

# Waterloo Vol Fire Department Standard Operating Guidelines

## **1.1 Blood Borne Pathogens Protection Program**

### **1) Standard**

The purpose of this plan is to provide all members of the Waterloo Vol. Fire Department with the information necessary to prevent the spread of infectious disease in the workplace. This information includes, but is not limited to, principles of infection control, the infectious disease process and the use of personal protective equipment and supplies as they relate to the prevention of occupationally acquired infectious disease.

### **2) Exposure Control Plan**

- a. Exposure Determination
- b. Members. Members determined to be at risk of exposure to infectious diseases transmitted through blood and other body fluids are in the following job classifications:
  - i. Firefighters.
- c. Groups. An increased risk of the transmission of infectious diseases exists when personnel have contact with the following groups:
  - i. Bleeding accident victims.
  - ii. Alcohol abusers.
  - iii. Illegal drug users.
  - iv. Sexually promiscuous individuals.
  - v. Hemophiliacs.
  - vi. Persons with open or infected wounds.
  - vii. Persons who state they have Hepatitis B, HIV or AIDS.
- d. Situations. Members may encounter situations where there is an increased risk of transmission of infectious disease. These situations are:
  - i. Any time body fluids are present.

## Waterloo Vol Fire Department Standard Operating Guidelines

- ii. Homes with unsanitary conditions.
  - iii. Death scenes, especially those situations where body fluids may be oozing from the corpse.
  - iv. Trauma situations, especially where bleeding occurs.
  - v. Extrication at auto accidents or other situations where sharp objects may exist.
  - vi. Other. Members must judge the level risk for groups and situations not listed above.
- e. Methods of Compliance
- i. Universal Precautions. Universal precautions will be observed when members are exposed to blood or other potentially infectious materials. Documented exposures to infectious diseases have not resulted from feces, nasal secretions, sputum, sweat, tears, urine or vomitus. Since any body fluid may transmit infectious diseases if it contains traces of blood, members are directed to treat all blood and body fluids as infectious substances.
  - ii. Hand Washing. Hands and other skin surfaces must be washed thoroughly as soon as possible if contaminated with blood or other potentially infectious materials to which universal precautions apply.
    - 1. Hands should always be washed after gloves are removed even if the gloves appear intact. Hand washing should be completed using appropriate facilities such as utility or rest room sinks. Hands must not be washed in sinks where food preparation occurs.
    - 2. Hand washing should be done with warm soap and water. The application of hand lotion after hands are dried is advisable. Waterless antiseptic hand cleaner should be provided to members when hand washing facilities are not available. Members are advised to wash their hands at the earliest opportunity after using the waterless antiseptic cleaner.

## Waterloo Vol Fire Department Standard Operating Guidelines

- iii. Protective Clothing. Members at risk will be provided disposable gloves, goggles and face masks. Disposable gowns and impervious shoe coverings will be available for unusual cases where great volumes of blood or other potentially infectious materials may be present, such as the scenes of major trauma accidents.
  - 1. Disposable Gloves must be worn when members can anticipate hand contact with blood or other potentially infectious materials (e.g. when involved with emergency patient care). Where multiple patients are present, the member shall change gloves, if possible, after caring for one patient and beginning care on the next.
  - 2. Eye wear and face masks must be worn in cases where splashing of blood or other potentially infectious materials may be anticipated and may come in contact with eyes, nose or mouth.
  - 3. Firefighting turnout gear (including structural firefighting gloves, boots, head and face protection) must be worn when working in areas of containing sharp glass or other debris which can puncture or lacerate the skin.
  - 4. The member must use personal protective equipment except in rare and extraordinary circumstances. Such circumstances occur when, in the member's professional judgment, the use of personal protective equipment would have prevented the delivery of health care or public safety services, or would have posed an increased hazard to the safety of the member or other associates.
  - 5. When the member makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
  - 6. Contaminated disposable items must be discarded in a leak proof plastic bag that is red in color or marked with the international bio-hazard symbol.
- iv. Needles and Sharp Objects. Members shall take precautions to prevent injuries caused by needles, knives, broken glass, razor

## Waterloo Vol Fire Department Standard Operating Guidelines

blades or other sharp instruments, devices or debris which can puncture or lacerate the skin.

v. Laundering of Clothing and Cleaning of Equipment.

1. Uniforms issued to firefighters and non-uniform clothing worn by other members is not considered protective clothing. Contaminated uniform and non-uniform items should be handled by members wearing gloves, bagged in a leak proof plastic bag that is red in color or marked with the international bio-hazard symbol. Soiled uniform items may be decontaminated by laundering according to the manufacturer's instructions.
2. Boots and leather items may be scrub brushed with soap and hot water to remove contamination.
3. Members whose uniform or other clothing is soiled by blood or other potentially infectious materials shall change from the contaminated uniform or clothing to a clean uniform or clothing as soon as possible.
4. Members are directed to avoid handling personal items, such as combs and pens, while wearing contaminated gloves. Contaminated gloves should be removed as soon as possible and discarded in a leak proof plastic bag that is red in color or marked with the international bio-hazard symbol.
5. Resuscitation Equipment. Members are discouraged from giving direct mouth to mouth resuscitation to a non-breathing victim. Pocket masks with one-way valves, disposable airways or resuscitation equipment are the preferred methods of treatment.
6. Durable equipment, such as face masks and resuscitation equipment, must be thoroughly washed and cleaned with an approved disinfectant after each use.  
{Add bit about approved disinfectants }

vi. Housekeeping.

## Waterloo Vol Fire Department Standard Operating Guidelines

1. All equipment and work areas shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
2. The work area shall be cleaned with an appropriate disinfectant as soon as possible after a spill of blood or any other potentially infectious materials.
3. Wastebaskets and receptacles that are visibly contaminated shall be cleaned immediately.
4. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
5. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials may be present.

### vii. Laundry.

1. Contaminated laundry, such as blankets and towels, shall be handled as little as possible. Contaminated laundry shall be placed in a leak proof plastic bag that is red in color or marked with the international bio-hazard symbol.

### viii. **Hepatitis B**

1. Hepatitis B vaccination will be made available to all members who have occupational exposure. The offer of vaccination will be made after members have received training regarding Hepatitis B. Members may decline to accept the Hepatitis B vaccination by signing a waiver which includes a statement that the member acknowledges the risks associated with contracting Hepatitis B have been explained.
2. Members who initially decline the Hepatitis B vaccination may at a later date decide to accept the vaccination. The members must be allowed to receive the vaccination at that time.

## Waterloo Vol Fire Department Standard Operating Guidelines

### 3) Significant Exposure

- a. A significant exposure occurs when blood or other potentially infectious materials come into direct contact with eyes, nose, mouth, into an open cut or by needle puncture injury.
- b. If an member experiences a significant exposure to blood or other potentially infectious materials, or experiences a situation where a significant exposure is likely to have occurred, the member will:
- c. Report the incident to the supervisor on duty as soon as possible.
- d. The member will complete a short form describing the incident completely. The report will document specifically the method of potential transmission of infectious disease.
- e. The supervisor will complete the required notice of injury forms.
- f. Communicable Disease Exposure Report Form:
- g. The member will report to \_\_\_\_\_ Hospital with the completed communicable disease exposure report form and advise the hospital staff of the exposure or potential exposure. All required medical evaluation and follow-up shall be confidential.
- h. \_\_\_\_\_ Hospital will test the source individual's blood as soon as feasible after consent is obtained to determine the presence of Hepatitis B virus or Human Immunodeficiency Disorder Virus. If the source individual declines to give consent, the department shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- i. When the source individual is already known to be infected with HBV or HIV, testing of the source individual's blood need not be repeated.
- j. Results of the source individual's testing shall be made available to the exposed member and the member shall be informed of the applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.
- k. The exposed member's blood shall be collected as soon as feasible and tested after consent is obtained. If the member consents to base line blood

## Waterloo Vol Fire Department Standard Operating Guidelines

collection but does not consent to HBV or HIV testing, then the sample shall be preserved for at least 90 days. If the member elects to have the base line sample tested within this 90 day period, then the testing shall be done as soon as feasible after the request.

1. Consulting during this period will be made at no charge to the member.  
{ Comment on where to get the consulting }

#### 4) **Training.**

- a. The Department shall provide infectious disease training to all personnel with the potential for occupational exposure. This training will be provided on an annual basis.

#### 5) **Record Keeping.**

##### a. Medical Records:

- i. Medical records are confidential and are not released without an member's expressed written consent to any person within or outside the Department, except as required by rule or law.
- ii. Medical records must include a copy of the member's Hepatitis B vaccination record, including the dates of vaccination or copies of refusal forms.
- iii. Medical records will be maintained in a file separate from the member's personnel file. Medical records will be maintained for the duration of the member's employment plus 30 years.

##### b. Training Records:

- i. The Department will keep a record of all training provided its personnel. The training records will include the date and content of the training and a roster of members in attendance. the training records will be maintained for a minimum of three years from the date of training.

#### 6) **Responsibility.**

##### a. General Members:

## Waterloo Vol Fire Department Standard Operating Guidelines

- i. It is the responsibility of the member to be aware of the types of infectious diseases that can be transmitted by blood or body fluid. the member is responsible for participating in training provided by the Department and for using protective equipment provided by the Department as necessary.
- b. Supervisors:
  - i. It is the supervisor's responsibility to monitor the activity of members determined to be at risk to be certain that the provisions of this policy are obeyed.
  - ii. Any supervisor observing an infraction of this policy or observing a potentially hazardous condition involving blood or other potentially infectious materials must report that condition to his or her supervisor.
  - iii. Supervisors are also responsible for maintaining the appropriate level of personal protective equipment.
- c. Department Administration:
  - i. It is the responsibility of the Department administration to provide personal protective equipment to those members with occupational exposure.
  - ii. The Department administration shall review the exposure control plan annually. The exposure control plan shall also be posted in a conspicuous location within the Department.
  - iii. The Department administration will ensure that each significant exposure is evaluated to determine if it could have been avoided. An evaluation of the circumstances will be conducted to determine if policies, procedures, or protective equipment should be amended or changed to avoid future significant exposure incidents.
  - iv. The Department administration will ensure that training to all members with occupational exposure is completed annually.
  - v. The Department administration will be responsible for maintaining all medical and training records in the required manner.



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# Waterloo Vol Fire Department Standard Operating Guidelines

Where appropriate, the responsibilities of the Department administration may be delegated to a Safety Committee or Safety Officer