

LAKE JERICHO VOLUNTEER FIRE AND RESCUE INC.

Exposure Control Plan

In approach for compliance with the OSHA
1910.1030

January 2012

Lake Jericho Volunteer Fire and Rescue

Standard Operating Guidelines Exposure control Plan

PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize the occupational exposure to blood or certain other body fluids; and
2. Comply with the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030, NFPA 1581 and other applicable standards.

DESIGNATED OFFICER

Pursuant to the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, 59 CFR 13418, the Lake Jericho Volunteer Fire and Rescue names James C. Paynter as the designated officer responsible for interaction with all medical organizations and facilities as required. The designated officer is responsible for the following duties as required by law:

1. D.O. is responsible for assuring that all members receive appropriate exposure evaluation and information about the exposure;
2. D.O. is the point of contact for receiving reports of possible exposure events from members and from medical facilities that identify that a member was involved in the care of a patient with an airborne or other high risk communicable disease;
3. D.O. must assess available information to determine whether a possible exposure has occurred;
4. D.O. must initiate a notification of the Department Safety Officer and the Department Fire Chief, a request for evaluation with the medical facility receiving the patient and communicate directly with the facility and with the member to assure appropriate follow-up;
5. D.O. may contact designated health professionals as necessary to obtain expert counsel when information may be insufficient to determine whether exposure has occurred;
6. D.O. must communicate the findings received from a medical facility resulting from a request for information and advise the member on appropriate medical follow-up; and
7. D.O. must maintain the confidentiality of all information acquired directly or incidentally in the course of fulfilling their responsibility for occupational exposure management.

EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination to identify which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (PPE) (i.e. employees are considered to be exposed even if they wear PPE). This exposure determination is required to list all of the job classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. In the Lake Jericho Volunteer Fire and Rescue, all active and support members, due to the nature of the fire service, have the potential to be exposed to bloodborne and airborne pathogens.

IMPLEMENTATION SCHEDULE AND METHODOLOGY

OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard.

1. Compliance Methods

Body substance isolation precautions will be observed by all members of the Lake Jericho Volunteer Fire and Rescue in order 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.

Work practice controls will be utilized to eliminate or minimize exposure to members of the Lake Jericho Volunteer Fire and Rescue. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. Hand washing facilities are available at the fire station to members who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure; however, due to the nature of the fire service, this is not always possible. As an alternative, waterless hand cleaner and antiseptic towelettes have been placed in all of the first aid kits on the apparatus. Hand washing should be done immediately upon returning to the fire station. Hand washing shall be done after each emergency incident, after cleaning protective clothing or equipment, and before and after handling clean or contaminated equipment. Hand washing shall be accomplished with soap and water by lathering the skin vigorously for at least 10 seconds followed by a thorough rinsing.

2. Contaminated Equipment

Any reusable equipment such as backboards, cervical collars, blood pressure cuffs, etc., which have become contaminated with blood or other potentially infectious materials shall be decontaminated prior to being re-placed on the apparatus. If the equipment cannot be decontaminated immediately, it should be stored in the contaminated equipment cabinet until it can be decontaminated. Any reusable equipment that cannot be fully decontaminated shall be discarded in an approved manner.

Any disposable equipment such as bandages, airways, oxygen delivery devices, etc., which have become contaminated with blood or other potentially infectious materials

shall be placed in a red bag at the emergency scene and disposed of in the responding ambulance as per their current policy.

3. Personal Protective Equipment

PPE Provision

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials (see Appendix A). The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or to reach the clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration or time which the protective equipment will be used. Latex gloves, goggles, face shields and gowns will be stored in all of the first aid kits on the apparatus. Additionally, firefighters turnout gear can also serve as protective equipment when worn in conjunction with gloves and face shields. When it can be reasonably anticipated that sharp or rough surfaces will be encountered, firefighting gloves shall be worn over latex gloves.

PPE Cleaning, Laundering and Disposal

To avoid the possibility of spreading infectious diseases, all personal protective equipment will be cleaned, laundered and/or disposed of by the ultimate authority of the Fire Chief.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the emergency incident and returned to the fire station.

When PPE is removed, it shall be placed in a red bag and placed in the responding ambulance for disposal. If the contaminated PPE is reusable, such as turnout gear, it shall be red bagged and returned to the fire station for proper decontamination.

Gloves

Gloves shall be worn where it is reasonably anticipated that there will be hand contact with blood, other potentially infectious materials, non-intact skin, mucous membranes or when handling or touching contaminated items or surfaces.

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. Gloves shall also be replaced prior to attending to another patient.

Heavy-duty disposable gloves shall be worn while cleaning and disinfecting contaminated equipment. These gloves are more resistant to abrasions, cuts, snags, and punctures.

Eye, Face, and Respiratory Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields 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.

It is also required that a respiratory mask be worn for the duration of contact with any patient who may be potentially infected with tuberculosis.

Additional Protection

Additional protective clothing such as gowns or turnout gear shall be worn in instances when gross contamination may be anticipated. This is done to protect the firefighters personal garments from exposure to blood or other potentially infectious materials.

4. Housekeeping

Decontamination of reusable supplies and equipment shall be accomplished by utilizing a hypochlorite solution (10% bleach in water) or other approved EPA registered germicide.

5. Laundry Procedures

Personal garments or turnout gear that have become contaminated with blood or other potentially infectious materials shall be handled as little as possible. Such garments or gear shall be placed in a red bag and marked with the owners name and shall be left at the fire station for proper decontamination or disposal.

The contaminated garments shall be sent out for laundering at the expense of the fire district.

6. Vaccines and Post-Exposure Evaluations

General

The Lake Jericho Volunteer Fire and Rescue shall make every attempt to identify the Hepatitis B vaccine that would be available to all members, and post-exposure follow-up to members who have had an exposure incident.

The LJVFR shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and post-exposure follow-up, including prophylaxis are:

- a. Made available at no cost to the member;
- b. Made available to the member at a reasonable time and place;
- c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- d. All laboratory tests shall be conducted by an accredited laboratory at no cost to the member.

Hepatitis B Vaccination

The DO and Department designated safety officer will be in charge of the Hepatitis B vaccination program.

A new member will receive the training in occupational exposure and within 90 days after being accepted into active status. The exception shall be if the member has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the member is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the member initially declines Hepatitis B vaccination but at a later date, while still an active member of LJVFR, decides to accept the vaccination, the vaccination shall then be notified of the available sites to receive the immunization.

All members who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.

If, at a future date, a routine booster dose of Hepatitis B vaccine is recommended by the US Public Health Service, such booster doses shall be made available.

Post Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated and documented. When the employee incurs an exposure incident, it shall be reported to the officer in charge of the incident at which the exposure occurred who shall fill out and exposure report form and forward it immediately to the designated officer.

Following a report of an exposure incident, the exposed member shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

- a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by law;
- c. If a bloodborne pathogen exposure is suspected, 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, it shall establish and 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;
- d. 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; and

- e. 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 or HIV serological status will comply with the following:

- a. The exposed member's blood shall be collected as soon as feasible and tested after consent is obtained; and
- b. The member will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the member to decide if the blood should be tested for HIV serological status.

All members who incur an exposure incident will be offered post-exposure and follow-up in accordance with the OSHA standard.

Information Provided to the Healthcare Professional

The Lake Jericho Volunteer Fire and Rescue shall ensure that the healthcare professional responsible for the member's post-exposure follow-up has or is provided with the following:

- a. A copy of 29 CFR 1910.1030;
- b. The written incident exposure form (See Appendix B);
- c. Results of the source individual's blood testing, if available; and
- d. All medical records required by this standard including vaccination status.

Healthcare Professional's Written Opinion

The LJVFR shall obtain and provide the exposed member with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the member has received such vaccination.

The healthcare professional's written opinion for post-exposure follow-up shall be limited to the following information:

- a. A statement that the member has been informed of the results of the evaluation; and
- b. A statement that the member has been told about any medical conditions resulting from exposure to blood or any potentially infectious materials which require further evaluation or treatment.

Note: All other findings or diagnosis must remain confidential and shall not be included in the written report.

7. Information and Training

The Lake Jericho Volunteer Fire and Rescue shall ensure that training is provided at the time of acceptance into the fire district, and that it shall be repeated within one year of the previous training. Training shall be tailored to the education and language level of the members, and shall be offered at convenient times. The training shall cover the following:

- a. A copy of the standard and an explanation of its contents;
- b. A discussion of the epidemiology and symptoms of bloodborne diseases;
- c. An explanation of the modes of transmission of bloodborne pathogens;
- d. An explanation of the Lake Jericho Volunteer Fire and Rescue Bloodborne Pathogens Exposure Control Plan, and a method for obtaining a copy;
- e. The recognition of tasks that may involve exposure;
- f. An explanation of the use and limitations of methods to reduce exposure;
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- h. An explanation of the basis of selection of PPE;
- i. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;
- j. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- k. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up; and
- l. Information on the evaluation and follow-up required after a member exposure incident.

8. Recordkeeping

Medical Records

The Lake Jericho Volunteer Fire and Rescue will be responsible for maintaining medical records as indicated below. These records will be locked in the records room in the fire station.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of membership plus thirty (30) years. The records shall include the following:

- a. The name and social security number of the member;
- b. A copy of the member's HBV vaccination status, including the dates of vaccination, or copy of the signed declaration;
- c. A copy of all results of examinations, medical testing, and follow-up procedures; and
- d. A copy of the information provided to the healthcare professional, including a copy of the exposure report form.

Training Records

The Lake Jericho Volunteer Fire and Rescue Designated Officer and Department Training Officer is responsible for maintaining the following training records. These records will be kept in the training file in a separate file for bloodborne pathogens training.

Training records shall be maintained for three (3) years from the date of the training. The following information shall be documented:

- a. The dates of the training sessions;
- b. An outline describing the material presented;
- c. The names and qualifications of persons conducting the training; and
- d. The names of all persons attending the training sessions.

Availability

All records shall be made available to the member in accordance with 29 CFR 1910.20.

All member records shall be made available to the Assistant Secretary of Labor for the Occupational Safety and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

9. Evaluation and Review

The Lake Jericho Volunteer Fire and Rescue Fire Chief and the Safety and Health Officer, Designated Exposure Control Officer and Training Officer of the LJVFR are responsible for reviewing this plan and its effectiveness annually, and for updating it as necessary.

10. Dates

The department fire officers will implement all provisions required by this standard immediately following the acceptance.

Appendix A

Examples of Recommended Personal Protection for Protection Against HIV and HBV Transmission in Prehospital Setting

Task or Activity	Disposable Gloves	Gown	Mask	Protective Eyewear
Bleeding Control with spurting blood.	YES	YES	YES	YES
Bleeding control with minimal bleeding.	YES	NO	NO	NO
Emergency childbirth	YES	YES	YES	YES
Oral/Nasal suctioning, manually clearing airway.	YES	NO	YES	YES
Handling and cleaning of contaminated equipment.	YES	NO	NO	NO
Measuring blood pressure	NO	NO	NO	NO

Appendix B

LAKE JERICO VOLUNTEER FIRE AND RESCUE

INFECTIOUS EXPOSURE FORM

Date: _____

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Social Security # _____ FD Incident # _____

Date/Time of Exposure: _____

Patient transported by: _____ Transported to: _____

Suspected or Confirmed Disease: _____

TYPE OF PPE USED

____ Gloves

____ Mask

____ Gown

____ Goggles

TYPE OF FLUID EXPOSED TO

____ Blood

____ Urine

____ Sputum

____ Sweat

____ Saliva

____ Vomitus

____ Feces

____ _____

ROUTE OF EXPOSURE

____ Open wound

____ Respiratory

____ Needle Stick

____ Mucous membrane

Did you seek medical attention? _____ Where? _____

How did exposure occur? _____

Exposure reported to: _____ Date: _____

Member's Signature: _____ Date: _____

SAFETY COMMITTEE REPORT

Medical facility notified? _____ Date: _____ By whom? _____

Name of Facility: _____

Address of Facility: _____

Name of Person Contacted: _____ Phone # _____

Confirmed Exposure? _____ To: _____

Member Notified? _____ Date: _____

Member's Signature: _____ Date: _____

MEDICAL FOLLOW-UP ACTION:

REMARKS:

Designated Officer's Signature: _____ Date: _____

Lake Jericho Volunteer Fire and Rescue

I understand that due to my occupational exposure to blood and other potentially infectious materials, I may be at risk of acquiring the Hepatitis B virus. I have been given the opportunity to be vaccinated at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining the 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 and other potentially infectious materials, and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____