Exposure Control Plan

Scott Sanford Fire Chief

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Chief of Department

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Palm Harbor Fire Rescue

250 West Lake Road
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PURPOSE OF THE PLAN

One of the top priorities of Palm Harbor Fire Rescue is to provide a safe and efficient workplace for its employees. Using the OSHA Standard (29 CFR 1910.1030) as the template, the purpose of this document is to "reduce occupational exposure to Hepatitis B and C viruses, Human Immunodeficiency Virus (HIV) and other bloodborne pathogens" that personnel may encounter in the workplace.

Palm Harbor Fire Rescue believes that there are a number of good general principles that should be followed when working with bloodborne pathogens. These include that:

- It is prudent to minimize all exposures to bloodborne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- This department shall institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

Palm Harbor Fire Rescue has implemented this *Exposure Control Plan* to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objectives of the plan are to:

- Protect personnel from the health hazards associated with bloodborne pathogens.
- Provide appropriate treatment and counseling should an individual be exposed to bloodborne pathogens.

GENERAL PROGRAM MANAGEMENT

A. Responsible Persons

There are 11 major *categories of responsibilities* that are central to the effective implementation of the Exposure Control Plan. These are the:

1. Fire Chief
2. EMS Chief -Infection Control Officer
3. Deputy Chief of Operations or Deputy Chief of Support Services
4. District Chief
5. Training/Safety Chief
6. Lieutenants
7. Firefighter/Paramedics
8. Firefighter/EMTs
9. Fire Marshal/Inspector's
10. Public Education/ Public Information Officer and Administrative Staff
11. Infection Control Consultant

The following sections define the roles held by each of these individuals or groups in carrying out the plan. Throughout this plan, individuals with specific responsibilities are identified. As positions are changed, added or deleted, the plan will be updated as necessary to reflect the changes.

Fire Chief

The Fire Chief shall be responsible for the overall management and support of the Plan including compliance with the plan. In this role, he/she is obligated to attend the bloodborne pathogens training sessions.

The Fire Chief may delegate certain activities to other individuals as necessary. Activities which may be delegated typically include, but are not limited to:

- Implementing the Exposure Control Plan in the department.
- Working with the Infection Control Consultant to develop and administer any additional bloodborne pathogen related policies and practices needed to support the effective implementation of this plan.
- Researching ways to improve the plan as well as to revise and update the plan as necessary.
- Knowing current legal requirements concerning bloodborne pathogens.

EMS Chief -Infection Control Officer

The EMS Chief -Infection Control Officer shall be responsible for:

- Infection prevention and control activities in the department.
- Provides appropriate educational programs.
- Acting as liaison between the department and Federal, State, and Local agencies regarding bloodborne pathogen issues.
- Acting as liaison between the department and the Infection Control Consultant.
- Monitoring the activities of the Plan.
- Acting in the absence of the Fire Chief, as assigned.

Deputy Chief of Operations/Deputy Chief of Support Services

The Deputy Chief is obligated to attend the bloodborne pathogen training sessions. In their roles, either may act in the absence of the Fire Chief and be obligated to perform the duties associated with the plan.

District Chiefs

The District Chiefs are the department shift supervisors. In this role, the District Chiefs are responsible for ensuring compliance with the plan by all shift personnel. In this job category, they are obligated to attend the bloodborne pathogen training sessions.

Training Chief

The Training Chief shall work in conjunction with the EMS Chief to provide bloodborne pathogen training to all personnel covered under the plan. He/she is also responsible for:

- Consulting outside sources, including the Infection Control Consultant, for assistance in acquiring appropriate educational program content.
- Maintaining necessary documentation regarding bloodborne pathogen training.

Lieutenants

The lieutenants are the department station supervisors. In this role, the lieutenants are responsible for ensuring compliance with the plan by all personnel assigned to them. In this job category, they are obligated to attend the bloodborne pathogen training sessions.

Firefighter/Paramedics

The firefighter/paramedics are responsible for the following:

- Knowing what tasks they perform that have the potential for occupational exposure.
- Attending bloodborne pathogen training sessions.
- Planning and conducting all operations in accordance with the work practice controls.
- Developing good personal hygiene habits.
- Provision of basic and advanced life support activities.
- Performing special medical procedures.

Firefighter/EMTs

The firefighter/EMTs are responsible for the following:

- Knowing what tasks they perform that have the potential for occupational exposure.
- Attending bloodborne pathogen training sessions.
- Planning and conducting all operations in accordance with the work practice controls.
- Developing good personal hygiene habits.
- Provision of basic life support activities.
- Assisting in the provision of advanced life support activities.

Fire Marshal/Inspectors

The Fire Inspectors job responsibilities do not routinely subject this category of employees to occupational exposure to bloodborne pathogens. However, due to the potential for these employees to hae to perform emergency medical procedures in an unusual emergency situation, these employees shall attend bloodborne pathogens training sessions.

Public Education/Public Information Officer and Administrative Staff

The Public Education/Public Information Officer and Administrative Staff are not subject to occupational exposure to bloodborne pathogens are therefore not required to attend the training sessions.

Infection Control Consultant

The majority of this printed document was authored by the Infection Control Consultant. The

Consultant is educated in the most current infection control practices and serves as a resource for policy revisions and training guidelines.

B. Authority

The Fire Chief is responsible to implement the Exposure Control Plan throughout the department and to initiate appropriate action for control measures or studies when there is reasonable evidence that there may be a hazard. The Fire Chief may delegate any or all of this responsibility to qualified personnel, as necessary. The EMS Chief is delegated this role on a daily operational basis.

C. Availability of the Exposure Control Plan to the Employees

To make this plan readily available to all covered employees, a copy is maintained at each station and will be posted on the Districts Website. Further, a copy is also available for review at the Administrative Offices of the department.

D. Review and Update of the Plan

The leadership of Palm Harbor Fire Rescue recognizes that it is important to keep the Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances:

- As directed by the Chief of Department.
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure.
- Whenever jobs are revised such that new instances of occupational exposure may occur.
- Whenever new functional positions are established within the department that may involve exposure to bloodborne pathogens.

DEFINITIONS

-A-

ASSISTANT SECRETARY	The Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

-B-

BIO-HAZARD LABEL	A label affixed to containers of regulated waste, refrigerator/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the bio-hazard symbol and the word biohazard on the lower part of the label.
BLOOD	Human blood, human blood components, and products made from human blood.
BLOODBORNE PATHOGENS	Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV).

-C-

CLINICAL LABORATORY	A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
CONTAMINATED	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
CONTAMINATED LAUNDRY	Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
CONTAMINATED SHARPS	Contaminated objects that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
COVID-19	SARS-CoV-2, worldwide virus that turned to a pandemic. This virus has many variants and symptoms range from mild to severe.

-D-

DECONTAMINATION	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.

-E-

EMPLOYEE	An individual employed in a healthcare, industrial or other facility or operation who may be exposed to bloodborne pathogens in the course of their assignments.
ENGINEERING CONTROLS	Control (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
EXPOSURE CONTROL OFFICER	An employee who is designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the facility's Exposure Control Plan.
EXPOSURE CONTROL PLAN	A written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposure to bloodborne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.
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.

-H-

HAND WASHING FACILITIES	A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
HBV	Hepatitis B Virus.
HCV	Hepatitis C Virus.
HIV	Human Immunodeficiency Virus.

-L-

LICENSED HEALTHCARE PROFESSIONAL	A person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) "Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up" of OSHA's Bloodborne Pathogens Standard.

-M-

MEDICAL CONSULTATION	A consultation which takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.

-N-

NIOSH	National Institute for Occupational Safety and Health of the Public Health Service, of the U.S. Department of Health and Human Services; the Federal agency which assists OSHA in occupational safety and health investigations and research.

-O-

OCCUPATIONAL EXPOSURE	Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
OSHA	Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
OTHER POTENTIALLY INFECTIOUS MATERIALS	(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ from a human (living or dead);

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

-P-

PARENTERAL	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.
PRODUCTION FACILITY	A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

-R-

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, pathological and microbiological waste containing blood or other potentially infectious materials.
RESEARCH LABORATORY	A laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

-S-

SOURCE INDIVIDUAL	An individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
STERILIZE	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

-U-

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.

-W-

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).
WORK AREA	Location where tasks such as washing medical instruments, handling of biomedical waste, emergency procedures are performed or storage of biomedical waste.

IDENTIFICATION OF EXPOSURE SITUATIONS

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations which may be encountered.

In order to be in compliance with the Exposure Control Plan, all operations personnel must be assigned an exposure category according to their risk of exposure to blood and body fluids. Each is further required to acknowledge receipt of this information which will be filed in his/her personnel file.

The Infection Control Officer (ICO) shall review all duties/tasks conducted and shall determine the appropriate risk category. Further, the ICO shall review each category assignment with each individual who shall sign the acknowledgment form. New employees shall sign the form at initial employment.

The original copy of the acknowledgment form will be maintained in this section of the Exposure Control Plan. Upon termination of employment, the form will be removed and placed in the employee's personnel file.

PROCEDURES WHERE OCCUPATIONAL EXPOSURE MAY OCCUR

Procedures where occupational exposure may occur include but are not limited to:

1. Dressing and bandaging wounds
2. IV establishment and maintenance
3. Patient assessment and exams
4. Removing patient's clothing and exposing wounds
5. Cleaning and decontaminating equipment, vehicle and/or clothing articles
6. Parenteral administration of medications
7. Removal of body fluid sample for testing such as capillary blood glucose level (finger stick)
8. Extrication or other acts involving contact with contaminated materials that have potential to inoculate, i.e.: needles, other sharps, slivers, splinters, broken glass, hard plastic, sharp edges of metal or wood, etc.
9. Intubation and suctioning
10. Thoracic decompression
11. Introduction of trans-tracheal airways
12. Blood draw and specimen collection
13. Administration of emergency medical care
14. Handling of biomedical waste
15. Childbirth procedures
16. Any other act that has potential to cause exposure to blood and other body fluids
17. Use and insertion of intraosseous needles

OCCUPATIONAL EXPOSURE

For the purpose of this plan, occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

A significant exposure would be:

- Exposure to blood or body fluids through a needle stick, instruments, equipment or sharps;

- Exposure of mucous membranes to visible blood or body fluids to which universal precautions apply according to the Centers for Disease Control, including, without limitations, the following body fluids:
  - Blood
  - Semen
  - Vaginal secretions
  - Cerebrospinal fluid
  - Synovial fluid
  - Pericardial fluid
  - Peritoneal fluid
  - Amniotic fluid
  - Laboratory specimens that contain HIV, HBV, and/or HCV

- Exposure of the skin to visible blood or body fluids, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis, or the contact is prolonged or involves an extensive area.

METHOD OF COMPLIANCE

It is the understanding of Palm Harbor Fire Rescue that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in the Department. The first five areas in the plan are:

- The use of Body Surface Isolation (BSI)
- Establishing appropriate Engineering Controls
- Implementing appropriate Work Practice Controls
- Using necessary Personal Protective Equipment
- Implementing appropriate Housekeeping Procedures

Each of these areas is reviewed with fire department staff members during their bloodborne pathogens related training (See the "Information and Training" section of this plan for additional information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, Palm Harbor Fire Rescue feels that it will eliminate or minimize occupational exposure to bloodborne pathogens as much as possible.

A. **BODY SURFACE ISOLATION**

POLICY:

It is the policy of Palm Harbor Fire Rescue to consider all patient's blood and body fluids potentially infectious, and barriers will be used to prevent exposure.

PURPOSE:
To prevent exposure to blood and body fluids.

PROCEDURE:

All Personnel of Palm Harbor Fire Rescue are required to adhere to universal precautions, including the appropriate use of hand washing and care in the use and disposal of needles and other sharps.

- Barriers indicated in Universal Precautions are:
    - **Pinellas County approved MEDICAL GLOVES:** These must be worn whenever exposure to the following is planned or anticipated, (or to an item contaminated with such & during any EMS incident):

        - Blood/body products/body fluids with visible blood
        - Urine
        - Feces
        - Saliva
        - Mucous Membranes
        - Wound drainage
        - Drainage tubes
        - Non-intact skin
        - When assisting with invasive procedures
        - Amniotic, cerebral spinal, pericardial, pleural, peritoneal, synovial fluid
        - When handling instruments or equipment

    - **FIREFIGHTER GLOVES:** These shall be worn in any situation where sharp or rough surfaces are likely to be encountered (i.e., extrication). Firefighting gloves can be worn over latex gloves in cases other than firefighting.

    - **MASKS:** These must be worn during procedures that are likely to generate droplets of blood or body fluids to prevent exposure to mucous membranes of the individual's mouth and/or nose; such as trauma, child birth, intubation and cleaning instruments.

    - **FLUID RESISTANT COVERALLS (GOWNS/JUMPSUITS):** These must be worn when there is potential for soiling clothing with blood/body

fluids and for close contact with blood/body fluids; such as child birth, invasive procedures and cleaning instruments.

- **BUNKER GEAR:** These should be worn when there is a chance for puncture, i.e. glass breakage, extrication. Should not be routinely used for medical related incidents due to the difficulty of decontamination.

- **EYE WEAR:** Protection over the eyes must be worn during procedures that are likely to generate droplets of blood/body fluids; such as childbirth, intubation, assisting in invasive procedures or cleaning instruments.

- **LEATHER OR RUBBER BOOTS:** These should be worn during firefighting procedures or during any traumatic scene where there is heavy bleeding.

- **HAND WASHING:** Always wash hands after removing gloves, immediately if hands become contaminated with blood or other body fluids and frequently during the day.

- **MOUTH-TO-MOUTH BREATHING:** Only use resuscitation bags, mouth pieces, or other devices for artificial ventilation. Avoid mouth-to-mouth breathing.

- **SHARPS:** Handle all contaminated needles, scalpels, and other sharp instruments with extreme care both during and after procedures. Never recap, bend, clip, remove from disposable syringes, or otherwise manipulate contaminated sharps into a puncture-resistant container for disposal. The puncture-resistant container should be located as close as practical to the use area.

- **SPILLS:** Spills of blood and blood-containing body fluids should be cleaned promptly with an approved diluted bleach solution or commercial hydrogen peroxide spray.

- **SKIN LESIONS:** Individuals with exudative skin lesions or weeping dermatitis shall be evaluated by the department physician to determine if the individual should refrain from all invasive procedures and from handling patient care equipment and instruments until the condition resolves. Additionally, any individual with small skin abrasions shall cover that abrasion completely with a bandage prior to performing any duties and wear gloves.

- **PUNCTURE RESISTANT GLOVES:** Use when handling items with the potential to puncture the skin, i.e., broken glass, un-capped needles.

- Monitoring Compliance

  All personnel of Palm Harbor Fire Rescue are responsible for monitoring compliance to Universal Precautions. If non-compliance is observed, that individual shall be counseled by his/her immediate supervisor and that counseling documented on the employee tracking record.

  If necessary, the employee tracking record shall be reviewed with the EMS Chief for corrective action.

B. ENGINEERING CONTROLS

One of the key aspects to the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize exposure to bloodborne pathogens. As a result, the department employs equipment such as:

1. Hand washing facilities are accessible in each station and hospital to all individuals who have the potential for exposure.

2. Waterless hand cleaner

3. Eye wash solution (sterile water / normal saline / tap water).

4. Containers for contaminated sharps having the following characteristics:

    a. Puncture-resistant
    b. Labeled with biohazard warning label
    c. Leak-proof on the sides and bottom

5. Biomedical Waste bags and containers that meet the requirements of the State of Florida

6. Specimen bags which are labeled with the bio-hazardous symbol

7. Disposable bag/valve devices

8. Disposable suction canisters

9. Easily cleaned, stocked trauma bags

10. Available PPE in all apparatus

11. Self-sheathing IV catheters and needleless administration system

12. Viral filter to be used in conjunction with a BVM

C. WORK PRACTICE CONTROLS

The Chief of Palm Harbor Fire Rescue is responsible for overseeing the implementation of these Work Practice Controls; however, he has delegated that responsibility to the Infection Prevention and Control Officer and the District Chiefs.

All personnel work in conjunction with the Infection Control Officer and the District Chiefs to affect this implementation.

It is important to note, that while emergency personnel work is limited to the pre-hospital setting, some pre-hospital procedures are defined as “invasive procedures”. Among others, “invasive procedures” include treatment of traumatic injuries, a childbirth delivery or other obstetric procedure in which bleeding may occur, endotracheal intubation, and intravascular procedures.

1. HAND WASHING

POLICY:

It is the policy of Palm Harbor Fire Rescue that vigorous hand washing shall be observed by all members of the department frequently during the day and as soon as feasible after each patient contact.

PURPOSE:

To eliminate the possibility of cross-contamination of pathogenic organisms.

INDICATIONS:

The indications for hand washing depend on the type, intensity, and duration of contact. *Superficial contact*, such as handshaking, does not require hand washing. *Prolonged and intense contact* with any patient does require hand washing. Additionally, personnel should always wash their hands before invasive procedures, after contact with instruments/equipment, and whenever possible.

All members of the department will:

- Wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Wash their hands following any contact of body areas with blood or any other infectious materials.
- Wash their hands after touching a source that is likely to be contaminated.

TECHNIQUE:

The recommended hand washing technique depends on the purpose of the washing. For most purposes a vigorous, 20 second scrub under a stream of running water with soap is recommended. It's important that personnel note that bar soaps and liquid soap containers have been reported to become contaminated and can serve as a reservoir of microorganisms. Therefore, community bar soap is not allowable and liquid soap containers must not be refilled.

PROCEDURE:

- Do not touch the sink with your clothing.
- Use continuously running water at a comfortable, but not hot, temperature.
- Soap and friction are essential.
- Rub the soap in between fingers, around nail beds, and 3 inches above your wrist.
- Rinse your hands thoroughly in a downward position so that the runoff will go into the sink and not down your arms.
- Avoid splashing.
- Dry well, being sure to dry in between your fingers, from your wrist to your fingertips.
- Discard the towels into the trash can, being sure not to touch the trash can with your hands.
- Turn off the faucets with a new, dry paper towel and discard into the trash can being sure not to touch the trash can with your hands.

FACILITIES:

Hand washing facilities consist of a sink with running water, liquid or dry soap and paper towels. Avoid using sinks in food preparation areas such as kitchens.

Waterless hand cleaner shall be readily available if running water is not available. However, as soon as running water and soap are available, the hands should be re-washed.

Waterless hand cleaner must be carried in each vehicle. Additional dispensers will be located at entryways into each station.

MAINTENANCE:

Individualized liquid detergent containers are to be thrown away when empty and are not to be refilled.

Sinks and fixtures are to be kept clean and uncluttered.

HAND CARE:

For most routine procedures gentle, liquid lotion soap is acceptable.

Prior to invasive procedures an antimicrobial soap shall be utilized.

Waterless hand cleaners are not to be used if running water is available.

2. PERSONAL ITEMS

POLICY:

It is the policy of Palm Harbor Fire Rescue that any personal items (ex: razors, toothbrushes, etc.) brought to the station shall be secured in the employee locker.

PURPOSE:

To prevent transmission of disease.

PROCEDURE:

When not in use, all personal items shall be stored in the individual's bedroom or locker. These items shall not be left on the counters in the restroom or in the shower stalls.

Towels, bedding, and soiled personal clothing shall be removed from the lockers and laundered at least every 5 shifts. Refer to the housekeeping and laundry guidelines later in this section.

3. CONSUMPTION OF FOOD/BEVERAGES, APPLYING OF COSMETIC/LIP BALM, HANDLING OF CONTACT LENSES.

POLICY:

It is the policy of Palm Harbor Fire Rescue that consumption of food, beverages, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

PURPOSE:

To prevent contamination.

PROCEDURE:

Hands shall be washed thoroughly prior to consumption of food, beverages, smoking, applying cosmetics or lip balm and handling of contact lenses.

At no time shall any food or drink be consumed by department personnel in the engines, the truck, or the squad vehicle.

Upon arrival at the hospital or station, consumption of food or beverages are allowed in designated areas.

It is important to note that the Biomedical Waste storage areas and the areas where instruments are processed are restricted areas for smoking and/or the consumption of food and beverages.

4. FOOD AND DRINK STORAGE

POLICY:

It is the policy of Palm Harbor Fire Rescue that food and drink are not kept in refrigerators, freezers, on counter tops, in the vehicle other than the cab area or in other storage areas where there is potential for exposure to bloodborne pathogens.

PURPOSE:

To prevent transmission of bloodborne pathogens.

PROCEDURE:

Food and drink shall be stored in a clean designated area.

Perishable foodstuffs shall be labeled with the employee's name and removed on a weekly basis to allow thorough cleaning of the cabinets and refrigerators.

The cab of the engine is designated as a clean area. It is understood by all department personnel that there shall not be any contaminated clothing, instruments, or waste placed there at any time. As a clean area, packaged food and beverages may be transported to the station for consumption at the station.

Except for food items used for rehab activities at an incident, there shall be no food or drinks stored in the vehicle.

5. CONTAMINATED SHARPS

POLICY:

It is the policy of Palm Harbor Fire Rescue that contaminated sharps are to be placed in appropriate containers immediately, or as soon as possible after use at the point of use.

PURPOSE:

To prevent injury of punctures to department personnel and the community at large.

PROCEDURE:

After use, the disposable sharp shall be placed in a designated sharps container at the point of use.

When possible, contaminated sharps shall not be recapped, bent, or removed from the syringe prior to disposal.

The contaminated sharps container shall not be allowed to overfill. When returning to the station, the container shall be checked and replaced as necessary. When filled, the sharps container lid shall be secured with tape and the container labeled for disposal. The container shall be disposed of in the biohazard waste receptacle.

6. SPECIMEN COLLECTION / STORAGE / TRANSPORTING

POLICY:

It is the policy of Palm Harbor Fire Rescue that gloves shall be worn during specimen collection and appropriate hand washing technique be observed. Specimens of blood or other materials shall be placed in designated leak-proof containers appropriately labeled for handling, storage and transporting.

PURPOSE:

To prevent transmission of microorganisms.

PROCEDURE:

1) Don gloves for specimen collection.

2) Wipe off the outside of the specimen container with an alcohol pad.

3) Remove gloves and place into a biomedical waste bag if visibly soiled with blood or body fluids.

4) Thoroughly cleanse hands with the waterless hand cleaner unless, running water is available for hand washing with soap and water.

5) Place the specimen container in a leak-proof plastic bag.

6) Label the specimen bag with a bio hazardous symbol (unless permanently affixed to the bag.)

7) Place the securely closed bag into a plastic container that can be washed and disinfected if leakage should occur, for storage until transport. This container shall be labeled with the biohazard symbol.

8) Upon arriving at the specimen drop off point, hands shall be thoroughly washed with soap and water.

MISCELLANEOUS:

1) If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.
2) The transport container shall be labeled with the biohazard symbol.

7. EQUIPMENT FOR SERVICING / SHIPPING

POLICY:

It is the policy of Palm Harbor Fire Rescue that equipment to be serviced or shipped out of the station or department shall be decontaminated prior to shipment.

PURPOSE:

To prevent the transmission of disease.

PROCEDURE:

1) Prior to shipping a piece of equipment for servicing, that equipment shall be disassembled and thoroughly cleaned with soap and water, then disinfected with a department approved disinfectant.

2) If any portion of the equipment cannot be disassembled or decontaminated or disinfected, the equipment shall be placed into a securely closed leak proof or puncture proof container and a tag shall be placed on the outside of the bag/container advising the servicing company of that fact.

8. INSTRUMENT TRANSPORT

POLICY:

It is the policy of Palm Harbor Fire Rescue that all contaminated reusable instruments being transported shall be placed in rigid transporting containers at the point of origin. This rigid container shall be carried to the reusable instrument processing area of the station for decontamination and disinfection.

PURPOSE:

To prevent transmission of disease.

PROCEDURE:

1) After the procedure, the reusable contaminated instrument shall be placed in a rigid container at the point of origin.

2) The department personnel shall transport the rigid container to the instrument processing area of the station.

3) Instruments shall not be taken out of this container at a hospital emergency room and washed.

4) The Contaminated Reusable Instrument Policy shall then be followed, Section 5 #9.

9. CONTAMINATED REUSABLE INSTRUMENTS

POLICY:

It is the policy of Palm Harbor Fire Rescue that contaminated reusable equipment shall be immediately placed in leak-proof containers at the point of use and transported to the station reusable instrument processing area for decontamination and disinfection.

Appropriate protective attire such as face shields, fluid resistant coveralls and gloves shall be worn when reusable instruments are decontaminated and disinfected.

PURPOSE:

To protect individuals from exposure to bloodborne pathogens.

PROCEDURE:

1) Using gloves, place the contaminated reusable instruments into a leak-proof container for transport to the decontamination processing area of the station.

2) Remove gloves and discard into a biomedical trash can at the point of origin.

3) Cleanse hands with the waterless hand cleaner, unless running water is available.

4) Upon arrival at the station, add the enzymatic soaking solution to the container of contaminated instruments. Allow the instruments to soak for at least 30 minutes.

5) Wash hands thoroughly with soap and running water.

6) Prior to washing instruments, don appropriate protective garments. This may include chin length face shield or fluid resistant mask and goggles, fluid resistant cover-all and gloves.

7) Alert members of the station when washing of instruments takes place to lessen traffic in that contaminated area.

8) Thoroughly wash and rinse the instruments with Hydrogen Peroxide Spray.

9) Carefully pour any contaminated liquid into the sewer system.

10) NEVER REACH INTO THE CONTAINER at any point of the process with gloved hands. A tong or long handled forceps should be used to remove the instruments from the container.

11) Clean any splash areas thoroughly with the department approved disinfectant.

12) Place the now clean instruments into the disinfectant solution, being sure that the instruments are fully immersed in the solution.

13) Remove and discard all protective attire and dispose of in the biomedical waste bag at the point of use.

14) Wash hands thoroughly for at least 20 seconds.

15) Refer to the Instrument Disinfection / Sterilization Policy, Section 5, #10.

10. INSTRUMENT DISINFECTION / STERILIZATION

POLICY:

It is the policy of Palm Harbor Fire Rescue that instruments shall be classified and processed according to the recommendations of the Centers for Disease Prevention and Control.

PURPOSE:

To prevent transmission of disease.

PROCEDURE:

1) Instrument Classification:

   a) Critical—Instruments which will PENETRATE skin, mucosa shall be sterilized.

   b) Semi-Critical –Instruments/items which will CONTACT mucosa shall receive high-level disinfection.

   c) Non-Critical—Instruments/items which will only have contact with skin. May be treated with intermediate or low level disinfectants.

2) Sterilization:

   a) There is no equipment at Palm Harbor Fire Rescue to permit the Sterilization process to take place.

   b) All designated critical instruments shall be prepackaged disposable and labeled as sterile one time use by the supplier.

3) High-Level Disinfection:

   a) Hydrogen Peroxide 6% --May be used for high-level disinfection of semi-critical items. Immersion time is at least 20-minutes. The advantages are that it is highly sporicidal, safe, and versatile. Cannot use paper to wrap!

4) Intermediate Level Disinfection:

a) Sodium Hypochlorite (household bleach)—Commonly used in a 1:100 solution (1/4 cup to one gallon of water). Should be mixed fresh daily. Items to be treated should be carefully pre-cleaned. May be used for intermediate level disinfection on non-critical surfaces and equipment. Should not be used on aluminum or oxidizable metals. Utilize gloves and face protection.

b) Ethyl or Isopropyl Alcohol 70-90% -- May be used for an intermediate to low level disinfection. Safe. Requires a 10-minute exposure time.

CLASSIFICATION OF DEVICES, PROCESSES, AND GERMICIDAL PRODUCTS		
DEVICE CLASSIFICATION	**SPAULDING PROCESS CLASSIFICATION**	**EPA PRODUCT CLASSIFICATION**
Critical (enters sterile tissue or vascular area) Scalpels, needles, other surgical instruments, etc.	Sterilization	Autoclave
Semi-critical (touches mucous membranes) Laryngoscopes, endotracheal tubes, OPAs, other similar instruments.	High-level disinfection	Sterilant/disinfectant chemical agent
Non-critical (touches intact skin) Stethoscopes, BP cuffs, etc.	Low-level disinfection	General disinfectant

11. MEDICATIONS

POLICY:

It is the policy of Palm Harbor Fire Rescue that all medications shall be handled with strict adherence to asepsis.

PURPOSE:

To prevent transmission of infection.

PROCEDURE:

1) The medication bag shall be cleaned as necessary and thoroughly deep cleaned once a month. It shall be replenished after each use.

2) The medication bag shall be checked on a daily basis for shortages. Any visibly damaged medications shall be replaced immediately.

3) The medications shall be checked on a monthly system for outdates.

4) All medications shall remain in the sealed box until needed. The exception is when the medication must be removed from the box to facilitate proper storage in the drug box.

5) Any questionable contaminated medications shall be discarded.

6) Notify the Chief of EMS if the medication bag is in need of replacement.

12. DISINFECTION OF BLOOD AND BODY FLUID SPILLS

POLICY:

It is the policy of Palm Harbor Fire Rescue that all spills or splashes of blood or other body fluids, within a building or on its premises, shall be cleaned up and the spill or splash area shall be decontaminated as soon as possible. There shall be no hand contact of broken glass or any other sharp object or instrument.

PURPOSE:

To minimize the danger of environmental contamination, possible spread of bloodborne infections, and puncture from sharps.

PROCEDURE:

STATION:

1) Assemble necessary supplies/equipment
2) Wash hands
3) Put on disposable gloves and any other equipment if slashing is a possibility
4) Soak up the spill with paper towels
5) Spray the spill area with a hospital grade disinfectant
6) After 10 minutes, wipe up the solution with a paper towel until the area is dry
7) Discard paper towels, gloves and any other contaminated protective attire into a biomedical waste bag at the point of use
8) Wash hands for at least 20 seconds
9) After the initial clean up, regular environmental disinfection can take place

FIELD:

1) Assemble necessary supplies/equipment
2) Cleanse hands with waterless hand cleaner

3) Put on fluid resistant attire including eye protection and gloves

4) Spray the area with a 1:32 ratio bleach solution (See instructions below)

5) After 10 minutes, hose the area thoroughly

6) Remove all protective attire. Disposables should be placed into a biomedical waste bag if visibly soiled with blood; otherwise they may be disposed of in the regular trash. Reusable attire should be transported to the station in a securely closed leak proof bag for thorough decontamination and disinfection.

7) Cleanse hands with waterless hand cleaner

8) Upon return to the station, follow the appropriate procedure for decontamination and disinfection of reusable attire, Section 5, page 51. Additionally, thoroughly wash hands with soap and running water for at least 20 seconds.

To mix a 1:32 ratio solution of bleach, mix 2 cup of household bleach in 1 gallon of water. Mix new solution for each use. Do not pre-mix solution and leave in sprayer.

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13. VEHICLES

POLICY:

It is the policy of Palm Harbor Fire Rescue that the interior of the vehicle shall be thoroughly cleaned on a regular basis.

PURPOSE:

To minimize the danger of environmental contamination and transmission of infection.

PROCEDURE:

1) Wash hands

2) If soiling to your clothing is likely, don a fluid resistant jumpsuit

3) Put on a pair of disposable gloves

4) Thoroughly remove any visible blood, body fluids or other matter with soap and water

5) Scrub the interior with a hospital grade disinfectant – detergent

6) Rinse

7) Remove the protective attire (gloves and jumpsuit)

8) Discard the protective attire in a Biomedical Waste bag if visibly soiled with blood, otherwise dispose of it in the regular waste

9) Wash hands for at least 20 seconds

14. EQUIPMENT DECONTAMINATION/DISINFECTION

POLICY:

It is the policy of Palm Harbor Fire Rescue that all reusable equipment and supplies shall be decontaminated and disinfected after each use.

PURPOSE:

To prevent transmission of disease.

POLICY:

1) Instruments

Instruments shall be classified, decontaminated and disinfected according to Policy, Section 5, Page 18

2) Suction Units

Suction units shall be decontaminated and disinfected according to Policy, Section 5, Page 16

3) Other Reusable Equipment, i.e. , Back Boards, Splints

Unless already cleaned by the ambulance contractor, reusable equipment shall be disinfected after each use with a hospital approved disinfectant that is tuberculocidal and virucidal (i.e., Lysol or Hydrogen Peroxide Spray)

4) Carry Cases, i.e., Medication Bags, Trauma Bags, Airway Bags

All carry cases shall be thoroughly cleaned/disinfected on a weekly basis and as necessary. Thoroughly washed with soap and water, sprayed with a hospital approved disinfectant that is tuberculocidal and virucidal (i.e., Lysol or Hydrogen Peroxide Spray) and restocked with clean supplies as necessary.

5) Blood Pressure Cuffs

Decontaminate with soap and water. Spray with a hospital disinfectant that is tuberculocidal and virucidal.

6) Stethoscopes

Earpieces should be cleaned out using a cotton-tipped applicator that is impregnated with alcohol. The diaphragm should be sprayed with Clorox Hydrogen Peroxide spray and allowed to air dry.

15. CPR TRAINING MANIKIN

POLICY:

It is the policy of Palm Harbor Fire Rescue that the facial area of the CPR manikin shall be thoroughly cleaned at the end of the class. CPR face shields shall be used between each student when utilizing a multi-use manikin.

PURPOSE:

1) Prior to the beginning of the class, thoroughly spray the mouth and nose of the manikin with Isopropyl Alcohol or Clorox Hydrogen Peroxide spray.

2) Allow the area to remain wet for at least 10 minutes.

3) After 10 minutes, wipe the area with a clean gauze pad.

4) Students will be given disposable face shields to use while performing mouth to mouth procedures on manikin. Exception: When utilizing single-use type manikins that have been cleaned thoroughly prior to the class.

5) Upon conclusion of the class, the face shall be soaked in a freshly prepared 1:10 Clorox solution for 10 minutes and allowed to air dry.

6) The lungs shall be disposed of after each class.

7) The face of multi-use manikins shall be disposed of after 30 days.

8) Discard all disposable items in the regular trash.

9) Thoroughly wash hands with soap and running water for at least 20 seconds.

16. SUCTION CANISTERS

POLICY:

It is the policy of Palm Harbor Fire Rescue that suction canisters shall be securely closed and discarded as Biomedical Waste after each use.

PURPOSE:

To prevent transmission of disease.

PROCEDURE:

1) Cleanse hands with waterless hand cleaner.
2) Put on a pair of disposable gloves.
3) Remove the used canister and tubing from the suction machine.
4) Discard the tubing into a biomedical waste bag.
5) Securely close the canister - DO NOT EMPTY THE CONTENTS.
6) Discard the canister into a biomedical waste bag.
7) Spray and wipe off the suction machine.
8) Install a new canister and tubing in suction machine.
9) Discard gloves into a biomedical waste bag.
10) Cleanse hands with waterless hand cleaner.
11) Upon return to the station, thoroughly wash hands with soap and running water for at least 20 seconds.

17. INTRAVENOUS ADMINISTRATION

POLICY:

To prevent transmission of infection. The device will be a self-sheaving, auto-retractable, or other safety device.

PROCEDURE:

1) Assemble necessary equipment.

2) Cleanse hands with waterless hand cleaner.

3) Put on gloves.

4) Thoroughly cleanse the injection site with alcohol.

5) DO NOT TOUCH THE PREPARED AREA.

6) Make the stick - if the stick is unsuccessful - DO NOT USE THE SAME NEEDLE OR SITE.

7) Once the stick is successful, apply the occlusive dressing.

8) Discard disposable materials and placed retracted sheath in small red sharps container.

9) Cleanse hands with waterless hand cleaner upon completion of call.

10) Upon return to the station, clean and restock the Drug Bag.

11) Thoroughly wash hands with soap and running water for at least 20 seconds.

18. SPECIAL PROCEDURES

POLICY:

It is the policy of Palm Harbor Fire Rescue that all procedures shall be accomplished using strict adherence to appropriate technique to minimize splashing and/or exposure of bloodborne pathogens.

PURPOSE:

To prevent exposure to blood/body fluids.

PROCEDURE:

1) Procedures according to the recommendations of the Centers for Disease Prevention and Control shall be followed.

2) Refer to the Patient Care Activity Chart for appropriate barriers.

MISCELLANEOUS:

In the event of direct exposure to or contact with blood or other infectious materials:

1) Immediately wash the affected area with soap and water or, in the case of mucous membranes, flush copiously with water.

2) Report the incident immediately.

3) Record IN WRITING (Complete Infection Exposure Form) the time, nature of the exposure and the source.

4) Refer to the post exposure plan, Section 6 of this manual.

19. PATIENT CARE PRACTICES

Involves multifaceted patient care delivery in an out-patient setting. All patient care activities require attention to aseptic techniques.

Following is a list of the minimum requirements recommended during controlled situations to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of band-aids and gloves.

Sterile technique is to be used during sterile procedures.

Legend: X = Routinely
S = If soiling is likely
** = If splattering likely

Patient Care Activity	Hand Washing	Gloves	Cover All	Mask	Eye Protection
Child Birth	X	X	**	**	X
Cleaning the inside of the vehicle	X	X	S	**	**
CPR	X	X		**	**
Dressing Application	X	X	S	**	**
Instrument Processing	X	X	S	**	X
Intubation	X	X		**	X
Invasive Procedures	X	X		**	**
Medication Administration:					
a. Oral	X	X			
b. Subcutaneous	X	X			
c. Intramuscular	X	X			
d. Intravenous	X	X			
Suctioning	X	X	S	**	X
Trauma Care	X	X	S	**	**

20. NEW JOB CLASSIFICATION

POLICY:

It is the policy of Palm Harbor Fire Rescue that when a new individual comes to the department or personnel change jobs within the department, the following process takes place.

PURPOSE:

To ensure that department personnel are appropriately classified.

PROCEDURE:

1) The job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which have been identified in the Exposure Control Plan as those in which occupational exposure occurs.

2) If the individual is transferring from one job to another within the department, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.

3) Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the department member into occupational exposure situations are identified.

4) The individual is then trained by the EMS Chief or Training Chief regarding any work practice controls that the individual is not experienced with.

21. NEEDLELESS ADMINISTRATION SYSTEM

POLICY:

It is the policy of Palm Harbor Fire Rescue to participate in Pinellas County EMS's needleless system. Medications available in the needleless form shall be utilized. The use of needles shall be minimized, whenever possible.

PURPOSE:

1) To reduce the danger by needle sticks.

2) To prevent transmission of disease.

EQUIPMENT:

Medications with needleless adapters and needleless IV supplies.

PROCEDURE:

IV Administration Set—IV catheter is inserted and needle is retracted and discarded. A needleless extension tubing is attached to catheter. IV tubing is attached to extension set. Connections are made via twist-lock.

Pre-ject Administration—Attach syringe directly onto IV set. Administer medication into port.

Medications from a Vial—Use a standard needle (18g blunt tip) to draw up medication from the vial. After the medication is drawn up, either inject the medication into IV bag directly or remove the needle and discard appropriately. Administer medication directly into the port on the IV tubing.

D. PERSONAL PROTECTIVE EQUIPMENT

POLICY:

It is the policy of Palm Harbor Fire Rescue that the department shall provide, at no cost to the department personnel, the personal protective equipment (PPE) that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Bunker Gear and Helmets
- Fluid Resistant Jumpsuits
- Fluid Resistant Protective Eyewear
- Gloves, latex and puncture resistant
- Resuscitation Equipment
- Rubber Boots

PURPOSE:

To provide the individual with a physical barrier between the rescuer and the infectious agent. This is the last line of defense.

PROCEDURE:

1) Hypoallergenic gloves, glove-liners and similar alternatives shall be readily available to those individuals who are allergic to the gloves the station normally uses. The individual is to advise the EMS Chief when this need occurs.

2) To make sure that this equipment is used as effectively as possible, all individuals adhere to the following practices when using their personal protective equipment:

    a. Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.

    b. All personal protective equipment is removed prior to leaving the work area or accident site.

3) The Chief is responsible for ensuring that all work areas have appropriate personal protective equipment available to Palm Harbor Fire Rescue personnel.

4) All individuals 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, if an individual takes a new position or new job functions are added to their current position.

5) To determine whether additional training is needed, the individual's previous job classification and tasks are compared to those for any new job or function that they undertake. Any needed training is provided by the Training Officer or a designated member of the department.

6) To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect individuals from potential exposure, Palm Harbor Fire Rescue 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 cannot, for whatever reason, be decontaminated) is disposed of by placing that equipment in the biomedical waste disposal system at the point of use.

7) Palm Harbor Fire Rescue provides disposable personal protective equipment for use when determined to be necessary.

1. GLOVES

POLICY:

It is the policy of Palm Harbor Fire Rescue that gloves be worn with all patient contact, paying particular attention to the handling of blood or body fluids, mucous membranes and non-intact skin.

PURPOSE:

1) To prevent the spread of infection and disease to personnel.

2) To protect wounds from contamination.

3) To keep hands free from potentially infectious material.

4) To prevent exposure to the AIDS and Hepatitis B Viruses (or any harmful disease) from blood or body fluids.

EQUIPMENT:

Gloves of appropriate size.

PROCEDURE:

When to Use Gloves:

1) With all patient contact.

2) When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin.

3) After touching a patient's excretions, secretions, blood, or body fluids, or other contaminated items.

4) When employee's hands have any cuts, scrapes, wounds, chapped skin, dermatitis, etc.

5) When cleaning blood/body fluid spills.

6) When cleaning potentially contaminated items.

Putting on Gloves:

1) Obtain gloves in appropriate size.

2) Put on gloves and visually examine them for any openings. If gloves are torn, they must not be worn.

Removing the Gloves:

1) Using one hand, pull the cuff down over the opposite hand turning the glove inside out.

2) Discard the glove into an appropriate waste receptacle.

3) With the ungloved hand, pull the cuff down over the opposite hand turning the glove inside out.

4) Discard the glove into the biomedical waste receptacle if visually contaminated with blood or body fluids.

5) Discard the glove package into the paper receptacle.

6) When in the field, cleanse hands with waterless hand cleaner.

7) Upon return to the station, wash hands with soap and running water for at least 20 seconds.

MISCELLANEOUS:

1) When gloves are indicated, disposable single-use gloves should be worn.

2) Sterile gloves should be used for invasive procedures to prevent contamination of the patient and to decrease the risk of infection.

3) Non-sterile gloves should be used primarily to prevent the contamination of the hands when providing care/services to the patient and cleaning contaminated surfaces.

4) Use gloves only once. Discard used gloves into the appropriate waste receptacle.

5) If gloves are visually contaminated with blood or body fluids, they must be disposed of as biomedical waste at the point of use.

6) Wash hands after removing gloves. (Note: Gloves do not replace hand washing.)

7) Gloves should be removed before removing the mask/face shield and suit and discarded into the waste receptacle at point of use.

2. PROTECTIVE EYEWEAR

POLICY:

It is the policy of Palm Harbor Fire Rescue to use protective eyewear to protect the mucous membranes of the eyes when the chance of being splashed from blood or body fluids is likely.

PURPOSE:

1) To prevent fluid from splashing into the eyes.

2) To prevent the transmission of disease.

PROCEDURE:

1) Eyewear will be readily available where protective barriers are kept.

2) When anticipating splashes of blood or body fluids to the eyes, eyewear will be worn.

3) Regular cleaning and disinfecting procedures used within the department are adequate for decontamination of soiled reusable eyewear. Refer to Decontamination and Disinfection of Reusable Equipment Section 5.

4) In the event of an exposure, the post exposure plan found in Section 6 of this manual shall be followed.

3. FLUID RESISTANT COVERALLS

POLICY:

It is the policy of Palm Harbor Fire Rescue that fluid resistant coveralls (gowns or jumpsuits) shall be worn when soiling of the clothing with blood or body fluids is likely.

PURPOSE:

1) To prevent the spread of infection and disease.

2) To prevent the soiling of clothing with infective material.

3) To prevent the splashing or spillage of blood or body fluids on the clothing or onto exposed skin.

EQUIPMENT:

Fluid resistant coveralls (gowns or jumpsuits)

PROCEDURE:

1) Fluid resistant coveralls shall be worn when clothing is likely to become soiled with potentially infective secretions or excretions during invasive procedures or cleaning equipment/instruments.

2) The coverall must be completely closed. If a jumpsuit is worn the legs must be pulled down to the shoes, covering the clothing completely.

3) Use the coverall only once, and then discard into the appropriate container at the point of use.

4) Hands must be cleansed or washed after removing the coverall.

4. FLUID RESISTANT MASKS

POLICY:

It is the policy of Palm Harbor Fire Rescue that FLUID RESISTANT MASKS shall be worn when a patient has a productive cough or when splashing of blood or body fluids is anticipated.

PURPOSE:

1) To prevent the transmission of infectious agents through the air.

2) To protect the wearer of the mask from inhaling droplets.

3) To prevent the transmission of some infections that can be spread by direct contact with mucous membranes.

EQUIPMENT:

High-efficiency fluid-resistant disposable masks.

PROCEDURE:

When to Use:

1. When providing services where the use of a mask is indicated.

2. When performing a task that may involve the splashing of blood or body fluids into the mouth or nose.

Putting on the Mask:

1. Obtain the mask.

2. Wash your hands for at least 20 seconds or use water-less hand sanitizer.

3. Remove the mask from its container. Note: If suiting procedures are necessary, put the mask on before putting on the coverall or bunker gear.

4. Unfold the mask. Do not touch the part of the mask that will cover your face. Hold the mask by the strings only.

5. Put the mask over your nose and mouth. Place the strings around your ears.

6. Avoid any unnecessary handling of the mask.

Removing the Mask:

1. Wash your hands for at least 20 seconds or use waterless hand sanitizer.
2. Remove the mask from your face. Handle strings only.
3. Discard the mask into the waste receptacle at the point of use.
4. Cleanse hands with waterless hand sanitizer when in the field.
5. Upon return to the station, the hands must be washed with soap and running water for at least 20 seconds.

MISCELLANEOUS:

1. Make sure your hands are clean before putting on a face mask.
2. Make sure your mask covers your nose and mouth while performing services.
3. If your face mask gets wet, change it. Masks become ineffective when moist.
4. Do not let the face mask hang loose around your neck.
5. When changing a face mask, you must wash your hands.
6. Do not remove your mask while performing services.
7. Mask may be used only once and then discarded.
8. Handle mask only by the side strings.
9. Never touch your mask while it is in use.
10. Follow established hand washing techniques.
11. If the mask is visibly soiled with blood or body fluids, it must be placed into the biomedical waste container at the point of use.

5. BUNKER GEAR/HELMETS

POLICY:

It is the policy of Palm Harbor Fire Rescue that bunker gear and helmets shall be worn in any firefighting situation or situations where there may be exposure to conditions that may be hazardous to employees including falling objects, high temperatures, and broken glass or sharp metal.

PURPOSE:

1. To prevent the transmission of disease.
2. To prevent any tears in skin or clothing.
3. To protect against falling object or fire related injury.
4. To protect the employee from any injuries.

EQUIPMENT:

Clean, intact bunker gear and helmet, as per the current department SOP.

PROCEDURE:

1. Bunker gear shall be worn to protect the individual from splashes or cuts of skin/clothing. Helmet is designed to prevent injuries to the head.
2. The bunker gear must be laundered on a routine and as necessary basis. Place in a clear bag for normal laundering and a yellow bag for blood or body fluid contamination. These are not to be laundered at home or in the station's machines.
3. The bunker gear and/or helmet must be repaired or replaced if it is torn or damaged by a certified professional and shall meet all current standards.

6. RESERVED FOR FUTURE USE

POLICY:

PURPOSE:

EQUIPMENT:

PROCEDURE:

7. RESUSCITATION EQUIPMENT

POLICY:

It is the policy of Palm Harbor Fire Rescue that resuscitation equipment such as pocket masks are to be used in place of mouth-to-mouth resuscitation.

PURPOSE:

To prevent the spread of infection and disease.

EQUIPMENT:

Pocket Masks or Ambu-Bag

PROCEDURE:

When to Use:

1. In the event of a cardiac/respiratory arrest situation instead of mouth-to-mouth resuscitation.

2. All Ambu-bags and pocket masks are disposable and are only to be used one time and discarded into the appropriate waste container.

3. If viral filter is used, this shall be discarded with the BVM after use.

8. UNIFORM SHOES

POLICY:

It is the policy of Palm Harbor Fire Rescue that appropriate uniform shoes shall be worn while on duty.

PURPOSE:

Uniform duty shoes.

PROCEDURE:

1. Appropriate and approved uniform duty shoes are to be worn while on duty.

2. After an emergency situation where there may have been exposure to blood or body fluids, the shoes are to be decontaminated by scrubbing with a brush and then sprayed with Lysol or Hydrogen Peroxide Spray.

3. Damaged shoes are to be repaired or replaced as soon as possible.

NOTE:
APPROPRIATE DUTY SHOES ARE THOSE THAT ARE FULLY ENCLOSED LEATHER OR A COMBINATION OF LEATHER AND CORDURA FABRIC AND APPROVED BY THE DEPARTMENT.

E. HOUSEKEEPING

Maintaining the department in a clean and sanitary condition is an important part of the Bloodborne Pathogens Compliance Program. To facilitate this, a written schedule for cleaning and decontamination of the various areas of the station has been established. The schedule provides the following information (this schedule can be found on the following page).

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions that is appropriate.

Using this schedule, the department employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
    - After the completion of medical procedures.
    - Immediately (or as soon as feasible) when surfaces are overly contaminated.
    - After contact with any spill of blood or infectious materials.
    - Between each patient if the surface may have been contaminated during that patient contact and at the end of each day.
- All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
- Contaminated reusable sharps are placed in appropriate containers at the point of use.

The Station Officers are responsible for setting up the cleaning and decontamination schedule and making sure it is carried out within the station.

CLEANING SCHEDULE

WHAT	WHO	WHEN	WITH WHAT
Bed Covers	Contract Laundry or Dept. Personnel	Monthly and as necessary	Laundry Detergent
Bed Rolls	Department Personnel	At least every 5 shifts and as necessary	Laundry Detergent
Bunker Gear	Contract Laundry	Every 6 months and as necessary	Laundry Cleaner by Contractor
Carpeting	Depart. Personnel or Contractor	Annually or as necessary	Commercial Carpet Cleaner
Carry Boxes/Bags	Department Personnel	Weekly and as necessary	Soap & Water, Hyrdogen Peroxide Spray
CPR Training Manikins	Department Personnel	Between each class/after use	Isopropyl Alcohol, Hydrogen Peroxide Spray or 1:10 Bleach
Decontamination Area	Department Personnel	As necessary	Hydrogen Peroxide Spray
Floors	Department Personnel	Daily and as necessary	General Anti-Bacterial Detergent
Kitchen	Department Personnel	Daily and as necessary	Kitchen Detergents
Light Fixtures	Department Personnel	As necessary	General Detergent
Mop Buckets	Department Personnel	Weekly and as necessary	Soap & Water, Bleach
Mops	Department Personnel	Weekly and as necessary	Washing Detergent and Bleach
Office Areas	Department Personnel	Weekly and as necessary	General Detergent
Outside Storage Area	Department Personnel	Weekly and as necessary	General Detergent

CLEANING SCHEDULE

WHAT	WHO	WHEN	WITH WHAT
Rest Rooms	Department Personnel	Daily and as necessary	Bathroom Detergent
Reusable Equipment	Department Personnel	After each use	Soap & Water, Hydrogen Peroxide Spray
Reusable Instruments	Department Personnel	After each use	Hydrogen Peroxide Spray
Reusable Personal Protective Equipment	Department Personnel	As necessary	Soap & Water, Hydrogen Peroxide Spray
Sleeping Quarters	Department Personnel	Weekly and as necessary	General Detergent
Storage Areas	Department Personnel	Weekly and as necessary	Soap & Water, Hydrogen Peroxide Spray
Trash Cans	Department Personnel	Weekly and as necessary	Soap & Water, Hydrogen Peroxide Spray
Upholstered Furniture	Department Personnel	As necessary	Upholstery Cleaner
Vehicle Interior	Department Personnel	Weekly and as necessary	Soap & Water, Hydrogen Peroxide Spray
Vehicle Roof Mounted A/C Units	Department Vehicle Maint. Technician	Annually	Soap & Water, Hydrogen Peroxide Spray or Bleach
Windows	Department Personnel	Monthly and as necessary	General Detergent
Tempus Pro/LS Monitor	Department Personnel	As necessary	Isopropyl Alcohol

CLEANING SCHEDULE

WHAT	WHO	WHEN	WITH WHAT

F. LAUNDRY

POLICY:

It is the policy of Palm Harbor Fire Rescue that all soiled linen and/or garments used in patient care shall be considered contaminated under the guidance of Universal Precautions.

PURPOSE:

To prevent exposure to contaminated laundry.

PROCEDURE:

A. PERSONNEL CLOTHING

1. If personnel's clothing becomes contaminated with blood or bodily fluids, the individual should:

    a. Alert the District Chief or appropriate member of the chain of command of the occurrence.

    b. Remove the soiled garments.

    c. Wash the soiled areas of the body thoroughly with soap and water insuring no open wounds or sores were exposed.

    d. Don clean attire.

    e. Place the soiled garments in a securely closed yellow plastic bag. If the items are to be cleaned, do <u>not</u> use a red biohazard bag.

2. The department shall make arrangements to have the personnel's clothing laundered commercially with the laundry company. There shall be no expense to the individual. Replace soiled clothing with new garments as necessary.

3. At no time shall the individual take home these soiled garments.

B. BUNKER GEAR

1. If Bunker Gear becomes contaminated, it shall be placed into a designated <u>*yellow*</u> laundry bag and sent to the contract laundry. The individual shall then utilize their back-up Bunker Gear.

2. All Bunker Gear shall be routinely laundered on a 6-month basis by the contract laundry service.

C. BED ROLLS / COVERS

1. All bed rolls shall be removed from individual lockers after 5 shifts and laundered.

D. TOWELS / PERSONAL ITEMS

1. All towels and personal items are the responsibility of the individual unless the personal item is contaminated with an outside source of blood/body fluids.

2. It is expected that the clothing of the individual shall be clean at all times and free of odor.

G. WASTE MANAGEMENT PLAN

POLICY:

It is the policy of Palm Harbor Fire Rescue to manage and dispose of waste in accordance with Local, State, and Federal regulations in the most cost effective manner possible.

PURPOSE:

To protect the personnel, patients, and the community from the possibility of disease transmission.

PROCEDURE:

1. GENERAL WASTE

   a. All general waste shall be stored and disposed of in containers large enough to prevent spillage.

   b. All waste containers shall be lined with plastic disposable bags to prevent soiling of the container.

   c. All waste containers shall be cleaned with a hospital approved detergent disinfectant solution and dried thoroughly on a regular and as necessary basis according to the department cleaning schedule.

   d. All waste containers shall be conveniently located so as to be available to department personnel.

   e. All waste containers used for waste other than paper shall be leak-proof, have tight fitting lids and be rodent proof.

   f. General waste shall be removed from the department on a scheduled and as necessary basis by designated individuals.

   g. The dumpster, or provided trash container, shall be emptied at least weekly and the contents taken to a sanitary landfill by a contract transporter.

   h. The area surrounding the dumpster shall be maintained in a clean fashion.

2. LIQUID WASTE

   a. All liquid wastes resulting from the cleaning of utensils, floors, and restroom shall be disposed of in the sanitary sewer system.

   b. All disposable liquid waste from the department shall be carefully poured into the sewage system. The individual pouring the waste shall be appropriately garbed to prevent splashing and/or soiling of clothing.

3. BIOMEDICAL WASTE

   a. DEFINITIONS:

      1) Biomedical waste has been defined by the State of Florida as that waste which may present a threat of infection to humans. Examples include non-liquid tissue and body parts from humans and other primates; laboratory and veterinary waste which contain human disease-causing agents; discarded sharps; and blood, blood products and body fluids from humans and other primates. The following are also included:

         a) Used, absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood. Absorbent material includes items such as bandages, gauzes and sponges.

         b) Disposable devices that have been contaminated with blood, body fluids, or blood contaminated secretions or excretions and have not been thoroughly rinsed.

         c) Other contaminated solid waste materials which represent a significant risk of infection because they are generated in medical facilities which care for persons suffering from diseases requiring strict isolation criteria and listed by the U.S. Department of Health and Human Services, Centers for Disease Control.

d) Laboratory Waste: Any laboratory waste contaminated with a human disease-causing agent. Examples are contaminated specimen and culture containers, sharps, implements used to manipulate specimens that are capable of causing disease in humans and cultures containing human disease-causing agents, components of diagnostic kits contaminated by use with specimens or cultures, live or attenuated vaccines, medium inoculated with a human disease-causing organism, specimens that are capable of causing disease in humans and cultures containing human disease-causing agents, stocks of infectious agents, associated biologicals, waste from the production of biologicals and recombinant material that have the potential to transmit disease to humans.

e) Human and other primate tissues and body parts—Examples are amputated extremities, tissues, tissue cultures, teeth, nail with attached root, and gingival scrapings.

f) Human and other primate blood and blood products. This definition includes whole blood, serum, plasma, blood products such as interferon.

g) Body Fluids—Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B and include lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be treated as biomedical waste unless *visibly contaminated with blood*.

h) Sharps—Devices with physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin. Examples include needles, needles attached to disposable syringes, intact or broken glass, and intact or broken hard plastic. Suction canisters or similar disposable medical items filled with blood or body fluid(s) that are gelled by a polymerizing agent prior to on-site transport may be handled and packaged as non-sharp biomedical waste.

2) Point of Origin has been defined by the State of Florida as the area or scene where the biomedical waste is generated. Examples are the victim's home or the scene of the accident.

b. SEGREGATION

1) Biomedical waste shall be identified and segregated from other solid waste at the point of origin.

2) Biomedical waste, except sharps, shall be packaged in red bags that meet the specifications of the Florida Code.

3) Filled bags shall be sealed at the point of origin by securely tying the top of the bag.

4) The bag shall not be allowed to become so full that the top cannot be securely tied.

5) Containers used to store the bags shall not be allowed to become so full that the top cannot be securely closed.

6) Discarded sharps shall be segregated from all other waste and shall be placed directly into sharps containers at the point of origin.

7) Sharps containers shall meet the specifications detailed in the Florida Code.

8) Sharps containers shall be exchanged when 3/4 full. The top shall be securely taped closed at the time of exchange.

9) At no time shall sharps and other waste be co-mixed, i.e., with cotton balls, gauze pads, or other red bag waste.

10) Biomedical waste shall not be co-mixed with hazardous waste or it shall be managed as hazardous waste.

11) Biomedical waste mixed with radioactive material, shall be managed and disposed of in a manner that does not violate the Florida Code.

12) Any other solid waste, which is neither hazardous nor radioactive in character, mixed with biomedical waste, shall be managed as biomedical waste.

c. LABELING

1) All packages containing biomedical waste shall be labeled as required by the Florida Code.

a) BAGS

(1) Bags containing biomedical waste shall be labeled prior to being placed into an outer container.

(2) The date that is reflected on the label shall be the date on which the bag was first put into use.

(3) The label shall include the name and the address of the department and the date when the first item was placed in the bag.

(4) The label shall be securely attached to the bag by the individual tying and disposing the waste.

(5) After depositing the waste into the bag, the individual shall wash their hands and then date the bag when the 1st item is placed in the bag.

(6) The International Biological Hazard symbol shall be 6 inches in diameter and permanently marked on the bag. However, symbols of at least 1.5 inches in diameter shall be permitted on bags having the dimensions 19" x 14" or smaller.

(7) One of the following phrases shall be used in conjunction with the International Biological symbol: “Biomedical Waste”, “Infectious Waste” or “Infectious Substance”.

b) SHARPS CONTAINERS

(1) Sharps containers shall be designed primarily for the containment of sharps. Milk jugs, coffee cans or other types of containers not designed for the containment of sharps shall not be used.

(2) Sharps containers shall be leak-resistant, rigid, and puncture resistant under normal conditions of handling and use.

(3) Sharps containers shall be clearly labeled with the International Biological symbol of at least 1.5 inches in diameter.

(4) Additionally, one of the following phrases shall be used in conjunction with the International symbol: “Biomedical Waste”, “Bio-hazardous Waste” or “Infectious Substance”.

(5) Sharps containers shall be of sufficient size so that the sharp is completely enclosed.

(6) When the used sharps container is exchanged it shall be securely closed, a label which contains the name and address of the department and the date of closure of the container shall be applied by the individual removing the container at the point of origin.

(7) Once the sharps container is closed and labeled, it shall be placed in the designated area in the department for pick up by the contract Biomedical Waste Transporter.

d. ON-SITE STORAGE

1) Each station shall have its own contained storage area.

2) All bags containing biomedical waste and sharps containers once securely tied or taped closed and appropriately labeled shall be placed in the provided rigid, leak-proof container at Station 65 in preparation for transport by the Biomedical Waste Contract Transporter.

3) Storage of biomedical waste shall not be for a period of greater than 30 days. The 30-day time period shall commence when the first non-sharp item of biomedical waste is placed into a red bag.

4) Storage of biomedical waste shall be in the designated soiled utility area within the station area. The soiled utility area of the station shall be:

a) Conspicuously marked with the International Biological Hazard symbol

b) Accessible only to authorized personnel

c) Located away from common traffic areas yet accessible to the department personnel and the contract transporter

d) Cleaned on a regular and as necessary schedule by designated persons according to the cleaning schedule

e) Protected from humans, birds, animals and rodents

5) The outer transporting container shall be dated when the first biomedical waste is placed in it.

e. ON-SITE TRANSPORT

1) Containers of biomedical waste shall not be transported between stations for any reason.

2) There shall be no recycling efforts or intentional removal of waste from its packaging prior to the waste being disposed of by the Biomedical Waste Contract Transporter.

3) Packages of biomedical waste shall be handled and transferred in a manner that does not impair the integrity of the packaging.

4) Packages of biomedical waste shall not be compacted or subjected to mechanical stress which will compromise the integrity of the package during transfer.

5) Containment of biomedical waste before or during transportation to the on-site transport must be handled in such a manner that no discharge or release of any waste occurs.

6) Containers used to transfer wastes shall be cleaned and disinfected on a regular and as necessary schedule by designated persons according to the department cleaning schedule.

7) Protective clothing shall be worn by all individuals handling the waste, i.e., gloves, outer garments.

8) The outer surface of the waste containers shall be free of visible soil.

f. OFF-SITE DISPOSAL

1) Palm Harbor Fire Rescue shall not negotiate for the off-site transport of biomedical waste with a person who is not a DER registered Biomedical Waste Transporter.

2) At the time of writing this policy the contract transporter is negotiated and paid for by Pinellas County EMS. The contractor is Bio Waste Services Inc at this time.

3) The contract transporter shall pick up the waste on a regular 30-day schedule and as necessary if the need arises.

4) The contractor will pick up and transport the biomedical waste in leak-proof, fully enclosed containers to a site approved by all regulatory bodies for handling and disposing of infectious wastes.

5) It is the responsibility of the contractor to maintain all valid permits relevant to disposal of infectious waste.

6) It outside transporting container shall include the appropriate biohazard symbol and phrase "*Biomedical Waste*" in addition to the name and address of Palm Harbor Fire Rescue.

7) It is the responsibility of the contract transporter to provide a leak-proof storage container.

8) The contract transporter shall provide all necessary documentation of disposal to the Chief of Palm Harbor Fire Rescue.

g. EDUCATION AND TRAINING

1) Palm Harbor Fire Rescue shall have a written training program on biomedical waste that includes definitions, on-site segregation, handling, labeling, transport, storage and contingency plans for spills.

2) Each new employee shall be instructed by the EMS Chief or designee at the time of hire on the Waste Management Plan.

3) Annually, it is recommended that all personnel of Palm Harbor Fire Rescue shall attend an educational program that includes the Waste Management Plan.

4) Educational programs will be conducted that includes waste management on an as necessary basis.

5) All educational program training records shall be maintained in the department for the duration of employment plus three years.

6) Training records shall include:

   a) Date of all training sessions
   b) Contents of the training sessions
   c) Name and qualifications for the instructor
   d) Names and Identification Numbers of employees attending the training sessions

7) These training records are available for examination and copying to employees and their representatives as well as state or federal agencies or their representatives.

h. RECORD KEEPING

1) Palm Harbor Fire Rescue and/or Pinellas County EMS & Fire Administration shall have on file a current bag quality test report supplied by the bag manufacturer that includes the following:

   a) Test date
   b) Bag manufacturer
   c) Bag dimensions, meaning length and width
   d) Film gauge, (meaning thickness)
   e) Average weight of bags tested
   f) Impact resistance value, ASTM D-1709-85
   g) Tearing resistance values, both parallel and perpendicular to the length of the bag, ASTM D-1922-67

h) Name and address of the company that performed the test

i) A written statement that the dyes used in coloring the bags meets the concentration levels for incidental heavy metals listed 10D-104.004(2)(b)1.b

2) All biomedical waste management records, including any documentation provided by the transporter, shall be maintained for 3 years and be available for inspection by the inspecting agency. Examples are transporter receipts, purchase and return-receipts for mail-in sharps containers, purchase receipts for approved alternative treatment methods, sterilization or treatment logs, a receipt from DER approved treatment facilities, and training records.

3) The contract transporter policies and procedures shall be on file in the administrative offices of Palm Harbor Fire Rescue.

i. CONTIGENCY PLANS

1) The contract transporter shall be contacted immediately by the EMS Chief or his designee if biomedical waste needs to be removed prior to the scheduled pick up.

2) Routinely, there should be no reaching into or removing anything from the biomedical waste container.

3) Equipment and work surfaces shall be cleaned with a hospital approved disinfectant between each patient contact, when visibly soiled and at the end of the shift.

4) Personal protective equipment shall be worn when necessary.

5) Broken glassware and/or sharps shall never be picked up by an unprotected hand.

6) All spills of biomedical waste shall be cleaned up immediately.

7) Any spills or injuries resulting from biomedical waste handling shall be reported through the department incident reporting system.

8) Hands shall be thoroughly washed for at least 20 seconds after handling biomedical waste.

j. BLOOD AND BODY FLUID SPILLS

1) It is the policy of Palm Harbor Fire Rescue that all spills or splashes of blood or other body fluids are cleaned up and the spill or splash area is decontaminated as soon as possible.

2) The individual cleaning the spill shall wear the appropriate protective attire provided by Palm Harbor Fire Rescue and housed in each vehicle.

3) The Blood and Body Fluid Spill Procedure as outlined in Section 5, Page 23 shall be followed.

k. AUTHORITY

1) This policy shall be reviewed by the Chief or his designee and, if necessary, the Infection Control Consultant on an annual basis.

2) The Chief or his designee has the authority to enforce this policy.

l. MEDICAL PLAN

1) All personnel shall be offered the Hepatitis B Vaccine at no charge to the individual at the time of hire and at any time thereafter.

2) Records of vaccination or refusal shall be maintained by the department.

3) In the event of an exposure, the employee shall be referred to the Infection Control Consultant according to the department Exposure Control Plan for appropriate treatment and follow up at no expense to the employee.

m. REVIEW AND CERTIFICATION

1) It is the policy of Palm Harbor Fire Rescue that each individual shall review the Waste Management Plan on initial hire and annually thereafter.

2) After review, all personnel shall sign the attached certification.

3) The certification shall be a part of the personnel record.

n. COMPLIANCE CHECKLIST

1) Palm Harbor Fire Rescue recognizes that compliance to the State of Florida Biomedical Waste Management Rule must be accomplished. Therefore, a daily inspection shall be made by the company officer of each station of the bio-hazard room.

2) The company officer shall visually inspect the bio-hazardous waste container of each station for proper containerization of waste and sharps.

3) If loose sharps or waste items are discovered in the waste container, the company officer shall either secure the products or make arrangements with the District Chief or ICO to have the products secured.

A. HEALTH RESTRICTIONS

POLICY:

It is the policy of Palm Harbor Fire Rescue that personnel who have exudative lesions, weeping dermatitis, or any other potentially contagious illness or condition shall be evaluated by the ICO and/or department physician(s) (Workers Comp Provider, Baycare) to determine if the individual should be restricted from performing any invasive procedures or direct patient care, or handling equipment used for patient care until the condition resolves.

PURPOSE:

To protect the personnel, clients and community from the possibility of disease transmission

PROCEDURE:

1. Personnel with any of the above signs or symptoms shall notify the District Chief.

2. Any employee that becomes ill with the above while at work shall notify the District Chief.

3. The District Chief shall notify the ICO or his designee, as necessary.

4. The ICO is responsible for monitoring all employee illness and referring the employee to the department physician(s).

B. HEPATITIS B VACCINATION PROGRAM

POLICY:

It is the policy of Palm Harbor Fire Rescue to provide, at no cost to the individual, Hepatitis B vaccine to all department personnel who have occupational exposure to bloodborne pathogens.

PURPOSE:

To protect the personnel from the possibility of Hepatitis B disease infection

PROCEDURE:

1. The vaccination program consists of a series of three inoculations over a six-month period. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.

2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

3. Screening shall be done during the employees annual physical.

C. ANNUAL INFECTIOUS DISEASE SCREENING

POLICY:

It is the policy of Palm Harbor Fire Rescue to provide, at no cost to the individual, annual infectious disease screening for HIV, HBV, and HCV.

PURPOSE:

To monitor the health status of personnel with regards to infectious diseases

PROCEDURE:

1. Screening tests will be done in conjunction with the employees' annual physical process.

2. The results will remain confidential in accordance with applicable law.

3. Results will be discussed with the employee by the healthcare provider conducting the physical.

D. POST EXPOSURE EVALUATION AND FOLLOW-UP

POLICY:

It is the policy of Palm Harbor Fire Rescue that if an individual is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that are immediately focused on:

- Making sure the individual receives medical consultation and treatment (if necessary) as quickly as possible
- Investigating the circumstances surrounding the exposure incident

Source blood should be obtained utilizing the Pinellas County Post-Exposure Prophylaxis (PEP) Kit whenever possible prior to arrival at the hospital of the patient's (source) choice. It is recommended that the employee who experienced the exposure be treated at the same ED as the source patient for communication purposes.

PROCEDURE:

1. If a potential exposure occurs, it is imperative to obtain a blood sample from the source patient. Utilize the County provided PEP Kit for this procedure. Follow the instructions in the Kit for obtaining permission if the source patient is conscious and alert. Draw 4 vials of blood, two "purple top" and two "tiger top" and label them with the source patient name, date and time drawn, and EMS ID of the person obtaining the sample. Complete the enclosed form with signatures.

2. The Chief of EMS or the designated ICO shall be notified of all exposures immediately. Contact with our current Work Comp provider, Baycare, shall be made and a determination made regarding treatment and location.

3. The Chief of EMS or the designated ICO shall investigate every exposure incident that occurs in the department. Whenever possible, this investigation is initiated within 24 hours after the incident occurs, and involves gathering the following information:

    a. When the incident occurred: Date and time
    b. Where the incident occurred
    c. What potentially infectious materials were involved: Type of material (blood, bodily fluid) and if blood was present in the fluid
    d. What part of the employee's body was exposed and if there was an open wound present if on the skin
    e. Source of the materials (was source blood drawn?)
    f. Under what circumstances the incident occurred
    g. Type of activity being performed
    h. How the incident was caused: Accident, unusual circumstances

i. Was personal protective equipment being used at the time of the incident
j. Actions taken as a result of the incident (decon, testing, etc)

4. It is recognized that much of the information involved in this process must remain confidential. All steps possible to protect the privacy of the individual(s) involved shall be taken.

5. The employee and supervisor shall complete the department's Accident/Injury Investigation form and the Infectious Exposure form prior to completion of the shift.

6. All reports and records for an incident shall be retained in a separate secured file in the EMS Chief's office for the legal required time period up to and post-employment.

LABELS AND SIGNS

POLICY:

It is the policy of Palm Harbor Fire Rescue that signs and symbols shall be used to warn department personnel of possible exposure to bloodborne pathogens. The ICO is responsible for setting up and maintaining this program.

PURPOSE:

To alert personnel to the possibility of a hazardous condition associated with bloodborne pathogens

PROCEDURE:

1. The Chief of EMS or the designated ICO shall obtain the International Bio-hazardous Symbol identified below.

2. The symbol shall be affixed to:

    a. any container of biomedical waste
    b. any area where decontamination is to take place
    c. any items that are contaminated

International Biohazard Waste Symbol

EDUCATION AND TRAINING PLAN

POLICY:

It is the policy of Palm Harbor Fire Rescue to provide education and training to all covered personnel at the time of entry, annually, and on an as-needed-basis.

PURPOSE:

To continually educate and train the personnel of Palm Harbor Fire Rescue on infection prevention and control measures

ELEMENTS:

The topics in the training program include, but are not limited to, the following:

- The Bloodborne Pathogen Standard itself (29 CFR Part 1910)
- The epidemiology and symptoms of bloodborne diseases
- The modes of transmission of bloodborne diseases
- The Exposure Control Plan
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- A review of the use and limitations of methods that will prevent or reduce exposure, including:
    - Engineering controls
    - Work practice controls
    - Personal protective equipment (PPE)
- Selection and use of personal protective equipment including:
    - Types available
    - Proper use
    - Removal
    - Handling
    - Decontamination
    - Disposal
- Visual warnings of bio-hazards that include labels, signs, and containers

- Information on the Hepatitis B vaccination program and HIV and HCV screening
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- The procedures to follow if an exposure incident occurs, including incident reporting
- Information of the post-exposure evaluation and follow-up, including medical consultation

TRAINING METHODS:

The training program uses various techniques including, but not limited to:

- Classroom-type atmosphere with personal instruction
- On-Line training via Vector Solutions
- Training manual hand-outs

The person conducting the training shall be medically qualified and knowledgeable in the subject matter. Materials used will contain content and vocabulary appropriate for the individuals being trained.

Training will be conducted via fire department personnel, as well as with outside content experts. Additionally, some training will be conducted through the Pinellas County EMS CME provider.

RECORD KEEPING

POLICY:

It is the policy of Palm Harbor Fire Rescue to maintain records on each employee pertinent to infectious disease control according to the applicable laws. Records shall be kept regarding infectious disease training, exposures, vaccinations, and screenings. All records of sensitive or confidential nature shall be maintained in the employee's confidential file or at the healthcare professional's facility.

PURPOSE:

To assure that appropriate records are kept

PROCEDURE:

A. Records include:

1. Training Records:

   - Name of individual and ID number
   - Date of the class
   - Instructor's name
   - Topic of the session with training number, if necessary
   - Contact hour
   - Location of class
   - Any other pertinent information

2. Exposure Records:

   - Palm Harbor Fire Rescue Infection Exposure Form
   - Incident number exposure occurred on
   - Any pertinent results of testing

3. Vaccination Records:

   - Acceptance/Declination Form
   - Dates of vaccinations
   - Results of follow-up titer or screening