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Federal Emergency Management Agency
United States Fire Administration
Office of Firefighter Health & Safety

FORUM ON COMMUNICABLE DISEASES

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Federal Emergency Management Agency
United States Fire Administration

Emmitsburg, Maryland 21727



The U.S. Fire Administration, part of the Federal Emergency Management Agency, is pleased to share with you this report on findings from the recent "USFA Forum on Communicable Diseases," held at the National Emergency Training Center in Emmitsburg, MD, July 27-29, 1988.

In response to concern about AIDS and other communicable diseases among firefighters and other emergency response workers, USFA held a Forum addressing issues related to communicable disease. Representatives from the USFA Office of Firefighter Health & Safety, emergency medical and infection control experts, fire service professionals and legal experts spent three days sharing information, exploring salient issues and recommending steps first-responder organizations can take to meet the needs of their constituencies. These recommendations are outlined in the attached report.

We are committed to continuing our efforts to educate emergency response workers about communicable diseases. If you would like additional copies of the report, we would be happy to provide you with them. We will also continue to collect and monitor communicable disease information and encourage you to share with us any information or new materials and programs you may have.

I want to express my deep appreciation to the participants in our Forum. I can't recall a similar gathering where more interest and eagerness to cooperate was in evidence. Though their backgrounds were diverse, they united inspiringly in their devotion to the quest for greater safety and health for both emergency rescue workers and the public.

Thank you for your active interest in promoting the education of all emergency rescue workers regarding communicable disease protocols.

Sincerely,

A handwritten signature in cursive script, reading "Clyde A. Bragdon, Jr.", is written over the typed name.

Clyde A. Bragdon, Jr.
Administrator
U.S. Fire Administration

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EXECUTIVE SUMMARY

Concern about AIDS and Hepatitis-B, and their impact upon firefighters, emergency medical technicians, and the citizens they serve, prompted the U.S. Fire Administration/Federal Emergency Management Agency to take a leadership role in addressing communicable disease issues for all emergency rescue workers.

In an attempt to evaluate current legal, medical and safety issues surrounding communicable diseases and their impact on emergency rescue workers, USFA's Office of Firefighter Health and Safety conducted an intensive six-month research effort which culminated in a three-day "Forum on Communicable Diseases," held July 27-29, 1988 at the National Emergency Training Center in Emmitsburg, MD.

To prepare for the Forum, USFA researched current precautionary procedures of fire departments, hospital personnel (including emergency room physicians, nurses, and infection control practitioners), police, and emergency medical technicians. USFA conducted its Forum to encourage open discussion and consensus on universal concerns by the aforementioned groups.

USFA identified more than forty experts from salient areas of practice to participate in this Forum, including emergency medical and infection control professionals, federal health and labor agency representatives, fire service professionals and legal experts. These experts were invited to attend USFA's "Forum on Communicable Diseases" to discuss specific issues and share resources and materials.

The Forum covered the following issues: addressing the need for communicable disease education; outlining infection control protocols; the latest information on transmission mechanisms of Hepatitis-B and Human Immunodeficiency Virus (AIDS); the development and implementation of communicable disease protocols; employee rights, including testing and adequate protection; confidentiality laws; legal issues surrounding the right to refuse transport and/or treatment; and model programs of record keeping and documentation. These issues are covered in greater detail in appendices to the attached report.

After group discussion of these issues, the participants were divided into four smaller break-out groups -- Legal, Protocols, Safety, and Education -- to summarize the discussion findings and present recommendations to USFA/FEMA.

All Forum participants then reconvened for review and approval of the break-out session recommendations. The following is a summary of the twelve recommendations proposed to USFA/FEMA by the Forum participants:

1. "That DOT immediately implement communicable disease control training within existing EMS curricula."
2. "That the American Heart Association and American Red Cross implement a communicable disease control segment within the CPR curriculum."
3. "That USFA develop and broadcast a video teleconference dealing with communicable disease control protocols for field EMS agencies."
4. "That the National Fire Academy be charged with the development of a field training program dealing specifically with communicable disease control protocols."
5. "That the USFA make recommendations to the National Fire Protection Association for consideration with the 1500, 1901, and 1004 standards addressing the area of communicable diseases."
6. "That the USFA establish an information resource center for communicable disease control protocols for the fire service and other emergency rescue workers."
7. "That a national uniform notification system be established to provide need to know information to all healthcare workers on cases involving persons with communicable diseases."
8. "Strongly recommend that healthcare workers be provided with all current preventive measures (vaccinations) for communicable diseases."
9. "That all emergency service agencies be notified that there is no legal justification to refuse to provide the best possible patient care according to current medical practices."
10. "That the results of the Forum on Communicable Diseases be reported to the 1988 Training Resources and Data Exchange (TRADE) Conference at the National Fire Academy (November 29-December 2)."
11. "That the Forum on Communicable Diseases be reconvened to monitor the progress on these recommendations within the next calendar year."
12. "That the media is properly and completely informed on this issue to ensure a reasonable level of public awareness of the communicable disease control problem facing the EMS field."

A detailed review of each of these recommendations follows this summary.

To continue its role in coordinating and disseminating information for the Nation's fire service and other emergency rescue professionals, USFA is currently developing the following:

- * A video teleconference on communicable disease protocols;
- * Presenting Forum results at the Training Resources and Data Exchange (TRADE) conference and other related seminars/conferences; and
- * Reconvening the Forum in the next calendar year.

USFA/FEMA officials are carefully examining ways to address all Forum recommendations. USFA is coordinating efforts with other government agencies and the private sector to increase awareness among firefighters, healthcare workers and police officers about proper infection control procedures.

In addition to having co-sponsored the National Foundation for Infectious Diseases' November 1988 "Third National Forum on AIDS & Hepatitis," USFA is also participating in the Department of Health & Human Services/Department of Labor conference, "AIDS: Frontline Healthcare," in January 1989. The USFA Forum findings have also been presented at the International Association of Fire Chiefs' September 1988 annual convention in Washington, DC, and Firehouse Magazine's Exposition and Muster in Philadelphia, PA, also in September 1988.

SUMMARY OF FORUM RECOMMENDATIONS

RECOMMENDATION #1:

"That the Department of Transportation immediately implement communicable disease control training within existing EMS curricula." (First responders -- EMT-Advanced/EMT-Paramedic)

Current DOT Office of Enforcement and Emergency Services training manuals include information on personal protection against communicable diseases. However, a recommended communicable disease control protocol is not as yet provided. USFA/FEMA will work with DOT towards the inclusion of such a protocol in future training manuals.

DOT has developed a refresher training program for emergency rescue workers with specific information on communicable disease protection in the workplace, the "First Responder Refresher Training Program -- National Standard Curriculum." USFA/FEMA plans to work with DOT to ensure that this training program is made available to emergency rescue workers across the country.

RECOMMENDATION #2:

"That the American Heart Association and American Red Cross develop an infection control course for healthcare workers."

The American Heart Association (AHA) and the American Red Cross (ARC) have together developed a comprehensive Cardio-Pulmonary Resuscitation (CPR) curriculum for emergency responders, which includes communicable disease control safeguards. USFA/FEMA applauds AHA and ARC for their efforts to address the problem of communicable disease in the healthcare community.

The American Red Cross is presently developing a comprehensive infection control course and USFA will provide all relevant information to them to assist with this endeavor.

RECOMMENDATION #3:

"That USFA develop and broadcast a video teleconference dealing with communicable disease control protocols for field EMS agencies."

The Federal Emergency Management Agency operates the Emergency Education Network (EENET), a valuable educational system for providing training and information via satellite to the fire service, emergency personnel, and allied professionals nationwide.

Because of its extensive communications outreach, EENET is the perfect vehicle to deliver communicable disease control protocols to emergency rescue workers; there are 6,000 EENET receive sites nationwide. EENET's tracking activities indicate that more than 100 cable companies tape the broadcasts and later re-broadcast them: over 100,000 people across the country view the show "live," and at least 150,000 watch it on delayed broadcast.

EENET programs are open video broadcasts which allow anyone with a C-band antenna to participate. Copies of videotapes and transcripts are available to the public through FEMA for a modest at-cost fee. The widespread availability and use of videocassette recorders ensures that a videotaped educational program will enjoy widespread dissemination.

EENET is particularly popular with the fire service because of its continued pertinent and useful programming. On this basis -- along with the fact that the dissemination of current information on relevant communicable disease issues is important to USFA's constituency -- it is recommended that USFA/FEMA utilize its EENET resources to develop a video teleconference on communicable disease control protocols.

RECOMMENDATION #4:

"That the National Fire Academy be charged with the development of a field training program dealing specifically with communicable disease control protocols."

The National Fire Academy (NFA), part of the Federal Emergency Management Agency's Office of Training, is mandated to provide education and training for "the professional development of fire service personnel and of other persons engaged in fire prevention activities."

NFA is the national education center for fire prevention and control training, volunteer and career fire service organizational management, fire incident management, and fire protection and risk management. The Academy also trains allied professionals, including code enforcement officials, city managers, administrators and planners, and architects.

NFA's Field Program Division (FPD) develops fire training courses which are taught at the National, State and local levels. After development, the training programs are evaluated nationwide by adjunct faculty, sponsors and students for refinement and revision. The final course package is delivered through a train-the-trainer process, which places the course packages in state and local fire training organizations.

The comprehensive involvement of NFA at the National, State and local levels, along with fire service organizations and various other state and community groups, makes it the perfect vehicle to develop and distribute a course on communicable disease control protocols.

Such a curriculum should include the following topics: infection control protocols; refusal to transport/treat and other legal concerns; training and education; patient confidentiality; personal protective equipment; reporting systems; employee testing; work practices; vaccination; and, public information and community outreach.

RECOMMENDATION #5:

"That the USFA make recommendations to NFPA for consideration in the 1500, 1901, and 1004 standards addressing the area of communicable diseases."

Occupational Safety and Health Programs established by the National Fire Protection Association 1500 Committee are considered by many to be the most comprehensive safety and health guidelines currently available to the fire service.

USFA/FEMA recommends that NFPA update their Occupational Safety and Health Programs by including a section on communicable disease control protocols.

USFA will make the findings of this Forum available to NFPA 1500 Committee members, to assist them in drafting such a section.

RECOMMENDATION #6:

"That the USFA establish an information resource center for a broad variety of communicable disease-related information, in particular infection control protocols for the fire service and other emergency rescue workers."

FEMA operates the Learning Resource Center (LRC) as part of the National Emergency Training Center. Located in Emmitsburg, MD, the LRC services National Fire Academy (NFA) students and faculty as well as Emergency Management Institute personnel. The Center consists of a collection of more than 40,000 books, reports, magazines and audiovisual materials to facilitate student and faculty research as well as NFA curriculum development.

It is recommended that USFA/FEMA establish a "Communicable Disease Resource Center" within the existing Learning Resource Center. This Center will serve many purposes: USFA can utilize this Center to compile relevant resources from allied organizations; existing programs can be made available to all emergency rescue workers; written information backgrounders can be used to respond to anticipated inquiries and legal questions (i.e., refusal to transport, confidentiality, how Hepatitis-B and HIV are transmitted, and other related topics); requests for information can be tracked and analyzed for needs in the field; and promotion of the existence of the Center among fire service and other emergency rescue professionals will encourage its use and increase its resources.

RECOMMENDATION #7:

"That a National uniform notification system be established to provide need to know information to all healthcare workers on cases involving persons with communicable diseases."

The "right to know" versus the "need to know" issue has affected healthcare workers both inside and outside the hospital setting. The legal consensus regarding notification is that it is imperative that all healthcare providers in the chain of continuity of care be made aware on a "need to know" basis (as prescribed by law) of the condition of persons with communicable disease to whom they are exposed. USFA strongly recommends a uniform and mandatory information exchange between hospitals and healthcare workers regarding exposure to patients with HIV, Hepatitis-B, and other blood-borne diseases.

It is equally imperative that said providers maintain confidentiality of a patient's condition except to those persons outside the healthcare chain of care who are designated by the patient, or who are entitled to notification according to state or local law.

The understanding and institutionalization of appropriate disclosure across the parameters of all emergency rescue workers can only be achieved through the uniform efforts of pertinent organizations. USFA will work with allied health organizations towards implementing mandatory hospital/healthcare worker information exchange on a "need to know" basis.

RECOMMENDATION #8:

"Strongly recommend that healthcare workers be provided with all current preventive measures (including vaccinations) for communicable diseases."

According to the Occupational Safety and Health Administration's General Duty Clause, the employer is responsible for providing "safe and healthful working conditions." The Department of Labor/Department of Health and Human Services Joint Advisory Notice, "Protection against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)," October 19, 1987, states that the employer should make available at no cost to the worker voluntary HBV immunization for all employees who perform category 1 tasks (category 1 task being defined as a task that involves contact with blood, body fluids, and tissues).

It is recommended that OSHA be strongly urged to enforce employer responsibility as outlined in the October 19, 1987 Joint Advisory Notice. All training programs for emergency rescue workers should use the Centers for Disease Control Guidelines, "Recommendations for Prevention of HIV Transmission in Health Care Settings, Morbidity & Mortality Weekly Report, August 21, 1987, Vol. 36, No. 2S.

With the caveat that prevention is more desirable and more cost effective than treatment and compensation, along with an awareness of the prevalence of Hepatitis-B among the Nation's fire service, USFA will attempt to coordinate the institutionalization of Hepatitis-B vaccination programs. This activity will proceed with the understanding that legally, no individual should be mandated or required by any organization (employer or union) to receive said measure (or measures) without being given either the option of informed consent and/or informed rejection regarding such measures.

RECOMMENDATION #9:

"That all emergency service agencies be notified that there is no legal justification to refuse to provide the best possible patient care according to current medical practices. However, prospective employees must be advised of this policy prior to employment."

There is no legal, medical or ethical justification for healthcare workers to refuse treatment to patients with a proven (confirmed or diagnosed) or perceived existence of communicable disease. All healthcare providers must treat all patients with the best possible patient care in accordance with current medical practices.

The following is an abbreviated overview of two additional legal issues addressed by Forum participants:

Testing -- there is no justification for healthcare providers to establish mandatory or voluntary testing for HIV. However, employers must provide testing for employees who may have been exposed. Once an employee is tested it is the employer's responsibility to ensure confidentiality of any person who tests positive for any communicable disease. The employer should also provide necessary ancillary services (counseling) for persons who have or believe they have a communicable disease.

Employment -- base employment decisions should be made in accordance with Section 504 of the Rehabilitation Act of 1973 and other applicable federal and state laws. All applicants for an emergency rescue worker position must be informed of the increased potential for exposure to communicable disease.

Training -- the Department of Transportation should immediately implement infection control training within the existing first responder (EMT-A, EMT-P) curricula. This program should also be incorporated by the National Fire Academy.

This educational program must address the issue of blood-borne pathogens, specifically the HIV and Hepatitis-B infections. It is necessary that periodic updates be provided to the pre-hospital care provider to keep them current.

RECOMMENDATION #10:

"That the results of the Forum on Communicable Diseases be reported by USFA to the 1988 Training Resources and Data Exchange (TRADE) Conference at the National Fire Academy (November 29-December 2)."

Several Forum representatives presented these findings at the TRADE Conference on November 29, 1988. A question and answer session followed, which evinced much interest in this topic among the State and local training directors present.

RECOMMENDATION #11:

"That the Forum on Communicable Diseases be reconvened by USFA to monitor the progress on these recommendations within the next calendar year."

USFA/FEMA plans to sponsor a "Second Annual Forum on Communicable Diseases" in 1989.

RECOMMENDATION #12:

"That the media is properly and completely informed on this issue to ensure a reasonable level of public awareness of the communicable disease control problem facing the EMS field."

USFA/FEMA plans to disseminate the findings of this Forum and other relevant events and materials to health, education, and fire service organizations and their media. Included in USFA's plan are a proposed information kit on communicable diseases and emergency rescue workers; meetings with fire service representatives to explore current needs in the field vis-a-vis actual observed protocols; and the dissemination of information on activities, events/conferences, reports, etc.

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APPENDIX A: PARTICIPATING EXPERTS

USFA researched and identified more than forty experts from salient areas of practice to participate in this Forum, including emergency medical and infection control professionals; Federal agencies; fire service representatives; and legal, insurance and protective equipment experts. The following is the final list of participants in USFA's "Forum on Communicable Diseases":

Rich Adams, Editorial Director
WUSA-TV Channel 9
4001 Brandywine Street, NW
Washington, DC 20016
202-364-3905

David J. Barillo, M.D.
1217 North 16th Street
Allentown, PA 18902
215-432-7234

Eric Bernstein, Esq.
P.O. Box 104
Three Bridges, NJ 08887-0104
201-788-9088

Timothy Butters
Manager of Government Affairs
International Association of Fire Chiefs
1329 18th Street, NW
Washington, DC 20036
202-833-3420

Murray L. Cohen, Ph.D., M.P.H.
Senior Scientist - AIDS Workplace
Centers for Disease Control, NIOSH
1600 Clifton Road, NE
Atlanta, GA 30333
404-639-1771

Cheryl Ann Crawford, Esq.
AIDS Program Manager
National Institute of Justice
633 Indiana Avenue, NW
Washington, DC 20531
202-272-6010

Victor Esch, M.D.
Health Resources Manager
Mobilization Resources Division
National Preparedness Directorate
Federal Emergency Management Agency
500 C Street, SW
Washington, DC 20472
202-646-3062

Alfred Freda
Chief of Training
City of Newark, NJ
Fire Training Center
34 Jersey St.
Newark, NJ 07105
201-733-7444

John Hansen, MD
Dept. of Occupational Health & Safety
International Association of Firefighters
1750 New York Avenue, NW
Washington, D.C. 20006
202-737-8484

Margarite Jordan, R.N.
Health Program Coordinator
Los Angeles County Fire Department.
P.O. Box 3009 Terminal Annex
Los Angeles, CA 90051
213-267-2401

Paul Maniscalco
National Association of EMTs
43 Conforti Avenue, Apt.#2
West Orange, NJ 07052
201-731-6182

Lois McBride, R.N., M.S., Esq.
4126 Westview Road
Baltimore, MD 21218
301-727-8261

Ed McDonald, B.C.
Safety Operations
Fire Department of New York
250 Livingston Street
Brooklyn, NY 11201
212-534-5068

Jack Page, MD
American College of Emergency Physicians
3 Hartley Place
Durham, NC 27707
w: 919-383-5055
h: 919-490-0179

Dennis Rubin, B.C.
Chesterfield Fire Department
Fire Department Headquarters
P.O. Box 40
Chesterfield, VA 23832-0400
804-748-1045

Shepherd Smith, President
Americans for a Sound AIDS Policy
P.O. Box 17433
Washington, DC 20041
202-471-8408

Joe Vita
Dept. of Occupational Health & Safety
International Association of Firefighters
1750 New York Avenue, NW
Washington, D.C. 20006
202-737-8484

Katherine H. West, R.N.
Infection Control Consultant
8631 Tuttle Road
Springfield, VA 22152
703-644-5032

Decker Williams
Phoenix Fire Department
520 W. Van Buren Street
Phoenix, AZ 85003
602-256-4154

APPENDIX B: ORGANIZATIONS CONTACTED

A list of public and private sector groups whose resources were reviewed for this Forum include:

- American Ambulance Association
- Americans for a Sound AIDS Policy
- American Foundation for AIDS Research
- American Medical Association
- American Red Cross
- Association for Practitioners in Infection Control
- Charles McC. Mathias, Jr. National Study Center for Trauma/EMS
- Chesterfield (VA), Phoenix and New York City Fire Depts.
- Fire Equipment Manufacturers Association
- George Wash. Univ. Hospital, Div. of Infectious Disease
- Georgetown University Hospital, AIDS Clinic
- Georgia Institute of Technology Center for Work Performance
- Health & Education Council
- Health Education Resource Organization
- International Association of Fire Chiefs
- International Association of Fire Fighters
- Johns Hopkins Hospital Systems
- National Association of Emergency Medical Technicians
- National Association of Fire Equipment Distributors
- National Association of State EMS Directors
- National Institute of Justice
- National Leadership Coalition on AIDS
- National Library of Medicine
- National Volunteer Fire Council
- Office of Personnel Management
- Public Technology, Inc.
- Presidential Commission on the HIV Epidemic
- Scott & White Office of Continuing Medical Education
- U.S. Dept. of Labor/Occupational Safety & Health Admin.
- U.S. Dept. of HHS/Centers for Disease Control/NIOSH

APPENDIX C: FORUM AGENDA

A Forum agenda, outlining the topics for discussion, relevant issues and suggested experts for each section was drafted. An abbreviated agenda follows:

FORUM ON COMMUNICABLE DISEASES
July 27-29, 1988

DAY 1 (Wednesday, July 27, 1988)

SESSION A: ADDRESSING THE NEED FOR COMMUNICABLE DISEASE EDUCATION

SESSION B: OUTLINING INFECTION CONTROL PROTOCOLS

SESSION C: WRAP-UP and SCREENING of VIDEO ("ON GUARD")

Discussion of "challenge" questions for next day:

1. Firefighters and liability;
2. Rights and confidentiality; and
3. Right to refuse.

DAY 2 (Thursday, July 28, 1988)

SESSION D: HEPATITIS-B -- Overview and discussion

SESSION E: AIDS -- Overview and Initial Protocol Discussion

SESSION F: PROTOCOLS -- Development & Implementation

SESSION G: RIGHTS -- Testing and Confidentiality

SESSION H: RIGHT TO REFUSE TREATMENT

SESSION I: WRAP-UP of DAY

Discussion of "challenge" questions for next day:

1. How can fire depts. work w/hospitals and field folks;
2. Responsibility to protect; and
3. Can municipalities append this?

DAY 3 (Friday, July 29, 1988)

SESSION J: RECORDS KEEPING

BREAK-OUT SESSIONS

DISCUSSION FROM BREAK-OUTS

RECAP and CLOSE

#

APPENDIX D: FORUM ADMINISTRATION

The U.S. Fire Administration, along with its contractor, Ogilvy & Mather Public Affairs, directed logistics for the Forum, including:

- Identification of experts in relevant fields to participate in the conference;
- Identification of relevant issues, printed materials and videotapes for review and/or dissemination as Forum handouts;
- Preparation of invitation letters and issues briefing papers for all solicited participants;
- Development of Forum agenda, issues summary and other key background materials to all attendees prior to the Forum;
- Special meetings to discuss all of the above with the Forum facilitator;
- Ongoing provision of recap sheets from break-out sessions to help facilitate discussion;
- Coordination of all travel, accommodations, special meals, meeting rooms and audio-visual equipment with the National Emergency Training Center and Service America Corporation;
- Recording of all Forum proceedings by audio tape and written transcript;
- Analysis of Forum findings, consensus and recommendations.

APPENDIX E: ADDRESSING THE NEED FOR
COMMUNICABLE DISEASE EDUCATION

1. Materials Reviewed

a. AIDS - General

- "AIDS," John Langone, Discover, December 1985.
- "AIDS," World Book Encyclopedia, 1987 edition, Vol. 1: pp 52-53.
- "AIDS Fight: Public Data or Secret?," Bruce Lambert, New York Times, May 3, 1988.
- "AIDS Rate Worse," Edward Edelson, Daily News, October 6, 1987.
- "AIDS Status Report: Situation Update," Report of the American Medical Association Board of Trustees presented by Alan R. Nelson, M.D., Report: KKK (A-88).
- "AIDS Weekly Surveillance Report," Centers for Disease Control, United States AIDS Program, April 18, 1988.
- "Childbearing Women Have AIDS Virus More Often Than Expected, Tests Show," Wall Street Journal, March 3, 1988.
- "Facts About AIDS," U.S. Dept. of Health and Human Services, Public Health Service, Ctrs. for Disease Control, Spring 1987.
- "Fatal Strategy of AIDS Virus Grows Clearer," New York Times, March 22, 1988.
- "HIV Infection Rate Found High Among Emergency Patients," Susan Okie, Washington Post, June 23, 1988.
- "Human Immunodeficiency Virus Infection in the United States: A Review of Current Knowledge," MMWR, Centers for Disease Control, Vol. 36, No. S-6, December 18, 1987.
- "Interim Report," Presidential Commission on the Human Immunodeficiency Virus Epidemic - Submitted to President Ronald Reagan, March 15, 1988.
- "Preliminary Report," Presidential Commission on the Human Immunodeficiency Virus - Preliminary Report, December 2, 1987.
- "Shadow on the Land: The Epidemiology of HIV Infection," Donald S. Burke and Robert R. Redfield, Viral Immunology, Vol. 1, No. 1, Spring 1987.

"Surgeon General's Report on AIDS," U.S. Department of Health and Human Services, October 22, 1986.

"TB Epidemic," Ellen Tumposky, Daily News, October 6, 1987.

"Urbana TB Epidemic Linked to AIDS Patient," Bonnie Vance, Peoria Journal Star, July 16, 1988.

b. AIDS and First Responders

"AIDS and the Emergency Provider," Emergency Medical Services, Volume 17, Number 3, April 1988.

"AIDS - Are First Responders At Risk?," Chief Fire Executive, July/August 1987.

"AIDS: The Challenges Ahead," An American Hospital Association Report, Emergency Medical Services, Volume 17, Number 3, April 1988.

"AIDS - What Risk to Save a Life?," Fire Engineering, June 1987.

"Emergency Medical Services and AIDS," Fire Chief, November 1987.

"Federal Report Says No Report of AIDS Among Firefighters," Paramedics, Fire Service Labor Monthly, August, 1987.

"Firefighters Refuse To Help Baby With AIDS," IAFC on Scene, March 1988.

"How Has the AIDS Scare Affected EMS?," Emergency Medical Services, Volume 17, Number 3, April 1988.

"Two Out For Refusing to Transport AIDS Patient," Fire Chief, July 1987.

c. AIDS in the Workplace - General

"AIDS and Your Job - Are There Risks?," American Red Cross/U.S. Public Health Service, October 1986.

"Employee's Reaction to AIDS in the Workplace," Dr. David M. Herold, Georgia Institute of Technology, Center for Work Performance Problems, February 1988.

"Occupational Exposure to Hepatitis B Virus & Human Immunodeficiency Virus (HIV)," Federal Register, Vol. 52, No. 228, Friday November 27, 1987.

"Worker Exposure to AIDS & Hepatitis B," U.S. Department of Labor/Occupational Safety & Health Administration.

2. Group Recommendations - Education

The following is a list of recommendations offered to USFA:

- a. USFA should help to facilitate communicable disease education for the Department of Transportation first responder (EMT-A, EMT-P), and for CPR curricula of the American Heart Association and the American Red Cross.
- b. USFA should address the NFPA Subcommittee on Communicable Disease Programs for the Fire Service and recommend that they expedite development of a comprehensive program, including communicable disease education, immunization recommendations, personal health and hygiene recommendations, and a statement regarding ongoing continuing education in these areas.
- c. USFA should conduct an EENET teleconference to address blood-borne diseases (AIDS, Hep-B) and other communicable diseases (herpes, tuberculosis, meningitis).
- d. USFA should establish a clearinghouse for the collection and dissemination of communicable disease information and education materials for emergency rescue groups.
- e. Recommended Training Criteria
 1. Staff participation in program development (local involvement)
 2. Timely and frequent education (on a continuum from recruitment to retirement)
 3. Team approach
 - a) knowledgeable instructors with appropriate skills for addressing special audiences
 - b) presentations should include audio-visuals
 - c) documentation of training to develop and update curriculum, and also to support claims of individual or departmental liability

- f. Media Relations -- approach and promote positive aspects of current care. Highlight and draw attention to benefits of protocols for community as well as health care workers.
- g. Private providers such as private ambulance companies must be included, invited to participate in programs on national and local levels.
- h. General public -- must continue to be educated about the special precautions taken by emergency rescue workers (i.e., mask and gloves) to help educate the public and alleviate ignorance.

APPENDIX F: COMMUNICABLE DISEASE PROTOCOLS

1. Materials Reviewed

a. Communicable Disease Protocols - General

- "A 10-Point Approach to Infectious/Contagious Disease Exposure," Captain Decker Williams, International Association of Fire Chiefs, Fall 1987.
- "AIDS In the Workplace: Confronting the Challenge," Hotel/Motel Security and Safety Management, March 1988.
- "AIDS - Precautions for Health-Care Workers and Allied Professionals," "AIDS Recommendations and Guidelines, Centers for Disease Control, September 2, 1983.
- "AIDS - Risk Prevention Understanding," National Leadership Coalition on AIDS.
- "Blueprint for a Disease-free Station," Decker Williams and Dean Pedrotti, Firehouse, February 1988.
- "Communicable Diseases," for Fire Department of New York City - Bureau of Operations, June 3, 1988.
- "Confronting AIDS: Directions for Public Health Care & Research," National Academy of Sciences, Institute of Medicine, National Academy Press, October 1986.
- Coolfont Report: "A PHS Plan for Prevention and Control of AIDS & the AIDS Virus," Public Health Reports, Vol. 101, No. 4, July-August 1986.
- "Disease Avoidance on the Job," Dean Pedrotti and Irvine "Decker" Williams, Firehouse, September 1987.
- "Emergency Workers and the AIDS Epidemic: A Training Model," Marilyn Mitchell and Mike Velasquez, The California Fireman, May/1988.
- "From Ritual to Reason and Back Again: OSHA and the Evolution of Infection Control," William M. Valenti, MD, Infection Control Hospital Epidemiology, Vol. 9, No. 7, 1988.
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"AIDS and the Law Enforcement Officer: Concerns and Policy Responses," Theodore M. Hammett, Ph.D., U.S. Dept. of Justice, National Institute of Justice, Office of Communication and Research Utilization, June 1987.

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e. Transmission

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- "Unsuspected Human Immunodeficiency Virus in Critically Ill Emergency Patients," James L. Baker et. al., Journal of the American Medical Association, Vol. 257, No. 19, May 15, 1987.
- "Viral Hepatitis Risk in Urban Emergency Medical Services Personnel," Paul E. Pepe, MD, et. al, Annals of Emergency Medicine, April 4, 1986.

2. Group Recommendations: PROTOCOLS

Note: An infection control policy serves as a framework for a comprehensive program. The goal is exposure prevention at the unit level, and not disease tracking. For the purposes of this document, all emergency providers with any patient contact, including law enforcement officials, are considered to be health care workers.

A. FEMA/USFA should provide a clearinghouse for communicable disease information as it relates to all emergency services.

B. USFA should participate with OSHA in promulgation of federal workplace infection control standards.

C. Individual constituency groups (e.g., IAFF, IAFC, NAEMT) need to go on record in OSHA rulemaking activities.

D. State and local managers and political leaders must accept and support protocols, and make arrangements for necessary funding.

E. Protocols:

1. General Infection Control

- a. Immunization programs should be available for all vaccine-preventable illnesses. These vaccinations should be provided by the employer at no cost to the worker pursuant to the Dept. of Labor/Dept. of HHS Joint Advisory Notice, "Protection Against Occupational Exposure to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)," October 19, 1987. On Page 10 of the Advisory Notice, it states that the employer should make available at no cost to the worker voluntary HBV immunization for all employees who perform Category 1 tasks and who test negative for HBV antibodies.

In addition, Secretary of Labor William Brock and Secretary of Health and Human Services Otis Bowen state in the cover letter attached to the Advisory Notice, "...it is the legal responsibility of employers to provide appropriate safeguards for health care workers who may be exposed to these dangerous viruses. For that reason, the Dept. of Labor/OSHA is beginning a program of enforcement to ensure that health care employers are meeting these needs."

OSHA needs to respond to employee complaints and conduct other inspections to assure that appropriate measures are being followed. OSHA is currently enforcing its existing regulation and statutory provisions relating to the duty of an employer to provide "safe and healthful working conditions."

- b. As a rule, prevention is more desirable and more cost-effective than treatment and compensation.
- c. All standard operating procedures, design and maintenance of emergency apparatus, and design of emergency facilities should incorporate basic principles, precautions and ergonomics for control of communicable diseases.
- d. A single standard for the entire United States must be developed for all fire departments and emergency rescue professionals.
- e. Each department must have specific personnel policies and procedures for dealing with personnel with communicable diseases.

2. Blood-Borne Pathogens

- a. Protection against occupational exposure to Hepatitis-B Virus (HBV) and Human Immunodeficiency Virus (HIV) should be accorded all emergency service personnel per the "Joint Advisory Notice," or its subsequent revisions.
- b. Centers for Disease Control Guidelines, "Recommendations for Prevention of HIV Transmission in Health Care Settings, Morbidity & Mortality Weekly Report, August 21, 1987, Vol. 36, No. 28, should be used in all training programs for emergency rescue workers.

APPENDIX G: LEGAL AND ETHICAL ISSUES

1. Materials Reviewed

a. Legal Issues - General

"AIDS: An Overview of the Legal Issues," Anita R. Goff, Health Span, Vol. 5, No. 5, May 1988.

"AIDS and the Law," Michael Berne, JD.

"AIDS - The Legal Issues," Anita R. Goff, The Washington Lawyer, March/April 1988.

"Ethical Issues Involved in the Growing AIDS Crisis," Journal of the American Medical Association, March 4, 1988.

"Hospital Legal Issues," David L. Wing, AIDS: A Health Care Management Response, March 1986.

"Infectious Disease: What are the Legal Rights of Fire Personnel?," Irvine "Decker" Williams and Dean Pedrotti, Firehouse, April 1988.

"Legal Aspects Of Hepatitis B Immunization Programs As A Developing Industry Standard," Venable, Baetjer, Howard & Civiletti, Firehouse, August 1987.

"Special Report: Keeping Health-Care Workers Healthy - Legal Aspects of Hepatitis B Immunization Programs," Constance H. Baker, J.D. and J. Michael Brennan, J.D., New England Journal of Medicine, Volume 311, No. 10, September 1986.

b. Local Government and AIDS

"Local Government & AIDS - A Special Report With Case Studies," Public Technology Inc., The Urban Consortium, 1988.

c. Notification

"Infectious Disease: Notifying Prehospital Responders," John K. Murphy, PA, EMT-P, Emergency Medical Services Management Advisor, Vol. 3, No. 9, December 1987.

Senate Bill No. 1518: Notification of Fire Fighters and Emergency Medical Technicians After Exposure to Infectious Diseases.

d. Testing

"AIDS/Drug Testing: Do We Really Want To Know?," Eric Martin Bernstein, Esq., for the National Institute of Municipal Law Officials, March 1988.

"Study Suggests Inappropriate Use of HIV Testing," Association of Military Surgeons United States Newsletter.

2. Group Recommendations: LEGAL ISSUES

a. Right to Refuse

There is no legal justification for health care providers to refuse treatment to patients with a proven (confirmed or diagnosed) or perceived case of communicable disease. All health care providers must treat all patients with the most appropriate patient care in accordance with current medical practices.

b. Testing

There is no justification for health care providers to establish mandatory or voluntary testing for HIV. However, employers must provide testing for employees who may have been exposed to HIV. Health care providers must also:

- 1) ensure the confidentiality of any person who tests positive for any communicable disease;
- 2) base employment decisions on the provisions of Section 504 of the Rehabilitation Act of 1973 and other applicable federal and state laws; and
- 3) provide necessary ancillary services (counseling) for persons who have or believe they have a communicable disease.

c. Employment

All applicants for first responder employment vacancies must be informed of the increased potential for exposure to communicable disease.

d. Notification

It is imperative that all health care providers in the chain of continuity of care be made aware "on a need to know" basis (as prescribed by law) of the condition of persons with communicable disease to whom they are exposed.

It is equally imperative that said providers must maintain the confidentiality of a patient's condition except to those persons outside the health care chain of care who are designated by the patient.

Again, medical testing and the necessary counseling services for those emergency rescue workers who have been exposed to HIV must be provided.

e. Vaccination

No individual should be mandated or required by any organization (employer or union) to receive said preventive measure (or measures) without being given either the option of informed consent and/or informed rejection regarding such measures.

f. Training

It is imperative that the Department of Transportation immediately implement infection control training within its existing first responder (EMT-A, EMT-P) curricula. This program should also be adopted by the National Fire Academy.

Educational programs must address the issue of blood-borne pathogens, specifically the HIV and Hepatitis-B infections. It is necessary that periodic updates be provided to pre-hospital care providers to keep them current on the topic.

Further, it is deemed necessary that the American Heart Association and American Red Cross immediately implement and/or continue to emphasize infection control segments within their respective CPR programs.

APPENDIX H: SAFETY ISSUES

1. Materials Reviewed

a. Medical Intervention

"Acceptance of Hepatitis B Vaccine Among Hospital Workers," Henry C. Bodenheimer, Jr., MD, American Journal of Public Health, March 1986, Vol. 76, No. 3, March, 1986 (and follow-up, November 1986).

"Hepatitis-B: Preventive Medicine for Emergency Responders," Fire Engineering, May 1987.

"Hepatitis B Vaccines - to Switch or Not to Switch," Journal of the American Medical Association, Spring 1987.

"Heptavax: A Shot in the Arm for Health," Dean Pedrotti, Firehouse, November, 1986.

2. Group Recommendations: Safety Issues

a. USFA should be made responsible for the development and broadcast of a video teleconference addressing communicable disease control. Topics should include:

1. protocols
2. training and education
3. public relations and education
4. personnel protective equipment
5. legal concerns
6. reporting systems
7. recording systems
8. work practices
9. vaccination

b. The National Fire Academy should be responsible for the development and delivery of a field course addressing communicable disease control. Timelines should be assigned to the development of same. The same topics as above should be included.

c. USFA needs to go on record with the National Fire Protection Association addressing the need to expand the 1004, 1500, and 1901 standards regarding infection control. The expansion of these standards should include, but not be limited to, the following:

[Fire Rescue Stations]

1. washer and dryer
2. dirty equipment area
3. sterile supply area
4. equipment cleaning area
5. hospital style faucet shut-offs
6. beds three ft. apart
7. separate bed clothing storage
8. separate turnout gear storage
9. separate station work uniform storage
10. dishwasher
11. garbage disposal
12. triple sinks

[Fire Rescue Apparatus]

1. separate compartmentalization for clean/sterile supplies
2. separate compartmentalization for dirty items
3. provision for on-scene handwashing and disinfection capabilities
4. appropriate compartmentalization for food/beverage storage

[Personnel Protective Equipment]

1. individually-issued SCBA face pieces

d. Technical Assistance Groups

The following organizations should be used to provide technical assistance and direction on these initiatives:

Joint Commission for Accreditation of Health Care Organizations
Association for Practitioners in Infection Control
Occupational Safety & Health Administration
Nat'l Institute for Occupational Safety & Health
Environmental Protection Association

* Case-by-case - Local Health Departments

e. Providers of Equipment

Communicable Disease control equipment should be provided by the employer (or the department for volunteer personnel). These items should include but are not limited to:

1. exam gloves
2. medical masks
3. protective eyewear
4. torso splash protection, i.e., gowns
5. individual pocket masks with one-way valve
6. mechanical resuscitator devices
7. disinfection agents: bleach, body soap, alcohol, dish soap, laundry detergent,
8. disinfectants approved and registered as tuberculocidal with the EPA.

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