

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

Intent

The intent of this guideline is to establish standard procedures for the Exposure Control Plan

References

Occupational Health and Safety Administration (OSHA) Regulation 1910.1030 Bloodborne Pathogens

Definitions

Guideline

1. The West Fargo Fire Department recognizes the potential exposure of personnel to communicable diseases. Each member, regardless of his/her level of emergency medical training, duty assignment or degree of activity within this department, may find themselves exposed to patients', body fluids, soiled linen, contaminated medical equipment/supplies, and/or contaminated needles (sharps).
2. An exposure to a communicable disease while executing duties as a member of the West Fargo Fire Department shall be considered an occupational hazard and any communicable disease contracted as a result of a documented workplace exposure shall be considered occupationally related. This objective is accomplished while adhering to the Occupational Health and Safety Administration regulation, 1910.1030 Bloodborne Pathogens.
3. This Exposure and Control Plan will be accessible to all West Fargo Fire Department personnel and will be reviewed and revised, annually or as new or modified procedures become available. Each member will receive a copy. This plan is applicable to all West Fargo Fire Department members regardless of the location of the emergency incident and regardless of the transporting ambulance (to include mutual aid).
4. Viruses and bacteria, which cause communicable diseases, can be spread by the following methods of transmission
 - a. Direct contact with an infected person as casual as a handshake or as intimate as sexual relations.
 - i. Venereal diseases such as syphilis and gonorrhea are transmitted through sex
 - ii. In some cases, the common cold is now thought to be transmitted by direct casual contact
 - b. Contact with contaminated materials such as human secretions on linens or blankets
 - c. Inhalation of infected droplets when a person coughs or sneezes, aerosolizing the particles
 - d. Bites, human or animal

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

- e. Puncture by a contaminated needle or equipment
 - f. Transfusion of contaminated blood products
 - g. Refer to Appendix A – Disease Information for Emergency Responders for additional information
5. All patients should be assumed to be infectious for HIV and other blood borne pathogens until otherwise proven. When personnel encounter body fluids under uncontrolled emergency situations in which differentiation of body fluids is difficult, if not impossible, they shall treat all body fluids as potentially dangerous.
- a. Body fluids include, but are not limited to, the following:
 - b. Blood
 - c. Feces
 - d. Semen
 - e. Nasal secretions
 - f. Pericardial fluid
 - g. Saliva
 - h. Amniotic fluid
 - i. Sputum
 - j. Cerebrospinal fluid
 - k. Sweat
 - l. Synovial fluid
 - m. Tears
 - n. Pleural fluid
 - o. Urine
 - p. Peritoneal fluid
 - q. Vomit
 - r. Vaginal fluids (including menstrual blood)
6. It has to be recognized that all medical care providers are at risk of exposure to and contracting a communicable disease. All patients need to be assumed having an infectious disease and necessary precautions must be undertaken. It is not only for the member’s personal protection but for the patients’ protection that this must occur.
7. Exposure tasks are the duties and activities that are performed during and after emergency situations. The level of emergency medical training is relative to the tasks performed and includes, but is not limited to, the following:
- a. Airway maintenance (e.g., suctioning, insertion of oropharyngeal airway, esophageal obturator, endotracheal tube or other airway device)
 - b. Ventilation (e.g., mouth-to-mask, bag valve mask, or oxygen-powered sources)
 - c. Wound care
 - d. Patient hygiene (e.g., cleaning of vomitus, feces, or urine)
 - e. Intravenous therapy

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

- f. Medication administration
 - g. Assistance given by non-emergency medical personnel
 - h. Clean up of the emergency scene
 - i. Cleaning and disinfecting the ambulance and/or equipment and regulated waste removal
 - j. Methods of Compliance
 - k. Body Substance Isolation (BSI)
8. When there is a reasonable chance of exposure to blood and/or body fluids, the fire department will provide appropriate personal protective equipment (PPE). PPE will be considered “appropriate” only if it does not allow blood or potentially infectious materials to pass through to or reach the members clothing, undergarments, skin, eyes, mouth, or other mucous membranes and for the duration of time the PPE is used.
 9. The following infection control garments and equipment shall be provided on the apparatus that responds to emergency incidents:
 - a. Latex or equivalent disposable gloves of various sizes
 - b. Tyvek or equivalent protective suits
 - c. Face masks and eye protection
 10. On all emergency scenes, a minimum of disposable gloves and eye protection shall be worn initially whenever contact with and/or cleaning of patients, body fluids, contaminated medical equipment/supplies, soiled linen and sharps. Disposable gloves shall be donned en route to the scene. Structural firefighting gloves shall be worn by all members in any situation where sharp or rough edges may be encountered (e.g., motor vehicle accidents).
 11. Splash garments are recommended to be used as a part of minimum PPE for all patients and may be downgraded as described in paragraph 3 of this section.
 12. Evaluation of the emergency scene to determine conditions that may require additional protection shall be performed as soon as possible. Appropriate infection control garments and equipment shall be worn when splashing of blood or body fluids is expected to occur.
 13. Situations that require the use of a face mask, eye protection, protective suit and disposable gloves (may require double gloving) include, but are not limited to:
 - a. Childbirth
 - b. Arterial bleeding
 - c. Multi-system trauma
 - d. Combative patients (summon for assistance if possible)
 - e. Patients with known contagious disease with open wounds, coughing, etc.
 - f. Situations where there are copious amounts of any fluid

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

- g. Situations that require disposable gloves, face masks, and eye protection include, but are not limited to the following:
 - h. Airway maintenance
 - i. Intravenous therapy
 - j. Endotracheal intubation
 - k. Patients with productive cough

- 14. If full structural firefighting gear is worn at the emergency scene, it should provide splash protection due to the fact that saturation of the fluid is not likely.
 - a. Any firefighting gear that is contaminated with blood or body fluids must be decontaminated or treat as contaminated linen.

- 15. All personnel shall wear and utilize the appropriate infection control garments and equipment, unless personnel temporarily and briefly declined to use said garments and equipment when, under rare and extraordinary circumstances, it was the personnel’s professional judgment that in the specific instance the delivery of health care or public safety services, would have posed and increased hazard to the safety of the worker or co-worker.
 - a. When the personnel make this determination, a report shall be made to their officer or Battalion Chief and the occurrence shall be documented to prevent such occurrences in the future.
 - b. Disposable gloves shall be changed when soiled, prior to touching equipment that is not used for direct patient care and between patients.

- 16. Intravenous catheters, syringes, lancets and medication needles are considered to be sharps. All sharps containers shall be:
 - a. Closable
 - b. Puncture resistant
 - c. Leak proof on all sides
 - d. Labeled and color coded with proper warnings
 - e. Easily accessible for personnel and located as close as possible to the area of use
 - f. maintained in an upright position at all times
 - g. Replaced routinely and not allowed to overfill

- 17. All sharp containers are disposable and should not be opened, emptied, or cleaned in any manner to prevent the chance of contact with contaminated sharps.

- 18. When the sharp container has reached ¾ of its capacity, it shall be taken out of the “Go Bag” and placed in the 32-gallon Biohazard garbage can. It is imperative the sharps shuttle is closed and locked before disposal. After it is disposal, replace the “Go Bag” with a new sharps shuttle.

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

19. The recapping of any sharps shall be avoided whenever possible. Approved sharp containers are provided in the patient compartment of the fire department ambulance. If it becomes necessary to recap a sharp on the scene (e.g., IV established in a house or in no proximity to a sharps container), all personnel shall use the one-handed method, which is while holding the sharp, scoop the sheath onto the sharp. The two-handed method of recapping a sharp is prohibited.
20. It is the recommended policy of the West Fargo Fire Department personnel to bring the sharps container to the sharp to minimize and/or prevent the chance of personnel of inadvertently becoming in contact with a contaminated sharp.
21. West Fargo Fire Department utilizes small biohazard garbage receptacles in trucks. These are labeled with a Biohazard logo. Extra red biohazard bags are carried in the apparatus's as well. When the receptacle gets full, the bag must be removed with gloved hands, tied, and placed into one of the red 32 gallon receptacles at every station
22. West Fargo Fire Department utilizes a red 32 gallon garbage can as the main receptacle for Hazardous Waste.
 - a. These receptacles will be lined with a 32 gallon red bio hazard marked bag
 - b. These are located in the apparatus bays at every station
23. When the 32 gallon receptacles get full, the bag must be pulled out with gloved hands, tied and placed into a HESI cardboard box. The HESI cardboard box is located by the 32 gallon receptacle.
24. HESI is the West Fargo Fire Departments biohazard waste contractor. When the bag gets placed in the cardboard box, there will be a HESI form to fill out.
 - a. This form needs to be completed and placed on the box prior to their arrival
 - b. phone number for HESI is on the form.
 - c. Make sure to keep a copy for our records which go to the Deputy Chief of Operations.
25. Regulated waste containers shall be:
 - a. constructed to contain all contents and prevent leakage and puncture
 - b. closable (and kept closed when not in use)
 - c. properly labeled and color coded with the Biohazard symbol
 - d. lined with red bag liners that are properly labeled with the Biohazard symbol
 - e. placed into a secondary container if leakage or puncture is possible (this includes the red bag liner and the secondary container shall meet all requirements for regulated waste containers)

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

26. All regulated waste and/or red bag liners will be disposed of into the properly marked and lined receptacles located in the ambulance, at the fire house or hospital only and the red bag liner replaced. If at all possible, non-regulated waste (e.g., bandage wrappings, boxes, etc.) should not be disposed of into regulated waste containers and may be disposed of into regular trash receptacles only if not soiled with body fluids.
27. The emergency scene shall be policed for any waste and disposed of properly prior to ambulance departure. No waste, regulated or non-regulated, shall remain on any emergency scene.
28. The area in which regulated waste disposal containers are located in the firehouse shall be properly marked with the Biohazard symbol in accordance with OSHA Standard 1910.130.
29. Personnel with open lesions, wounds, or weeping sores on their hands and arms shall refrain from direct patient contact.
 - a. Hands and other exposed parts of the body shall be washed as soon as possible after the termination of the emergency incident (most preferably, prior to departing the hospital).
 - b. Gloves shall be removed and the hands washed, even if gloves appear to be intact. Soap and warm water shall be used when the facilities are available.
 - c. If facilities are not available such as in the field, antiseptic towelettes shall be made available and used with clean paper towels.
 - d. Hands then shall be properly washed when the facilities become available.
30. Mouth to mouth resuscitation shall not be performed by any personnel.
 - a. The use of bag-valve mask, oxygen powered resuscitator, pocket mask (w/non-rebreather valves) or other ventilatory equipment is the only allowable method of patient ventilation.
 - b. The suctioning of blood or body fluids by mouth is prohibited.
31. Needles will not be bent, sheared or inserted into mattresses, linens, or seats. It is the responsibility of the person using the needle to assure of its safe disposal. All needles are disposable and are not to be used from patient to patient.
32. Any personal contaminated clothing shall be:
 - a. Removed as soon as possible (if necessary, the hospital can supply “scrub” clothing)
 - b. Placed into the properly marked red bags
 - c. Be taken to an approved laundry for decontamination
 - d. Be cleaned, laundered, decontaminated and/or be disposed of at no cost to the member

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

- e. No contaminated clothing shall be taken home for cleaning.
 - f. The Captain or Battalion Chief shall be informed of any clothing that is soiled and requires decontamination.
33. Uniform items that need to be laundered will be done so in the residential washer and dryers in the living quarters of the stations.
 34. If the uniform has blood borne pathogens or is soiled with other material and is beyond saving, throw the effected portion away.
 - a. Be sure to utilize a red biohazard bag for the item(s) and place it in the 32 gallon receptacle.
 35. Decontamination will be performed utilizing appropriate BSI.
 36. An approved decontamination solution shall be use of the sanitary wipes on apparatus.
 - a. The brand West Fargo Fire Department utilizes is Sani-Wipes.
 - b. The red (Sani Cloth) and purple (Super Sani-Cloth) cap wipes are acceptable
 - c. The purple caps may be required when there is a stronger virus present such as COVID-19.
 - d. The Deputy Chief of Operations will advise crews which Sani-Wipes are in service.
 37. Personnel should be aware that some equipment may cannot be disinfected by wipes. Personnel should always be aware of the manufacture’s recommendations for cleaning/sanitizing.
 38. All members should make sure that the apparatus and equipment is always sanitized, cleaned, and ready for the next call for service.
 39. To guarantee that the Apparatus and all equipment is in a sanitary condition for use at any time, all equipment shall be considered contaminated regardless of cleanliness and shall be decontaminated after each use.
 40. The Apparatus decontamination shall be considered a priority after every emergency call and is considered out of service until complete.
 41. If the Apparatus and/or equipment has been exposed to large amounts of blood or body fluids and cannot be decontaminated on scene, the apparatus and/or equipment is considered out of service until an appropriate decontamination is completed.
 42. All portable equipment exposed to blood or body fluids should be decontaminated on scene if possible.

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

43. Decontamination, storage of contaminated PPE or disposal of regulated waste shall remain in the bays of the station. It shall be top priority to get everything cleaned and back into service.
44. Broken glassware shall not be picked up directly with hands. It shall be cleaned up using (mechanical means, such as brush and dustpan, tongs, or forceps.
 - a. Vacuum cleaners shall not be used for cleaning up glassware to prevent contamination of the vacuum cleaner.
 - b. Broken glass shall be deposited into the sharps container to prevent puncture of the red bag liner.
45. All regulated waste or linens used to decontaminate the apparatus or equipment shall be disposed of using the methods previously described in this plan.
46. Refer to Appendix D for information regarding decontamination of protective clothing.
47. An exposure incident is defined as “specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or potentially infectious materials that results from the performance of duties”. This can occur through, but not limited to, a needle stick, failure of PPE or the failure of utilizing PPE.
48. Any member who is exposed to blood or body fluids must report the exposure immediately or as soon as possible to the crew Captain or Battalion Chief.
49. If an exposure were to occur through the puncture or wound contamination, the member shall squeeze the affected area to promote bleeding for 2 to 5 minutes. The exposure site should be washed with warm water and soap as soon as possible. If the exposure occurred through mucous membranes, they shall be irrigated with clean water as soon as possible.
50. West Fargo Fire Department will utilize the “Guidelines for Needlestick and Body Fluid Exposure in Hospital and Non-Hospital Personnel provided by a Hospital. For example, Danbury (CT) Hospital policy guideline is available in Appendix B of this Exposure Control Plan.
51. An Infectious Exposure Form and/or Incident Report shall be completed for West Fargo Fire Department records. Refer to Appendix C for a copy of the exposure form.
52. All incident reports and medical records pertaining to an exposure incident are considered confidential and shall be retained by the West Fargo Fire Department for thirty (30) years after a member leaves the department.

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------

	Standard Operating Guideline – West Fargo Fire Department		04.004
	Subject: Exposure Control Plan		
	Section: Emergency Medicine		
	Date Authorized: 12/1/2019	Authorized by:	
Date Reviewed:	Chief Daniel Fuller		

53. West Fargo Fire Department will require the below list of immunizations of all employees. West Fargo Fire Department contracts with Essentia Occupational Health for all employee work-related healthcare needs.

54. List of immunizations:

- a. MMR (measles, mumps, rubella)
- b. Varicella - unless history of chicken pox, then they draw a titer proving immunity
- c. Tetanus (TDAP) every 10 years
- d. Hep A
- e. Hep B
- f. TB test
- g. Flu shot- annually
- h. Immunizations are subject to employee's persona health record. Essential Health will make the determination if the health record of the employee satisfies West Fargo Fire Departments requirements.

Exposure Control Plan	Emergency Medicine	04.004
-----------------------	--------------------	---------------