

# SOUTHERN STONE COUNTY FIRE PROTECTION DISTRICT

TITLE: Blood Borne Pathogens/Exposure Control

REVISED: 02/07/2008

POLICY: # 1400.1

APPLIES TO: All Personnel

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## PREFACE

As a member of the Southern Stone County Fire Protection District, exposure to blood and other potentially infectious materials is of great concern. It is certainly reasonable to adopt infection control programs to minimize the risk of transmission of disease. These programs should incorporate the principles of universal precautions, and these precautions must be rigorously maintained in the health care setting. Under circumstances in which differentiation between body fluid types is difficult to impossible, all body fluids shall be considered potentially infectious material and body substance isolation will be used.

These policies are intended to be read and adhered to by all personnel.

If you have any questions regarding this document, please refer them to the EMS Coordinator or the Fire Chief.

## 1. ADHERENCE TO POLICY

Adherence to these Exposure Control Policies is vital. Not only is it law, but also its observance is necessary to minimize the risk of transmission of disease to the personnel, their families, and patients.

It is recognized that these policies will continually change through time and are subject to interpretation. The focus upon adherence to these policies will be based on education, rather than discipline. All personnel must receive initial training, as well as annual retraining in exposure control.

Any behavior which management (or fellow personnel) believes to be contrary to these policies will be documented. The affected member of the District will then be counseled as to recommended behaviors. Additional training activities may be assigned as deemed necessary.

Continued failure to adhere to proper exposure control practices after initial training and retraining will result in disciplinary actions, which may include recommendations to improve, warnings, suspensions, or termination.

## 2. TRAINING

All EMS personnel will go through annual training in Exposure Control.

**A. Training Content.** Initial training must cover the following items:

- Why infection control is important
- Infection control plan
- Risk potential for personnel, chain of transmission, and the process of acquiring a Communicable Disease

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- Vaccinations, staying healthy, personal protective equipment; where it is, how to use it, when to use it, and how to dispose of it
- Preparing for a call, responding to a call, on-scene operations, emergency scene clean-up
- Engineering and work practice controls
- Exposure follow-up

**B. Training Records.** Summaries of all training records will be kept for five years and will contain training dates, trainer, course outline, list of personnel attending, and exam scores. These records will be maintained in the District Office.

### **3. INITIAL VACCINATION**

All personnel are offered Hepatitis B vaccinations at no charge. It is recommended that all personnel start the series of vaccinations when accepted into the EMS Program. Records of vaccination will be maintained by the EMS Coordinator and kept at the District Office. Any paramedic in the EMS Program of Southern Stone County Fire Protection District can give the Hepatitis B vaccination with the approval of the EMS Coordinator, Medical Director or Fire Chief.

### **4. EXPOSURE INCIDENT PROCEDURE**

Any incident that results in exposure must be reported to the EMS Coordinator or Fire Chief in writing as an incident report. This report must include how the exposure occurred, the routes of exposure, the source of exposure, and personal protective equipment being used at the time of exposure. Appropriate medical evaluation, testing and subsequent counseling will be provided by the Fire District at no charge.

### **5. MEDICAL RECORD KEEPING**

Confidential records must be maintained on all staff for the duration of employment, plus 30 years, and must be available upon request by the member of the District. Such records shall include name, social security number, vaccination records, exposure incident reports, medical exams, tests, procedures, and follow-up.

### **6. ENGINEERING AND WORK PRACTICE EXPOSURE CONTROLS**

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

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

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**A. Hand Washing**

1. It is recommended that all personnel frequently utilize hand washing with liquid soap.
2. When provisions of hand washing facilities are not feasible, either an appropriate antiseptic hand cleanser, in conjunction with clean cloth/paper towels, or antiseptic towelettes shall be provided. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as possible.
3. Personnel shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment.
4. Personnel shall 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.

**B. Contaminated Sharps**

1. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed, except as noted below. Shearing or breaking of contaminated needles is prohibited.
2. Contaminated needles and other contaminated sharps shall not be recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure.
3. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

**C. Field Exposure**

1. All non-intact skin will be cleaned and isolated.
2. 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 to these substances.
3. Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, or transport. This container must be sealed, leak proof and punctured resistant.

**D. Contaminated Equipment**

1. Equipment which may become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless decontamination of such equipment or portions of such equipment is not feasible.

**E. Personal Protective Equipment**

1. **Provision.** When there is occupational exposure, Southern Stone County Fire Protection District shall provide, at no cost to the personnel, appropriate personal protective

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equipment such as, but not limited to: gloves, body coverings, face shields or masks, eye protection, 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 personnel’s clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time in which the protective equipment will be used.

2. **Use.** The EMS Responder shall use appropriate protective equipment unless the employee temporarily and briefly declined to use personal protective equipment when, under rare circumstances, it was the responder’s professional judgment that in the specific instance its use would have posed an increased hazard to the safety of the responder or fellow responder. When the EMS Responder makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such an occurrence in the future. The Responder shall document the incident and reason for not using protective equipment.
3. **Accessibility.** Southern Stone County Fire Protection District shall ensure that appropriate personal protective equipment in the appropriate sizes is readily available at the District Office or is issued to the personnel. Alternatives shall be readily accessible to those personnel who are allergic to the gloves normally provided.
4. **Removal of Protective Equipment.** Removal of personal protective equipment shall occur when the potential for exposure no longer exists. If blood or other potentially infectious materials penetrate a garment, the garment(s) shall be removed immediately, or as soon as feasible. When personal protective equipment is removed, it shall be placed in an appropriately designated area or a container for storage, washing, decontamination, or disposal.
5. **Repair and Replacement.** Southern Stone County Fire Protection District shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the Responder.

#### F. Gloves

1. Gloves shall be worn when it can be reasonably anticipated that the firefighter/responder may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin when performing vascular access procedures and when touching contaminated items or surfaces. It is recommended that gloves be worn for all patient contact.
  - a. 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.
  - b. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
  - c. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

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- d. Gloves shall be changed prior to contact or treatment of another patient.

**G. Masks, Eye Protection, and Face Shields**

- 1. 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, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

**H. Housekeeping**

- 1. Bags/kits and non-disposable equipment will be cleaned and decontaminated with an appropriate disinfectant.

**I. Decontamination**

- 1. Disinfection procedures currently recommended for use in health care and emergency situations are adequate to disinfect instruments, devices or other items contaminated with blood or other body fluids.
- 2. Equipment used on all patients should be decontaminated after use rather than just rinsed with water.

**J. Regulated Waste**

- 1. Contaminated Sharps Discarding and Containment
  - a. Contaminated sharps shall be discarded immediately or as soon as feasible in appropriate containers provided. These containers are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.
  - b. Containers must be maintained, replaced routinely, and not allowed to overfill.
  - c. When moving containers or contaminated sharps from areas of use, the container shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

**7. TERMS AND DEFINITIONS**

**Universal Precautions.** An approach to infection control. According to the concept of Universal Precautions, blood, semen, vaginal secretions, and certain other body fluids are infectious.

**Body Substance Isolation.** All body fluids are treated as if they are infectious.

**Work Practice Controls.** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

**Engineering Controls.** Controls that isolate or remove the bloodborne pathogens hazard from the workplace.

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**Contaminated Sharps.** Any contaminated object that can penetrate the skin, including but not limited to needles, scalpels, broken glass, wire, etc.

**Contaminated.** The presence or the reasonable anticipated presence of blood or other potentially infectious material on an item or surface.

**Personal Protective Equipment.** Specialized clothing or equipment worn by an employee for protection against a hazard. Personal clothing not intended to function as protection against a hazard are not considered personal protective equipment.

**Decontamination.** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface of item is rendered safe for handling, use, or disposal.

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Fire Chief

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EMS Coordinator

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Date of Implementation