

Subject: **Bloodborne Pathogen Exposure Control Plan**

Purpose: To establish procedures for the control of risks associated with exposure to contagious or infectious diseases, as identified by the Center for Disease Control and to comply with OSHA standard 29CFR1910.1030.

Scope: This plan shall apply to all Northern Piatt Fire Department personnel.

Exposure Determination

Firefighter and EMS personnel have the potential for occupational exposure to bloodborne pathogens.

Definitions

Bloodborne Pathogen: Pathogenic microorganisms that are present in human blood and can cause disease. These pathogens include, but are not limited to, Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV).

Contaminated: The presence of reasonably anticipated presence of blood, body fluid, or other potentially infectious material on an item or surface.

Decontamination: Means 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 or item is rendered safe for handling, use or disposal.

Engineering Controls: Controls (e.g., sharps containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure: Contact with infectious agents, such as body fluids, through inhalation, percutaneous inoculation, or contact with an open wound, non-intact skin, or mucous membrane or other potentially infectious materials that may result from the performance of the employee's duties.

Exposure Incident: A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing Facilities: A facility providing an adequate supply of running potable water, soap, and single use towels or hot air drying machines.

HEPA Filter Mask: NIOSH approved High Efficiency Particulate Air (HEPA) filter mask having a filtration rate of 99.97 percent at 0.3 microns.

Mucous Membrane: Eyes, nose, and mouth.

N95 Mask: NIOSH approved, filter mask having a filtration rate of 99.97 percent at 0.3 microns.

Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

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

Potentially Infectious Materials: The following human body fluids: Amniotic fluids, blood cerebral spinal fluids, pericardial fluids, peritoneal fluids, pleural fluids, saliva, semen, synovial fluids, and vaginal secretions. *All bodily fluids should be considered as potentially infectious.*

“Red Bagged”: Defined as a plastic barrier device utilized to safely transport contaminated items.

Regulated Waste: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

- Any item that is disposable that becomes contaminated with bodily fluids.

Reportable Exposure: A direct introduction of a potentially infectious agent from a patient into a worker's body.

Shall, Must, Will: Mandatory compliances.

Sharps: Any object that can penetrate the skin including by not limited to needles, scalpels, and broken glass.

Source Individual: Any individual, living or dead, whose blood or other potentially infectious body substances may be a source of occupational exposure.

Universal Precautions: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

Personal Protective Equipment

Use

Appropriate personal protective equipment will be utilized to minimize the potential for exposure to blood or bodily fluids

A team member may temporarily and briefly decline to use PPE when, under rare and extraordinary circumstances, it was in their professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed and increased hazard to the safety of the worker or co-worker. When the employee 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.

The following personal protective equipment will be provided:

- Gloves
- Pocket Masks
- Face Masks with attached Face Shields
- Eye protection/Goggles
- Gowns
- Sharps Containers

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

Masks, Eye Protection, and Face Shields. Shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Sharp's Containers. Contaminated sharps shall be discarded immediately into the sharps container. Sharps containers will be colored red, labeled as biohazard.

With the exception of the pocket mask, PPE listed in this plan is to be disposed of as Regulated Waste after use.

Engineering Controls and Safe Work Practice

Engineering controls and safe work practices shall be used to eliminate or minimize employee exposure.

Handwashing.

Handwashing facilities are available at the fire station. When handwashing facilities are not available, waterless hand cleaner is to be provided. This will be located, at minimum, in the rear passenger compartment of Rescue 349. When used, hands shall be washed with soap and running water as soon as feasible.

It is recommended to wash hands with soap and warm water for a minimum of ten (10) seconds.

Handling of contaminated sharps.

Contaminated needles and other sharps shall not be bent, recapped, or broken except when incremental dose medication is administered to the same patient. In this situation, a one-handed recapping procedure will be utilized.

Contaminated sharps shall be placed in appropriate containers immediately following their use.

Sharps Containers, when full, will be sealed with tape and placed in the Biohazard box for disposal.

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

Prohibited Procedures

- Mouth pipetting/suctioning of blood or other potentially infectious materials.
- Mouth to mouth resuscitation.

Disinfection / Decontamination

Decontamination will be completed on non-disposable equipment that has been contaminated with blood or other potentially infectious materials.

Three methods of decontaminated will be utilized:

- Soaking Method
 - Laryngoscope blades
 - Magill forceps
 - Scissors
- Procedure:
 - Remove any gross decontamination
 - Wash with warm, soapy water and rinse
 - Soak for 10 minutes in designated disinfectant, full strength
- Machine Wash Method
 - Uniforms
 - Turnout Gear
 - B/P Cuffs (remove bladder)

- Any medical bags.
- Cardiac monitor and pulse ox cases.
- Straps, backboard, etc.
- Procedure:
 - Follow normal laundering instructions.
- Spray Disinfectant Method
 - Interior and Exterior surfaces
 - Cardiac monitor and cables
 - AED and case
 - Pulse oximetry unit and probes
 - Clipboards
 - Stethoscopes
 - Glucometer
 - Oxygen bottles and regulators
 - Backboards, cots, extrication devices, and splints.
 - Suction Unit
- Procedure:
 - Remove any gross contamination with warm, soapy water.
 - Use designated disinfectant spray on surfaces and items.
 - Allow surface to remain wet for 10 minutes.
 - Wipe dry with clean cloth.

Waste that has been or is potentially contaminated will be placed in a red Biohazard bag and properly disposed of.

Hepatitis B vaccination will be provided by the department to fire department personnel.

Exposure Reporting

If a member has a significant exposure they will:

- Wash area vigorously with soap and water for at least 20 minutes.
- Contact one of the department officers and report the exposure.
- Complete a department incident report.
- Employee will receive a confidential medical evaluation and follow-up
- Complete infectious disease exposure paperwork at doctor's office/emergency department.
- Source individual will be tested for potentially bloodborne diseases.

Training

Bloodborne pathogen training will be conducted at time of hire as well as on an annual basis. Training will satisfy above listed OSHA standard as well as requirements for department's insurance carrier and will be based on materials received from VFIS insurance carrier.

By the order of: _____
Fire Chief

Date: _____