

SAMPLE

FIRE DEPARTMENT

BLOODBORNE

PATHOGEN

PROGRAM

NOTICE:

The purpose of this document is to aid in the development of an exposure control plan for bloodborne pathogens for fire departments. To be in compliance with 1910.1030 an employer may use this or any other format that will satisfy all the requirements of the standard. This program is designed to be adapted to the needs of each fire department and does not substitute for a full reading of the standard.

**BLANK FIRE DEPARTMENT
POLICY AND PROCEDURES MANUAL**

SOP X-X

SUBJECT: Bloodborne Pathogen Exposure Control Plan

EFFECTIVE DATE: XX-XX-XXXX

REVISED: XX-XX-XXXX

REVIEW FREQUENCY: annually SIGNED: Fire Chief

PURPOSE

This Exposure Control Plan (ECP) is designed to eliminate or minimize occupational exposure to blood or other body fluids, and to comply with OSHA's Bloodborne Pathogens standard, 29 CFR 1910.1030. Members covered by the bloodborne pathogens standard shall receive an explanation of this plan upon hire and annually thereafter. All members have an opportunity to review this plan and will be provided with a copy of it upon request.

This plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised positions with occupational exposure. The review and update shall also reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens (BBP).

SCOPE AND APPLICATION

This plan applies to all members that may incur occupational exposure to blood or other potentially infectious materials.

RESPONSIBILITIES

Fire Department:

- Establish, implement, maintain, evaluate and update the program.
- Perform exposure determinations.
- Provide personal protective equipment at no cost to members.
- Inspect and maintain personal protective equipment and engineering controls.
- Provide initial and annual training to members.
- Offer the Hepatitis B vaccine.
- Investigate exposure incidents and attempt to prevent reoccurrences.
- Select an occupational health provider.
- Maintain records.

Members:

- Wear the appropriate personal protective equipment and minimize or eliminate potential exposure.
- Inform direct supervisor and fire chief of an exposure.
- Obtain or decline a Hepatitis B vaccine.

- Participate in initial and annual training.
- Always operate in a safe manner.

EXPOSURE DETERMINATION

An exposure determination is required to list all job classifications in which members may be expected to incur occupational exposure, regardless of frequency. This determination shall NOT take personal protective equipment into account. The following job classifications are in this category:

<u>Job Classification</u>	<u>Tasks/Procedures</u>
Firefighter	Firefighting, Rescue, Emergency Medical Services

HAZARD CONTROLS

Universal precautions will be observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to members. Where occupational exposure remains after institution of these controls, personal protective equipment shall be utilized. The following engineering controls will be utilized: **biohazard waste disposal bags/sharps containers.**

Readily accessible hand washing facilities are also available to members who incur exposure to blood or other potentially infectious materials. If hand washing facilities are not readily accessible (while on scene, etc.) **antiseptic cleanser in conjunction with a clean cloth/paper towels or antiseptic towelettes** will be provided in department vehicles. If these alternatives are used, hand washing should occur (soap and running water) as soon as feasible. After removal of personal protective gloves, members shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible following contact.

Needles/Sharps:

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. Personnel not trained in the use and handling of needles and sharps shall not handle them. Avoid the hazard.

Work Area Restrictions:

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, members are not to eat, drink, apply cosmetics or lip balm, smoke, chew or handle contact lenses.

Contaminated Equipment:

Equipment which has become contaminated with blood or other potentially infectious materials shall be decontaminated as necessary unless decontamination of the equipment is not feasible.

Personal Protective Equipment:

All personal protective equipment will be provided without cost to members. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious material to pass through or reach the member's clothing, 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.

Verify

Each department vehicle shall carry: disposable gloves, safety glasses, antiseptic wipes and disposal bags. Members Shall Use Items as necessary according to the anticipated exposure of the task.

Designated department vehicles shall carry additional equipment: face mask, apron, sharps disposal container.

All personal protective equipment will be cleaned, laundered, and or disposed of by the department at no cost to members. Monthly examination/maintenance of engineering controls, supplies and PPE will be conducted by a member appointed by the fire chief.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area.

Gloves shall be worn where it is reasonably anticipated that members will have hand contact with blood, other infectious materials, non-intact skin, and mucous membranes. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to 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 reasonably be anticipated.

DECONTAMINATION

Decontamination of surfaces will be accomplished by utilizing a 20% bleach water solution or equivalent. Potentially contaminated surfaces will be decontaminated as soon as feasible after any spill of blood or other potentially infectious materials.

DISPOSAL

Regulated biohazard waste shall not be allowed to accumulate at the station and shall be sent off-

site. It is ideal to prevent any biohazard waste from entering the station upon return from the scene. Don't bring it back with you.

HEPATITIS B VACCINE

All members who have been identified as having exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost. The vaccine will be offered within 10 days of initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials. If the member has previously had the vaccine they can elect to receive antibody testing to verify sufficient immunity.

Members who decline the Hepatitis B vaccine will sign a waiver. The waiver is included in the appendix of this plan. Members who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. The fire chief shall have the responsibility for assuring that the vaccine is offered or shall assure that members who decline to accept the vaccination sign the declination waiver. The vaccine will be administered by the department occupational health provider.

POST-EXPOSURE EVALUATION

When a member incurs an exposure, it shall immediately be reported to the fire chief. The member and his/her direct supervisor shall then complete and submit a department incident report detailing: the circumstances of the exposure, the exposure route, identification of the source individual (if possible), and the status of the source individual (if possible). The member will be offered a confidential post-exposure evaluation and follow-up with the department occupational health provider.

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 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. 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. 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.

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

The member will be offered appropriate counseling concerning precautions to take post exposure.

INTERACTION WITH HEALTHCARE PROFESSIONALS

A written opinion shall be obtained from the department occupational health provider who evaluated members of the department. Written opinions will be obtained in the following instances:

- When a member is sent to obtain the Hepatitis B Vaccine.
- When a member is sent following an exposure incident. Health care professionals shall limit their opinions to:
 - Whether the Hepatitis B vaccine is indicated and if the member has received the vaccine, or for evaluation following an incident.
 - That the member has been informed of the results of the evaluation.
 - That the member has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

TRAINING

Training will be conducted prior to initial assignment and at least annually. Training for members will include an explanation of the following:

- The OSHA standard for bloodborne pathogens, 1910.1030.
- Epidemiology, symptomatology and modes of transmission of blood borne diseases.
- A review of each section of this plan, as well as plan implementation and evaluation.
- Procedures which might cause exposure to blood or other potentially infectious materials during operations and the control methods for them.
- Proper use of personal protective equipment including proper glove removal.
- Signs and labels for biohazards.
- Hepatitis B vaccine program.

Training records shall be maintained for at least three years and include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

RECORD KEEPING

All records required by the OSHA standard will be maintained by the fire chief in accordance with all applicable laws and regulations. Records shall be kept confidential and not disclosed or report without the member's express written consent except as may be required by law. Records shall be retained for the duration of employment plus thirty years. This record shall include:

- The name and social security number of the member;
- 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;
- A copy of all results of examinations, medical testing, and follow-up procedures;
- The department's copy of the healthcare professional's written opinion; and
- A copy of information provided to the healthcare professional.

SHARPS INJURY/EXPOSURE LOG

The department shall maintain a confidential sharps injury/exposure log for the recording incidents. The sharps injury log shall contain, at a minimum:

- The type and brand of device involved in the incident;
- The work area where the incident occurred; and
- An explanation of how the incident occurred.

APPENDIX A

Fire Department Record of Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Member Name: _____ Date: _____

Member Signature: _____