
Ocean City Fire Department
Standard Operating Guidelines

Health and Safety

Subject: Bloodborne Pathogens/Exposure Control
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Section: 700.00

700.10 Purpose

This SOG is the Ocean City Fire Department's Exposure Control Plan. The purpose of this SOG is to reduce occupational exposure to Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that members may encounter in the workplace. The Ocean City Fire Department believes that there are a number of general principles that should be followed when working with bloodborne pathogens.

These general principles include:

1. It is prudent to minimize all exposure to bloodborne pathogens.
2. Risk of exposure to bloodborne pathogens should never be underestimated.
3. Our department will institute as many work practices and controls as possible to eliminate or minimize member exposure to bloodborne pathogens.

We have implemented this exposure control plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The objective of this plan is twofold:

1. To protect our members from the health hazards associated with bloodborne pathogens, and;
2. To provide appropriate treatment and counseling should a member be exposed to bloodborne pathogens.

700.02 General Program Management

A. Responsible Persons

- a. Exposure Control Officer – The Exposure Control Officer is responsible for the overall management and support of the department's bloodborne pathogens compliance program. Activities which are designated to this person include, but are not limited to, the following:
 - a) Overall responsibility for implementing the exposure control plan for the department.

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- b) Working with management and other members to develop and administer additional bloodborne pathogens-related policies and practices needed to support the effective implementation of this plan.
 - c) Look for ways to improve the exposure control plan as well as to revise and update the plan when necessary.
 - d) Collect and maintain reference material on bloodborne pathogen standards and bloodborne pathogen safety and health information.
 - e) Know legal requirements concerning bloodborne pathogens.
 - f) Act as department liaison during OSHA inspections.
 - g) Conduct audits to maintain an up-to-date exposure control plan.
 - h) The officer in-charge of the Office of Training, Health & Safety shall be designated as the Exposure Control Officer for the department.
2. Command and Company Officers- Command and Company Officers are responsible for exposure control. They work directly with the Exposure Control Officer and members to ensure that proper exposure control procedures are followed.
3. The officer in-charge of the Office of Training, Health & Safety will be responsible for providing information and training to all members who have the potential for exposure to bloodborne pathogens. Responsibilities include, but are not limited to the following:
- a) Maintain a list of department personnel trained on bloodborne pathogens.
 - b) Develop education and training programs to meet OSHA standards.
 - c) Schedule training seminars for members.
 - d) Periodically review training programs in order to keep up with new information on bloodborne pathogens.
4. Members- As with all department activities, the members have the most important role in the program and are ultimately responsible for executing the exposure control plan. Each member will be given a copy of the plan at the time of initial appointment and when the plan is updated. In addition, a copy of the plan shall be maintained on the department's computer network for members to access. Members responsibilities include, but are not limited to the following:
- a) Know what tasks they perform that have bloodborne pathogen exposure.
 - b) Attend all training sessions.

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- c) Plan and conduct all operations in accordance with the plan.
 - d) Develop good personal hygiene habits.
- B. Review and Update of Plan - To ensure that the exposure control plan will be reviewed and updated, the following conditions will be reviewed by May 31 annually:
- 1. Whenever new or modified procedures are implemented which affect occupational exposure to members.
 - 2. Whenever our member's jobs are revised such that new instances of occupational exposure may occur.
 - 3. Whenever new positions are created that may involve exposure to bloodborne pathogens.
- C. The department shall solicit input from non-managerial personnel responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

700.03 Exposure Determination

- A. Job Classifications - The following are job classifications in which all members have exposure to bloodborne pathogens:
- 1. Firefighter
 - 2. Firefighter/EMT-B
 - 3. Firefighter/CRT-I
 - 4. Firefighter/Paramedic
 - 5. Advanced Life Support EMS Provider (EMS Certification Only)
 - 6. Lieutenants
 - 7. Captains
 - 8. Assistant Chiefs
 - 9. Deputy Chiefs
 - 10. Fire Chief
- B. Work Tasks - the following work activities involve potential exposure to bloodborne pathogens:

TASK	JOB CLASSIFICATION
Bleeding control with spurting blood	All
Bleeding control with minimal blood	All
Emergency childbirth	All
Contact with open wounds	All
Laryngoscopy/Videolaryngoscopy	# 3-9
Phlebotomy	# 3-9
Initiation of intravenous line	# 3-9
Initiation of intraosseous infusion	# 3-9
Nasal/Oral airway insertion	All

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Endotracheal/Nasotracheal intubation	# 3-7
Nasal/Oral Suctioning	All
Medication administration: (IM, IV, IO, SC, IN, ET)	# 2-7
Cardiopulmonary resuscitation	All
Cricothyrotomy	# 4-9
Needle decompression	# 3-9
Patient vomiting	All
Patient coughing	All
Cleaning equipment and vehicles	All

700.04 Methods of Compliance

- A. Standard Precautions - All blood and body fluids, including semen and vaginal secretions, shall be considered to be infected with HBV, HIV, and/or other bloodborne pathogens. In situations in which it is difficult or impossible to differentiate between body fluid types, we will assume all body fluids to be infectious. The officers and members are responsible for monitoring adherence to standard precautions.
- B. Engineering Controls - The use of engineering controls will eliminate or minimize member exposure to bloodborne pathogens. The use of cleaning, maintenance, and other equipment is designed to prevent contact with blood and other infectious materials. The following is a list of engineering controls which are in use within the department:
 - 1. Handwashing facilities, antiseptic hand cleansers and clean cloth or paper towels, or antiseptic towelettes that are accessible to all members who have the potential for exposure.
 - 2. Containers for contaminated sharps have the following characteristics:
 - a) puncture resistant, and;
 - b) color coded or appropriately labeled, and;
 - c) leak proof on the bottom and sides.
 - 3. Waste baskets are provided in each ambulance for infectious waste and contain red liners which indicate infectious waste.
 - 4. All engineering controls are checked prior to each shift, with waste being disposed of at the hospital or at Ocean City fire stations, in appropriately marked containers.
- C. Work Practice Controls - The department also utilizes a number of work practice controls as listed below:
 - 1. Employees shall wash their hands immediately or as soon as feasible after the removal of contaminated gloves or other personal protective equipment.

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2. As soon as feasible following contact of a body area with blood or other infectious material, members shall wash their hands and/or other exposed skin with soap and water or waterless hand cleaner.
 3. Employees shall flush mucous membrane with water immediately or as soon as feasible following contact of such areas with blood or other potentially infectious materials.
 4. Contaminated needles and other sharps are not bent, recapped, or removed unless the action is required by specific medical procedure, or, if there is no feasible alternative, then the task must be accomplished with the use of a one-handed technique or mechanical device.
 5. Shearing or breaking of contaminated needles is prohibited.
 6. Contaminated sharps are placed in appropriate containers immediately or as soon as possible after use.
 7. Eating, drinking, smoking, applying cosmetics, applying lip balm, or handling contact lenses is prohibited in the work area where the potential for exposure to bloodborne pathogens exists.
 8. Food and drink are not to be kept on countertops or other storage areas where blood and other infectious materials are present.
 9. Mouth suctioning of blood or other infectious materials is prohibited.
 10. Equipment that becomes contaminated is examined prior to being placed in service and is decontaminated as necessary.
 11. All procedures involving blood or other infectious materials will be performed in a manner that minimizes splashing and spraying.
- D. New Members/New Employees - All new members, or those transferred to a new position, will be trained in exposure control for the job to which they are assigned.
- E. Personal Protective Equipment (PPE) - This is the member's last line of defense against exposure to bloodborne pathogen.
1. The department provides, at no cost to the member, the personal protective equipment necessary to protect them against such exposure. The equipment includes, but is not limited to the following:
 - a) Gloves (exam and high risk) – Upon request, hypoallergenic gloves are available to the member who is allergic to the gloves that the department normally uses.
 - b) Safety glasses
 - c) Face shields
 - d) Masks
 - e) CPR masks with one-way valves
 - f) Gowns

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2. The Assistant Chief of the Career Division is responsible for ensuring that all personal protective equipment is available to all members.
3. The Exposure Control Officer is responsible for ensuring that all members have received training on the appropriate use of personal protective equipment and additional training is provided as necessary.
4. To ensure that PPE is not contaminated and is in the appropriate condition the department has the following practices:
 - a) All PPE is inspected periodically and replaced as needed.
 - b) Reusable PPE is cleaned, laundered, and decontaminated as needed.
 - c) Single use PPE is disposed of properly and is not washed or decontaminated for re-use.
5. To make sure that PPE is used as effectively as possible, members adhere to the following practices when using PPE:
 - a) Any garments penetrated by blood or infectious materials are removed immediately or as soon as possible. Uniforms which become contaminated are to be laundered at a station where laundry facilities are available.
 - b) All potential contaminated PPE is removed upon the completion of the incident.
 - c) Gloves are worn in the following circumstances:
 - i) whenever the member anticipates hand contact with infectious materials, mucous membranes and/or non-intact skin, or;
 - ii) when handling or touching of contaminated items or surfaces, or;
 - iii) when performing vascular access procedures.
 - d) Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an exposure barrier. Disposable gloves shall not be washed or decontaminated for re-use.
 - e) Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, utility gloves must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
 - f) Masks, eye protection, and face shields: Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length faceshields,

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shall be worn whenever splashes, sprays, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

- g) Protective gowns are worn whenever potential exposure to body fluids is anticipated.
- h) Surgical caps or hoods and/or shoe covers shall be worn in instances when gross contamination can reasonably be anticipated.

F. Housekeeping

1. Maintaining facilities and vehicles used by this department in a clean and sanitary condition is an important part of the bloodborne pathogen compliance program. To facilitate this, the department shall have established written guidelines for cleaning and decontaminating appropriate areas of our facility and vehicles. It is the responsibility of the Assistant Chief of the Career Division and the Exposure Control Officer to establish the cleaning and decontamination guidelines that shall provide the following information:
 - a) The area to be cleaned or decontaminated.
 - b) Time of work schedule.
 - c) Cleaners and disinfectants to be used.
 - d) Any special instructions.
2. Members shall employ the following work practices:
 - a) All equipment and surfaces are cleaned and decontaminated after contact with blood or other infectious materials:
 - i) After completion of medical procedures.
 - ii) Immediately, or as soon as feasible, when surfaces are overtly contaminated.
 - iii) After any spill of blood or other infectious materials.
 - iv) At the end of the work shift if they may have been contaminated during the shift.
 - b) Protective coverings, such as plastic wrap, aluminum foil, imperviously-backed absorbent paper, that are used to cover equipment and environmental surfaces shall be removed and replaced:
 - i) As soon as it is feasible when contaminated, or;
 - ii) at the end of the work shift if they may have been contaminated during that shift.
 - c) All trash containers, bins, and other receptacles intended for use, are routinely inspected, cleaned, and decontaminated on a

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- regularly scheduled basis or as soon as possible if visibly contaminated.
- d) Potentially contaminated broken glass is picked up using a mechanical means.
 - e) Contaminated sharps are stored in containers that do not require hand processing.
- G. Regulated Waste - This department has in place guidelines for the handling of regulated waste, which are as follows:
- 1. Discarding and containment of contaminated sharps:
 - a) Contaminated sharps shall be immediately discarded or as soon as possible into containers which have the following characteristics:
 - i) closable;
 - ii) puncture resistant;
 - iii) leak proof on the sides and bottom;
 - iv) appropriately labeled or color coded consistent with the standard set forth in 29 CFR 1910.1030.
 - b) Containers for sharps disposal shall be:
 - i) easily accessible and as close as possible to the anticipated work area;
 - ii) maintained upright;
 - iii) routinely replaced and not allowed to overfill.
 - c) When moving containers used for sharps disposal the container shall be closed prior to its removal.
 - 2. Other regulated waste:
 - a) Shall be placed in containers which are:
 - i) closable;
 - ii) constructed to contain its contents and prevent leakage of fluids during handling, storage, or transport;
 - iii) appropriately labeled or color coded consistent with the standard set forth in 29 CFR 1910.1030
 - iv) closed prior to removal to prevent spillage or protrusion of the contents during handling, storage, or transport.
 - b) Disposal of regulated waste shall occur at an appropriate medical facility or at a fire station, The regulated waste shall be placed in an appropriate container where it shall be retrieved and disposed of in accordance with applicable regulations.
 - 3. It is the policy of the department that the primary EMS unit is responsible for the collection and disposal of contaminated waste that is generated at a medical incident. If it is not feasible for the primary EMS unit to collect and dispose of contaminated waste, the on-duty supervisor shall be notified. The on-duty supervisor shall be

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responsible for arranging for the collection and disposal of the contaminated waste.

H. Laundry

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
2. Contaminated laundry shall be contained at its site of use and not be sorted or rinsed.
3. The containers for contaminated laundry shall be appropriately color coded or labeled consistent with the standard set forth in 29 CFR 1910.1030 .
4. If contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from a bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
5. Persons handling contaminated laundry shall wear gloves and other appropriate personal protective equipment (PPE).

700.05 Hepatitis B Virus (HBV) Vaccination, Post-Exposure Evaluation and Follow-Up

1. The department shall make available the hepatitis B vaccine and vaccination series to all members who have occupational exposure, and post-exposure evaluation and follow-up to all members who have had an exposure incident.
2. The department shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:
 - a) Made available at no cost to the member
 - b) Made available to the member at a reasonable time and place
 - c) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
 - d) Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
 - e) Members have the right to decline the vaccination series, but may, at a later date, decide to receive the vaccination, which the employer will provide at no cost.
 - f) Members who refuse the vaccine must sign the department's "Hepatitis B Vaccine Declination Form".
 - g) The vaccination program consists of a series of three inoculations over a six-month period.

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- h) The HBV vaccination will be made available to the member after he/she has received the appropriate training and within ten (10) working days of the initial start date unless the he member has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the member is immune, or the vaccine is contraindicated for medical reasons.
 - i) If booster doses are necessary, these shall be made available at no cost to the member.
 - j) The Exposure Control Officer is responsible for administering the department's vaccination program.
 - k) Members shall be made aware of the department's vaccination program during bloodborne pathogens training.
3. Post-exposure evaluation and follow-up
- 1. In the event of an exposure incident, members shall follow the procedures and policy set forth in SOG 232.0, Infectious Exposure Event.
 - 2. Following an exposure incident the department will make a confidential medical evaluation and follow-up immediately available to the member, which should consist of the following:
 - a) Documentation of the route of exposure and the circumstances under which it occurred, which are to include:
 - i) Date and time of the incident
 - ii) Location of the incident
 - iii) Type of infectious material involved
 - iv) Route of exposure
 - v) PPE being used at the time of exposure
 - vi) Actions taken as a result of the incident
 - 2. Identification and documentation of the source individual, unless prohibited by law
 - a) The source individual's blood will be tested as soon as possible and after consent has been obtained in order to determine HIV and HBV infectivity.
 - b) If the source is already known to be infected with HIV or HBV, further testing will not be necessary.
 - c) Results of testing shall be made available to the exposed member and that member will be informed of the legality concerning disclosure of the identity and infectious status of the source.
 - 3. The exposed member's blood shall be collected and tested after consent is obtained. If the member does not consent to HIV testing the sample must be held for ninety (90) days should the member reconsider during that time frame.

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4. Post-exposure prophylaxis will be provided when medically indicated, as recommended by the U.S. Public Health Service. Counseling and evaluation of reported illnesses shall also be provided as necessary.
 5. In order to assist the healthcare professional during the follow-up procedure, the department shall provide the following documentation:
 - a) A copy of the bloodborne pathogens standard.
 - b) A description of the exposure incident and the member's duties as they relate to the incident.
 - c) Route of exposure and circumstances of exposure.
 - d) The exposed member's relevant medical records, including vaccination status.
 - e) Results of the source individual's blood testing, if available.
 - f) All medical records relevant to the appropriate treatment of the member including vaccination status which are the department's responsibility to maintain.
 6. It is the policy for this department to perform an internal investigation concerning the exposure incident. It is the responsibility of the Deputy Fire Chief of the Career Division or his/her designee to initiate this investigation within 24 hours of the incident. To assist with the investigation, an Incident Report shall be completed. Upon completion of the evaluation a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future. The department also recognizes that much of this information is confidential and must remain so in order to protect the privacy of the individuals involved.
- C. Healthcare professional written opinion
1. After the consultation, the healthcare professional provides the department with a written opinion evaluating the exposed member's situation.
 2. That opinion is forwarded to the member within fifteen days of completion of the evaluation.
 3. In keeping with the emphasis on confidentiality the written opinion will only contain the following information:
 - a) Whether Hepatitis B vaccination is indicated for the member.
 - b) Whether the member has received the Hepatitis B vaccination.
 - c) Confirmation that the member has been informed of the results.
 - d) Confirmation that the member has been told about any medical conditions resulting from the exposure incident which require further evaluation of treatment.
 4. All other findings or diagnoses will remain confidential and will not be included in the written report.

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- D. Medical Record Keeping - in order for the department to have as much medical information available to the healthcare professional as possible, this department maintains medical records on all members. It is the responsibility of the Exposure Control Officer to establish and maintain these records. Information contained in these medical records will remain confidential and the department will not report this information to anyone without the member's written consent, except as required by law. These records shall be maintained for the duration of employment, plus thirty (30) years. The records are to contain the following information:
1. Name of member
 2. Social security number of the member
 3. A copy of the member's Hepatitis B vaccination status
 - a) Dates of vaccination.
 - b) Medical records relative to the member's ability to receive the vaccination.
 4. Copies of the results of the examinations, medical testing and follow up procedures which took place as a result of an member's exposure to bloodborne pathogens.
 5. A copy of the information provided to the healthcare professional as a result of any exposure to bloodborne pathogens.
- E. Information and Training - having well informed and educated members is extremely important when trying to minimize or eliminate the member's exposure to bloodborne pathogens. All members who have the potential for exposure must attend a training program and are furnished with as much information as possible, at no cost to them. Employees will be retrained at least annually to keep their knowledge current. All new members, as well as members changing jobs or job functions will be given any additional training necessary for their new position. The training officer is responsible for seeing that all members who have the potential for exposure to bloodborne pathogens receive this training. The topics covered in this training program include, but are not limited to the following:
1. The bloodborne pathogen standard itself;
 2. The epidemiology and symptoms of bloodborne diseases;
 3. The modes of transmission of bloodborne pathogens;
 4. The department's exposure control plan;
 5. Any applicable laws;
 6. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 7. A review of the use and limitations of methods that will prevent or reduce exposure:
 - a) Engineering controls

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- b) Work practice controls
- c) Personal Protective Equipment
- 8. Selection and use of personal protective equipment:
 - a) Types available
 - b) Proper use
 - c) Location
 - d) Removal/Disposal
 - e) Handling
 - f) Decontamination
- 9. Information on the Hepatitis B vaccine:
 - a) Efficacy
 - b) Safety
 - c) Method of administration
 - d) Benefits of vaccination
- 10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- 11. The procedures to follow if an exposure incident occurs including the incident report and medical follow-up.
- 12. Information on the post exposure evaluation and follow-up, including medical consultation that this department will provide.
- 13. Explanations of signs, labels, and/or color coding.
- 14. Opportunity for interactive questions and answers shall be provided.
- F. Training Records - this department will document the training process and maintain records, for three (3) years from the date of training, which include the following:
 - 1. Dates of all training sessions
 - 2. Contents of training sessions
 - 3. Names and qualifications of instructors
 - 4. Names and job titles of members attending each training session