

420 PEOSHA - BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

PURPOSE

The purpose of this Exposure Control Plan is to protect the employees of the Florence Township Fire Department from occupational exposure to bloodborne pathogens. The term “employees” will refer to all career and adult volunteer officers and firefighters.

POLICY STATEMENT

1. The Bloodborne Pathogens Standard will be administered through the Fire Chief and/or his designee.
2. All employees will observe “Universal Precautions” in performing their job duties. This means that the blood and body fluids of all people must be considered potentially infectious. Human body fluids that are considered potentially infectious are: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood. Other potentially infectious materials include any unfixed tissue or organ, other than intact skin, from a human. Appropriate precautions must be taken to reduce the risk of exposure to these potentially infectious agents to the employees while they are performing their duties.
3. All employees who perform duties that place them at risk of exposure to blood or body fluids are considered “occupationally exposed” and will be included in this Exposure Control Plan.

All occupationally exposed employees:

- A. Will be trained in the appropriate procedures that will minimize their risk of occupational exposure.
- B. Will be offered the Hepatitis B vaccination at no cost to them.
- C. Are to be provided with the necessary equipment and protective barriers to minimize their risk of exposure to blood and body fluids.
- D. Are required to report all exposure incidents to their supervisor and Chief.
- E. Will receive medical follow-up and treatment as necessary following any exposure incident to blood and body fluids at no cost to them.

EXPOSURE DETERMINATION

The following employees have duties that routinely place them at occupational risk of exposure to blood and body fluids while performing their duties:

- A. All paid Firefighters
- B. All adult volunteer firefighters.
- C. E.M.T.'s

Junior volunteers are not exposed to blood/body fluids as part of their routine duties. Therefore, all junior volunteers will be trained in this standard, but will not be covered by its provisions until becoming an adult volunteer at age 18.

Exposure to blood and body fluids may occur during, but is not limited to, the performance of the following procedures:

- A. Administering first aid where contact with blood is expected.
- B. Care of burn victims
- C. Care of wounds, including dressing changes and application of medications.
- D. Handling or disposal of items soiled with blood or body fluids
- E. Cleaning surfaces or items soiled with blood or body fluids.
- F. Disposal of medical waste.

SAFE WORK PRACTICES AND ENGINEERING CONTROLS

Safe work practices and engineering controls will be utilized to eliminate or minimize exposure to employees of. If there is still a risk of occupational exposure after these precautions are in place, employees are expected to utilize personal protective equipment which will be provided to them at no cost by the Florence Township Fire District.

1. HANDWASHING

Hands should be washed with an approved antimicrobial soap and water and dried with a paper towel. Hands are to be washed:

- A. After handling any item or surface that is contaminated with blood or body fluids.
- B. After contact with mucous membranes or non-intact skin.
- C. After removal of gloves.
- D. After completion of tasks that may lead to occupational exposure, before leaving the work area.

If handwashing sinks are not readily available, antiseptic moist hand towelettes may be used. These will be available in all vehicles for use by employees at risk of occupational exposure while away from sanitary facilities. Hands are to be washed with soap and running water as soon as it is feasible.

In addition to handwashing, any other potentially contaminated skin area must be washed immediately, or as soon as feasible, with soap and water. If employees sustain an exposure to their skin or mucous membranes, those areas shall be washed or flushed with water, as appropriate, as soon as possible after contact.

2. WORK AREA RESTRICTIONS

Eating, drinking, smoking, applying cosmetics or handling of contact lenses is prohibited in work areas where there is a risk of exposure to blood and body fluids. Food and beverages are not to be stored or placed in refrigerators, freezers, shelves, cabinets, or on countertops where blood or other potentially infectious materials are present.

3. WORK PRACTICES

All procedures are to be performed in such a manner as to reduce the risk of splashing or spraying blood or body fluids.

4. MAINTENANCE OF EQUIPMENT

Equipment should be regularly inspected for contamination with blood and body fluids, and disinfected when it becomes contaminated. All equipment must be decontaminated prior to sending out for repair. If it is impossible to decontaminate before shipment, the equipment must be labeled as contaminated to alert those who will handle it.

PERSONAL PROTECTIVE EQUIPMENT

Employees at risk of occupational exposure to blood and body fluids are required to wear appropriate protective barriers during the performance of their duties. This Personal Protective Equipment will be provided by the Fire District at no cost to the employee. This equipment will be considered protective only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time the equipment will be used

Personal protective equipment for specific tasks will be chosen based on the anticipated risk of exposure to potentially infectious material while completing that task. Employees are to be trained in the proper selection, indications, use and disposal of these protective barriers.

All personal protective equipment will be cleaned, laundered and disposed of by at no cost to the employee. All repairs and replacements will also be made by the Fire District at no cost to the employee.

1. AVAILABLE EQUIPMENT

The following personal protective equipment will be available to employees who are at risk of occupational exposure during the performance of their duties:

- A. Disposable latex or vinyl gloves
- B. Resuscitation devices
- C. Turnout gear

2. GLOVES

Disposable latex or vinyl gloves must be worn when there is a risk that there will be hand contact with blood or body fluids, when handling items soiled with blood or body fluids, or when touching mucous membranes or non-intact skin.

Disposable gloves must be changed when they become contaminated, torn or punctured and hands must be washed when the gloves are removed. Gloves must also be changed after each contact, even if they are not soiled.

Employees who are allergic to the gloves provided should report such allergies to the Chief. Alternative gloves will be provided. Unsoiled disposable gloves are to be discarded after use. Under no circumstances should disposable gloves be washed and reused.

Examples of procedures where gloves must be worn may include but are not limited to:

- A. Wound care
- B. Cleaning and processing of soiled equipment
- C. Cleaning of soiled environmental surfaces
- D. Whenever there is a reasonable expectation that there will be risk of exposure to blood or body fluids.

3. **TURNOUTGEAR**

Turnout gear will be considered personal protective equipment since it is fluid resistant.

All contaminated turnout gear will be label and sent out for cleaning.

4. **RESUSCITATION DEVICES**

To eliminate the need for mouth-to-mouth resuscitation, ventilation devices will be made available to all employees trained in Cardiopulmonary Resuscitation.

HOUSEKEEPING

- A. All work areas are to be maintained in a clean and sanitary condition.
- B. All equipment, environmental surfaces, such as floors and walls, and working surfaces shall be cleaned and decontaminated after any contact with blood or body fluids with an EPA-approved, hospital-grade disinfectant-detergent for environmental surfaces.
- C. All environmental and work surfaces are to be cleaned as soon as possible after they are contaminated or following spills of blood or body fluids and at the end of the work shift if the surface has become contaminated since the last cleaning
- D. All environmental and work surfaces are to be routinely cleaned at the end of each day.
- E. Gloves are to be worn during all cleaning and decontamination procedures,
- F. Cleaning items such as disposable cloths are to be discarded when they become heavily soiled. If they become contaminated with blood or body fluids, they should be discarded in the plastic lined trashcans designated for medical waste.
- G. Broken glassware should never be picked up with bare hands. All broken glassware or sharps should be cleaned up with a mechanical means, such as brush and dustpan. The brush and dustpan should then be decontaminated.

MEDICAL WASTE

- A. Certain items must always be considered medical waste and must be handled as potentially infectious. Medical waste may include, but is not limited to:
 - 1. Items and equipment soiled with blood or body fluids, including soiled personal equipment.
- B. All medical waste is to be stored in closed and protected containers that can hold the contents without leakage during handling, storage and transport. These containers will be red in color or labeled with the Biohazard sign.
- C. All medical waste will be sent off-site for proper treatment and disposal by an authorized medical waste transporter.
- D. All medical waste that must be transported back to the main storage facility for pickup and

disposal will be secured in red plastic bags designated for medical waste as soon as possible.
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TRASH CANS

- A. All trashcans located in areas where there is a chance of contamination will be lined with plastic.
- B. Trash cans, which are to be used for the collection of medical waste, should be red in color or lined with a red plastic bag, and have a Biohazard sticker affixed to them.
- C. All trash cans, even those lined with plastic, shall be cleaned and decontaminated weekly and as soon as possible after visible contamination.

LABELS AND SIGNS

A Biohazard label or red color-coding will be used to identify all items and equipment contaminated with blood or body fluids. These may include, but are not limited to:

- A. Medical waste containers
- B. Containers where contaminated equipment is kept

HEPATITIS B VACCINE

- A. All employees who have been identified as being at risk for occupational exposure to blood or body fluids are to be offered the Hepatitis B Vaccine, at no cost to them, within 10 working days of employment and after the employee has had appropriate training. The vaccination will be provided during convenient hours at a reasonable time and place. All Hepatitis B vaccinations will be performed according to recommendations of the U.S. Center for Disease Control Immunization Practices Advisory Committee.
- B. Employees who have previously received the complete series of Hepatitis B Vaccine will provide the dates of immunization to the Exposure Control Plan Coordinator, and will be considered fully immunized.
- C. Employees who decline the Hepatitis B vaccine will sign a waiver that uses the wording stipulated in the OSHA standard.
- D. Employees who initially decline the Hepatitis B vaccine but who later wish to be immunized may then have the vaccine provided at no cost to them.
- E. A licensed physician will be available to evaluate all employees at risk for occupational exposure with questions about their eligibility to receive the Hepatitis B vaccine.
- F. Confidential medical records will be kept of this evaluation, indicating any medical contraindication for receiving the vaccine. A copy of this written opinion will be made available to the employee upon request. A copy will also be provided to the Exposure Control Plan Coordinator.
- G. A record will be kept of all occupationally exposed employees who are eligible to receive the Hepatitis B vaccine. This record will include:
 - 1. Name of the employee
 - 2. Date offered the vaccine (training dates)
 - 3. Dates of administration of each vaccination in the series
- H. A list of all occupationally exposed employees who decline vaccination will also be kept, along with a signed and dated waiver form indicating their declination.

POST-EXPOSURE EVALUATION AND MEDICAL FOLLOW-UP

An exposure incident is any situation in which blood or body fluids comes in contact with the eye, mouth, mucous membranes or non-intact skin, or where there is parenteral contamination through a needle stick or cut, while an occupationally exposed employee is performing job-related duties.

Following an exposure incident, specific procedures will be as follows:

- A. The incident will immediately be reported by the employee to the Supervisor.
- B. The incident will be reported as soon as possible to the Chief
- C. A written report of the incident will be prepared by the employee and his officer and it will be forwarded to the Chief, who will maintain a permanent record of every exposure incident
- D. The exposure incident record will include:
 - 1. Employee's name
 - 2. Employee's Social Security Number
 - 3. Circumstances of the exposure
 - 4. Route of exposure
 - 5. If source individual's HIV and HSV serologic testing was obtained.
 - 6. Hepatitis B vaccination status of the employee
 - 7. An evaluation of the exposure
 - 8. Corrective action taken to prevent recurrence
- E. The source of the incident is to be identified if possible, but the name is to be kept confidential. If permission is given, the source individual's blood is to be drawn for HIV and HBV serologic testing. The results of these are to be provided to the employee.
- F. Following every exposure incident, a confidential medical evaluation and follow-up is to be provided at no cost to the employee by the Fire District.

This evaluation will include:

- 1. An evaluation of the risk of the exposure incident
- 2. Baseline and follow-up testing of the employee for HIV and HBV

NOTE: THE EMPLOYEE HAS THE RIGHT TO REFUSE BASELINE TESTING FOR HIV. THE EMPLOYEE MAY CONSENT TO HAVING BLOOD DRAWN FOR HIV TESTING, BUT NOT GIVE CONSENT FOR THE ACTUAL TESTING. THIS BLOOD WILL BE RETAINED FOR 90 DAYS. DURING THAT TIME, THE EMPLOYEE MAY DECIDE TO HAVE THE BLOOD TESTED. THIS WILL BE DONE AS SOON AS POSSIBLE. IF THE BLOOD IS NOT TESTED WITHIN 90 DAYS, IT WILL BE DISCARDED.

- 3. Counseling
- 4. Post-exposure prophylaxis, when indicated
- 5. Hepatitis B vaccine will be offered.
- 6. Follow-up of any reported illness that results from the exposure incident

- G. The employee will be provided with the following information:
 - 1. Results of the medical evaluation
 - 2. Results of the employee's serologic testing
 - 3. Results of the source individual's serologic testing, if obtained
 - 4. Illness that may result from the exposure incident
 - 5. Need to report such illnesses for further evaluation and treatment

- H. All medical findings and diagnoses following an exposure incident will be kept in the employee's file and will be held strictly confidential. These files will be kept for the duration of employment plus 30 years.
- I. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident.
- J. The employer will be provided with a written opinion and evaluation within 15 days of the evaluation by the departments physician.

EMPLOYEE TRAINING

All current employees at risk for occupational exposure to blood or body fluids will be trained within 30 days of the implementation of this standard, All new employees will be trained within 10 days of their initial employment and before beginning their work assignments where occupational exposure may occur. Training will be repeated annually and more frequently when needed. Training is to be provided at reasonable times and locations, and at no cost to the employee Training will include the following:

1. A copy of the regulatory text of the standard.
2. A general overview of the epidemiology, modes of transmission, and symptoms of bloodborne diseases
3. An explanation of the employer's Exposure Control Plan and the location of the plan. A written copy will be provided to any employee requesting one.
4. An explanation of the appropriate methods for recognizing task and activities that may result in exposure to infectious materials.
5. An explanation of the use and limitations or methods that will reduce or prevent occupational exposure, including engineering controls, work practices and personal protective equipment.
6. Personal protective equipment available and its proper selection, use and handling
7. Information on the Hepatitis B Vaccination, including its efficacy, safety, method of administration, immunization schedules, possible side effects, contraindications and benefits. Employees will be informed that the vaccinations will be offered free of charge to them.
8. An explanation of the signs and color-coding that will be used to identify biohazards.
9. An opportunity for interactive questions and answers with the trainers. Training will be conducted by (Name of Health Worker or Organization)

RECORDKEEPING

MEDICAL RECORDS

A. Confidential medical records will be kept for all employees at risk for occupational exposure. These records will include:

1. Employee's name
2. Employee's Social Security Number
3. Hepatitis B Vaccination status, including dates of vaccination or signed declination form
4. All relevant information on any exposure incidents

B. These medical records will be kept at the Fire Department Administration Office

C. Medical records will be kept for the duration of employment plus 30 years

TRAINING RECORDS

A. Training records will be kept on all employees at risk for occupational exposure. These records will include:

1. Dates of training session
2. Summary of content taught at training session
3. Names and qualifications of trainers
4. Names and job titles of all employees that attended

B. Training records are to be kept for 3 years from the date of the training session.

This Exposure Control Plan will be reviewed and updated annually or more frequently, if necessary.