



**GLASTONBURY FIRE DEPARTMENT
STANDARD OPERATING GUIDELINES**



SOG NUMBER: FDO-104

ISSUED DATE: 11-15-11

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CATEGORY: EMERGENCY OPERATIONS - GENERAL

SUB-CATEGORY: DEPARTMENT DIRECTIVE

SUBJECT: EXPOSURE CONTROL PLAN

RELATED GUIDELINES: EMS 003; EMS 004

Section I – Introduction

A. Objective

In accordance with OSHA- Bloodborne Pathogens standard, 29 CFR 1910.1030, this Exposure Control Plan is applicable solely to the Glastonbury Fire Department and provides information necessary to prevent the spread of infectious disease in the workplace. This information includes, but is not limited to; principles of infectious control, the infectious disease process and the use of personal protective equipment and supplies as they relate to the prevention of occupationally acquired infectious disease.

B. Applicability

This plan applies to all job classifications in which members are reasonably or potentially considered to be at risk to occupational exposure to blood, body fluids or other potentially infectious materials or substances.

C. References

Town of Manchester Fire-Rescue-EMS – General Operating Guideline

Section I – Plan Implementation

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. This requirement is met with annual revision of this plan and training conducted annually, live or distance learning for all affected line and staff personnel and upon assignment of new probationary personnel.

Section II – Exposure Determination

OSHA requires employers to perform an exposure determination when employees may reasonable be expected to incur occupational exposure to blood, body fluids or other potentially infectious materials or substances. The exposure determination is made without regard to the use of personal protective equipment (PPE).

In the Glastonbury Fire Department it is reasonable to expect the positions of Firefighter, Lieutenant, Captain, Deputy Chief to incur occupational exposure to blood, body fluids or other potentially infectious materials or substances.

Other job classifications which could incur occupational exposure to blood, body fluids or other potentially infectious materials or substances are Assistant Fire Chief, Fire Chief and Administrative support staff. This secondary group is of minimal risk to exposure based on job classification, and is entitled to any provision of the plan if the need should arise.

The tasks where it is reasonable to expect the aforementioned job classifications to incur occupational exposure to blood, body fluids or other potentially infectious materials or substances are responses to medical incidents, hazardous materials incidents, specialized rescue incidents, public service incidents, community relations incidents, inspections, demonstrations, facility familiarizations or via direct verbal communications with other members and the public.

Section III – Compliance to Plan Review and Training

All members covered by this plan other than the secondary group mentioned above shall be trained on the current plan annually and must certify, by signature, that they received the training, either live or via distant learning, for the year. Member that fail to complete assigned training, after more than two reasonable and uninterrupted opportunities, shall be considered unable to fulfill the responsibilities of their position and shall not be permitted to work until the training is completed and certified as completed by members signature (provided more than 365 days have passed since the last training certification). Members, following training, that decline to certify, by signature, that they completed the training shall be considered as having not completed the training and shall be subject to the actions described above for untrained employees. The employee is responsible to seek clarification and/or remediation of any section(s) of this plan that he/she does not understand after training, live or distant learning. Members may seek clarification from an immediate supervisor and then, if he/she continues to require clarification, from the Fire Chief. The failure of a member to seek clarification shall be considered an aggravating factor should administrative action(s) be considered in the future. Members are charged with having the knowledge that this plan is available to them within the confines of the Department's Standard Operating Guidelines, hard copy, and/or electronic.

Section IV- Member Input

Mid-Management and Non-Management members are encouraged to identify and offer input on changes in technology that eliminate or reduce exposure to blood-borne pathogens and recommend effective engineering and work practice controls. Such input shall be directed to the Fire Chief.

Section V- Compliance Methods

1. Methods of Compliance

- **Universal Precautions.** Universal precautions will be observed when members are exposed to blood or other potentially infectious materials. Documented exposures to infectious diseases have not resulted from feces, nasal secretions, sputum, sweat, tears, urine or vomitus. However, since any body fluid may transmit infectious diseases if it contains traces of blood, members are directed to treat all blood and body fluids as infectious substances.
- **Hand Washing.** Hands and other skin surfaces must be washed thoroughly as soon as possible if contaminated with blood or other potentially infectious materials to which universal precautions apply.
- **Hands should always be washed after gloves are removed even if the gloves appear intact.** Hand washing should be completed using appropriate facilities such as utility or restroom sinks. Hands must not be washed in sinks where food preparation occurs.

- Hand washing should be done with warm soap and water. The application of hand lotion after hands are dried is advisable. Waterless antiseptic hand cleaner is provided to members when hand washing facilities are not available. Members are advised to wash their hands at the earliest opportunity after using the waterless antiseptic cleaner.
 - Hand washing facilities in fire stations are located in restrooms and utility rooms. Hand washing should not be accomplished in kitchen sinks.
2. Protective Clothing. Members at risk will be provided non-porous disposable gloves, face shields and eye protection.
- Disposable Gloves must be worn when members can anticipate hand contact with blood or other potentially infectious materials (e.g. when involved with emergency patient care). Where multiple patients are present, the member shall change gloves, if possible, after caring for one patient and beginning care on the next.
 - Eye wear and face masks must be worn in cases where splashing of blood or other potentially infectious materials may be anticipated and may come in contact with eyes, nose or mouth.
 - Firefighting turnout gear (including structural firefighting gloves, boots, head and face protection) must be worn when working in areas containing sharp glass or other debris which can puncture or lacerate the skin.
 - Members must use personal protective equipment except in rare and extraordinary circumstances. Such circumstances occur when, in the member's professional judgment, the use of personal protective equipment would prevent the delivery of health care, public safety services, or would have posed an increased hazard to the safety of the member or other associates.
 - When a member makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
 - Contaminated disposable items must be discarded in a leak proof plastic bag that is red in color and marked with the international bio-hazard symbol. These bags should be disposed of into an appropriated medical waste facility.
3. Needles and Sharp Objects. Members shall take precautions to prevent injuries caused by needles, knives, broken glass, razor blades or other sharp instrument, devices or debris which could puncture or lacerate the skin. Needles used or discovered in the process of patient care should be disposed of in an approved sharps container immediately. Sharps containers are located onboard all State of Connecticut licensed transport vehicles, and in all emergency departments at area hospitals.
4. General Sanitation:
- All stations, apparatus and equipment shall be maintained in a clean and orderly fashion. Cleaning of station living quarters and commonly exchanged or touched equipment, such as portable radios, telephones, keyboards and tables is paramount in reducing the spread of any infection.
 - Common work areas and apparatus passenger compartments shall be cleaned and wiped down with an approved environmental cleaner as part of a normal housework routine and after each and every known contamination, such as decontamination activities after an incident.

- Decontamination areas for any equipment cleaning are identified as the utility sink and are located in each Station's respective Engineer's or Janitorial room. In some cases decontamination may occur on apparatus floors above floor drains. In all cases of decontamination activities, the area shall be cleaned after such use with approved bleach solution (1:10 mix) or approved bleach based cleaner.
- All stations shall maintain a supply of bleach and approved cleaners.
- Decontamination when appropriate may be conducted at the receiving medical facility in their respective areas.

5. Laundering of Clothing and Cleaning Equipment

- Non-uniform clothing worn by members is not considered protective clothing. Contaminated non-uniform items should be handled by members wearing gloves, placed in a leak proof plastic bag that is red in color or marked with the international bio-hazard symbol.
- Boots and leather items maybe scrub brushed with soap and hot water to remove contamination.
- Members whose clothing is soiled by blood or other potentially infectious materials shall change from the contaminated clothing to clean clothing as soon as possible.
- Members are directed to avoid handling personal items, such as combs and pens, while wearing contaminated gloves. Contaminated gloves should be removed as soon as possible and discarded in a leak proof plastic bag that is red in color or marked with the international bio-hazard symbol.
- Resuscitation Equipment. Members are discouraged from giving direct mouth-to-mouth resuscitation to a non-breathing victim. Resuscitation equipment is the preferred methods of treatment.
- Durable equipment, such as eye protection devices and resuscitation equipment must be thoroughly washed and cleaned with an approved disinfectant after each use. Durable equipment shall be grossed decontaminated with hot water and soap, then cleaned with a bleach based (1:10) solution or cleaner such as Cavicide. It should then be soaked in clean bleach solution for 10 minutes and washed again with hot soap and water. Final cleaning should be a 10 minute soak in 70% isopropyl alcohol, then wiped dry and placed back in service.

6. Housekeeping

- All equipment and work areas shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Environmental surfaces are defined as any surface that is engineered and not biological, such as bags, counter tops, vehicle components. Environmental surfaces shall be cleaned with bleach-based disinfectants such as Cavicide. Hand sanitizing products are not appropriate for disinfection of an environmental surface.
- The work area shall be cleaned with an appropriate disinfectant as soon as possible after a spill of blood or any other potentially infectious materials.
- Wastebaskets and receptacles that are visibly contaminated shall be cleaned immediately.
- Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

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

7. Laundry

- Contaminated laundry, such as blankets and towels, shall be handled as little as possible. Contaminated laundry shall be placed in a leak proof plastic bag that is red in color or marked with the international bio-hazard symbol.
- Contaminated gear bags should be emptied out and washed in the department's extractor or other approved laundry service.

Section VI- Hepatitis B Vaccination, Post Exposure, Evaluation and Follow-up

All members who have been identified under "EXPOSURE DETERMINATION" will be offered the Hepatitis B vaccine, at no cost to the member. Members may decline the Hepatitis B vaccine offer and such members that decline shall sign a waiver (copy attached to this procedure) which uses exact wording from OSHA 29 CFR 1910.103. Members that initially decline the vaccine but who later wish to have it may then have the vaccine at no cost to the member.

When a member incurs an exposure at an incident, it shall be reported immediately or as soon as practical to an immediate supervisor. The department shall make immediately available to the member (or as soon as practical) a confidential medical evaluation and follow-up at, Hartford Healthcare Medical Group, 1025 Silas Deane Highway, Wethersfield, CT 06109 including at least the following elements:

- Documentation of route(s) of exposure and the circumstances under which the exposure took place (Department Exposure Form – Attached)
- Identification and documentation of the source individual unless identification is not feasible or prohibited by local or state law.
- 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 document 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 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.
- Collection and testing of blood for HBV and HIV serological status:
 - 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.

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

As soon as practical after exposure and initial treatment (if treatment was the option of the member) a First Report of Injury shall be completed. Attached to the First Report of Injury shall be a Department Exposure Form.

Section VII- Interaction with Healthcare Professionals

A written opinion shall be obtained from the health care professionals who evaluate members of the Glastonbury Fire Department within 15 days of the completion of the evaluation. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for the member and if the member has received such vaccination. The healthcare professional's written opinion for post exposure evaluation and follow-up shall be limited to the following information:

- That the member has been informed of the results of the evaluation; and
- 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
- All other findings or diagnoses shall remain confidential and shall not be included in the written report

COMMUNICABLE DISEASE POLICY

Hepatitis B Vaccine Declination (Mandatory)

OSHA REGULATION 29 CFR 1910.1030

I UNDERSTAND THAT DUE TO MY OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL, I MAY BE AT RISK OF ACQUIRING HEPATITUS B VIRUS (HBV) INFECTION. I HAVE BEEN GIVEN THE OPPORTUNITY TO BE VACCINATED WITH HEPATITUS B VACCINE, AT NO CHARGE TO MYSELF. HOWEVER, I DECLINE HEPATITUS B VACCINATION AT THIS TIME. I UNDERSTAND THAT BY DECLINING THIS VACCINE, I CONTINUE TO BE AT RISK OF ACQUIRING HEPATITUS B, A SERIOUS DISEASE. IF, IN THE FUTURE, I CONTINUE TO HAVE OCCUPATIONAL EXPOSURE TO BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL AND I WANT TO BE VACCINATED WITH HEPATITUS VACCINE, I CAN RECEIVE THE VACCINATION SERIES AT NO CHARGE TO ME.

Employee Name

Employee Signature

Witness Name

Witness Signature

Date

Section VIII- Approval

Fire Chief

Michael P. King

Date of Approval:

1/11/16