick) contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

232.03 Policy

In the event of an exposure incident, the involved member shall:

- A. Perform initial wound or exposure site management:
 - 1. For percutaneous (needle stick) exposure and cuts: Perform emergency medical care of the wound/exposure site. This will include the appropriate washing with soap and running water.
 - 2. Flush splashes to the nose, mouth, or skin with water or isotonic saline solution (0.9% NaCl).
 - 3. For an eye exposure: Flush eyes with copious amounts of clean running water, isotonic saline solution (0.9% NaCl) or sterile irrigants.
 - 4. For non-intact skin exposure: Wash area well with water or isotonic saline 0.9% NaCl).
 - 5. For intact skin contamination: Wash any contaminated intact skin with soap and water and/or remove contaminated clothing as soon as possible to eliminate prolonged skin contact.
- B. Obtain a medical evaluation immediately. If accompanying the source individual to the hospital, arrange for medical evaluation upon arrival at the receiving facility. Otherwise, seek medical attention immediately at

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the closest emergency room. Provide the evaluating physician with the following information:

1. Route of exposure (percutaneous, mucous membrane, etc.)
2. Volume of exposure material.
3. Type of exposure material (blood, drainage from wounds, etc.)
4. If known, the patient's medical history and HIV risk exposure.

These data are needed by the evaluating physician to determine if post-exposure prophylaxis (PEP) is indicated.

C. Notification of Supervisory Personnel:

1. **Fire/EMS, Fire Marshal Divisions:** Notify the on-duty Officer in Charge of the exposure incident. The on-duty OIC shall notify the Departmental Infection Control Officer as soon as possible following the exposure incident. If the Infection Control Officer is unavailable, the Fire/EMS Division Deputy Chief shall be notified.
2. **Volunteer Division:** Notify the on-duty Chief of the exposure incident. The on-duty Chief shall notify the Fire/EMS Infection Control Officer as soon as possible following the exposure incident.

D. Required Documentation:

1. **Fire/EMS, Fire Marshal Division:** Complete an Incident Report and a Town of Ocean City First Report of Injury as soon as possible following the exposure incident. Describe the details of the exposure thoroughly and submit the completed reports to the Departmental Infection Control Officer.
2. **Volunteer Division:** Complete an Incident Report as soon as possible following the exposure incident. Describe the details of the exposure thoroughly and submit the completed report to the Fire Company's Administrative Coordinator. The Fire Company Administrative Coordinator shall forward a copy of the Incident Report to the Departmental Infection Control Officer. A copy of the Incident Report shall be placed in the member's OCFD Health Records.

E. Follow-up Treatment and Post-Exposure Counseling:

1. **Fire/EMS Division:** In conjunction with the Risk Management Department, arrangements shall be made for the exposed employee to obtain follow-up medical evaluation and counseling.

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The employee shall be notified of these arrangements by the Risk Management Department.

2. **Volunteer Division:** The Fire Company Administrative Coordinator shall make arrangements for the exposed member to obtain follow-up medical evaluation and counseling. Follow-up medical evaluation and counseling is coordinated through Worcester County Workers Compensation.