CORNING JOINT FIRE DISTRICT

Bloodborne Pathogen Exposure Control Policy
Adopted: October 30, 2019
Revised:

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Policy:	Bloodborne Pathogen Exposure Control Policy
Effective Date:	October 30, 2019
Authority:	29 CFR 1910; Town Law § 176 (11) and (21)
Cross-reference:	

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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I. PURPOSE

The Corning Joint Fire District ("Fire District") recognizes that communicable disease exposure is an occupational health hazard. Communicable disease transmission is possible during any aspect of emergency response or non-emergency operation, through the interaction of members with the sick and/or injured for their benefit or the benefit of the general public. Often times this exposure risk occurs in an uncontrolled and sometimes hostile environment. While each member is ultimately responsible for his or her own health, the Fire District recognizes a responsibility to provide as safe a workplace as possible. It is further recognized that this exposure creates a risk of the member contracting certain diseases to include, but not be limited to the AIDS (HIV), and Hepatitis B (HBV) virus.

The purpose of this plan is to eliminate, when and where possible, exposure to bloodborne pathogens. In situations where elimination of exposure is not possible or practical, it is the intent of this plan to minimize the exposure to these pathogens. This plan is made in accord with the OSHA standard 29 CFR part 1910, 1030 and will be referred to as Fire District's "Bloodborne Pathogen Exposure Control Plan". This plan will be made available to all members and on file in the Office of the Chief.

II. EXPOSURE DETERMINATION

A. The following tasks may be reasonable anticipated to pose a risk of exposure to blood, body fluids or other potentially infectious materials.

    1. Provision of emergency medical care to injured or ill patients

    2. Rescue of victims from hostile environments, including burning structures or vehicles, contaminated atmospheres or oxygen deficient atmospheres

    3. Extrication of persons from vehicles, machinery, collapsed excavations or structures

    4. Recovery and/or removal of dead bodies from situations cited above

    5. Response to hazardous material emergencies, both transportation and fixed site, involving potentially infectious substances

    6. Clean up or decontamination procedures of soiled equipment, work areas, vehicles, clothing, etc.

B. The following member classifications are reasonably anticipated to involve risk of exposure to blood, body fluids or other potentially infectious substances in the performance of their duties. These exposure determinations are made without regard to the use of personal protective equipment (PPE).

1. Firefighters
2. Line Officers, including Lieutenants, Captains, Fire Police Lieutenants
3. Chief Officers and Assistants
4. First Responders
5. Emergency Medical Technicians
6. Paramedics
7. Fire Police

C. Members considered to be at no risk of exposure, whose work area is removed from areas where exposure activities occur and who will not be asked or ordered to perform tasks in an affected area.

1. Commissioner
2. Treasurer
3. Secretary
4. Clerical/Administrative Personnel
5. Mechanics/Maintenance Personnel

D. Members who as part of their personal lives engage in activity considered to be "high risk behavior" are always at risk of exposure to bloodborne pathogens and such exposure will not be considered occupational and is not covered by this plan.

III. METHODS OF COMPLIANCE

A. Universal precautions will be observed to prevent contact with body fluids or other potentially infectious materials. All body fluids will be considered suspect. These precautions will include, but not necessarily be limited to, the following:

1. Wearing appropriate gear, including but not limited to, rubber gloves, masks, eye shields, turnout gear and/or disposable coveralls. The amount and type of prevention needed will be determined by the member based on an analysis of the instant situation, but should include the wearing of rubber gloves, at a minimum. Other protective gear should be considered if there is a potential for splashing, splattering or spraying of potentially infectious bodily fluids.

2. It is recognized that there may be a rare occasion when the wearing of protective

equipment would have prevented or delayed beyond a reasonable time the delivery of public safety services and/or endangered the member or crew. Any instance of this nature will be reported to the Chief Officer and investigated to determine if this type of situation can be prevented in the future.

3. Members must wash hands with soap and water as soon as possible after exposure whether or not personal protective equipment was worn. Facilities for this purpose are located in the firehouse engine room bathroom. In the event hand washing facilities are unavailable in the field, antiseptic hand cleaner will be available on each apparatus and should be used. Members should then wash with soap and water at the earliest practical time.

4. Other body surfaces exposed to potentially infectious material should be washed with soap and water as soon as practical.

5. Members shall not eat, drink, smoke, handle contact lenses, apply cosmetics or lip balm if they have been exposed to infectious material until they are out of the affected environment and have undergone decontamination procedures.

B. Personal Protective Equipment (PPE)

1. Appropriate PPE will be provided by the District to the member cost free.

2. This equipment shall include, but not necessarily be limited to – rubber gloves, coveralls, face shields, masks, pocket masks or other ventilation devices.

3. Appropriate sized PPE will be available on the apparatus. Provision will be made for members allergic or hypersensitive to particular products. Appropriate products will be substituted.

4. Contaminated PPE will be cleaned or disposed of as is appropriate at no cost to the member. Items in need of repair or replacement will be done so at the expense of the District.

5. Garments worn that are penetrated by potentially infectious fluids will be removed as soon as possible.

6. PPE, when removed, shall be placed in appropriate designated areas for decontamination or disposal. Red bags are included on each apparatus for this purpose.

C. Contaminated work and environmental surfaces, vehicles, transportation devices, turnout gear, etc. shall be cleaned and decontaminated as soon as feasible following exposure. Cleaning shall be done with appropriate disinfectant. Turnout gear should be cleaned according to manufacturer's recommendations found on the attached labels. Normally this will consist of a hot soapy wash of at least 180oF, followed by clean water rinse and

air dry. Chlorine bleach may impair the fire-retardant properties of the gear and should not be used. General purpose disinfecting solution should contain minimum 1:100 solution of bleach and water. UNDER NO CIRCUMSTANCES should any contaminated clothing, gear or equipment be laundered or cleaned at members' homes.

IV. VACCINATION PROCEDURES

A. Hepatitis B vaccine will be made available at the expense of the District to all members at risk of exposure as outlined in Section II – B of this plan. This will include the initial vaccination series and any booster dose recommended by the current standard of the U.S. Health Service.

B. The vaccination process and all necessary medical evaluations and procedures will be performed under the supervision of an appropriately licensed health care professional in accordance with the U.S. Public Health Service recommendations.

C. Pre-screening will not be a prerequisite for receiving the Hepatitis B vaccination. Members who decline to accept the vaccination must sign the statement listed in Appendix A of Section 1910 and 1030 of the Federal Rules and Regulations. Members who initially decline, may, at a later date while still covered by Section II – B of this plan, accept the vaccination series and the District will make the same available at that time.

V. POST EXPOSURE EVALUATION

A. Following a member having an exposure incident, the member will immediately notify the Chief and undergo a confidential medical evaluation and follow-up. This procedure will consist of, but not be limited to the following:

1. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.

2. Following consultation with the Chief and/or his designated health officer, if the exposure is determined to be potentially significant (for example, a needlestick injury), versus, for example, a casual splash of blood on unbroken skin, the member shall report to an emergency medical facility to be evaluated by a health professional.

3. Identification and documentation of the source individual:

   The following steps are now required when a significant risk exposure occurs:

   a. An incident report documenting the details of the exposure, including witnesses to the incident, if any, is on record with the Chief.
   b. A request for disclosure of the patient's HIV status is made to the patient's physician or to the medical provider designated by the hospital or clinic to which the patient is brought. This request may be made by the exposed member or by his

or her physician as soon as possible after the alleged exposure if a decision relating to the initiation or continuation of post-exposure prophylactic treatment is being considered.

c. The medical provider of the member or the medical provider designated by the hospital or clinic must review, investigate and evaluate the incident and certify that:
   i. The information is necessary for immediate decisions regarding initiation or continuation of post-exposure prophylactic treatment for the member; and
   ii. The member's status is either HIV negative or unknown and that if the patient's status is unknown, the member has consented to an HIV test; and
   iii. If the member's test result becomes known as positive prior to the receipt of the patient's HIV status, no disclosure of the patient's HIV status will be made to the provider.
d. Documentation of the request is placed in the medical record of the member.
e. If the patient's physician or the medical provider designated by the hospital or clinic determines that a risk of transmission has occurred or is likely to have occurred in the reasonable exercise of his/her professional judgment, the patient's physician or medical provider designated by the hospital or clinic may release the HIV status of the patient, if known. The patient's physician or medical provider in the hospital or clinic may consult with the local director or commissioner of public health to determine whether a risk of transmission exists. If consultation occurs, both the medical provider of the hospital or clinic and the local director or commissioner of public health must be in agreement if the HIV information is to be disclosed. In the disclosure process the name of the patient shall not be provided to the member. Redisclosure of the HIV status of the source is prohibited except when made in conformance with Public Health Law Article 21, Title III.

4. Post exposure prophylaxis, when medically indicated, as well as any other recognized and necessary treatment modalities recommended by the U.S. Health Department.

5. All laboratory tests shall be conducted by an accredited laboratory at the expense of the District. Necessary treatment modalities and medicines also will be at the expense of the District.

6. See attachments to this plan.

VI. COMMUNICATION OF HAZARDS TO MEMBERS

A. Warning labels and placards will be used to identify items used to collect, store or transport potentially contaminated materials.
B. These warning labels will include the appropriate and recognized warning legend, with the word BIOHAZARD affixed as well. Other specific information will be as required by the type and nature of material within.

VII. INFORMATION AND TRAINING

A. All members who are at risk of occupational exposure will receive appropriate training relative to this risk on an annual basis, within one year of previous training.

B. Members will receive updates of law or policy as appropriate within 90 days of change. New members will receive complete training immediately.

C. The training program will include, but not necessarily be limited to, definitions, terms and modes of contamination and/or infection, prophylactic measures available, post exposure procedures, methods to recognize, minimize or eliminate exposure potentials; the proper use of PPE and reporting procedures.

D. Members will have available to them a copy of this plan and an explanation of its intent, purpose and contents as part of the department training program.

E. The person providing this training will be qualified to do so and all costs will be borne by the District.

VIII. RECORD KEEPING

A. The District shall, through its medical provider, maintain adequate medical records for all members with occupational exposure risk. These records shall be updated as is necessary and kept for a period of thirty years, following the separation of the member from the District.

B. These records will include, but not necessarily be limited to the following:

1. The members name and social security number.

2. A copy of member's HBV vaccination shots and any relevant medical reports concerning the same.

3. A copy of all reports generated subsequent to an examination or medical testing of, or follow up treatment procedures for the member by an appropriate health care professional relative to the provisions of this plan.

C. The member's medical records shall be kept confidential and released only with the written permission of the member, or as may be required by law.

D. The District shall maintain updated and complete training records for all members at risk of occupational exposure. These records shall include, but not necessarily be limited to:

1. The dates of the training sessions.

2. A summary of the training sessions.

3. The name(s) and qualifications of the person(s) conducting the training and names of those attending.

4. These records shall be kept a minimum of three years. Any transfer of these records shall be pursuant to the provisions of 29 CFR 1920.20(h).

5. See attached “Employee Education & Training Record”..

IX. ENACTMENT

All provisions of this plan will be enacted immediately when practical. New members at risk of occupational exposure will immediately receive the full benefits of this plan and be responsible and accountable to its provisions.

X. ADDENDUM

Also find attached to this plan a list of additional record keeping and postings, and a copy of the standard.

XI. GLOSSARY OF COMMON TERMS

AIDS - Acquired Immune Deficiency Syndrome, a communicable disease caused by Human Immune Deficiency Virus (HIV).

ADVANCED LIFE SUPPORT (ALS) - Emergency medical treatment at an advanced level, usually provided by paramedics and including use of drugs, cardiac monitoring intervention and intravenous fluids.

AIRBORNE PATHOGEN - Pathologic microorganisms spread by droplets expelled into the air typically through a productive cough or sneeze.

BASIC LIFE SUPPORT (BLS) - Emergency medical treatment that is non-invasive, generally performed by first responders and emergency medical technicians.

BLOODBORNE PATHOGENS - Microorganisms which cause disease present in human blood. Blood includes blood components and products made from human blood.

BODY FLUIDS - Fluids that have been recognized by the CDPC directly limited to the transmission of HIV and/or HBV to which universal precautions apply. Blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid and other viruses.

COMMUNICABLE DISEASE - A disease that can be transmitted from one person to another, also known as contagious disease.

CONTAMINATED - The presence or the reasonably anticipated presence of blood or other potentially infectious materials.

DECONTAMINATION - The physical and/or chemical process of reducing and preventing the spread of contamination from persons and equipment.

EXPOSURE - Eye, mouth, other mucous membrane or parenteral contact with blood, other body fluids or potentially infectious material.

HBV - Abbreviation for Hepatitis B Virus.

HIV - Abbreviation for Human Immunodeficiency Virus.

INFECTIOUS WASTE - Blood and blood products, pathologic wastes, microbiological waste, contaminated sharps and other material contaminated with infectious materials.

NEEDLE STICKS - A parenteral exposure with a needle contaminated from patient use.

OCCUPATIONAL EXPOSURE - Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's (member's) duties.

PARENTERAL EXPOSURE - Exposure which occurs through a break in the skin barrier. For example, needle stick injury, human bites, cuts contaminated with body fluids.

SHARPS - Any object that can penetrate the skin including but not limited to needles, contaminated broken glass or other hard objects.

SOURCE INDIVIDUAL - Any person, living or dead, whose blood or other potentially infectious fluid or parts may be the origination of occupational exposure to an employee (member).

UNIVERSAL PRECAUTIONS - A system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires every member exposed to direct contact with body fluids to be protected as though such fluids were HBV or HIV infected.

Attachment #1

Appendix A to Section 1910.30 – 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 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.

Name: ______________________________ (please print)

Signature: ______________________________ Date ________________

Witness ____________________________

EXPOSURE REPORT FORM
PLEASE PRINT

Date Completed ________________

Employee's Name ______________________________ SSN ___________________

Home Phone _______________________ Business Phone ______________________

Date of Birth _______________________ Job Title ____________________________

Date of Exposure ________________ Time of Exposure ______________ AM / PM

Place of Incident (home, street, etc.) – BE SPECIFIC

____

Nature of Emergency (auto accident, trauma, medical emergency) – BE SPECIFIC

____

Describe what task(s) you were performing when the exposure occurred – BE SPECIFIC

____

____

Were you wearing personal protective equipment (PPE) – YES/NO _______________________

If YES, List ____

Did the PPE fail? – YES/NO _________________ If YES, Explain how ___________________

____

What body fluid(s) were you exposed to (blood, tears, feces, urine, saliva, vomitus, sputum, sweat, other)? – BE SPECIFIC ____

____

What parts of your body became exposed? – BE SPECIFIC ____________________________

____

EXPOSURE REPORT FORM

Did you have any open cuts, sores or rashes that became exposed? YES/NO ________

If YES, Type and location – BE SPECIFIC ____

____

Estimate the size of the area of your body that was exposed ____________________________
For how long? ____

Did a foreign object (needle, nail, auto part, etc.) penetrate your body? YES/NO ________
If YES, what was the object? ____

Where did it penetrate your body? ____

____

Was any fluid injected into your body? – YES/NO ________
If YES, What fluid? ________________________ How much? ____________________

Did you receive medical attention? – YES/NO ________

If YES, Where? ____

When? ____

By Whom? ____

Source Individual(s):

Name(s) ____

Did you treat the patient directly? – YES/NO ________
If YES, what treatment did you provide? – BE SPECIFIC ______________________________

____

To which hospital was the patient transported? __________________________________

Employee's Signature ________________________________ Date _______ Time ______

Supervisor's Signature _______________________________ Date _______ Time ______

ECO Signature _______________________________________ Date _______ Time _____

Attachment #3

AGENCY LETTERHEAD

EMPLOYEE EXPOSURE FOLLOW-UP RECORD

EMPLOYEE'S NAME ____________________________ POSITION ____________________

OCCURRENCE DATE ____________________________ REPORTED DATE _____________

OCCURRENCE TIME _____________________________

SOURCE INDIVIDUAL FOLLOW-UP:

REQUEST MADE TO ____

DATE ________________ TIME ________________________

EMPLOYEE FOLLOW-UP:

EMPLOYEE'S HEALTH FILE REVIEWED BY ______________________________________

DATE ____________________________________

REFERRED TO HEALTHCARE PROFESSIONAL WITH REQUIRED INFORMATION

NAME OF HEALTHCARE PROFESSIONAL _______________________________________

BY WHOM ____________________________ DATE __________________

BLOOD SAMPLING/TESTING OFFERED

BY WHOM ____________________________ DATE __________________

VACCINATION OFFERED/RECOMMENDED

BY WHOM ____________________________ DATE __________________

ISG [ ] HEPATITIS B IMMUNE GLOBULIN [ ]

HEPATITIS B VACCINE [ ] DIPTHERIA/TETANUS [ ]

OTHER ____

COUNSELING OFFERED:

BY WHOM ____________________________ DATE __________________

EMPLOYEE ADVISED OF AVAILABLE EVALUATION OF ILLNESS:

BY WHOM ____________________________ DATE __________________

Attachment #4

BIOHAZARD

Attachment #5

HEPATITIS B VACCINE IMMUNIZATION RECORD

Vaccine Is To Be Administered On:

Elected Dates:

First ________________

One Month from Elected Date ___________________

Six Months from Elected Date ___________________

Employee Name: ____

Date of First Dose: ____

Date of Second Dose: ____

Date of Third Dose: ____

Antibody Test Results – Prevaccine (optional): ___________________________________

Antibody Test Results – Postvaccine (optional): __________________________________

Time Interval Since Last Injection: _______________________________________

Reason for Nonparticipation/Discontinuation in the Hepatitis B Vaccine Program: _____

____

____

________________________________ ________________________

Employee Signature Date

CORNING JOINT FIRE DISTRICT

Attachment #6 Page _____ of ______

EMPLOYEE EDUCATION & TRAINING RECORD

EMPLOYEE ____ DATE OF HIRE _____________

CATEGORY ASSIGNMENT ____________________________________ DATE ASSIGNED ___________

INITIAL TRAINING:

SUBJECT	**DATE**	**LOCATION**	**TRAINER**	**EMPLOYEE SIGNATURE**
a. The Standard				
b. Epidemiology & Symptoms of Bloodborne Diseases				
c. Modes of Transmission				
d. Exposure Control Plan				
e. Recognizing Potential Exposure				
f. Use & Limitations of Exposure Control Methods				
i. HBV Immunization Program				
j. Emergencies Involving Blood or Potentially Infectious Material				
k. Exposure Follow-Up Procedure				
l. Post Exposure Evaluation/Follow-Up				
m. Signs & Labels				
n. Opportunity to Ask Questions				

Note: Annual Refresher Training is recorded on Weekly Drill Reports

Attachment #7

APPENDIX B

ADDITIONAL RECORD KEEPING & POSTINGS

1. Standard CFR 1910.20 – Access to Employee Exposure & Medical Records. This Standard, among other matters, defines:

   A. The content of an Employee Medical Record [Page 20.1(6)(i)];

   B. Preservation of Records [Page20.2–20.3(d)];

   C. Access to Records [Page20.3–20.5(e)];

   D. Information required to be provided to Employees [Page 20.7(g)];

   E. Transfer of Records [Page 20.8(h)].

   A copy of this Standard is attached and should be carefully reviewed. The "Notice" found on Page 20.11 of this Standard may be posted for the purpose of being compliant with Section (g).

2. OSHA 2203 or DOSH 908 (PESH) – Job Safety and Health Protection notice must be posted at the worksite (see attached).

3. OSHA 200 or DOSH 900 (PESH) – Log and Summary of Occupational Injuries and Illnesses

Every "Recordable Case", which is defined as any one of the following:

1. An Occupational Death;
2. A Nonfatal Occupational Illness;
3. Nonfatal Occupational Injuries which involve any one of the following:
   - Loss of consciousness
   - Restriction of work or motion
   - Transfer to another job
   - Medical treatment (other than first aid)

must be documented on the OSHA 200 or DOSH 900. Please note that there is also a yearly posting requirement of this form.

4. OSHA 101 – Supplementary Record of Occupational Injuries and Illness, or its equivalent, must be completed for every "Recordable Case" (see attached). PESH uses the Worker's Compensation form C-2 for this purpose.