



## Division 08

## Health and Safety

# Chapter 08 – Non-Infectious Occupational Exposure Program

March 2009

### POLICY

This General Order shall establish a reporting procedure for Non-Infectious Occupational Exposures to non-infectious substances (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.) that may result from the performance of a Fire/Emergency Medical Service (EMS) Department employee/member duties.

In accordance with the U. S. Department of Health and Human Services, Agency for Toxic Substances and Disease Register (ATSDR), Medical Management Guidelines for Acute Chemical Exposures all employees/members at risk for exposures to non-infectious substances (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.) shall comply with the provisions of this Program.

### DEFINITIONS

**Absorption** - The process of taking in, as when a sponge takes up water. Chemicals can be absorbed through the skin into the bloodstream and then transported to other organs. Chemicals can also be absorbed into the bloodstream after breathing or swallowing.

**Acute Exposure** - Occurring over a short time, usually a few minutes or hours. An *acute* exposure can result in short-term or long-term health effects. An *acute* effect happens a short time (up to 1 year) after exposure.

**Chronic Exposure** - Contact with a chemical by swallowing, by breathing, or by direct contact (such as through the skin or eyes).

Exposures occurring over a long period of time may be considered *chronic*.

**Ingestion** - Swallowing (such as eating or drinking). Chemicals can get in or on food, drink, utensils, cigarettes, or hands where they can be ingested. After *ingestion*, chemicals can be absorbed into the blood and distributed throughout the body.

**Inhalation** - Breathing. Exposure may occur from inhaling contaminants because they can be deposited in the lungs, taken into the blood, or both.

**Infectious Occupational Exposure** - A skin, eye, mucus membrane, non-intact skin, or parenteral contact with blood and body fluids or other potentially infectious materials or communicable disease that may result from the performance of an employee/member's duties.

**Non-Infectious Occupational Exposure** - Exposure to non-infectious substance (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.) that may result from the performance of an employee/member's duties.

### PROCEDURES

#### 1. Reporting Exposures

For non-infectious occupational exposures employees/members shall immediately notify the Operations Center Supervisor, Immediate Supervisor, and Infection Control Officer upon being notified of a possible exposure to non-infectious substance (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.). Upon notification of designated personnel, employees/members shall complete a Non-



Infectious Occupational Exposure Report (P.G.C. Form #4553) and submit the completed report to Infection Control Officer in the office of Occupational Safety and Health.

## 2. Education and Training

Formal training programs are provided for employees/members at risk for exposure to non-infectious substances (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.). The educational programs are: 1) required prior to riding apparatus and/or providing patient care; 2) coordinated by the Infection Control Officer in conjunction with the Fire/Emergency Medical Services (EMS) Training Academy; and 3) annual refresher training is mandatory.

### Education and Training Records

Education and training records for both employees/members will be maintained at the Fire/Emergency Medical Services (EMS) Training Academy.

Education and training records include the date of the training, station, name and identification number of the attendees, and the name and qualifications of the instructor.

Education and training records shall be maintained for a minimum of three years from the date on which the training occurred.

## 3. Medical Records

All files shall include employees/members name and ID number, a record of exposure to non-infectious substance (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.), documentation on the routes of exposure, circumstances under which the exposure occurred, including results of examination,

medical testing, follow-up procedures and health care professionals written opinion.

All employees/members medical records regarding exposure shall be kept confidential and are not disclosed without written consent.

All medical records shall be provided upon request for examination and copying to the employee/member, employee/member representatives, and OSHA representatives, where required by law.

All medical records shall be maintained for the duration of employment plus thirty (30) years.

## 4. Responsibilities

### Employees/Members

Employees/ Members are responsible for:

- Demonstrating compliance with the provisions of this General Order and attending the mandatory annual educational training sessions.
- Immediately notify the Operation Center Supervisor, Infection Control Officer, and Immediate Supervisor upon being notified of a possible exposure to non-infectious substance (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.) In the event that your immediate supervisor is not available, please notify the Public Safety Communications (PSC). PSC will notify the Departmental Duty Officer.
- In accordance with existing station procedures, please make proper entry in duty station logbook, including name, ID, number, date, time, and nature of injury.
- Completing the Non-Infectious Occupational Exposure Report and



forwarding the report to the Infection Control Officer no later than 24 hours post-incident for documentation of counseling session, medical referral and follow up recommendations.

- Complying with scheduled appointments with the physician or designated medical facility regarding post exposure follow up and medical treatment, as recommended.
- Completing the Career Injury Packet or Volunteer Injury Packet for work a confirmed exposure to non-infectious substance (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.) and forwarding the completed packet to the Occupational Safety and Health office by 0900 hours the next working day.

**Supervisors**

Supervisors are responsible for:

- Ensuring employees/members reviews and comply with the provisions of this General Order.
- Conducting initial and annual review of this order and ensuring that employees/members attend mandatory annual educational training sessions.
- Immediately notifying the Operations Center Supervisor or Infection Control Officer upon being notified of a possible or confirmed exposure to non-infectious substance (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.).
- Assisting the Infection Control Officer with notification and tracking of employees/members exposed to patients with active TB, as appropriate.
- Instructing employees/members to complete the Infection Control Exposure Report and forwarding the

completed form to the Infection Control Officer no later than 24 hours post-incident. (*See Attachment #1, Non -Infectious Occupational Exposure Report, Form # 4553.*)

- Instructing employees/members to completing the Career or Volunteer Injury Packet for work all **confirmed** exposure to non-infectious substances (i.e., chemicals, toxic gases or vapors, PCB's, radiation, etc.) and forwarding the completed packet to the Occupational Safety and Health office by 0900 hours the next working day.

**Infection Control Officer**

The Infection Control Officer is responsible for:

- Coordination and implementation of the Non-Infectious Occupational Exposure Program.
- Providing employees/members 24-hour advice, post exposure notification, and referral to the physician or nearest medical center, as appropriate.
- Maintaining medical records for documentation of Non-Infectious Occupational Exposures including pre- and post-exposure counseling and physician referral and treatment records.

**REFERENCES**

N/A

**FORMS/ATTACHMENTS**

Non -Infectious Occupational Exposure Report, PGC Form # 4553

Authorization for Release of Employee Medical Record, Form #4558



PRINCE GEORGE'S COUNTY, MARYLAND  
FIRE/EMS DEPARTMENT



NON - INFECTIOUS OCCUPATIONAL EXPOSURE REPORT

THIS FORM IS TO BE UTILIZED TO REPORT ALL SUSPECTED OR CONFIRMED OCCUPATIONAL EXPOSURES TO CHEMICALS OR NON-INFECTIOUS SUBSTANCES SUCH AS TOXIC GASSES, VAPORS, PCB'S, RADIATION, ETC.

Personnel Exposed

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Check:  Career  Volunteer

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Station #: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Incident #: \_\_\_\_\_  Suspected  Confirmed

Agent or Substance Exposed to:

Please check mode of Transmission and Type of Exposure:  
 Inhalation  Absorption  Injection  Ingestion

- |                                            |                                                |
|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Ammonia           | <input type="checkbox"/> Hydrogen Sulfide      |
| <input type="checkbox"/> Arsine            | <input type="checkbox"/> Nitrogen Oxides       |
| <input type="checkbox"/> Asbestos          | <input type="checkbox"/> Parathon              |
| <input type="checkbox"/> Benzene           | <input type="checkbox"/> Phenol                |
| <input type="checkbox"/> Chloride          | <input type="checkbox"/> Phosgene              |
| <input type="checkbox"/> Ethylene Oxide    | <input type="checkbox"/> Sodium Hydroxide      |
| <input type="checkbox"/> Formaldehyde      | <input type="checkbox"/> Toluene               |
| <input type="checkbox"/> Gasoline          | <input type="checkbox"/> Unidentified Chemical |
| <input type="checkbox"/> Hydrogen Cyanide  | <input type="checkbox"/> Xylene                |
| <input type="checkbox"/> Hydrogen Flouride |                                                |

Other characteristics or physical properties (i.e. solid, liquid, gas, color, odor, etc.)

How did exposure occur (be specific) \_\_\_\_\_

Was safety equipment used?  Yes  No If yes, what specific equipment was used: \_\_\_\_\_

Was the substance or chemical sent for laboratory analysis?  Yes  No If yes, what Lab was used: \_\_\_\_\_

Exposure Incident Location (Be Specific): \_\_\_\_\_

Location Contact Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Were other units or agencies on location?  Yes  No

Please specified Other/Police/Fire Agencies:  PGPD  MSP  other (specify)



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#### Personnel Exposed

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Check:  Career  Volunteer

Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Station #: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Incident #: \_\_\_\_\_  Suspected  Confirmed

#### Agent or Substance Exposed to:

Please check mode of Transmission and Type of Exposure:  
 Inhalation  Absorption  Injection  Ingestion

- |                                            |                                                |
|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Ammonia           | <input type="checkbox"/> Hydrogen Sulfide      |
| <input type="checkbox"/> Arsine            | <input type="checkbox"/> Nitrogen Oxides       |
| <input type="checkbox"/> Asbestos          | <input type="checkbox"/> Parathion             |
| <input type="checkbox"/> Benzene           | <input type="checkbox"/> Phenol                |
| <input type="checkbox"/> Chloride          | <input type="checkbox"/> Phosgene              |
| <input type="checkbox"/> Ethylene Oxide    | <input type="checkbox"/> Sodium Hydroxide      |
| <input type="checkbox"/> Formaldehyde      | <input type="checkbox"/> Toluene               |
| <input type="checkbox"/> Gasoline          | <input type="checkbox"/> Unidentified Chemical |
| <input type="checkbox"/> Hydrogen Cyanide  | <input type="checkbox"/> Xylene                |
| <input type="checkbox"/> Hydrogen Fluoride |                                                |

Other characteristics or physical properties (i.e., solid, liquid, gas, color, odor, etc.)

How did exposure occur (be specific) \_\_\_\_\_

Was safety equipment used?  Yes  No If yes, what specific equipment was used: \_\_\_\_\_

Was the substance or chemical sent for laboratory analysis?  Yes  No If yes, what Lab was used: \_\_\_\_\_

Exposure Incident Location (Be Specific): \_\_\_\_\_

Location Contact Phone: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Were other units or agencies on location?  Yes  No

Please specify Other/Police/Fire Agencies:  PGFD  MSP  Other (specify) \_\_\_\_\_

# NON - INFECTIOUS OCCUPATIONAL EXPOSURE REPORT

## Follow -Up Notifications

Immediate

Supervisor Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Operation Command

Center Supervisor \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

I have spoke with the Infection Control Officer and understand my plan of care. I have notified my immediate supervisor and have completed this form to best of my knowledge.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## This Section to Be Completed by Infection Control Officer

Date Received: \_\_\_\_\_

Did the exposed person seek medical attention?  Yes  No

Doctor, Hospital or Treatment facility referred to: \_\_\_\_\_

Interim disposition: \_\_\_\_\_

- Exposed person reported for follow-up (note from doctor)
- Exposed person did not follow-up as directed
- No further follow-up recommended at this time
- Fact sheet forwarded to Employee
- Referred to Quality Assurance
- Referred to Risk Management

Final Disposition/Testing Medication: \_\_\_\_\_

Exposed Personnel's Questions or Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Infection Control Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Forward Report to Infection Control Officer

PRINCE GEORGE'S COUNTY  
OCCUPATIONAL SAFETY & HEALTH  
Cranford/Graves Fire Services Building  
6820 Webster Street  
Landover Hills, MD 20784  
Phone 301-583-1934  
Fax 301-583-1837



**AUTHORIZATION LETTER FOR THE RELEASE OF EMPLOYEE MEDICAL RECORD**

I, hereby \_\_\_\_\_ (name of Fire/EMS Employee or

Members), authorize \_\_\_\_\_  
 (Occupational Safety Health/ Infection Control Office or organization holding the medical records) to  
 release the following medical information from my personal medical records (describe generally the  
 information desired to be released):

\_\_\_\_\_  
 \_\_\_\_\_

I give permission for this medical information to be used for the following purposes:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Note: Several extra lines are provided below so that you can place additional restrictions on this authorization letter if you want to. You may, however, leave these lines blank. On the other hand, you may want to (1) specify a particular expiration date for this letter (if less than one year); (2) describe the medical information to be created in the future that you intend to be covered by this authorization letter; (3) describe the portions of the medical information in your records which you do not intend to be released as a result of this letter). (Source: OSHA 29 CFR 1910.20)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Full Name of Employee or Legal Representative

\_\_\_\_\_  
 Signature of Employee or Legal Representative

\_\_\_\_\_  
 Date of Signature

**Forward To: Infection Control Office  
 Prince George's County Fire/EMS Department  
 Occupational Safety and Health, Fire Services Building  
 6820 Webster Street  
 Landover Hills, MD 20784  
 301-583-1934 (Office)  
 301-583-1837 (Fax)**