

BODEGA BAY FIRE PROTECTION DISTRICT  
**STANDARD OPERATING PROCEDURES**

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SUBJECT: Communicable

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Disease

Exposure

Control

Plan

See Attached/Following Seventeen Pages-Employees are expected to  
Read/Learn/Know and Follow these Guildlines

# **Bodega Bay Fire Protection District**

## **Health and Safety**

### **Bloodborne Pathogens**

### **Exposure Control Plan**

# Bodega Bay Fire Protection District Exposure Control Plan

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# Bodega Bay Fire Protection District

## BLOODBORNE PATHOGENS POLICY

In accordance with the CAL/OSHA Bloodborne Pathogens Standard, Title 8 GISO 5193 the following ECP has been developed:

### A. Purpose

The purpose of this ECP is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
2. Comply with the CAL/OSHA Bloodborne Pathogens Standards Title 8 GISO 5193.

### B. Exposure Determination

CAL/OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infection materials. The exposure determination is made without regard to the use of persons protective equipment (i.e. employees are considered to be exposed even if they wee personal protective equipment). This exposure determination is required to list all of classifications in which all employees may be expected to incur such occupational exposure, regardless of frequency. At Bodega Bay Fire Protection District following job classifications are in this category:

Fire Chief	Captain/EMT	Captain/EMT-P
Firefighter/EMT	Firefighter/Paramedic	Volunteer/Reserve Firefighter
Part-time FF/EMT	Part-time FF/EMT-P	Intern Firefighter

In addition, CAL/OSHA requires a listing of job classifications in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows (or place in appendix):

### C. Implementation Schedule and Methodology

CAL/OSHA also requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

#### 1. Compliance Methods

Universal precautions will be observed by all employees of BBFPD in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to BBFPD employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. At this facility the following engineering controls will be utilized:

#### **Sharps Containers    Bio Hazard Bags    Bio Hazard Containers**

The above controls will be examined and maintained on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

- Sharps Containers- All containers will be replaced and disposed of at Palm Drive Hospital (primary facility) or receiving hospital when it is 3/4 full.
- Bio Hazard Bags- All bio hazard bags in BBFPD apparatus shall be replaced each use and be placed in bio hazard container at the receiving hospital, secondary disposal will at the BBFPD station in the bio hazard containers.
- Bio Haz Containers- Will be cleaned on a weekly basis and all bio hazard materials in the containers will be disposed of at Palm Drive Hospital or receiving hospitals.

The Medical Supply Custodian will have the responsibility to ensure the effectiveness of the individual controls.

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. CAL/OSHA requires that these facilities be readily accessible after incurring exposure. At this facility the hand washing facility is located at the Ground floor: laundry room. If handwashing facilities are not accessible in the field, employees will have readily accessible to them antiseptic cleanser in conjunction with clean cloth or antiseptic towelettes. The location of these alternative methods are as follows: All BBFPD apparatus medical compartments. If these alternatives are used then the hands are to be washed with soap and running water as soon as feasible.

Supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

## **2. Needles and Sharps**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. CAL/OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique. At BBFPD recapping or removal is only permitted when the paramedic does not have a sharps container available to him/her, and should only be done when the patient condition is in extreme

## **3. Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

#### **4. Contaminated Equipment**

The Shift supervisor is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible.

#### **5. Personal Protective Equipment**

##### **PPE Provision**

The Board of Directors is responsible for ensuring that the following provisions are met.

All personal protective equipment used at this BBFPD will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The shift supervisor of an employee(s) will be responsible to ensure the employee(s) has the proper PPE.

##### **PPE Use**

The shift supervisors shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powerless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

##### **PPE Cleaning, Laundering and Disposal**

All personal protective equipment will be cleaned, laundered, and disposed of by the BBFPD at no cost to the employees. All repairs and replacements will be made by the BBFPD at no cost to employees.

All garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the BBFPD.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

## **Gloves**

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable gloves used at BBFPD are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will 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.

## **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 platter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

## **Additional Protection**

Additional protective clothing gowns, aprons or similar outer garments shall be worn in instances when gross contamination can reasonably be anticipated (such as child birth or severe bleeding control).

## **6. Housekeeping**

At BBFPD all contaminated work surfaces will be decontaminated after completion of treatment and/or transport and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

Decontamination will be accomplished by utilizing the following materials:

- Buckeye Sanicare Lemon Quat (germicidal cleaner)
- 10% bleach solution

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a weekly or when used basis.



## 7. Regulated Waste Disposal

### **Disposable Sharps**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

The containers shall be maintained upright throughout use and replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color coded to identify its contents.

### **Other Regulated Waste**

Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste must be labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Note: Disposal of all regulated waste shall be in accordance with applicable Unites States, state and local regulations.

## 8. Laundry Procedures

All laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked bio hazard labeled, color coded bag and placed in the bio hazard labeled container, Bio Hazard Linen, located in the BBFPD Station laundry room.

## 9. Hepatitis B Vaccine and Post Exposure Evaluation and Follow-up

### **General**

The BBFPD shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

The Fire Chief shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

1. Made available at no cost to the employee;
2. Made available to the employee at a reasonable time and place;
3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
4. Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

### **Hepatitis B Vaccination**

The Fire Chief is in charge of the Hepatitis B vaccination program.

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicate for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination offered shall sign the CAL/OSHA required waiver indicating their refusal.

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.

### **Post Exposure Evaluation and Follow-Up/Procedure for the Evaluation of Exposure Incidents**

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to:

Fire Chief                      Shift Supervisor                      Safety Officer

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:

1. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
3. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Fire Chief shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
4. 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.
5. 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 regulations concerning disclosure of the identity and infectious status of the source individual.

**Collection and testing of blood for HBV and HIV serological status will comply with the following:**

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;
2. The employee will be offered the option of having their blood collected for testing of the employees HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post exposure evaluation and follow-up in accordance with the CAL/OSHA standard. All post exposure follow-up will be performed by a physician at Palm Drive Hospital.

#### **Information Provided to the Healthcare Professional**

The Fire Chief shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

1. A copy of Title 8 CCR GISO 5193;
2. A written description of the exposed employee's duties as they relate to the exposure incident;
3. Written documentation of the route of exposure and circumstances under which exposure occurred;
4. Results of the source individuals blood testing, if available; and
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

#### **Healthcare Professional's Written Opinion**

The Fire Chief shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professionals 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.

The healthcare professional's written opinion for post exposure follow-up shall be limited to the following information:

1. A statement that the employee has been informed of the results of the evaluation; and
2. 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 other findings or diagnosis shall remain confidential and shall not be included in the written report.

#### **10. Labels and Signs**

The safety officer shall ensure that biohazard labels shall be affixed to containers of regulated waste or other potentially infectious materials, and other containers used to store, transport or ship other potentially infectious materials.

The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.

Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction.

#### **11. Information and Training**

The training officer shall ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

1. A copy of the standard and an explanation of its contents;
2. A discussion of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation of the BBFPD Bloodborne Pathogen ECP and a method for obtaining a copy.
5. The recognition of tasks that may involve exposure.

6. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.
8. An explanation of the basis of selection of PPEs.
9. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
12. Information on the evaluation and follow-up required after an employee exposure incident.
13. An explanation of the signs, labels, and color coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on bloodborne pathogens in the 12 months preceding the effective date of this plan shall only receive training in provisions of the plan that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

## **12. Record keeping**

### **Medical Records**

The Fire Chief is responsible for maintaining medical records as indicated below. These records will be kept in the Fire Districts administration office in the employee's personal file.

Medical records shall be maintained in accordance with CAL/OSHA Standards. 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:

1. The name and social security number of the employee.
2. A copy of the employee's HBV vaccination status, including the dates of vaccination.
3. A copy of all results of examinations, medical testing, and follow-up procedures.
4. A 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 circumstances of the exposure.

### **Training Records**

The Training Officer is responsible for maintaining the following training records. These records will be kept in the Fire Districts work room training files.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

1. The dates of the training sessions;
2. An outline describing the material presented;
3. The names and qualifications of persons conducting the training;
4. The names and job titles of all persons attending the training sessions.

### **Availability**

All employee records shall be made available to the employee in accordance with Cal/OSHA.

All employee records shall be made available to Cal/OSHA upon request.

### **Transfer of Records**

If this facility is closed or there is no successor employer to receive and retain the records for the prescribe period Cal/OSHA shall be contacted for final disposition.

### 13. Evaluation and Review

The Safety Officer is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.



# Bodega Bay Fire Protection District

## Employee Sign-Off Sheet Bloodborne Pathogens Exposure Control Plan (ECP)

I acknowledge I have been trained on and been informed how to get access to a copy of the ECP I have understood this training, and I will support and follow this plan in my daily work at Bodega Bay Fire Protection District.

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Employee Signature

Date

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Chief's Signature

Date

# Bodega Bay Fire Protection District

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## HEPATITIS B VACCINE DECLINATION FORM

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 at no charge to me.

Signature of employee \_\_\_\_\_

Print name of employee \_\_\_\_\_

Witness signature and position \_\_\_\_\_