**Purpose:** *To identify those tasks and corresponding job classifications for which it can be reasonably anticipated that an exposure to blood, other body fluids, or other potentially infectious materials may occur; to establish a schedule for implementation of the fire department's infection control plan; and to identify the procedure for the evaluation of circumstances surrounding exposure incidents.*

*To provide a comprehensive infection control system that maximizes protection against communicable diseases for all members, and to the public that they serve*.

This department recognizes that communicable disease exposure is an occupational hazard. Communicable disease transmission is possible during any aspect of emergency response, including in-station operations. The health and welfare of each member is a joint concern of the member, the chain of command, and this department. While each member is ultimately responsible for his or her own health, the department recognizes a responsibility to provide as safe a workplace as possible. The goal of this program is to provide all members with the best available protection from occupationally acquired communicable disease.

This procedure may also be known as the Blood Borne Pathogen Procedure or Exposure Control Procedure.

**Procedure:**

**Administrative:**

1. It is the policy of this department:

A. To provide fire, rescue, and emergency medical services to the public without regard to known or suspected diagnosis of communicable disease in any patient.

B. To regard all patient contacts as potentially infectious. Universal Precautions will be observed at all times and will be expanded to include all abate fluids and other potentially infectious material.

C. To provide all members with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from communicable diseases.

D. To recognize the need for work restrictions based on infection control concerns.

E. To encourage participation in member assistance and Critical Incident Stress Management programs.

F. To prohibit discrimination of any member for health reasons, including infection and/or seroconversion with Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV).

G. To regard all medical information as strictly confidential. No member health information will be released without the signed written consent of the member.

H. The Infection Control Program is applicable to all members as noted below.

I. The infection Control Programs consists of a policy and procedure identification of roles and responsibilities, Standard Operating Procedures, training, and record keeping. SOPS identify specific procedural guidelines for all aspects of response and/or work environments where disease transmission can be reasonably anticipated, as well as training, administrative aspects of the programs, and post-exposure evaluation/investigation. Specific program components are identified as follows:

* + - Infection Control Policy Statement
		- Exposure Control Plan
		- Infection Control Roles and Responsibilities

2. The following tasks are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious materials:

A. Provisions of emergency medical care to injured or ill patients.

B. Rescue of victims from hostile environments, including burning structures, or vehicles, water contaminated atmospheres, or oxygen deficient atmospheres.

C. Extrication of persons from vehicles, machinery, or collapsed excavations or structures.

D. Assist in recovery and or removal of dead human bodies from any above situation.

E. Response to hazardous materials emergencies, both transportation and fixed-site, involving potential infectious materials.

F. Any other task(s) not defined by any of the above issues where exposure is determined.

3. Persons working in the following job classifications have been identified as being "at risk" to exposure due to the nature of their work and/or work environment.

A. *Class 1:* Those members who may encounter frequent or routine contact with blood, body fluids, or non-intact skin.

i. Those members, career or volunteer whose duties involve response to incidents such as firefighter, officer.

ii. Personnel working in the above job classification have been identified as being "at risk" to occupational exposures due to the following exposure determination of their job requirements.

iii. Emergency medical care to injured and ill patients.

iv. Decontamination, cleaning and disinfecting equipment used in the delivery of patient care and rescue.

v. Removal of persons from hostile environments.

vi. Removal of persons from vehicles, machinery, collapsed structures, and excavations and areas of limited access.

vii. Response to hazardous materials incidents which may expose personnel to hazardous materials immediately upon arrival at the scene and during the decontamination, treatment and possible transportation of victims of the incident.

B. *CLASS II:* No exposure to blood, body fluids, or non-intact skin, however, unplanned exposure may occur.

i. Auxiliary Member (unless such member is certified as an emergency medical technician, in which case the member shall fall into class I).

ii. Personnel working in the above job classification have been identified as being "at risk" to occupational exposure due to the following exposure determination of their job requirements.

iii. Repair of components and systems contained within emergency response vehicles.

iv. Decontamination, cleaning, and disinfecting equipment used in the delivery of patient care.

v. Repair of patient care equipment.

vi. Exposure to hazardous materials through the use in the work place.

vii. Exposure to hazardous substances when repairing systems or components of department vehicles.

C. *CLASS III:* No exposure to blood, body fluids or non-intact skin.

i. Secretary, Administrative Assistant (Unless certified as an emergency medical technician, in which case the person shall be deemed to be Class I),

ii. Board of Trustee Member (excluding firefighter representatives.)

iii. Associate member.

iv. Special Firefighter

Personnel working in the above job classifications have been identified as being "not at risk" to occupational exposures due to the exposure determination of their job requirements.

4. Evaluation of Exposure Incidents:

A. The procedures for evaluation/investigation of circumstances surrounding incidents of exposure to blood, other body fluids, or other potentially infectious materials are defined in this document.

B. Post Exposure protocols, medical follow up, documentation, record keeping and confidentiality requirements are defined in this document.

5. Department Infection Control Officer

A. The Department Infection Control Officer is the Department Health and Wellness Officer who shall:

i. Serve as the department designated officer as required by the Ryan White Comprehensive AIDS resources Act of 1990. (PL 101-381)

ii. Evaluate possible member exposure to communicable diseases and coordinate communication between the department, area hospitals and the Board of Health.

iii. Develop criteria for infection control personal protective equipment and determine adequate stocking levels for each response vehicle and/or member and/or work station.

iv. Notify the fire chief if a safety hazard is determined requiring immediate attention.

v. Conduct spot inspections of on-scene and work environments to ensure compliance with the Department's infection control policy.

vi. Coordinates the immunization program and ensures that immunization records are maintained.

vii. Maintains a confidential database of exposure and treatment given.

viii. Develop and implement an immunization program as required.

ix. Develop and implement a post-exposure program.

x. Maintain confidentiality of all medical and exposure records.

xi. Ensure that new members do not assume emergency response duties until initial medical evaluation immunizations, and infection control training have been completed

xii. Notify the department safety officer if qualified data indicate a safety hazard requiring-attention such as changes to practices and policies.

6. The tasks of managing the Department Occupational Health and Safety and Infection Control programs are delegated to appropriate staff officers and committees. The ultimate responsibility for the health and welfare of all members is the Board of Trustees.

7 In addition to existing duties, the training officer or his/her designee is responsible for the development and delivery of a comprehensive infection control educational program which complies with OSHA Regulation 29 OFR 1910.1030. Technical assistance will be provided by the Infection Control Officer.

8. Department Officers shall:

A. Support and enforce compliance with the Infection Control Program.

B. Correct any unsafe acts, and refer members for remedial infection control training as required.

C. Mandate safe operating practices on-scene and in the work environment.

D. Refer for medical evaluation any member possibly unfit for work for infection control or other reasons.

9. Fire Department Member responsibilities:

A. Assume ultimate responsibility for own health and safety.

B. Always use appropriate Personal Protective Equipment as the situation dictates.

C. Report any suspected occupational exposure to communicable disease to their immediate superior.

D. Report any diagnosis of communicable disease to the Department Infection Control Officer.

10. Work restrictions for reasons of infection control may be initiated by a licensed health care professional (such as a physician, physician assistant or advanced registered nurse practitioner). These may be temporary or permanent. As an example, members with extensive dermatitis or open lesions on exposed areas may be restricted from providing care or handling and/or decontamination of patient care equipment.

11. All members will be offered immunization against hepatitis B. The risks and benefits of immunizations will be explained to all members, and informed consent obtained prior to immunization.

12. Members may refuse immunizations, or may submit proof of previous immunization. Members who refuse immunization will be counseled on the occupational risks of communicable disease, and required to sign a refusal of immunization form. Members who initially refuse immunization may later receive immunization upon request.

13. The Department Infection Control Officer will maintain records in accordance with OSHA’s CFR 29, Part 1910.1030,.20,.120. Member participation in the Infection Control Program will be documented, including:

A. Name and Social Security Account Number of member.

B. Immunization records.

C. Circumstances of exposure to communicable diseases.

D. Post-exposure medical evaluation, treatment, and follow-up.

14. Infection control records will become a part of the member’s personal heath file and will be maintained for duration of employment plus thirty (30) years.

15. Medical records are strictly confidential. Medical records will be maintained as directed by the fire chief and will not be kept with personnel records. Medical records will not be released without the signed written consent of the member. There will be no exceptions to this policy for Department Administration, Board of Trustees, or insurance companies.

16. Records of participation in member assistance programs or critical incident stress debriefing are considered medical records.

17. 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 the signed consent of the member.

**Engineering and Work Practice Controls:**

1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

2. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

3. Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

4. The fire department shall provide hand-washing facilities which are readily accessible to members.

5. When provision of hand-washing facilities is not feasible, the fire department shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

6. The fire department shall ensure that members wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment with potential bio-hazards.

7. The fire department shall ensure that members wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

8. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited except through the use of a mechanical device or a one-handed technique.

9. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or .bench-tops where blood or other potentially infectious materials are present.

11 All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

12. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this procedure.

13. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.

**Personal Protective Equipment (Medical)**

1. The fire department shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

2. The fire department shall ensure that members use appropriate personal protective equipment unless the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the member’s professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker.

3. The fire department shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to members. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those members who are allergic to the gloves normally provided.

4. The fire department shall clean, launder, and dispose of personal protective equipment at no cost to the member.

5. The fire department shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the member.

6. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible.

7. All personal protective equipment shall be removed prior to leaving the work area.

8. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

9. Gloves shall be worn when it can be reasonably anticipated that members may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin.

10. Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

11. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

12. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

13. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

14. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

**Fire Department Facilities:**

1. The fire department shall ensure that the worksite is maintained in a clean and sanitary condition. The fire department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

2. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

3. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

**Post-exposure Evaluation and Follow-up:**

1. Following a report of an exposure incident, the fire department shall make immediately available to the exposed member a confidential medical evaluation and follow-up, including at least the following elements:

A. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

B. Identification and documentation of the source individual, unless the fire department can establish that identification is infeasible or prohibited by state or local law;

C. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the fire department shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

D. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

E. Results of the source individual's testing shall be made available to the exposed member, and the member shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

F. Collection and testing of blood for HBV and HIV serological status;

G. The exposed member's blood shall be collected as soon as feasible and tested after consent is obtained.

H. If the member consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the member elects to have the baseline sample tested, such testing shall be done as soon as feasible.

I. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; Counseling; and Evaluation of reported illnesses.

2. Information Provided to the Healthcare Professional:

A. The fire department shall ensure that the healthcare professional responsible for the member’s Hepatitis B vaccination is provided a copy of this regulation.

B. The fire department shall ensure that the healthcare professional evaluating a member after an exposure incident is provided the following information:

C. A description of the exposed member's duties as they relate to the exposure incident;

D. Documentation of the route(s) of exposure and circumstances under which exposure occurred;

E. Results of the source individual's blood testing, if available; and

F. All medical records relevant to the appropriate treatment of the member including vaccination status which are the fire department's responsibility to maintain.

3. Healthcare Professional's Written Opinion provided to the department:

A. The fire department shall obtain and provide the member with a copy of the evaluating healthcare professional's written opinion within 15 days upon completion of the evaluation.

B. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for a member, and if the member has received such vaccination.

C. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

D. That the member has been informed of the results of the evaluation; and

E. That the member has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

F. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

4. The fire department shall ensure that all members with occupational exposure participate in a training program which must be provided at no cost to the member and during working hours.

**Training:**

1. Training shall be provided as follows:

A. At the time of initial assignment to tasks where occupational exposure may take place (such as during recruit training);

B. At least annually thereafter.

C The fire department shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the member's occupational exposure. The additional training may be limited to addressing the new exposures created.

D. Material appropriate in content and vocabulary to educational level, literacy, and language of members shall be used.

2. The training program shall contain at a minimum the following elements:

A An accessible copy of the OSHA Bloodborne Pathogen (29 CFR 1910.1030 available at http://www.osha.gov/pls/oshaweb/owadisp.show\_document?p\_table=STANDARDS&p\_id=10051) regulation an explanation of its contents;

B. A general explanation of the epidemiology and symptoms of bloodborne diseases;

C. An explanation of the modes of transmission of bloodborne pathogens;

D. An explanation of the fire department's exposure control plan and the means by which the member can obtain a copy of the written plan;

E. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

F. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

G. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

H. An explanation of the basis for selection of personal protective equipment;

I. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

J. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

K. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;

L. Information on the post-exposure evaluation and follow-up that the fire department is required to provide for the member following an exposure incident;

M. An opportunity for interactive questions and answers with the person conducting the training session.

3. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

**Medical Records:**

1. The fire department shall establish and maintain an accurate record for each member with occupational exposure, in accordance with 29 CFR 1910.1020.

2. This record shall include:

A. The name and social security number of the member;

B. A copy of the member's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the member's ability to receive vaccination;

C. A copy of all results of examinations, medical testing, and follow-up procedures;

D. The fire department's copy of the healthcare professional's written opinion; and

E. A copy of the information provided to the healthcare professional.

3. Confidentiality. The fire department shall ensure that employee medical records required are kept confidential by securing them in a locked file cabinet with access restriction to only those persons whose duties require access to such records.

4. Records will not disclosed or reported without the member's express written consent to any person within or outside the workplace except as required by this procedure or as may be required by law.

5. The fire department shall maintain the records required by paragraph (h) for at least the duration of membership plus 30 years in accordance with 29 CFR 1910.1020.

**Training Records:**

1. Training records shall include the following information:

A. The dates of the training sessions;

B. The contents or a summary of the training sessions;

C. The names and qualifications of persons conducting the training (unless such persons are members of the department and their training records are already on file);

D. The names of all persons attending the training sessions.

 2. Training records shall be maintained permanently by the training bureau.