

Yamhill Fire Protection District

District Policies, Procedures, & SOG's

MISSION

*Yamhill Fire Protection District is dedicated to
serve and protect our community*

District Procedure

OPERATIONS

OPS-GEN – 412.1

Blood Borne Pathogens Exposure Control

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Issued: January 11, 2005

Revised: December 26, 2014

Purpose: To set a procedure for handling exposure to blood borne pathogens. And follow policy 412. Also referred to as Infection Control Plan.

Infected Citizens:

As a public service organization, the District cannot discriminate against citizens on the basis of disability. If uniform health precautions are followed rigorously and routinely, then the risks of accidental infection when rendering aid to an infected person are minimized. The routine activities of citizens in dealings with the District pose no measurable risk of bloodborne infection to employees. Unlawful discrimination against citizens with or suspected of infection will not be tolerated.

Exposures:

In the event of exposure to body fluids under circumstances that could present a risk of infectious exposure, a report will be made to the Infection Control Officer or designee as soon as possible. If confirmed, the Infection Control Officer or designee may solicit the cooperation of the source person through voluntary testing with informed consent. In order to protect the employee, a baseline test will be made within the week following exposure and at three-month intervals for one year. The Infection Control Officer or designee will insure that the employee involved receives counseling appropriate for the circumstances. All testing will be preceded by informed consent and written authorization.

Universal Health Precautions and Work Practices:

As recommended by public health authorities, the District will adhere to a program of universal precautions for protection against diseases spread by blood or bodily fluids. ("Bodily fluids" refers to fluid that may contain blood or feces, not urine, sweat, saliva or tears.) This means that, for safety purposes, employees will operate on the assumption that all blood and bodily fluids are potential carriers of blood borne disease, and will adhere to universal precautions protect against AIDS and other diseases. The following general precautions will be followed:

- A. Eating, drinking, smoking, applying cosmetics, lip balm, or handling contact lenses are prohibited in the work areas, including field locations, where there is an anticipated exposure to blood borne pathogens.

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- B. The Oregon Administrative Rules mandate Universal Precautions at all times to prevent contact with blood or other potentially infectious materials. It is difficult or impossible to differentiate between bodily fluid types under circumstances present in the workplace. Therefore, **ALL BODILY FLUIDS SHALL BE CONSIDERED POTENTIALLY INFECTIOUS MATERIALS**, including blood and tissue or organs from either a living or dead human.
- C. Any employee cleaning up a spill of blood or bodily fluids or rendering emergency medical assistance will wear appropriate gear (such as surgical gloves and a mask);
- D. Protective gear for cleaning blood or bodily fluid spills will be provided by the District and will be located near any area determined to be a site of such a spill, in emergency response vehicles, and at first aid stations.
- E. An employee rendering medical assistance, which may expose the employee to blood or bodily fluids, will take precautions against contamination (such as wearing surgical gloves while bandaging a bleeding wound, or using a disposable mouthpiece for CPR. An employee exposed to blood or bodily fluids will scrub with soap and water, remove rings, watch and jewelry and scrub thoroughly.
- F. Gloves and one-way CPR masks shall be available in all first aid kits.
- G. Hand washing facilities shall be provided at all locations where there is anticipated exposure to bloodborne pathogens. If the anticipated exposure is to a crew, working in the field, and approved portable pressure tank may be used. There shall be a sufficient amount of soap and water to wash the greatest number of washings on a crew. Where the anticipated exposure is to an individual or crew at a place where hand-washing facilities are not available, antiseptic hand cleaner or towelettes shall be readily accessible and shall be used. However, if antiseptic hand cleaner or towelettes are used, the exposed areas shall be washed with soap and water as soon as possible after removal of the personal protective equipment.
- H. Contaminated syringes or needles shall be handled only in accordance with approved one-handed methods or with approved devices. Needles shall not be bent, recapped, or removed unless authorized and the employee is specifically trained to do so.

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1. The equipment shall be provided at no cost to the employee and shall be decontaminated and/or replaced as necessary.
2. Employees shall wear appropriate personal protective equipment whenever there is a potential for an exposure. Personal protective equipment is appropriate if it does not permit blood or other potentially infectious materials to pass through and come in contact with the employee's street clothes, undergarments or skin.
3. Personal protective equipment selected shall be appropriate for the anticipated exposure. Some examples of personal protective equipment are surgical gloves, surgical masks, disposable mouth-piece for CPR, face-shields, disposable coveralls, and disposable boots.
4. If the personal protective equipment is penetrated by blood or other potentially infectious materials, the personal protective equipment shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed before leaving the work area, and placed into an appropriate designated area or container for storage, washing, decontamination, and/or disposal.
5. If gloves are used for protection, the following precautions shall be taken:
 - A. Disposable gloves shall be replaced as soon as practical when contaminated.
 - B. Disposable gloves shall not be washed or decontaminated for reuse.
 - C. Reusable gloves may be decontaminated for reuse if the integrity of the glove is not compromised. Reusable gloves shall be thrown away if the glove is contaminated and cracked, torn, punctured, or when their ability to function as a barrier is compromised.
6. Masks, eye and face protection shall be worn when there is an anticipated exposure to splash, spraying, spatter of blood or other potentially infectious materials.
7. Other body protection, such as disposable coveralls, over-boots and aprons shall be worn when there is an anticipated exposure to blood or other potentially infectious materials.

Housekeeping:

Worksites shall be maintained in a clean and sanitary condition. When warranted due to risks of contamination, a supervisor shall determine and implement an approved written schedule for cleaning and method for decontamination. If the anticipated exposure is in the field, a supervisor shall determine if and where decontamination exists and whether it is necessary to implement the appropriate actions.

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1. All equipment and environment, including work surfaces shall be cleaned and decontaminated after known or suspected contact with blood or other potentially infectious materials.
2. All protective coverings, such as plastic wrap used to cover equipment shall be removed as soon as feasible.
3. All bins, cans, pails or similar devices, which are anticipated, to become contaminated shall be visually inspected and cleaned on a regular schedule. If there is visible contamination, they shall be cleaned immediately.
4. All refuse anticipated to be contaminated with blood or other potentially infectious materials shall be handled with a mechanical device.

Waste Management:

Whenever it is necessary to prevent the spread of a known or potential infectious disease, a waste management program will be implemented. The program will be implemented as soon as the potential exposure is discovered. The District will use red plastic bags, identified with the BIO-HAZARD label for contamination containers. Unless the contaminated materials are evidence to be retained for use in a criminal proceeding, the containers shall be transported to the appropriate disposal site.

1. When personal protective equipment is removed it shall be placed in an appropriate biological hazard container. The container shall be:
 - a. Closable
 - b. Constructed to contain all contents and prevent leakage of fluids.
 - c. Labeled bio-hazard and colored red.
 - d. Closed prior to removal.
2. Disposal of all infectious waste shall be done in accordance with all federal, state and local requirements.

Decontamination and Laundry:

Decontamination of employees, equipment, materials, and the environment shall be done immediately or as soon as practical, upon discovery of the contamination. Decontamination means the washing of the body, equipment, materials, and the environment so as not to have any contamination with blood or other potentially infectious materials.

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1. The minimally acceptable level of decontamination is washing with soap and water. Depending on the type of contamination, more aggressive measures may need to be taken such as use of commercially prepared agents or a 1:9 solution of household chlorine bleach water.
2. If an employee's clothes become contaminated, the employee shall immediately, or as soon as feasible, remove all contaminated clothing and wash with soap and water. If contamination of an employee's clothes results in exposure of the employee's non-intact skin or mucus membranes to blood or potentially infectious materials, the employee should be transported to the nearest hospital or the nearest appropriate facility for evaluation. If the employee is required to enter a vehicle while contaminated, both the employee and vehicle shall be decontaminated prior to being put back into service.
3. All clothing and equipment considered for decontamination shall be placed in a container, which is clearly marked and identified with the appropriate BIOHAZARD label, and transported to an approved commercial laundry with employees trained in universal precautions. Washing in 160 degree F water for at least 25 minutes with chlorine bleach is effective.
4. Only authorized personnel shall be qualified to transport contaminated containers.

Hepatitis B, Vaccination Information:

1. All employees who have a reasonably anticipated occupational exposure to hepatitis B and have received training in accordance with OAR 437.002-1910.1030(f) shall be offered the opportunity to receive the hepatitis B vaccination series, and any boosters as recommended by law. Receiving the hepatitis B series is not mandatory, nor is it a bona fide occupational qualification.
2. The hepatitis B vaccination series shall be offered to all employees within 10 days of initial assignment, unless the employee has previously received the complete hepatitis B series. Antibody testing may be performed to determine that the employee is immune to hepatitis B, or that the vaccine is contraindicated for medical reasons. Such additional testing shall be the decision of the Fire Chief.
3. An employee may decline to receive the hepatitis B series initially, and later change his/her mind and receive the series at any time the employee performs duties where there is a reasonably anticipated occupational exposure to hepatitis B.
4. If any employee declines to receive the hepatitis B vaccination series, the employee shall sign a statement indicating the declination, which states:

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“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 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.”

Post-Exposure Evaluation and Follow-up:

1. Upon notification of an exposure to blood or other potentially infectious materials, the employee will be given the opportunity to have a confidential medical evaluation and follow-up at a local hospital at no cost to the employee.
2. The immediate supervisor of the employee exposed to blood or other potentially infectious materials shall perform an investigation of the exposure immediately after the exposure. A copy of the evaluation shall be provided to the employee and the person performing the medical evaluation. The Post-Exposure Evaluation shall contain the following information:
 - a. Employee biographical information;
 - b. Circumstances under which the exposure incident occurred;
 - c. The route of exposure;
 - d. A description of the exposed employee's duties as they relate to the exposure incident;
 - e. Results of the source individual's blood testing, if available;
 - f. If the exposure was not a person, the source of the exposure;
 - g. All medical records relevant to the appropriate treatment of the employee, including vaccination status.
3. The department shall obtain a copy of the health care provider's written evaluation, if any, within fifteen (15) days of the evaluation, and shall provide a copy to the exposed employee. The information shall be kept confidential and not disclosed without the employee's consent.
4. After an exposure an employee shall be given the opportunity to have their blood tested for the presence of hepatitis B (HBV) and human immunodeficiency virus (HIV).
5. After the exposure an employee shall be given the opportunity for counseling.
6. Reasonable attempts shall be made to identify the source individual and obtain a consent test for HIV/HBV, including consent to make the test results available to the exposed employee.

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Communication and Training:

1. Communication of the potential hazards from blood or other potentially infectious materials shall be done by means of labels or signs, with the appropriate "BIOHAZARD" label, red bags, or red containers, which meet the requirements of the law.
2. All employees working in classifications defined as having a reasonably anticipated potential for an occupational exposure to blood or other potentially infectious materials shall be trained prior to initial assignment, upon change in assignment and annually thereafter.
3. The training program shall contain the elements required by OAR Chapter 437.

Record Keeping:

1. The medical record of the employee will be kept by the Infection Control Officer. The records shall be kept confidential and only released to the employee, to anyone having the employee's expressed written consent, and as required by law. Employee medical records with regard to exposures to blood or other potentially infectious materials shall be kept for the term of employment, plus thirty (30) years.
2. An official record of training shall be maintained in the employee's personnel file. Training records shall be provided, upon request, to employees, employee representatives, and as required by law. The record of training shall be maintained as a permanent part of the personnel file.