

BLOOD BORNE PATHOGEN PLAN

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

- I. Western Reserve Joint Fire District will abide by all rules and regulations set forth by the Department of Labor/Department of Health and Human Services.

- II. All fire, rescue, and EMS personnel will be considered to be Category I risk.
 - A. Category I states: Tasks that involve exposure to blood, body fluids, or tissues. All procedures or other job related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissue, or a potential for spills or splashes of them. The use of appropriate protective measures will be required for all employees engaged in Category I task.
 - 1. Definition: (Blood, body fluids, or tissues) Blood, semen, saliva, tears, urine, vaginal secretions, cerebrospinal fluid, breast milk, and amniotic fluid.

 - 2. Protective Equipment:
 - a. Disposable gloves
 - b. Disposable masks
 - c. Goggles
 - d. Disposable gowns
 - e. Disposable trash bags
 - f. Disposable needle containers

 - B. Precautions will include recapping the needle with the one-hand technique whenever possible.

- III. All EMS personnel responding to emergency or non-emergency calls will follow this standard operating procedure.
 - A. Medical emergency
 - 1. The EMS and fire personnel shall wear latex gloves.
 - 2. Gloves will be worn until patient contact is terminated.
 - 3. Personnel that will be driving vehicle will remove gloves prior to entering the vehicle.

 - B. Cardiac Arrests
 - 1. Personnel shall wear latex gloves and two pairs when necessary.
 - 2. Goggles and masks shall be used in cases of possible gross contamination.

3. Personnel will remove protective equipment and dispose of them in appropriate containers after assessment and treatment of patient.
4. All personnel shall remove protective equipment prior to entering vehicle when leaving scene.

C. Trauma

1. Personnel shall wear at least one pair of latex gloves.
2. Gown, mask, and goggles will be worn at the personnel's discretion, always keeping in mind the possibility of extensive splashing of blood or body fluids.
3. Gloves will be removed after assessment and treatment of patient is terminated.
4. Personnel shall remove protective equipment and place it in appropriate containers at the commencement of the call prior to entering vehicles.

IV. The following precautions will be followed for clean up and disposal of contaminated items.

- A. Personnel shall take extreme caution to avoid sticking themselves or others with contaminated needles.
- B. Any equipment that has been contaminated with blood or body fluids shall be immediately cleaned with a disinfectant or a 1:10 solution of bleach and water.
- C. Red infectious waste bags will be used to dispose of gloves, masks, gowns, goggles, sheets, or other contaminated material.
- D. Personnel are reminded to thoroughly wash hands at the completion of the call immediately after the call.

EXPOSURE CONTROL PLAN FOR BLOODBORNE PATHOGENS

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I. INTRODUCTION

The Western Reserve Joint Fire District recognizes the potential exposure of its members to communicable diseases in the performance of their duties and in the normal work environment. The WRJFD is committed to a program that will reduce this exposure to a minimum and will take whatever measures are feasible to protect the health of its members.

In the emergency care setting, the infectious disease status of patients is frequently unknown by fire department personnel. All patients must be considered infectious. Blood and body fluid precautions must be taken with all patients.

To minimize the risk of exposure, the WRJFD will provide its members with proper infectious control protective equipment including disposable medical gloves, face masks, gowns, and eyewear and will provide necessary clean and disinfecting supplies. The WRJFD will also provide initial instruction and continuing education in preventative health care practices so that firefighters possess a basic awareness of infectious diseases, understand the risk and severity of various types of exposures, and exhibit proper skills in infection control.

Standard prophylactic medical treatment will be given to exposed members, and necessary immunizations will be made available to protect members from potential exposure to infectious disease.

The Western Reserve Joint Fire District members will contact the fire department infection control representative after any actual or suspected exposure to a contagious disease. The infection control representative will contact the hospital to initiate patient follow-up and determine the need for treatment of the exposed individual. A contagious disease exposure tracking system is a component of the medical records system that is maintained for each member.

The WRJFD believes that its members have the right to be fully informed if a patient is found to carry a communicable disease and if a probable exposure occurred. The responsibility for informing the WRJFD should rest with the medical institution receiving the patient and should occur as soon as possible after the medical institution becomes aware of the condition.

The WRJFD also recognizes the health concerns that may be involved in the station work environment, where a number of members share living quarters and work areas and, in some cases, use the same equipment. There is a particular need to isolate this environment from the infectious hazards that members may encounter in providing emergency care to the general public. There is also a need to provide facilities and equipment that do not expose members to additional health risks. This also extends to preventing the spread of health risks encountered in the work environment to a member's home, family, and friends.

The WRJFD also believes that infectious disease exposure should be considered an occupational health hazard and supports the presumption that contracting a contagious disease should be considered an occupationally related condition.

Wherefore, the Western Reserve Joint Fire District has adopted this follows Exposure Control Plan.

This Exposure Control Plan meets the requirements of the Department of Labor, Occupational Safety and Health Administration 29 CFR Part 1910.1030, "Occupational Exposure to Bloodborne Pathogens". This Plan also meets the requirements of NFPA 1581, Standard on Fire Department Infection Control Program. This Plan is designed to eliminate or minimize firefighter exposure to human blood, or other potentially infectious materials.

The Plan contains all required elements for the Western Reserve Joint Fire District (The Department). Neither the Department nor its firefighters are involved in research of HIV or HBV, therefore, Section (E) HIV and HBV Research Laboratories and Production Facilities is not addressed in this plan.

Failure to abide by the policies and procedures outlined in this plan may lead to disciplinary action and/or dismissal in accordance with the Department's personnel policies.

II. REVIEW AND DETERMINATION

This plan will be reviewed and updated at least annually, and whenever necessary to reflect new or modified tasks and/or procedures which affect occupational exposure and to reflect new or revised Departmental positions with occupational exposure.

A copy of this plan will be accessible to all current firefighters and Department members, and will be provided to all new firefighters and Department members thereafter upon their appointment. Firefighters who are provided with a copy of this plan will sign a statement to that effect. A copy of this plan will also be maintained in the Department's offices.

III. EXPOSURE DETERMINATION

For the purpose of determining occupational exposure to bloodborne pathogens for the purpose of 29 CFR Part 1910.1030, all members of the Department (all job classifications) have been determined to have occupational exposure. Where all Departmental members have occupational exposure, it is not necessary to detail specific work tasks in which occupational exposure might occur.

This exposure determination has been made completely without regard to the use of personal protective equipment (PPE). The reason being use of PPE is no guarantee against exposure, and is designed to minimize exposure and serve as protection against a hazard.

IV. SCHEDULE AND METHOD OF IMPLEMENTATION

A. Universal Precautions

Universal precautions guidelines recommend that blood and body fluids from ALL PATIENTS regardless of what is known about their infection status should be assumed to be infectious for HIV and other bloodborne pathogens. The Centers for Disease Control (CDC) makes no distinction between patient known to be infected with certain diseases and patients whose infection status is unknown.

Universal precautions will be applied to all operating procedures and will be observed at all times to prevent contact with blood or other potentially infectious materials.

B. Engineering and Work Practice Controls

Engineering and work practice controls are a means of implementing universal precautions and are the primary means of eliminating or reducing employee exposure. Where occupational exposure remains after the institution of these controls, required personal protective equipment shall also be used.

All engineering controls, such as red bag regulated waste containers that isolate or remove the bloodborne pathogen hazard from the work place (i.e. the fire scene, accident scene, etc.) will be examined and maintained or replaced at a minimum of once per week to insure effectiveness and integrity.

1. Hand Washing/Hand Washing Facilities

Each fire station will have and will maintain a sink accessible to all Department members. The following will also be available at the sink:

Hot water, soap dispenser and soap, paper towels or hot air hand dryers, red bag trash container.

Hand washing is the single most effective means of preventing the spread of infections. The method used for correct hand cleaning and degerming with water and soap is to:

1. Turn on faucet and regulate water temperature;
2. Wet hands;
3. Lather hands with soap;
4. Rub repeatedly for at least 15 seconds;
5. Rinse;
6. Turn faucets off with paper towel.

This procedure should be followed:

- When hands are soiled

- After removing latex gloves
- After using the toilet
- After handling any potentially contaminated items
- Before eating, smoking, drinking, applying cosmetics, or handling contact lenses
- Between each patient
- Between victims when direct contact has occurred, whenever possible.

In the event uncontaminated water is not available, as in a disaster situation or in the field, emergency kits/first aid packs will include towelettes or hand cleaner/foams. When these items are used, hands should be washed as described above as soon as feasible.

Always 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.

2. Needs and Other Sharps

Department members should not handle needles or sharp objects. However, in the event such contact does occur, Department members should take precautions to prevent injuries caused by scissors, needles, lancets, and other sharp instruments during use and handling, cleaning, or disposal. Used needs and pointed instruments are most frequently implicated in accident exposure to bloodborne diseases.

The following precautions should be followed should firefighters handle needs or other sharps:

- a. Wear latex gloves and be extremely careful;
- b. Used needs and other sharps may not be bent, recapped, or resheathed;
- c. Sharing or breaking of needles is prohibited;
- d. Placing all needs, syringes, and sharps into a sharps container, needle end first;
- e. Do not force sharps into the container;
- f. Place sharps containers in red bags providers;
- g. Do not leave needles, syringes, or sharps at any emergency scene;
- h. Remove and dispose of latex gloves after each use;
- i. Wash hands thoroughly;
- j. Other Work Practice Controls
 - Eating, drinking, smoking or applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where occupational exposure is

likely (e.g. emergency scenes, disaster shelters, etc.)

- Food and drink may not be kept in any storage area or container where blood or other potentially infectious materials are present.
- All procedures involving blood or other potentially infectious materials (OPIM) must be performed in such a way as to minimize splashing, spraying, or spattering, or generating droplets of these fluids.
- Mouth pipetting/suctioning of blood in OPIMs is prohibited.

It is not anticipated that specimens will be taken in a first aid station or at an emergency scene. If this should change, information regarding proper collection, handling, processing, storage, transport, and shipping will be added to this plan and covered in training.

Proper disinfection procedures will be followed to decontaminate reusable medical treatment equipment.

C. Personal Protective Equipment (PPE)

1. Provision

The Department will provide, at no cost to the volunteer, all appropriate PPE such as latex gloves, one-way valve pocket masks for rescue breathing, and aprons or cloth insulation gowns. These items are most commonly used at emergency scenes, and shall be kept in all Departmental vehicles. Unusual or rare situations may cause the need for additional PPE, which will be provided as stated above.

2. Use

PPE must be used each and every time a task with potential occupational exposure is performed. Examples include: Wearing of latex gloves for any task with possible exposure to blood or other potentially infectious materials at an emergency scene; and utilizing the one-way valve mask for rescue breathing. Training regarding the use of the one way valve mask is available through the Department. Instructions on its use accompany the mask as well. Know how to use this device.

PPE, designated here or in future documents, must be used unless rare or extraordinary circumstances, wherein the volunteer's judgment, use of PPE would have posed an increased risk to the patient/victim. When a volunteer makes this judgment, the circumstances will be investigated and documented in order to determine if changes can prevent the same situation in the future.

EVERY ATTEMPT SHOULD BE MADE TO USE APPROPRIATE PPE.

3. Accessibility

Latex gloves, aprons, and one-way valve masks are provided in the first aid kits of each vehicle.

4. Cleaning, Laundering and Disposal

Latex gloves shall be disposed in the red bags after use. DO NOT reuse them. Discard gloves if they are peeling, cracked, discolored, or if they have punctures, tears, or other evidence of deterioration. One -way valve masks should be disposed in the same manner as gloves. DO NOT REUSE.

Aprons and gowns shall be removed after use. They should be changed immediately if visibly contaminated with blood or bodily fluids to prevent blood seeping through and contaminating garments or skin. All aprons and gowns should be placed in red bags for laundering.

When removing PPE, always remove the gloves first. Refer to elsewhere in this Plan for instructions on how to remove soiled gloves, masks, and gowns found elsewhere in this Plan.

5. Repair and Replacement

The Department will repair or replace any PPE as needed to maintain effectiveness at no cost to the volunteer. Report any faulty PPE or PPE used to your station captain or other officer immediately and complete the PPE repair/replacement form.

Never leave PPE at an emergency scene. Always remove it in accordance with the procedures in this section.

6. Gloves

Gloves (disposable latex or hypoallergenic) must be worn whenever hand contact with blood or OPIMs, mucous membranes, and non-intact skin is reasonably anticipated. The following procedures should be followed:

- a. Use gloves for any task where blood may be encountered when volunteer has cuts, scratches or other breaks in the skin.
- b. Use gloves in situations where the volunteer judges that hand contamination may occur.
- c. Use gloves when handling any “open” blood container or specimen.
- d. Use gloves when cleaning up spills or handling waste materials.
- e. Use gloves when potential exposure cannot be assessed because of lack of experience with a procedure or situation.
- f. Use gloves when examining mucous membranes or open lesions.

- g. Because HBV can be transferred from hands to surfaces and again to hands, take steps so that those not wearing gloves will know not to touch certain instruments like telephones. All visitors and consultants should be advised of these potentially contaminated designations.

Latex, vinyl or polyethylene gloves provide adequate barrier protection from the above-mentioned activities. These types of gloves are not intended to provide protection from puncture wounds caused by sharp instruments. Heavy weight utility gloves should be used if there is a high risk of puncture.

Taking off soiled disposable gloves:

Using the fingers of your left hand, make a cuff of the glove on the right hand, grasp the cuff on the palm side, and pull the glove down towards the fingers of the right hand.

- Do not touch the inside part of the glove with left hand.
- Note: The inside of the glove is clean.
- Do not remove the glove all the way.
- * Using the fingers of your right hand, take off the glove on your left hand by pulling it inside out and rolling it into a ball without touching the bare hand.
- * Hold the glove you have removed in your right hand.

Using the glove on your right hand touching only the inside of the glove with your left hand.

- * Remove the glove by pulling it down so that the glove you have removed is inside the right-hand glove.
- * Throw away the gloves in the red bag provided.
- * Wash your hands.

Taking off a Mask:

- * Untie the bottom strings and then the top strings.
- * Thrown away the mask in the red bag provided.

Taking off a Gown:

- * Untie the gown in the back.
- * Pull off one gown sleeve by slipping your fingers under the cuff and pulling the sleeve part way over your hand.

Note: Remember that the end of the sleeve is clean because it was covered by the glove.

- * Grasp the other sleeve with the covered hand and pull it off completely.
- * Fold in outer contaminated surfaces and roll the gown up. Place the gown in the red bag designed for contaminated laundry.
- * Wash your hands.

Gloves should be disposable and changed often in order to provide adequate protection. Gloves should be changed whenever they become visibly contaminated. **DO NOT** wash them. Washing or disinfecting the gloves may cause deterioration or small holes in the gloves. Visual examination of the gloves for defects before use is advisable. Discard gloves if they are peeling, cracked, discolored or if they have punctures, tears or other evidence of deterioration. Always wash your hands after your gloves are removed.

Your gloves should also be removed before handling objects or touching surfaces that might reasonably be expected to be free of contamination, including telephones, door knobs, computer keyboards, and faucets. Clean items may be designated in your work place and should not be touched and contaminated with gloved hands.

NOTE: When disposing of gloves, they should be removed by pulling the glove off inside out. This will prevent contamination of the hands. Discard the gloves in a red bag trash container.

Some workers may develop a dermatitis (skin rash) from wearing vinyl gloves for long periods of time. These workers should experiment with other types of gloves such as powder free latex. Cotton liners underneath gloves may also be worn to prevent reactions.

7. Masks, Eye Protection and Face Shields

It is anticipated that volunteers covered by this standard will **NOT** be in situations where splashes, spray, spatter, or droplet of blood or other OPIM's will come in contact with the eyes, nose or mouth. However, a surgical mask and goggles with side shields are provided in emergency first aid kits, if needed.

8. Gowns, Aprons, and other Protective Body Clothing

Disposable or plastic aprons will be provided in all emergency vehicles. These have been discussed earlier.

Volunteers should utilize the engineering and work practice controls and wear appropriate PPE when there is occupational exposure. These procedures must be followed. Failure to abide by the policies and procedures outlined in this plan may result in disciplinary action and/or discharge.

9. Decontamination

The Department will ensure that the emergency scene and fire station are maintained in a clean and sanitary condition. This section will address those areas under the direct control of the Department, i.e. firehouse, emergency scene, etc., as opposed to a building which may be occupied temporarily by the Department.

Fire stations should be provided with washing machines and dryers for washing protective clothing, station/work uniforms, and other clothing soiled while doing fire department work. Commercial models of washers and dryers (front loading washers) are recommended to prevent agitator damage to clothing.

Where the fire department only provides first aid and cardiopulmonary resuscitation emergency medical operations, there should be at least one disinfecting room available. Where the fire department provides basic life support or advance life support emergency medical operations, there should be a disinfecting room in each fire station from where such services are provided.

Room temperature should be maintained between 68 deg. F and 90 deg. F.

If germicidal agents are readily available, they can be used in lieu of soap when washing skin surfaces.

When emergency medical equipment cleaning is performed by members, it shall take place in the designated disinfecting facility, and appropriate protective infection control garments and equipment shall be available.

Dirty or contaminated emergency medical equipment shall not be cleaned or disinfected in fire station kitchen, living, sleeping, personal hygiene areas.

Infection control garments and equipment for cleaning and disinfecting shall include splash-resistant clothing. Infection control garments and equipment shall be used whenever there is a potential for exposure to body fluids or potentially infectious material during cleaning.

Prior to cleaning, dirty or contaminated emergency medical equipment shall be stored, separated from cleaned and disinfected emergency medical equipment.

The volunteers will decontaminate equipment and work services with 10% Clorox solution immediately or as soon as feasible after any spill of blood or any potentially infectious materials.

To be effective for decontamination of spills of blood or other body fluids, these disinfectants must be mixed properly according to directions. A 1:10 solution of bleach (1 cup of bleach to 9 cups of water) is acceptable for use.

Note: Never pour undiluted bleach straight from the bottle directly onto spills of blood, urine, sputum, or vomit. Dangerous levels of toxic chlorine

and nitrous oxide gases could result. The following procedures should be used to clean and decontaminate spills of blood or other body fluids:

- * Latex gloves and other protective garments should be worn as necessary to avoid direct contact.
- * Spills should be wiped up with disposable towels (latex gloves should be worn).
- * Disinfectant should be applied (bleach solution or other disinfectant should be left on for 10 minutes).
- * Area should be wiped after 10 minute contact with disinfectant.
- * Cleanup materials should be discarded in a red bag.
- * Gloves should be removed and discarded.
- * Hands should be washed.
- * Bagged cleanup materials should be disposed of according to procedures listed in this section.

All receptacles intended for use, e.g. trash cans lined with red bags, will be inspected and cleaned immediately with 10% Clorox solution if there is visible contamination after each red bag is removed for disposal.

Protective coverings, such as plastic wrap used to cover equipment or surfaces, will be removed and replaced as soon as feasible when they become contaminated or at the end of a work shift.

Broken glassware should never be picked up directly with the hands. Use a brush and dust pan, tongs, or other similar instrument. Dispose of broken glass in designated sharps containers. Instruments used to pick up glass must be properly decontaminated with the 10% Clorox solution or discarded in the red bag.

Before any equipment is serviced or shipped for cleaning, it will be decontaminated to the extent possible with the 10% Clorox solution. Such equipment will be labeled to indicate contaminated portions.

Reusable sharps that are contaminated with blood or other potentially infectious materials will be placed in labeled sharps containers for appropriate decontamination with 10% Clorox solution.

10. Regulated Waste

Contaminated reusable sharps must never be removed from the sharps container by hand. Always use forceps, tongs, or the like.

Non-reusable contaminated sharps will be discarded immediately or as soon as feasible in sharps containers that are closable, puncture-resistant, and leakproof on the sides and bottom. These containers will be labeled with the BIOHAZARD symbol.

A sharps container will be located in every emergency vehicle.

Sharps containers should be maintained upright throughout use and replaced when full. **DO NOT OVERFILL CONTAINERS.**

When removing the sharps containers, be sure they are closed and placed in a red bag. Close the red bag tightly and be certain the bag is intact. **DO NOT REUSE OR ATTEMPT TO CLEAN SHARPS CONTAINERS.**

All other regulated waste, such as liquid or semi-liquid blood or other potentially infectious material (e.g. bandages or garments that can release blood or other potentially infectious material) must be placed in a red bag provided in the Station or emergency kit. If the outside of the red bag becomes contaminated, it must be placed in a second container having the same characteristics.

11. Laundry

All protective clothing shall be inspected and cleaned regularly.

Cleaning or disinfecting of contaminated protective clothing, station/work uniforms, or other clothing shall take place in the proper area as specified in either Section 3-1 or Section 3-2 of this standard. To avoid the possibility of spreading infectious diseases by cross-contamination, contaminated protective clothing, station/work uniforms, or other clothing shall not be taken home.

Protective coats, protective trousers, and structural fire fighting gloves shall be cleaned and dried according to the manufacturer's instructions at least every six months. Chlorine bleach or cleaning agents containing chlorine bleach shall not be used.

Station/work uniforms and protective footwear shall be cleaned and dried according to the manufacturer's instructions as needed. Chlorine bleach or cleaning agents containing chlorine bleach shall not be used.

When protective clothing, station/work uniforms, or other clothing is contaminated, it shall be cleaned as soon as possible.

Small stains from body fluids shall be permitted to be spot cleaned and then disinfected. The stain shall initially be cleaned with a mild detergent and water. The affected area shall then be disinfected only with disinfectants that are chemically compatible with the clothing. Disinfectants shall meet the requirements specified in this Section. The disinfectant manufacturer's use instructions shall be followed.

Clothing that is contaminated with large amounts of body fluids shall be placed in leakproof bags, sealed, and transported for proper cleaning or disposal.

12. Skin Washing

Skin surfaces that were not covered by clothing, protective clothing or equipment, or infection control garments shall be washed after providing emergency patient care.

Hands shall be washed after each emergency medical incident, after cleaning and disinfecting emergency medical equipment, after cleaning protective clothing or equipment, after any cleaning function, before and after using the bathroom, before and after handling food or cooking and food utensils, and before and after handling cleaned and disinfected emergency medical equipment.

13. Cleaning Procedures for Structural Firefighting and Protective Clothing

Clean protective clothing reduces health and safety risks. It is recommended that clothing be cleaned frequently to reduce the level of, and bodily contact with, contaminants. User agencies should establish guidelines for frequency and situations for garment cleaning. For gross contamination with products of combustion, fire debris, or body fluids, removal of contaminants by flushing with water as soon as practical is necessary, followed by appropriate cleaning.

Decontamination may not be possible when protective clothing is contaminated with chemical, radiological, or biological agents. When decontamination is not possible, garments should be discarded in accordance with local, state, and federal requirements.

Some components of these garments are inherently flame resistant but lose their physical integrity on exposure to chlorine bleach. Other components will actually lose their flame-resistant properties and thermal insulation on exposure to chlorine bleach. In either case, the protection provided by the garment will be compromised.

There are industrial cleaning products and facilities available for protective clothing that the user may wish to investigate. Contact your protective clothing manufacturer for additional information. Where not explicitly outlined by the manufacturer, the following procedures are recommended for cleaning firefighter protective clothing:

- a. One protective coat and one protective trouser
- b. Two protective coats
- c. Two protective trousers.

Prior to washing, heavily soiled garments should be pre-treated using procedures outlined in Section 2.

1. While the washing machine is filling with hot water (temperature between 120 deg. F and 130 deg. F (49 deg. C and 55 deg. C), add one-half cup (4 oz.) Liquid oxygenated bleach (not chlorine) and 1 cup (8 oz.) liquid

detergent. These products are readily available in supermarkets around the country.

2. Fill washing machine to highest water level.
3. Add garments to be washed.
4. Set washing machine for normal cycle, cotton/white, or similar setting.
5. Machine should be programmed for double rinse. If the machine will not automatically double rinse, a complete second cycle can be run without adding detergent or oxygenated bleach. Double rinsing helps remove any residual dirt and ensures detergent removal.
6. Remove garments from washing machine and dry by hanging in a shaded area that receives a good cross ventilation, or hang on a line and use a fan to circulate the air. A water extractor may be utilized.

Section 2 Spot Cleaning and Pretreating

Spot Cleaning. Pre-cleaners can be used to clean light spots and stains on protective clothing. Squirt pre-cleaner one or two times onto the soiled areas. Gently rub fabric together until a light foam appears on the surface. Carefully rinse off with cool water.

Contaminated laundry will be removed from the work site in red bags and handled as little as possible. The laundry shall be transported to the laundry service provider in red bags which prevent soak through and/or leakage of fluids to the exterior. Uniforms and linens soiled from blood or other potentially infectious materials should be placed in red bags at the location it was used.

E. Hepatitis B Vaccination

Upon completion of training, the Hepatitis B Vaccination series will be offered to all new volunteers. All volunteers shall be offered the Hepatitis B Vaccination series within ten days of their initial appointment, unless they have already received the vaccination series, antibody testing has revealed they are immune, or the vaccine is contraindicated for medical reasons.

The volunteer may decline the Hepatitis B vaccination, but may elect to accept the vaccination at a later date. Volunteers who elect to decline the vaccination must sign the Declaration Form (Appendix ____). Other forms are required when a volunteer elects to receive the vaccination series. Copies of these forms are included in the Appendix.

If a routine booster dose of the Hepatitis B vaccine is recommended by the United States Public Health Service at a later date, the booster doses will be made available at no cost to the volunteer.

The vaccination series consists of three shots to the arm over a six month period followed by an

effectiveness evaluation. All vaccines will be provided by, or under the supervision of the Mahoning County Health Department. The physician designated by the Department is Dr. _____. All laboratory tests will be conducted by an accredited laboratory.

For detailed information, please review the chart on the following page as well as Appendix B, Bloodborne Facts, “Hepatitis B Vaccination - Protection For You” and Appendix D, “Preventing Hepatitis B” brochure.

F. Post-Exposure Evaluation and Follow-Up

The following procedure shall be followed when a volunteer’s eye, nose, mouth, or other mucous membranes, non-intact skin, or any other open membrane of the body has come in contact with blood or other potentially infectious materials resulting from the performance of one’s duties:

1. Report the exposure to your station captain, safety officer, or other officer immediately, regardless of severity.
2. Wash the site utilizing the chart outline on page ___ of the Appendix “Occupational Exposure to Bloodborne Pathogens”.
3. Complete the incident report (Appendix Form, “Exposure Incident Report”) as soon as is feasible after the exposure incident and provide same to your supervisor. Instructions on how to complete the Exposure Incident Report are attached to the form and are included in the Appendix “Forms”. Review these instructions periodically. (This completed form will be included in your medical records file located in the Department office and a copy will be provided to the physician designated by the Department. You may request additional copies be provided to your personal physician.)
4. Receive medical evaluation and treatment at no charge to you by the physician designated by the Department, _____, M.D. The physician will evaluate the exposure incident, arrange for testing of the volunteer and the source individual, notify the volunteer of test results, provide counseling, post-exposure prophylaxis and evaluate any reported illnesses.

Review thoroughly the chart included in this section entitled “Post Exposure Evaluation and Follow-Up”.

The source individual’s blood will be tested as soon as is feasible in order to determine HIV and HBV infectivity. The results of testing will be documented. Ohio Revised Code Section _____ provides the mechanism for the source individual to be tested for HIV if a health care worker involved in an exposure incident has probable cause to believe that the incident may have caused HIV infection. A copy of this section of the code is included in the Appendix. When the source individual is already known to be infected with HBV or HIV, testing for a known status

need not be repeated.

The results of the source individual's testing will be made available to the exposed employee only and they will be informed by the physician regarding applicable Ohio laws pertaining to confidentiality and disclosure of the identity and infectious status of the source individual.

The exposed volunteer's blood will be collected and tested as soon as is feasible after consent is obtained. A volunteer may consent to baseline blood collection but not HIV serologic testing. The blood sample will be preserved for ninety days, however, and if within those ninety days the volunteer elects to have the HIV test, the test will be conducted as soon as possible. The volunteer should notify the Chief/Safety Officer at the Department regarding these decisions.

The Department will provide the physician with a copy of the Final Rule, "Occupational Exposure to Bloodborne Pathogens" 29 CFR Part 1910.1030, a description of the exposed volunteer's job duties as they relate to the exposure incident, a completed copy of the Exposure Incident Form, results of the source individual's blood tests, if available, and all medical records relevant to the appropriate treatment of the volunteer including the HBV vaccination status.

The physician designated by the Department will provide a written opinion to the Department within fifteen days of the evaluation. This written opinion will document that the volunteer was informed of the results of the evaluation and the needs for any follow-up as well as whether the Hepatitis B vaccine was indicated and whether or not it was received. All other findings or diagnoses will remain confidential between the volunteer and the physician and will not be included in this written opinion.

The Department will provide a copy of the physician's written opinion within fifteen days of the completed evaluation to the volunteer. The original opinion will be maintained in the volunteer's medical records.

V. HAZARD COMMUNICATION AND EMPLOYEE TRAINING

A. Labels and Signs

All contaminated regulated waste and laundry shall be placed in red bags as specified in the Section on Housekeeping. Sharps containers will be labeled with the fluorescent orange label and the lettering "BIOHAZARD" in a contrasting color. These labels will be attached to the sharps containers with an adhesive to prevent loss or unintentional removal

Once reusable equipment (e.g. tweezers) have been decontaminated according to the procedures outlined in the "Housekeeping" section of this plan, labeling and/or color-coding is not required.

B. Information and Training

Information and training regarding this standard will be provided to all volunteers with occupational exposure as identified in the "Exposure Determination" section of this plan.

All training will be free of charge, provided during training hours.

The training will be held in January of each year and within ten days when a volunteer is initially assigned to a position involving occupational exposure.

Additional training will be provided when tasks are modified or new tasks are added which affect occupational exposure. This training will only address the new exposures created by the modified/ new tasks and will also be conducted within ten days of the assignment.

The training will include, but is not limited to, the following:

1. A copy of the Federal Register outlining this standard will be provided and its contents explained.
2. An explanation of the epidemiology and symptoms of bloodborne diseases with special emphasis on Hepatitis B and HIV.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of this plan and its location.
5. An explanation of the methods used for recognizing tasks/duties that may involve exposure to blood and other potentially infectious materials.
6. An explanation of methods that will prevent or reduce exposure including engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling,

- decontamination, and disposal of personal protective equipment.
8. An explanation of selection of personal protective equipment.
 9. Information on Hepatitis B vaccine including its efficiency, safety, method of administering, benefits, and that the vaccine/vaccination will be offered free of charge (to those employees who have occupational exposure).
 10. Information on appropriate actions to take, and persons to contact in a situation involving blood or other potentially infectious materials.
 11. An explanation of the procedure to follow when there is an exposure incident, including the method of reporting the incident and the availability of medical follow-up.
 12. Information on post-exposure evaluation and follow-up required and provided by the Department.
 13. An explanation of the signs and labeling used for infectious waste, laundry, etc.
 14. A Question and Answer period.

Training materials and discussions will be tailored to meet the educational and language backgrounds of the volunteers. Training may be conducted in individual or group sessions.

Each participant will be asked to sign the "Training Documentation Form" found in the Appendix of this Plan.

VI. RECORD KEEPING

A. Medical Records

Each volunteer listed in the “Exposure Determination” section of this plan will have a medical record file. This will include:

1. Volunteer’s name and social security number.
2. A copy of the volunteer’s Hepatitis B vaccination status including the dates of the vaccination, any medical records relative to the volunteer’s ability to receive the vaccination, and the Hepatitis B vaccination declination form, if applicable. (See section on “Hepatitis B Vaccination” of this plan.)
3. A copy of all results of examinations, medical testing and follow-up procedures as required by the section of this plan “Post Exposure Evaluation and Follow-Up”.
4. The Department’s copy of the Physician’s written opinion as required in the section “Post Exposure Evaluation and Follow-Up”.
5. A copy of the exposed volunteer’s duties as they relate to an incident, a copy of the completed “Exposure Incident Form” and the results of the source individual’s blood testing, if available.

These medical records are confidential and cannot be disclosed or reported without the volunteer’s express written consent to anyone except as required by OSHA or law.

B. Training Records

Training records will be maintained for three years from the date on which the training occurred.

A Training Documentation Form (see Appendix H) will be completed for each person who completes training. The Exposure Control Plan Agreement Form (also in the Appendix) will be completed by each person that completes the training as well. Information on this form includes the dates of the training, a summary of the contents of the training, the names and qualifications of the instructors and the names and job titles of the participants.

All records maintained as required by the Standard will be made available upon request to appropriate OSHA officials.

Training records will be provided upon request for review and copying to all volunteers, their representatives, and appropriate OSHA officials.

Medical records will be provided upon request for review and copying to the subject volunteer,

anyone having written consent of the subject volunteer and to the appropriate OSHA officials.

If the Department should cease operations, the Western Reserve Joint Fire District will receive and retain the records for the required periods.

IX. SUMMARY

In conclusion, the Western Reserve Joint Fire District will enforce and adhere to the procedures outlined in the Bloodborne Pathogen Exposure Control Plan. The Department encourages all staff certified in First Aid to exercise universal precautions and practice safe first aid techniques.

The following information has been provided to all current volunteers and will be provided to all new volunteers, regardless of their risk of occupational exposure:

First aid kits are located in each emergency vehicle. The kit includes latex gloves and a one way valve mask. **Wear gloves when providing first aid or operating at an emergency first-aid scene. Use the mask when providing rescue breathing.** Discard any contaminated gloves, bloodied gauze, etc. in each vehicle.

Review the Departments' bloodborne pathogen exposure control locate din the office and familiarize yourself with its contents, especially the section on Universal Precautions, Engineering and Work Practice Controls, Personal Protective Equipment, Housekeeping, Hepatitis B Vaccination, and Post Exposure Evaluation and Follow-up.

Even though you are not required to respond to an emergency medical services scene as part of your Departmental duties, you should avail yourself of the information contained in this plan and attend all training sessions.

If you have an exposure incident when providing first aid at an emergency scene, notify your station captain or the safety officer immediately, and follow the guidelines outlined in this Plan. This is for your protection and well-being.

X. APPENDIX

- A. December 6, 1991 Federal Register
- B. OSHA Bloodborne Facts Sheet
- C. HIV Infection and AIDS Brochure
- D. Preventing Hepatitis B Brochure
- E. Forms
- F. Ohio Revised Code Section 37021.24 et seq.

EMPLOYEE RESPONSIVE OF GOVERNMENTAL REGULATION NON-COMPLIANCE

A volunteer of the Western Reserve Joint Fire District who is or becomes aware that the department is not in compliance with any federal, state, or local rule or regulation shall immediately report, in writing, the non-compliance to the station chief of the Department. No disciplinary action may be taken against an employee who is aware of regulatory non-compliance, and who fails to report the non-compliance or initiate corrective action to remediate the non-compliance.

Responsibility for implementation of OSHA Bloodborne Pathogen Standard (19 CFR

The _____ shall be responsible for the Department's implementation of and compliance with the OSHA standards relating to Bloodborne Pathogens (19 CFR _____.) The Director of Safety Services shall keep the Executive Director advised of his actions/duties on a monthly basis.

The _____ shall also be responsible for decontamination and clean-up of any spills of blood or other potentially infectious materials.

Rules relating to provision of first aid by Department's volunteers.

1. A volunteer of the Western Reserve Joint Fire District who has not been offered the Hepatitis B vaccine and who has not been vaccinated with the vaccine shall not be required to render first aid assistance at any emergency scene.
2. This rule relates to those situations which might arise during the course of a volunteer's use of a Department automobile.
3. However, the exemption set forth in paragraphs 1 and 2 does not relieve a volunteer from the rules and regulations relating to first-aid training and the use of a Department automobile.
4. The rendering of any such first aid assistance by an exempt volunteer shall be at a volunteer's discretion, and all such acts by the volunteer shall be deemed to be those of a Good Samaritan for the purpose of those regulations promulgated by OSHA.
5. Paragraph 4 is not an indication or stipulation, however, that those volunteers who are non-exempt fall outside the definition of a "Good Samaritan" as defined by the Ohio Revised Code. By definition, all volunteers who provide first aid assistance without expectation of remuneration are Good Samaritans for purposes of immunity to liability.

**RULES AND REGULATIONS RELATING TO OCCUPATIONAL
EXPOSURE OF POTENTIALLY INFECTIOUS MATERIALS**

(Effective _____)

A. Hepatitis B Shots

The District must make shots available at no cost to firefighters, at a reasonable time and place, which must be performed by or under the supervision of a licensed physician or other licensed healthcare professional.

B. Documentation of Exposure

The firefighter, upon probable exposure, will complete a Post-Exposure Evaluation Form. The form will include: date, nature of call, person involved.

1. Rates of exposure;
2. Circumstances under which the exposure occurred;
3. Identification and documentation of the source, individual, unless prohibited by state law;
4. Authorization for testing sources blood for HIV and HBV infectivity;
5. Testing results;
6. Whether personnel has had a vaccine.

C. Training of Personnel Regarding Infectious Materials Will:

1. Be annually;
2. Include all mandatory subject areas.
3. All departmental training records must include:
 - a. Dates of all training sessions;
 - b. Contents or a summary of the training sessions;
 - c. The names and qualifications of the persons, including the training;
 - d. The names and job titles of all persons attending the training sessions.

These records must be maintained for at least three years from the date of the training sessions.

D. Firefighter Medical Records Will Include:

1. Firefighter name;
2. Social security number;
3. The firefighter's Hepatitis-B vaccination status, including dates of old vaccinations to other pertinent medical records;
4. A copy of all results of examinations, medical testing, and follow-up;
5. A copy of the healthcare professional's written opinion;
6. A copy of the information provided to the healthcare professional.

All firefighters' medical records must remain confidential, and may not be disclosed or

reported without a firefighter's express written consent. The records must be kept for thirty years after a firefighter leaves the District.

INFECTIOUS EXPOSURE FORM

Exposed Member's Name: _____ Rank: _____

Soc. Sec. #: _____ Home Phone: _____

Field Inc. #: _____ Shift: _____ Company: _____ District: _____

Name of Patient: _____ Sex: _____

Age: _____ Address: _____

Suspected or Confirmed Disease: _____

Transported to: _____

Transported by _____

Date of Exposure: _____ Time of Exposure: _____

Type of Incident (auto accident, trauma): _____

What were you exposed to:

Blood _____ Tears _____ Feces _____ Urine _____ Saliva _____

Vomit _____ Sputum _____ Sweat _____ Other _____

What part(s) of your body became exposed? Be specific: _____

Did you have any open cuts, sores, or rashes that became exposed? Be specific: _____

How did exposure occur? Be specific: _____

Did you see medical attention: ____ yes ____ no

Where? _____ Date: _____

Contact Infection Control Officer: Date _____ Time: _____

Supervisor's Signature: _____ Date: _____

Member's Signature: _____ Date: _____