

Buechel Fire Protection District

SAFETY POLICIES

SP-0006

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Title: **Blood-borne Pathogens
Exposure Control Plan**

Approval Date – 4-18-1994

Section	Instruction
	<p>Contents:</p> <ol style="list-style-type: none">1. Purpose2. Risk factors3. Training4. Health Maintenance5. Responsibilities6. Contamination of Personal Protective Firefighting Clothing7. Exposure Protocol8. Exposure Reporting System <p>Purpose</p> <ol style="list-style-type: none">1. The Buechel Fire District recognizes that communicable disease exposure is an occupational hazard to all firefighters. Communicable disease transmission is possible during an aspect of emergency response, including in station operations.2. The goal of this program is to provide all members with the adequate protection and training for occupational acquired communicable diseases, i.e. Human Immuno-Deficiency Virus (HIV) and Hepatitis B Virus (HBV).3. The following incidents are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious materials:<ol style="list-style-type: none">A. Medical assistance to injured or ill patientsB. Rescue of victims from burning structures, vehicles, water contaminated atmospheres, or oxygen deficient atmospheres.C. Extrication of persons from vehicles, machinery or collapsed excavations of structures.D. Recovery and or removal of bodies from any situation listed above. <p>Risk Factors</p> <ol style="list-style-type: none">1. Risk is the extent of exposure to blood or body fluids. In determining risk, the working conditions and the tasks assigned to the employee is assessed by the following categories. <p><i>Category 1 High Risk:</i> The tasks assigned involve exposure to blood and body fluids. Protective barriers are required to be worn.</p>

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	<p><i>Category 2 Low Risk:</i> The tasks assigned involve no direct exposure to blood or body fluids but the potential for exposure exists. Appropriate protective barriers should be available.</p> <p><i>Category 3 No Risk:</i> The tasks assigned involve no exposure or potential exposure to blood or body fluids. No barriers are required.</p> <p>Training</p> <p>Training records shall at a minimum include the following:</p> <ol style="list-style-type: none">a. Dates of the training sessions.b. Contents or a summary of the training sessions.c. Names and qualifications of person conducting the training.d. Names of all attending the training sessions. <ol style="list-style-type: none">1. Training shall be in compliance with OSHA Part 29 CFR 1910.1030,.20 and .120 and other applicable Federal, State and local regulations.2. Training sessions will include the following:<ol style="list-style-type: none">a. Access to a copy of the OSHA Blood borne Pathogens Standard.b. Explanation of transmission and symptoms of Blood borne diseases.c. Description of tasks and procedures which may involve exposure to blood borne pathogens and methods to avoid such exposure including protective equipment and clothing.d. The types, use, location, disposal, handling and decontamination of any piece of personal protective equipment.e. Information on Hepatitis B vaccine including information on its effect, safety, the benefits of being vaccinated, and notification that the vaccine and vaccination will provide at no charge to the firefighter.f. An explanation of the procedure to follow if an exposure incident and the medical follow-up that will be made available.g. Information on the post-exposure evaluation and follow-up that the District is required to provide following an exposure incident.

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	<p data-bbox="477 474 1385 575">h. An explanation of the signs and labels and or color coding required for biohazard materials; information the proper storage and disposal of biohazard materials.</p> <p data-bbox="404 617 683 646">Health Maintenance</p> <ol data-bbox="428 688 1385 1925" style="list-style-type: none"><li data-bbox="428 688 1385 758">1. All firefighters will receive an annual minor physical, with a major physical every four (4) years by the Fire District Physician.<li data-bbox="428 800 1385 905">2. All firefighters will be offered immunization against Hepatitis B. The risks and benefits of immunization will be explained to all firefighters and informed consent obtained prior to immunization.<li data-bbox="428 947 1385 1087">3. Any firefighter who refuses immunization will be counseled on the occupational risks of communicable diseases, and required to sign a denial form (see training bureau for form). Firefighters who initially refuse immunization may later receive immunization upon request.<li data-bbox="428 1129 1385 1199">4. Infection control records will become a part of the firefighter's personal health file and will be maintained for thirty-years (30).<li data-bbox="428 1241 1385 1451">5. Medical records are strictly confidential. Medical records will be maintained in the office of the District Physician and the office of the Chief of the fire district, and will not be released without the signed written consent on the member. There will be no exceptions to this policy for District Administration, Board of Trustees or Insurance Companies.<li data-bbox="428 1493 1385 1633">6. Members may examine their own medical records, and may request that copies be sent to their personal Physician. Release of medical records to another physician will be made only with signed consent by the member.<li data-bbox="428 1675 1385 1780">7. Communications between medical and personnel sections in regards to infectious diseases will focus on fitness to work, rather than upon specified diagnosis.<li data-bbox="428 1822 1385 1925">8. Any member returning to work following a debilitating injury or illness or communicable disease (occupational or non-occupational) will present a statement from the district's Physician or their personal

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	<p data-bbox="427 474 1382 541">Physician, at the discretion of the Chief of the District, qualifying them for return to duty</p> <p data-bbox="402 583 618 615">Responsibilities</p> <ol data-bbox="427 657 1365 762" style="list-style-type: none">1. The District Chief in charge of Training and Safety, is responsible for ensuring appropriate policies relative to protection and education of personnel are implemented and monitored. <p data-bbox="472 804 703 835">Firefighters shall:</p> <ol data-bbox="472 842 1382 1566" style="list-style-type: none">a. Comply with the policies and procedures prescribed in this policy.b. Correct any unsafe acts or operating practices on scene and work environment.c. Understand the mode of transmission of HBV and HIV.d. Know the types of protective clothing and equipment required for each task performed in their area.e. Know the location of protective clothing and equipment, its use, removal, handling, decontamination and disposal.f. Know and understand the limitations for protective clothing and equipment.g. Know the measures to take in the event of spills or exposure to fluids or tissue.h. Report any suspected occupational exposure to communicable disease to their immediate supervisor.i. Report any diagnosis of communicable disease to the Chief of the District.j. Protect themselves from exposure to blood and body fluids.k. Report any sensitivity or allergic reactions to their immediate supervisor so screening can be completed to document the need for alternative Personal Protective Equipment. <p data-bbox="402 1608 634 1640">Scene Operation</p> <ol data-bbox="427 1682 1333 1860" style="list-style-type: none">1. While complete control of the emergency scene is not possible, the minimum number of personnel required to complete the task safely will be used for all scene operations. Personnel not immediately needed will remain a safe distance from operations where communicable disease exposure is possible or anticipated.

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	<p data-bbox="428 474 1321 575">2. Eating, drinking, smoking, handling contact lenses or applying lip balm is prohibited in the work area where there is the potential for exposure.</p> <p data-bbox="404 621 696 653">Protective equipment</p> <p data-bbox="428 695 1373 940">1. Gloves reduce the incidence of blood contamination of hands during rescue, but they cannot prevent penetrating injuries caused by needles or other sharp objects. The Buechel Fire Protection District shall provide approved non-latex gloves for it's employees to limit their exposure to latex, due to an increased risk of sensitivity or allergic reactions of our staff and the patients we encounter. The likelihood of hand contamination depends on:</p> <ul data-bbox="477 951 1373 1163" style="list-style-type: none">A. The skill and techniques of the firefighter.B. The frequency with which the firefighter performs the procedure. The risk of blood exposure is higher for a firefighter who performs more procedures.C. Whether the procedure occurs in routine or emergency situations.D. The prevalence of infection on the patient population. <p data-bbox="428 1205 1333 1268">2. Approved gloves shall be required for use during rescue operations where there is suspected body fluids.</p> <p data-bbox="428 1278 1057 1310">3. In addition, the following guidelines apply:</p> <ul data-bbox="477 1320 1279 1566" style="list-style-type: none">A. Use gloves when performing rescues handling patients.B. Use gloves in situations where the Officer judges hand contamination with blood and body fluids may occur.C. Use gloves when assisting EMS personnel.D. Use gloves when persons are receiving training in rescue.E. Change gloves between patient contacts. DO NOT wash or disinfect gloves for reuse. <p data-bbox="428 1608 1333 1671">4. Firefighting gloves have no barrier to keep the user from coming in contact with any blood or body fluids.</p> <p data-bbox="428 1713 1333 1776">5. If firefighting gloves are needed then the use of an approved barrier gloves underneath is required.</p> <p data-bbox="428 1818 1333 1881">6. Facial protection will be used in any situation where splash contact with the face is possible. Face shields or helmets may be used in</p>

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	<p>conjunction with the mask and goggles, but not used alone for infection control purposes.</p> <p>7. Fluid resistant gowns or aprons will be worn during procedures that are likely to generate splashes of blood or body fluids. Also turnout gear will be considered as personal protective equipment.</p> <p>8. In general, members should select personal protective equipment appropriate to the potential for spill, splash, or exposure to body fluids. NO General operating Guideline or personal protective equipment ensemble can cover all situations. Common sense must be used. When in doubt, select maximal rather than minimal personal protective equipment.</p> <p>9. Contamination of Personal Protective Firefighting Clothing</p> <p>Any member involved in a rescue where contact with blood, body fluids or body tissue has contaminated their protective clothing, i.e. bunker clothing, will do the following:</p> <ul style="list-style-type: none">A. Notify the Chief and/or Safety Officer that clothing is contaminated.B. Employee shall wear the appropriate disposable gloves while removing contaminated equipment.C. Contaminated equipment will be stored in a decontamination area. Cleaning and decontamination will be performed as soon as possible.D. Disposable equipment and other Bio-hazard waster generated during on-scene operations that has come in contact with blood or body fluids will be placed in a red Bio-hazard bag for proper disposal by Jefferson County EMS or fire District.E. Contaminated clothes will be removed and exchanged for clean clothes. The member shall take a shower before leaving the fire station if any blood or body fluids have come in contact with skin under clothes.F. Contaminated structural firefighting clothes will be cleaned according to manufacturer's recommendation found on attached labels. Normally, this will consist of "hot" soapy water followed by a rinse with clean water. Turn out clothes will be "hot" air-dried. Do Not use chlorine bleach dilution to disinfect turnout clothes.

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	<p>G. Contaminated boots will be brushed scrubbed with “hot” soapy water, rinse with clean water and allowed to air dry.</p> <p>H. Red Bio-hazard bags are available in the cabinet above the desk in the hose room. After use, the bag shall be disposed of properly. Please place bag in JCEMS unit on scene. If unit is unavailable, place the bag in maintenance room and advise that you have done so</p> <p>I. No decontamination will be done in the kitchen or bathrooms.</p> <p>Post Exposure Protocols</p> <ol style="list-style-type: none">1. Any employee/member exposed to potential infectious material will immediately wash the exposed area with soap and water or saline eye wash if the eyes are involved.2. Any member having an occupational communicable disease exposure will immediately report that exposure to their Company Officer. The Company Officer will notify a Chief Officer or Exposure Control Officer. The Chief Officer or Exposure Control Officer will notify the Chief of the District. Needle-stick injuries will be reported to a Chief Officer immediately and transported to the hospital for treatment.3. The member will fill-out a communicable diseases exposure report within 24 hours of the incident for any of the following exposures: (See Chief, Safety Officer or Exposure Control Officer for report form)<ol style="list-style-type: none">A. Needle-stick injury.B. Break in skin caused by a potentially contaminated object.C. Splash of blood or other potentially infectious material onto the eyes, mucous membranes or non-intact skin.D. Mouth to mouth resuscitation without pocket mask with a one-way valve.4. The report will include details of the task being performed, the means of transmission, the portal of entry, and the type of PPE in use at the time.5. The Chief of the District will review the communicable disease exposure report within 24 hours of exposure.

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	<p>6. The Chief of the District will evaluate the report for exposure hazards. If a possible exposure occurred, medical evaluation by the district Physician or designee will be arranged by the Chief of the district not later than 72 hours post-exposure. If no exposure took place, the Training Bureau will counsel the member on exposure hazards. The Chief of the district shall complete the communicable disease exposure report, indicating disposition of medical management, and file the report in the office of the district Physician and the members health data file.</p> <p>7. The District Physician or designee will provide appropriate diagnostic work-up and treatment protocols of members with communicable disease exposures.</p> <p>Sharps Injury</p> <p>Self aid</p> <p>A. Self-aid that should be performed immediately following a sharps injury.</p> <ol style="list-style-type: none">1. Bleed the area.2. Wash the area with an approved bacterial solution.3. Immediate notify Company Officer. <p>B. Self-aid that should be performed immediately following a mucous membrane or non-intact skin exposure.</p> <ol style="list-style-type: none">1. Wash the area.2. For splashing into the eyes, flush with water only.3. Immediate notify Company Officer.

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Exposure Reporting System

