

Egg Harbor Fire Department and First Responders Standard Operating Guidelines

SUBJECT: EXPOSURE CONTROL PLAN

SOG 217

PURPOSE: The Egg Harbor Fire Department is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

SCOPE: This policy shall apply to all members of the Egg Harbor Fire Department.

GOAL:

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- A. Determination of employee exposure
- B. Implementation of various methods of exposure control, including:
 - a. Universal precautions
 - b. Engineering and work practice controls
 - c. Personal protective equipment
 - d. Housekeeping
- C. Hepatitis B vaccination
- D. Post-exposure evaluation and follow-up
- E. Communication of hazards to employees and training
- F. Recordkeeping
- G. Procedures for evaluating circumstances surrounding exposure incidents

PROGRAM ADMINISTRATION:

- A. The Egg Harbor Fire Department is responsible for implementation of the ECP. The Egg Harbor Fire Department will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
- B. Those members who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- C. The Egg Harbor Fire Department will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Egg Harbor Fire Department will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

SOG 217: Page 1 of 8

Original Issue Date: 5-20-14

Last Review Date: 5-20-14

Last Change Date: 5-20-14

- D. The Egg Harbor Fire Department will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate member health and OSHA records are maintained.
- E. The Egg Harbor Fire Department will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

- Firefighter
- First Responder
- Emergency Medical Technician
- Paramedic
- Driver/Operator
- Company Officer
- Other Emergency Response Personnel not otherwise classified

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All members will utilize universal precautions.

Exposure Control Plan

Members covered by the bloodborne pathogens standard receive an explanation of this ECP. All members can review this plan at any time by reviewing their SOG manual. The Egg Harbor Fire Department is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised member positions with occupational exposure.

ENGINEERING CONTROLS AND WORK PRACTICES

Engineering controls and work practice controls shall be used to prevent or minimize exposure to bloodborne pathogens. Engineering and work practice controls shall be examined by a member committee and maintained or replaced at least annually to ensure their effectiveness. The committee shall review new procedures and products with respect to improved safety, by reviewing literature from suppliers. The committee shall make recommendations for implementation and will be responsible for tracking the effectiveness of all new items implemented. All members shall be responsible for following new procedures, using new products and providing feedback to the committee.

- A. Disposable equipment shall be used whenever possible.
- B. All personnel protection equipment (PPE) shall be on each responding emergency vehicle and available to all responders. PPE shall include: eye protection, gloves, and gowns.

SOG 217: Page 2 of 8

Original Issue Date: 5-20-14

Last Review Date: 5-20-14

Last Change Date: 5-20-14

WORK PRACTICE CONTROLS

The Egg Harbor Fire Department opted the following work practice controls as part of the Exposure Control Plan:

- A. Members shall wash their hands immediately, or as soon as feasible:
 - a. After removal of gloves or other personal protective equipment.
 - b. After cleaning or decontaminating equipment.
 - c. After using the bathroom.
 - d. Before eating.
- B. When water is not immediately available, an appropriate antimicrobial hand cleaner shall be used initially, followed by washing hands with antimicrobial liquid soap and water as soon as feasible. ***The use of bar soap and cloth hand towels for washing and drying hands is not permitted.***
- C. Emergency personnel will use respiratory protection (N-95 Respirator mask) when contacting a patients presenting with signs, symptoms and history suggesting potential tuberculosis or other potential airborne pathogen. (i.e. SARS)
- D. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
 - a. Hand cream is not considered a cosmetic and its use is permitted. (It should be noted that some petroleum-based hand creams can adversely affect glove integrity and all hand washing requirements shall be followed prior to the use of hand cream.)
- E. All procedures involving blood or other infectious materials shall be performed in such a manner to minimize splashing, spraying or other actions generating droplets of these materials.
- F. All visibly contaminated clothing shall be turned in at the station or hospital for washing. Under no circumstances will contaminated clothing be washed at home by employees.

RESUSCITATION EQUIPMENT

- A. Disposable resuscitation equipment and other equipment likely to make contact with OPIM shall be used whenever possible. For CPR, the order of preference is:
 - a. Disposable bag valve mask (BVM).
 - b. Demand valve resuscitator with disposable mask.
 - c. Disposable pocket mask with one-way valve.
 - d. Mouth-to-mouth resuscitation.
- B. When resuscitating patients with suspected airborne pathogens (i.e. SARS) an in-line respiratory filter shall be used.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment is the employees' last line of defense against bloodborne pathogens. Because of this, Egg Harbor Fire Department provides (at no cost to employees) the Personal Protective Equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- a. Gloves
- b. Gowns (Tyvex)
- c. Masks
- d. Protective Eyewear
- e. Shoe covers
- f. Pocket masks
- g. Hoods

Egg Harbor Fire Department shall ensure the appropriate personal protective equipment in the appropriate size is issued to the employees.

Hypoallergenic gloves or Latex-free gloves, glove liners, powder less gloves, or other similar alternatives shall be readily available to employees who are allergic to the gloves normally provided.

Egg Harbor Fire Department members are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided when necessary.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, Egg Harbor Fire Department adheres to the following practices:

- A. All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- B. Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- C. Single use personal protective equipment (or equipment that can't be decontaminated) is disposed of by forwarding that equipment to the hospital or other receiving health care facility.

To make sure that this equipment is used as effectively as possible, Egg Harbor Fire Department adheres to the following practices when using their personal protective equipment:

- A. Any garments penetrated by blood or other potentially infectious materials are removed immediately, or as soon as feasible.
- B. All personal protective equipment is removed prior to leaving a work area.

SOG 217: Page 4 of 8

- C. Gloves shall be worn on all emergency medical calls.

Original Issue Date: 5-20-14

Last Review Date: 5-20-14

Last Change Date: 5-20-14

- D. Disposable gloves are replaced as soon as practical and feasible after contamination or if they are torn, punctured, or otherwise lose their ability to function as an "exposure barrier."
- E. Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are disposed of.
- F. Eye protection (such as goggles, face shields, etc.) is used whenever splashes or sprays may generate droplets of blood or other potentially infectious materials. In addition, the CDC has recommended the use of eye protection when treating SARS patients.
- G. Protective clothing (such as gowns and aprons) is worn when it is likely that personal clothing will be soiled with patient's blood or other potentially infectious material. Gowns are not necessary for other contact. The CDC has also recommended the use of gowns when treating SARS patients.
- H. Surgical caps/hoods and/or shoe covers/boots are used in any instances where "gross contamination" is anticipated.
- I. Respirators/masks are worn for anticipated contact with respiratory droplet secretions such as:
 - a. Coughing patient who does not cover mouth or nose.
 - b. Recognized strict and complete isolation cases
 - c. Suspected Tuberculosis patients
 - d. Patients with other infectious airborne diseases
 - e. Suctioning the patient.
 - f. Splatter into mouth or nose while cleaning or performing procedures.
- J. Soiled linen is placed in a laundry bag. Plastic bags are used as necessary to prevent leakage.
- K. Trash and disposable articles soiled with body substances are bagged to prevent leakage. Personnel gathering trash shall wear heavy-duty gloves.
- L. Pocket masks shall be used whenever a disposable or reusable bag valve mask is not available.

Egg Harbor Fire Department shall ensure that the members use appropriate personal protective equipment unless Egg Harbor Fire Department shows that the member temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the member's 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 an increased hazard to the safety of the worker or co-worker.

When an 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.

HOUSEKEEPING

Original Issue Date: 5-20-14

Last Review Date: 5-20-14

Last Change Date: 5-20-14

- A. All equipment and surfaces are cleaned and decontaminated (or disposed of if single use) after contact with blood or other potentially infectious materials:
 - a. After the completion of medical procedures.
 - b. Immediately (or as soon as feasible) when surfaces are overtly contaminated.
 - c. After any spill of blood or other potentially infectious materials.
 - d. At the end of the call if the surface may have been contaminated since the last cleaning.
- B. Protective coverings (such as plastic wrap, aluminum foil, or absorbent paper) are removed and replaced:
 - a. As soon as it is feasible when overtly contaminated.
 - b. At the end of the call if they may have been contaminated since the last cleaning.
- C. All pails, bins, cans, and other receptacles intended for use routinely are inspected, cleaned and decontaminated immediately or as soon as possible if visibly contaminated.
- D. Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.). **Vacuum cleaners shall not be used because of the risk or additional breakage of glass, spreading or spraying of contaminated material, and the difficulty in cleaning and decontaminating the vacuum.**
- E. Personnel shall not place their hands into containers whose contents include sharps or other potential infectious material.
- F. All cleaning agents and disinfectants shall be supplied by Egg Harbor Fire Department. No other agents or disinfectants may be used.

POTENTIAL EXPOSURES

In order to make sure that our members receive the best and most timely treatment if an exposure to a bloodborne or airborne pathogen should occur; Egg Harbor Fire Department has set up an immediate reporting plan (**Exposure Packet**). Actions shall be taken within the Infection Control policies, and a comprehensive post-exposure evaluation with a follow-up process. Egg Harbor Fire Department uses a checklist to verify that all the steps in the process have been taken correctly.

Egg Harbor Fire Department recognizes that much of the information involved is **Protected Health Information** (PHI), and this information must remain confidential. EHFD will do everything possible to protect the privacy of the people involved.

Egg Harbor Fire Department will provide an exposed employee with the following confidential information:

- A. Copy of Infectious Control Exposure Checklist – Member.
- B. Identification of the source individual (unless unfeasible or prohibited by law).

Egg Harbor Fire Department will coordinate the testing of the source individual's blood to determine HBV and HIV infectivity. This information will also be made available to the exposed member, if it is obtained. At that time, the member will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.

Egg Harbor Fire Department will also coordinate the collection and testing of the blood of the exposed member for HBV and HIV status. If the member declines the testing for HIV status, Egg Harbor Fire Department will preserve the blood for 90 days. Once these procedures have been completed, an appointment is arranged for the exposed member with a qualified healthcare professional to discuss the member's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

Egg Harbor Fire Department shall ensure that all laboratory tests are conducted by an accredited laboratory and at no cost to the member.

INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

To assist the healthcare professional evaluating an employee after an exposure, Egg Harbor Fire Department forwards a number of documents to them, including the following:

- A. A copy of the OSHA rule.
- B. A description of the exposed employee's duties as they relate to the exposure incident.
- C. A description of the exposure incident.
- D. The exposed employee's relevant medical records.
- E. Other pertinent information.

HEALTHCARE PROFESSIONAL WRITTEN OPINION

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

In keeping with the emphasis on confidentiality, the written opinion will contain only the following information:

- A. Whether or not Hepatitis B Vaccination is indicated for the member.
- B. Whether or not the member has received the Hepatitis B Vaccination.
- C. Confirmation that the member has been informed of the results of the evaluation.
- D. Confirmation that the member has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

POST EXPOSURE EVALUATION AND FOLLOW UP

If a member is involved in an incident where exposure to bloodborne pathogens may have occurred there are number of things that Egg Harbor Fire Department immediately focuses on:

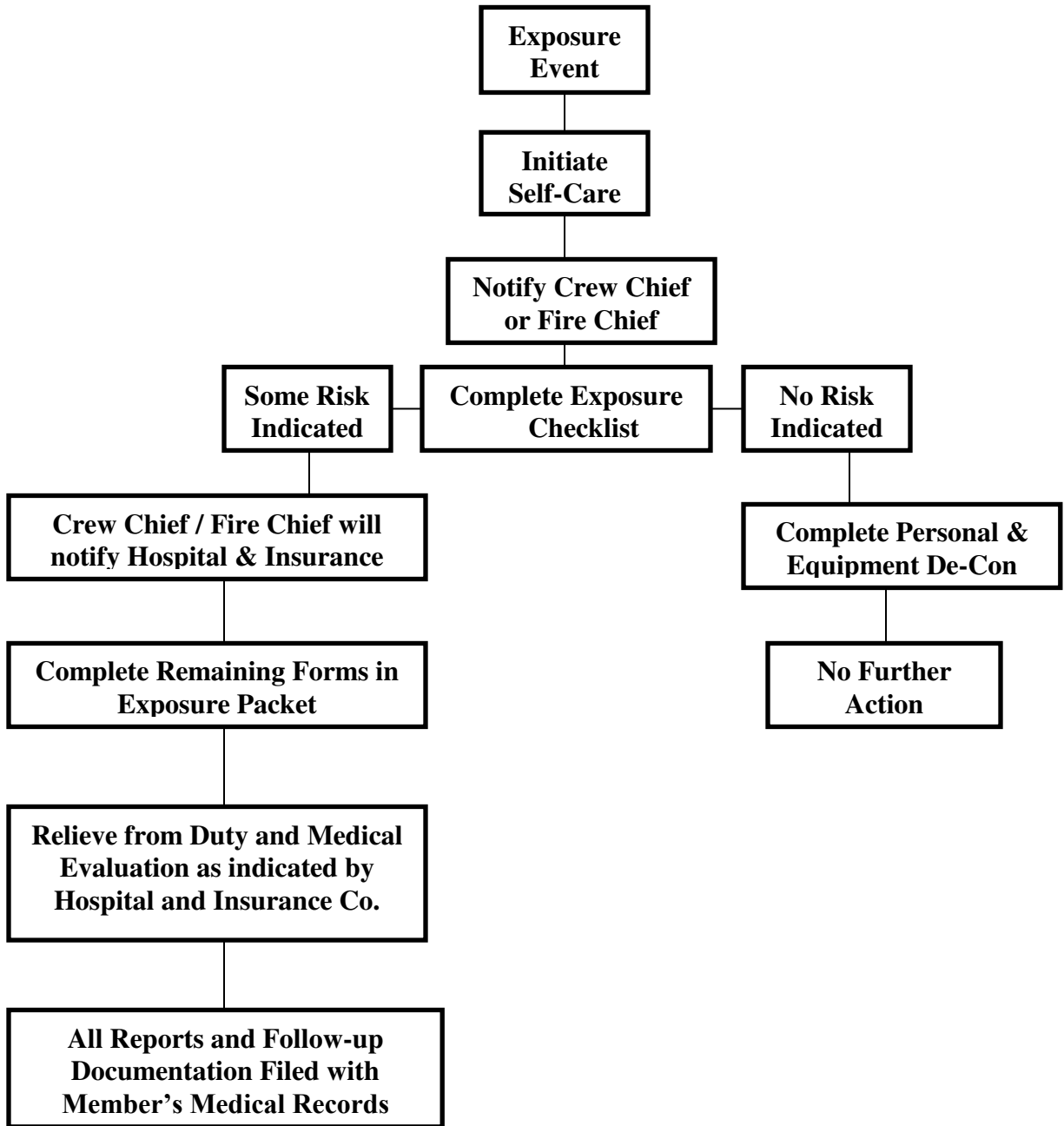
- A. Making sure that the member receives an immediate (or as soon as possible after the exposure) confidential medical evaluation and follow-up.
- B. Investigating the circumstances surrounding the exposure incident.
The Infection Control Officer investigates every exposure incident that occurs. This investigation is initiated within 24 hours after the incident and involves gathering the following information:
- C. The date and time the incident occurred.
- D. The location and scene circumstances where the incident occurred.
- E. What potentially infectious materials were involved in the incident, including type of material (blood, amniotic fluid, etc.).
- F. Source of the material.
- G. During what procedure the exposure occurred.(Type of work being performed)
- H. How the incident was caused.
 - a. Accident
 - b. Unusual circumstances (such as equipment malfunction, power outage, etc.)
- I. Personal protective equipment being used at the time of the incident.
- J. Actions taken as a result of the incident.
 - a. Member decontamination
 - b. Cleanup
 - c. Notifications made

After this information is gathered, it is evaluated and a written summary of the incident and its causes are prepared and recommendations are made to avoid similar incidents in the future.

INFECTIOUS CONTROL EXPOSURE PACKET TABLE OF CONTENTS

Page	Title
2....	Body Fluid Exposure Flow Chart
3-4	Checklist (Employee)
5....	Checklist (Supervisor)
6	Bodily Fluid Exposure Worksheet
7-9	Health Care Professional Reports
	<ul style="list-style-type: none">• Confidential Employee Report• Health Care Professional Return to Work Report• Report to Employer

Body Fluid Exposure Flow Chart



**INFECTIOUS CONTROL EXPOSURE CHECKLIST-MEMBER
FOR USE WHEN A PERCUTANEOUS OR MUCOCUTANEOUS EXPOSURE
HAS OCCURRED**

1. Immediate (on-site) Response

1. INITIATE SELF CARE. If BBP entry site is puncture or wound, bleed the wound site and wash with soap/water or other disinfectant ASAP. For exposure to mucous membranes, blow the nose and expectorate from the mouth immediately then flush mucous membranes with water or saline.

DATE: _____ Member Initial: _____

2. CONTACT THE CREW CHIEF/ FIRE CHIEF ASAP.

DATE: _____ Member Initial: _____

3. Complete BODY FLUID EXPOSURE WORKSHEET PAGE 4 to decide exposure extent.

DATE: _____ Member Initial: _____

If Body Fluid Exposure Worksheet indicates “No Risk” **STOP HERE**

2. Medical Management of Exposure defined as “Some Risk”

4. If you have a type of exposure defined as “Some Risk” by the Exposure Worksheet, you should put yourself out of service as soon as possible.

Transportation will not be a problem; arrange this with the Crew Chief / Fire Chief.

DATE: _____ Member Initial: _____

5. If you need to seek medical care for any exposure, you will be sent to an appropriate medical facility as determined by the on-call Crew Chief / Fire Chief.

DATE: _____ Member Initial: _____

6. Take with you the HEALTH CARE PROFESSIONAL (HCP) REPORTS, Pages 7, 8, and 9. These are to be filled out by the HCP. The employee report to be sent back to you only. The Employer Report must be sent back to the agency by the HCP within ten (10) days. A release back to work must be signed by the HCP and be given to member's supervisor before being allowed to return to work.

DATE: _____ Member Initial: _____

INFECTIOUS CONTROL EXPOSURE CHECKLIST-MEMBER

3. Post-Exposure Documentation

7. When you are done and have completed your plan of treatment, you must fill out the following paperwork available from your Department (as applicable): Worker's Compensation form.
DATE: _____ Member Initial: _____

4. Post-Exposure Follow-up

8. Contact the Crew Chief / Fire Chief. Advise that you are done and when you will be returning to work. (You will need a return to work note from the Health Care Professional (HCP Employer Report).
DATE: _____ Member Initial: _____
9. Fire Chief provides a copy of the completed HCP evaluation to employee and to employee's record.
DATE: _____ Member Initial: _____

Member Name: _____ **Date:** _____

Fire Chief: _____ **Date:** _____

INFECTIOUS CONTROL EXPOSURE

Original Issue Date: 5-20-14

Last Review Date: 5-20-14

Last Change Date: 5-20-14

SUPERVISOR CHECKLIST

FOR USE WHEN NOTIFIED OF A PERCUTANEOUS OR MUCOCUTANEOUS EXPOSURE

IMMEDIATE ACTIONS

1. INSURE MEMBER HAS INITIATED SELF CARE. If BBP entry site is a puncture or a wound, bleed the wound site and wash with soap/water or other disinfectant ASAP. For exposure to mucous membranes, blow the nose and expectorate from the mouth immediately then flush mucous membranes with water or saline.

DATE: _____ Supervisor Initial: _____

2. CONFIRM EXPOSURE IS CLASSIFIED “SOME RISK” PER EXPOSURE WORKSHEET. Complete and sign Supervisor portion.

DATE: _____ Supervisor Initial: _____

3. RELIEVE MEMBER FROM RESPONSE DUTIES IF NECESSARY.

DATE: _____ Supervisor Initial: _____

4. WORKMEN’S COMPENSATION FORMS. Begin completing workmen’s compensation forms and work with the member to complete them.

DATE: _____ Supervisor Initial: _____

FOLLOW-UP ACTIONS

5. Contact Ministry Door County Medical Center

24-7 phone number: 920-743-5566 or 800-522-8919

DATE: _____ Supervisor Initial: _____

6. Work with member and Exposure Consultant to develop follow-up action plan and assignments. See Exposure Control Plan for protocols.

DATE: _____ Supervisor Initial: _____

7. Insure member has completed checklist and has necessary follow-up forms.

DATE: _____ Supervisor Initial: _____

8. Provide transportation, work relief, and any other member assistance as indicated.

DATE: _____ Supervisor Initial: _____

BODY FLUID EXPOSURE WORKSHEET

Employee Name: _____

Date of Exposure: _____ Time of Exposure: _____

Incident #: _____ Current Date: _____ Time: _____

Name of Officer in Charge: _____

SOURCE OF EXPOSURE

_____ Blood _____ Semen/Vaginal Secretions
Other Bodily Fluids if Contaminated with Blood (OBF)
_____ Spit/Saliva _____ Sero-Sanguinous Fluid _____ Feces
_____ Urine _____ Pus _____ Other (List) _____
_____ Vomitus

TYPE OF EXPOSURE

A. Some Risk
Broken Skin
_____ Needle Stick
_____ Laceration, Abrasion
_____ Open (weeping) lesions or scratches
_____ Puncture, Incision
Mucous Membrane
_____ Eye _____ Mouth _____ Nose

B. No Risk
_____ Intact Skin
_____ Contaminated Clothing
_____ Personal Protective Equipment

ACTION

A. _____ Some risk - Proceed with evaluation per on-call Exposure Consultant.
B. _____ No risk - Change contaminated clothing/personal protective equipment.

DURATION OF EXPOSURE: _____ min/hr

EXTENT OF EXPOSURE

_____ Drop(s) of Body Fluid _____ Large Amount of Body Fluid
_____ Other (Explain)

CONCLUSION

Disposition
_____ To Counseling on _____ (Date)
_____ To Testing on _____ (Date)
_____ To Change Clothing
_____ Report Closed and Filed

Supervisor Signature: _____ Date: _____

Exposed Member Signature: _____ Date: _____

RETURN TO CHECKLIST STEP 4

Appendix SOG 217A of Exposure Control Plan Page 6 of 9

Original Issue Date: 5-20-14

Last Review Date: 5-20-14

Last Change Date: 5-20-14

**REPORTABLE EXPOSURE FOLLOW UP
CONFIDENTIAL EMPLOYEE REPORT
TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

CAUTION: This is a limited report containing only the information allowed and required by OSHA Regulations to be released to the MEMBER ONLY.

MEMBER NAME: _____ SS#: ____ - ____ - ____ DATE: _____

DATE OF EXPOSURE: _____ ESTIMATED TIME: _____

Route of Exposure: _____

Circumstances of Exposure: _____

SOURCE INDIVIDUAL	POS	NEG	UNK
HIV TESTING	_____	_____	_____
HBB TITRE	_____	_____	_____
HBC TESTING	_____	_____	_____
OTHER	_____	_____	_____

MEMBER BLOOD COLLECTION

BLOOD DRAW DONE?	YES	NO
SENT FOR HIV TESTING	YES	NO
SENT FOR HBC TESTING	YES	NO
SENT FOR TITER HBB	YES	NO
IS HEPATITIS B VACCINATION? INDICATED	YES	NO
GIVEN	YES	NO

Are there any other medical conditions that may result from exposure to blood or other? potentially infectious materials that require further evaluation or treatment?

Health Care Professional Name: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Signature: _____

**REPORTABLE EXPOSURE FOLLOW UP
BACK TO WORK RELEASE
TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

Member Name: _____ is authorized to return to work.
DATE: _____ TIME: _____
Health Care Professional:
Name: _____
Address: _____ _____
Phone: _____
Signature: _____

Member must return this completed form to employer to be authorized to return to duty.

**REPORTABLE EXPOSURE FOLLOW UP
REPORT TO EMPLOYER
TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

CAUTION: This is a limited report containing only the information allowed and required by OSHA Regulations to be released to the Department.

Member Name: _____

	YES	NO
Member has been provided completed Health Care:		
Report with 15 days of exposure.	_____	_____
Is Hepatitis B Vaccination indicated?	_____	_____
Was Hepatitis B Vaccination given?	_____	_____
If not, is signed declination form attached?	_____	_____
Was Tetanus shot required?	_____	_____
Was Tetanus shot given?	_____	_____
This member has been informed of the results of the evaluation and told of the need, if any, for further evaluation and treatment.	_____	_____
Health Care Professional		
Name: _____		
Address: _____ Phone: _____		
Signature: _____ Date: _____		

This report must be returned to the Egg Harbor Fire Department within 10 days of the completion of the evaluation by the Health Care Professional.

Please return to: Egg Harbor Fire Department
Attn. Fire Chief
5242 County Rd. I
Sturgeon Bay, WI 54235

Appendix SOG 217A of Exposure Control Plan Page 9 of 9

Original Issue Date: 5-20-14

Last Review Date: 5-20-14

Last Change Date: 5-20-14