



MUKWONAGO FIRE DEPARTMENT  
OPERATING PROCEDURES

Bloodborne Pathogens Exposure Control Plan		Approved by: Chief Jeffrey R. Stien	
POL # 2	Draft Date: 10/13/92	Revision Date: 11/18/92, 09/24/2012	Effective Date: 09/24/12

**PURPOSE:** The purpose of this policy is to provide all personnel with the information necessary to prevent the spread of infectious disease by way of exposure to blood and other body fluids. This policy is also designed to comply with the Wisconsin Safety and Professional Services Chapter SPS 332 on Public Employee Safety and Health. Note, SPS 332 references compliance with OSHA regulations.

**SCOPE:** This policy is to be followed by all officers and members of this department. Authority to deviate from this policy rests with the officer in charge of the incident who will be responsible for the results of any deviations.

A. Exposure Determination

Exposure determination is made without regard to the use of personal protective equipment. Personnel are considered to be exposed even if they wear personal protective equipment. All personnel have the potential for occupational exposure during the following associated tasks:

1. Routine patient care
2. Cardiopulmonary Resuscitation
3. Respiratory/Airway interventions and treatments
4. Intravenous (IV) or interosseous (IO) access procedures
5. Intramuscular, subcutaneous, IV or IO medication administration
6. Treatment involving any open wound
7. Any interaction in which the Firefighter/EMT would be in close proximity to a patient for an exposure to occur.

Keep in mind, the above list is not an all inclusive listing of the potential exposures.

B. Compliance Methods

1. Universal precautions will be observed when personnel are exposed to blood or other potentially infectious materials, or when there is a potential risk of exposure. Since any body fluid may transmit infectious diseases if it contains traces of blood, personnel are directed to treat all blood and body fluids as infectious substances.
2. Hands and other skin surfaces must be washed thoroughly as soon as possible if contaminated with blood or potentially infectious materials.
  - a. Hands should always be washed after gloves are removed even if the gloves appear to be intact. Hand washing should be completed using appropriate facilities. Hands must not be washed in sinks where food preparation occurs.
  - b. 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 may also be used when hand washing facilities are not available. Personnel are advised to wash their hands at the earliest opportunity after using the waterless antiseptic cleaner.
3. PPE is provided for all personnel for a variety of anticipated exposure incidents. Such PPE includes but is not limited to the following:
  - a. Turnout gear and SCBA
  - b. Latex free examination gloves (sterile and non-sterile)
  - c. Body isolation suit
  - d. Goggles/face shield
  - e. Masks (N95, surgical, etc)
  - f. Pocket mask

PPE will be chosen and must be worn based on the anticipated exposure to blood or other potentially infectious materials.

PPE will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or to reach personnel's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the protective clothing will be used.

### Gloves

Examination gloves are single use only and shall be worn for every patient contact and during decontamination when handling or touching contaminated items/surfaces is likely. Where multiple patients are present, personnel shall change gloves after caring for one patient and prior to caring for the next.

Extrication gloves or structural firefighting gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. These gloves will be discarded if they are cracked, peeled, torn, punctured, exhibit other signs of deterioration, or when they are no longer able to be used for their intended function.

### Eye and Face Protection

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

#### 4. Laundering of PPE

- a. All PPE will be cleaned, laundered, repaired, replaced and/or disposed of by MFD at no cost to personnel.
- b. All garments which are penetrated by blood shall be removed immediately or as soon as possible. All PPE will be removed prior to leaving the work area at the receiving hospital or prior to leaving the fire department. At no time shall personnel return to their residence with potentially infectious contaminants on their clothing.
- c. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal. The laundry facilities at Station 1 and Station 2 are available to personnel for cleaning contaminated clothing/turnout gear.

#### 5. Towels and Other Linens

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Linens are provided by the receiving hospital. Contaminated laundry shall be left at the receiving hospital and will be laundered at that facility in the appropriate manner.

6. Containers for Sharps

Bending, recapping, removing, shearing, or purposely breaking contaminated needles and other contaminated sharps is prohibited. Contaminated needles/sharps are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. Sharps containers are puncture resistant, labeled with a biohazard label and are leak proof.

A sharps container is kept in the storage cabinet of each ambulance. After each incident, personnel shall verify that the sharps container is not full and does not need replacement. Sharps containers will additionally be checked each week during the weekly ambulance checks.

When sharps containers are full, the container shall be closed securely and placed in the biohazard box in the decontamination room at Station 1 for disposal. Sharps containers shall not be opened, emptied, or cleaned manually or in any manner which would expose employees to the risk of percutaneous injury.

7. Contaminated Equipment / Ambulance Decontamination

After every incident, personnel shall decontaminate all equipment which became contaminated with blood or other potentially infectious materials during the course of the incident.

Personnel shall clean the ambulance thoroughly after each incident. Decontamination shall be completed after significant incidents. Both shall be completed at the receiving hospital whenever possible so that the ambulance may return to the response area in a ready state.

Ambulances at Station 1 will be decontaminated on each Monday.

Ambulance at Station 2 will be decontaminated on each Tuesday.

8. Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, personnel are NOT to EAT, DRINK, APPLY COSMETICS or LIP BALM, SMOKE, OR HANDLE CONTACT LENSES.

9. Other Regulated Waste

Other regulated waste shall be placed in red biohazard bags. Biohazard bags shall be placed in the appropriate biohazard receptacle at the receiving hospital or in the decontamination room at Station 1.

C. Hepatitis B Vaccination

1. The Fire Chief or designee is in charge of the Hepatitis B Vaccination program.
2. MFD provides the Hepatitis B Vaccine and vaccination series to all personnel during the pre-employment physical.
3. If the employee initially declines the Hepatitis B vaccination, but at a later date while still covered under the standards, decides to accept the vaccination, the vaccination shall then be made available.
4. All employees who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal. See Appendix A, Hepatitis B Vaccine Declination.
5. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available at no charge to the employee.

D. Post Exposure Evaluation and Follow-Up

1. Personnel involved in an exposure incident shall immediately notify their Company Officer. All exposure incidents shall be reported, investigated, and documented.
2. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:
  - a. Documentation of the route of exposure and the circumstances in which the exposure occurred.
  - b. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
  - c. The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Village of Mukwonago shall establish that legally required consent cannot be obtained. When the source individual consent is not required by law, the source individual blood, if available, shall be tested and the results documented.
  - d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

- e. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and the regulations concerning disclosure of the identity and the infectious status of the source individual.

All personnel who incur an exposure incident will be offered a post-exposure evaluation and follow-up in accordance with the OSHA standard. All post exposure follow-up will be performed by the Medical Director.

E. Information Provided to the Health Care Professional

- 1. Village of Mukwonago and Mukwonago Fire Department shall ensure that the Medical Director acting as the healthcare professional responsible for the Hepatitis B vaccination is provided with the following:
  - a. A copy of 29 CFR 1910.1030.
  - b. A written description of the exposed employee's duties as they relate to the exposure incident.
  - c. Written documentation of the route of exposure and circumstances under which the exposure occurred.
  - d. Results of the source individual's blood testing, if available; **and**
  - e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

F. Health Care Professional's Written Opinion

- 1. The Village of Mukwonago and the Mukwonago Fire Department shall obtain and provide the exposed personnel with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- 2. The healthcare professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.
- 3. The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:
  - a. A statement that the employee has been informed of the results of the evaluation; **and**

- b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

NOTE: All findings or diagnosis shall remain confidential and shall not be included in the written report.

#### G. Labels and Signs

1. MFD shall ensure that biohazard containers and bags have the appropriate biohazard labeling on the outside of such container/bag.
2. Decontamination areas shall be labeled and identified as such.

#### H. Information and Training

The Fire Chief or designee shall ensure that training is provided at the time of initial orientation. Training shall be repeated annually thereafter for all personnel. The training shall cover at minimum the following:

- What is infectious control
- PPE
- Decontamination
- What is an exposure
- The process of reporting an exposure.

#### I. Record Keeping

1. The Fire Chief or designee are responsible for maintaining medical records as indicated below. These records will be kept in the EMS files.
2. Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:
  - a. Name & social security number of the employee
  - b. Copy of the employee's HBV vaccinations status, including the dates of vaccination
  - c. Copy of all results of examinations, medical testing, and follow-up procedures
  - d. Copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and the circumstances of the exposure

3. Training records specific to bloodborne pathogens shall be maintained with other EMS training records.



APPENDIX A

HEPATITIS B VACCINE DECLINATION

(MANDATORY)

"I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me."

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Name (signed)

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Name (printed or typed)

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Date

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