



## Rogers Fire Department Standard Operating Procedures

<b>Policy Title:</b>	Exposure Control and Risk Management		
<b>Policy Number:</b>	190	<b>Volume:</b>	Administration
<b>Approved By:</b>	Tom Jenkins	<b>Last Updated:</b>	February 2021
<b>CFAI Reference:</b>	7F.3, 7F.4	<b>CAAS Reference:</b>	202.02.01, 202.06.01, 106.07.01
<b>Revision Summary:</b>	Created – May 2012 Updated – January 2017 (SOP 242 Reference) Updated – January 2018 (Added CAAS Reference) Updated – January 2019 Updated – February 2021 (COVID lessons learned)		

### PURPOSE

The purpose of this policy is to provide a comprehensive infection control system that maximizes protection against communicable diseases for all personnel, and for the public.

### POLICY

It is likely that personnel will come into contact with patients or individuals that are carrying communicable or infectious diseases. The objective of the Infection Control Program is to minimize the potential exposure to blood borne pathogens in accordance with OSHA Standard 29 CFR 1910.1030 "Occupational Exposure to Blood Borne Pathogens."

The Exposure Control Plan (ECP) includes not only policies, but initial and continuing training, personal protective clothing (PPE), a vaccination program, decontamination procedures, a system for reporting and managing exposures, and benchmarks for compliance.

The ECP is designed to assist all Rogers Fire Department personnel in implementing and ensuring compliance with the standard, thereby protecting employees. This ECP includes:

- A list of all documentation included in this program
- Employee exposure determination
- The procedures for evaluating the circumstances surrounding an exposure incident, and
- The schedule and method for implementing the specific sections of the standard, including:
- Methods of compliance
  - ○ Hepatitis B vaccination and post-exposure follow-up

- Training and communication of hazards to members

## **Documentation**

The Exposure Control Program utilizes the following documents.

- SOP 193 – Blood borne and Airborne Pathogen
- SOP 191 - Post Exposure Procedures
- Employee Declination of Medical Care – Form 113
- Disinfection and Decontamination
- Appendix A: OSHA 29 CFR 1910.1030
- Appendix B: OSHA 29 CFR 1910.1220
- Appendix C:
- Appendix D: Definitions

And the following forms which are located in the Forms section of the Rogers Fire Department Shared Folder.

- Post Exposure Form (110)
- Post Exposure Report – Unusual Circumstance Form (48)

Records will be maintained by the EMS Program Manager and the Deputy Chief of Training in accordance with 29 CFR 1910.1020 “Access to Employee Exposure and Medical Records”. These confidential records are kept at the Rogers Fire Department Administration Offices for at least the duration of employment plus thirty years.

Medical records will be provided only to a department member or an authorized designee, with written consent, within fifteen days and may be provided in either written or electronic form. Any requests for these records should be made to the Chief of the Rogers Fire Department.

## **Program Administration**

The Deputy Chief of Training and EMS Program Manager are responsible for overseeing implementation of the provisions of this policy. This policy will be reviewed at least annually. Those members, who are reasonably anticipated to have contact with, or exposure to blood or other potentially infectious materials are required to comply with the procedures and work practices outlined herein. The EMS Program Manager and Company Officers will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased and available to all members. The Citywide Tour Commanders, in conjunction with the EMS Program Manager will be responsible for ensuring that all required medical actions are performed and appropriate records are maintained. The Citywide Tour Commanders, in conjunction with, the EMS Program Manager will also be responsible for ensuring that each member attends required training, for maintaining documentation of training, and for making the policy available to members, OSHA and NIOSH representatives. The

EMS Program Manager will ensure that all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels and red bags, as required by the standard, are available.

### **Personnel Exposure Determination**

All sworn members of the Department are considered at risk for exposure. All civilian members of the Department are considered not at risk.

Sworn members have job responsibilities that could involve patient care are at risk of exposure to blood or body fluids while performing their work. Examples of procedures which may result in personal exposure to blood or body fluids includes:

- drawing blood
- resuscitation
- caring for persons who may bite
- Surgical/Medical/Invasive procedures
- packaging diagnostic/biological specimens for transport
- clinical laboratory handling and analysis of diagnostic specimens
- cleaning up spills of blood or body fluids
- handling/cleaning equipment contaminated with blood or body fluids
- inserting an IV
- suctioning

### **Universal Precautions**

All members will utilize “Universal Precautions” as defined in the Northwest Arkansas Regional Protocols: Rogers Fire Department Addendum. “Universal Precautions” contain Center for Disease Control (CDC) Standard Precautions, CDC Transmission Precautions and Rogers Fire Department specific recommendations. These precautions represent an infection control method which requires members to assume that all human blood and specified human body fluids are infectious for potentially infectious materials and must be treated accordingly. Members will also maintain a high degree of suspicion during incidents involving airborne-transmitted communicable disease and protect themselves accordingly.

### **Engineering Controls and Work Practices**

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood and air borne pathogens. Examples of engineering and work practice controls used include:

- Puncture-resistant disposal containers for contaminated sharps or broken glass wherever there is a potential for contaminated sharps or glass
- Mechanical needle recapping devices
- Ultraviolet C utilization for decontamination between runs
- E-Mist

New technology for needles and sharps will be periodically evaluated by EMS Program Manager as well as the EMS Advisory Committee. These will be employed whenever there is substantial evidence that their use will significantly prevent accidental needle

sticks and cuts. Each sharps container will be replaced by the Company Officer or Paramedic when it is two thirds full.

Work practice controls which will be implemented by personnel include, but are not limited to:

- Providing readily accessible hand washing facilities
- Washing hands immediately or as soon as feasible after removal of gloves
- At non-fixed sites (i.e., emergency scenes) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic wipes and antiseptic handwash
- Waterless anti-microbial hand cleaner. Members can later wash their hands with soap and water as soon as feasible
- Washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
- Prohibiting the recapping or bending of needles
- Shearing or breaking contaminated needles is prohibited
- Labeling containers with a biohazard sticker
- Equipment and surface decontamination per SOP 242 – Disinfection and
  - Decontamination (EMS)
- Prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure
- Prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter or bench tops where blood or other potentially infectious materials are present
- Requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, splattering, and generation of droplets.
- Placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, storage, or transport.
- Ensuring that equipment which may become contaminated with blood or other potentially infectious materials are decontaminated prior to returning to service. Items not completely decontaminated will be labeled per section (g)(1)(i)(H) of the OSHA Blood Borne Pathogen Standard (Appendix A).
- A plumbed, readily accessible, and uncluttered eyewash station must be available where necessary. Eyewashes in Rogers Fire Department buildings will be activated monthly to ensure proper functioning.

## **Personal Protective Equipment**

Personal protective equipment must be used if the potential for occupational exposure remains after engineering and work practice controls have been instituted, or if controls are not feasible. Training sessions will cover the use of appropriate personal protective equipment for members' specific job classifications and tasks/procedures.

PPE items include:

- Disposable gloves for tasks where members may have hand contact with blood or other potentially infectious materials
- Gowns or other protective body covering should be worn in occupational exposure situations. The type shall be appropriate for the tasks being performed.

- Face shields, Masks and Eye Protection. PPE such as goggles or glasses with solid side shields or chin length face shields shall be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated, and eye, nose, or mouth contamination can be reasonably anticipated
- Resuscitation bags and mouthpieces

Additional training on personal protective equipment will be provided whenever necessary, such as, if a new device is used, if a member takes a new position, or if new duties are added to their current positions.

PPE will be kept "readily accessible" for members' use. The EMS Program Manager is responsible for ensuring that the appropriate equipment is issued and that staff are in-serviced in how, when, and who will provide the PPE. It is imperative that members wear appropriate protective body coverings such as gowns, gloves, coats, pants and boots when occupational exposure is possible. The type and characteristics will depend upon the task and degree of exposure anticipated.

All members using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment
- Remove protective equipment before leaving the work area and after a garment becomes contaminated
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

Note: Areas or containers which are to be used for contaminated PPE should be designated in each station and members should be familiar with their location.

Members shall wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.

Following any contact of body areas with blood or any other infectious materials, members must wash hands and any other exposed skin with soap and water as soon as possible. Members must also flush exposed mucous membranes (eyes, mouth, etc.) with water if exposure is suspected.

Utility gloves (i.e. fire or extrication Gloves) may be decontaminated for reuse if their integrity is not compromised. The decontamination procedure will consist of washing with a solution of bleach and water.

Members shall wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials pose a potential hazard to the eye, nose, or mouth.

If a garment(s) is contaminated by blood or other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pull-over shirt becomes minimally contaminated, members should be trained to remove the pull-over shirt in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal. Members shall be trained to cut

contaminated clothing from their body if the amount of blood exposure is such that the blood penetrates the garment, contaminates the inner surface, and it is impossible to remove the shirt without exposing the face to blood. Repair and/or replacement of PPE will be at no cost to members.

## **Training**

All members who have or are reasonably anticipated to have occupational exposure to blood borne pathogens will receive annual training conducted by Rogers Fire Department. At a minimum, training sessions shall include the following topics.

- An explanation of the contents of the OSHA Blood borne Pathogens Standard and information on how a copy of the standard may be obtained if requested;
- A general explanation of the epidemiology and symptoms of blood borne diseases;
- An explanation of the modes of disease transmission;
- A review of this Exposure Control Policy and the steps that the member can take to obtain a copy of it;
- An explanation of the appropriate methods that can be used to recognize and evaluate tasks and activities with potential exposure;
- An explanation of the use and limitations of the different methods of control including, but not limited to, engineering controls, work practices and personal protective equipment;
- Information on the types, proper use, location, removal, handling and disposal of personal protective equipment and the basis for selection of the different types of equipment;
- Information on the appropriate actions and procedures to follow if an exposure occurs;
- Information on the Hepatitis B vaccine including efficacy, safety, and that the vaccine will be free of charge;
- An explanation of the signs and labels required by the standard;
- An opportunity for interactive questions and answers

## **Location of Training Records**

All records concerning personnel training will be maintained at the Rogers Fire Department Training Center located at 3003 West Oak Street Rogers, AR 72758

## **Vaccination Program**

The Hepatitis B vaccination series will be made available to members at no charge to the member. The EMS Program Manager should arrange to have the vaccination provided within 10 days of initial assignment to members who have occupational exposure to blood or other potentially infectious materials unless:

- the member has previously received the series
- antibody testing reveals that the member is immune

- medical reasons prevent taking the vaccination; or
- the member chooses not to participate

All members who are potentially exposed to blood borne pathogens are strongly encouraged to receive the Hepatitis B vaccination series. However, if a member chooses to decline Hepatitis B vaccination, then the member must sign a Declination Statement to this effect.

Hepatitis B vaccines (and antibody testing) are currently being given to members at the Arkansas Occupational Health Clinic (AHOC) unless other arrangements are made. Members who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the Hepatitis B vaccination shall be documented and filed along with the member's other medical records.

### **Highlights of Hepatitis B Vaccination - Other Requirements**

Participation in pre-screening is not a prerequisite for receiving Hepatitis B vaccination. Hepatitis B vaccination is to be provided even for a member who initially declined but later wants to accept treatment. The member must sign an Employee Declination of Medical Care when declining the Hepatitis B vaccination. The vaccination is administered in accordance with the United States Public Health Service (USPHS) recommended protocol. Hepatitis B vaccination booster doses must be available to members if recommended by the United States Public Health Service.

### **Medical Records**

Medical records are maintained for each member with occupational exposure in accordance with 29 CFR 1910.1020. The EMS Captains are responsible for maintenance of required medical records.

In addition to the requirements of 29 CFR 1910.1020, the medical record will include:

- The name and social security number of member;
- A copy of the member's hepatitis B vaccinations and any medical record relative to the member's ability to receive vaccination;
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard;
- A copy of all healthcare professional's written opinion(s) as required by the standard

All member medical records will be kept confidential and will not be disclosed or reported without the member's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Member medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20. Member medical record shall be provided upon request of the member or to anyone having written consent of the member within 15 working days.

### **Sharps Injury Log**

The Rogers Fire Department will maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain at a minimum:

- The type and brand of device involved in the incident
- Work area where the exposure incident occurred
- Explanation of how the incident occurred