

<p style="text-align: center;"><b>TOWNSHIP FIRE DEPARTMENT</b> <b>CHAPTER 1: ADMINISTRATIVE OPERATIONS</b></p>
<p>Part 2: Administrative Policies Subject: Bloodborne Pathogens Page 1 of 11 Effective Date: 01-01-95</p> <p style="text-align: right;">Section: 1-2-13 Revised Date: 01-27-03</p>

Part 2: Administrative Policies  
Subject: Bloodborne Pathogens  
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Effective Date: 01-01-95

Section: 1-2-13  
Revised Date: 01-27-03

- 13.01 Purpose. To provide a guideline for Township Fire Department personnel and its associate's who determine that they have suffered a significant exposure to a possible infectious waste. To report that exposure to the appropriate party so that follow-up care and/or testing can be initiated. Also, to maximize protection against communicable diseases for the public that they serve.
- 13.02 Goal. This policy applies to all Township Fire Department personnel and its associates involved in patient handling, extrication, or rescue operations.
- 13.03 General Statement. As an emergency care provider, you recognize that communicable disease exposure is an occupational health hazard and rarely will know if a patient has a communicable disease. It is therefore essential that you treat all patients as if they could transmit infections. Blood and body fluid precautions shall be consistently used for **all patients**.
- 13.04 Exposure Determination.
- A) Provisions of emergency medical care to injured or ill patients.
  - B) Rescue of victims from hostile environments, including burning structures or vehicles, water contaminated atmospheres, or oxygen deficient atmospheres.
  - C) Extrication of persons from vehicles, machinery, or collapsed excavations or structures.
  - D) Recovery and/or removal of bodies from any situation cited.
  - E) Response to hazardous material emergencies, both transportation and fixed-site, involving potentially infectious substances.
- 13.05 Goal of Program.
- A) To provide fire, rescue and emergency medical services to the public without regard to known or suspected diagnoses of communicable disease in any patient.

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- B) To regard all patient contacts as potentially infectious. Universal precautions will be observed at all times and will be expanded to include all body fluids and other potentially infectious material.
- C) To provide all members with the necessary training, immunizations, and personal protective equipment (PPE) needed for protection from communicable diseases.
- D) To recognize the need for work restrictions based on infection control concerns.
- E) To encourage participation in member assistance and CISM programs.
- F) To prohibit discrimination of any member for health reasons, including infection and/or seroconversion with HIV or HBV virus.

**13.06 Significant Exposure to Blood or Body Fluid.**

- A) Transmission into a body orifice or onto mucous membrane; blood, semen, vaginal secretions, cerebrospinal fluid, or other body fluid that is visibly contaminated with blood.
- B) Exchange of blood during the accidental or intentional infliction of a penetrating wound, including a needle puncture.
- C) Exchange of blood into an eye, an open wound, an oozing lesion, or where a significant breakdown in the skin or mucous membrane has occurred.
- D) Cardiopulmonary resuscitation in which mouth-to-mouth ventilation was done without the use of an intermediate breathing device.
- E) All other routes of significant exposure as defined by the Wisconsin Department of Health and Social Services and The National Center for Disease Control.

**13.07 Universal Blood and Body Fluid Precautions.**

- A) Gloves.
  - 1. Wear disposable latex or vinyl gloves whenever you anticipate contact with blood or body fluid.

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2. Gloves will be replaced as soon as possible when contaminated, damaged, or between patients.
  3. Hands should be washed immediately after treating a patient, even if gloves have been worn.
  4. Structural firefighting gloves should be worn in situations where sharp or rough edges are likely to be encountered.
  5. Heavy-duty utility gloves should be worn for the handling, cleaning, decontamination, or disinfection of potentially contaminated equipment.
- B) Eye/Facial Protection.
1. Eye/facial protection will be used in any situation where splash contact with the face or eye is possible.
  2. Face shields on structural firefighting helmets will not be used for infection control purposes.
- C) Cover Gowns or Jackets.
1. Fluid-resistant gowns or jackets will be used in any situation where splash contact with the clothes is possible.
  2. Structural firefighting gear is a protective against splashes from blood or body fluid and is preferable in fire, rescue, or vehicle extrication activities.
- D) Bag-Valve-Mask/Pocket Mask.
1. These devices will be available to all medical team personnel and on all station trucks.
  2. These devices will be used whenever available.
- E) Infectious Waste-Biohazard Bags.
1. All trucks and Emergicare Crew Chiefs are equipped with infectious waste-biohazard bags.

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2. All infectious waste and disposable equipment should be placed in biohazard bags.

13.08 Cleaning and Decontamination of Spills.

- A) Gloves will be worn during the cleaning and decontaminating of spills.
- B) Chemical germicides that are approved for use as "hospital disinfectants" and are tuberculocidal when used at recommended dilutions can be used to decontaminate spills of blood and other body fluids.
- C) Contaminated areas should be flooded with a liquid germicide before cleaning, then decontaminated with fresh germicidal chemical after cleaning.

13.09 Cleaning and Decontamination.

- A) Gloves will be worn during the cleaning and decontaminating procedures.
- B) All equipment used in an incident should be washed and disinfected after each use.
- C) All contaminated clothes (helmets, jackets, pants, and boots) will be removed and exchanged for clean clothes.
- D) Contaminated clothes will be washed by Township Fire Department, Inc., **UNDER NO CIRCUMSTANCE WILL CONTAMINATED WORK CLOTHES BE LAUNDERED AT HOME OR AT A COMMERCIAL LAUNDRY BY ANY MEMBER.**
- E) A 1:10 dilution of household bleach, prepared daily, is an effective germicide.
  1. This solution shall not be used on turnout gear or SCBAs.
- F) All contaminated waste should be disposed of properly, in the biohazard disposal container.
- G) The station Battalion Chief or Emergicare Crew Chief should be notified that a biohazard waste container is to be properly disposed of.

13.10 Hepatitis B Vaccine.

- A) Township Fire Department will make available the Hepatitis B vaccine and Vaccination series after initial training and within 10 working days of initial assignment to all its members and associates who have occupational exposure unless the member or associate has previously received the complete Hepatitis B vaccination series, antibody testing reveals that the member or associate is immune, medical reasons prevent the employee from being vaccinated, or the member or associate refuses the vaccination.
1. The vaccine is at no cost to the member or associate.
  2. Hepatitis B vaccination shall be made available to the member or associate at a reasonable time and place after receiving the training in occupational exposure.
  3. If a member or associate 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.
  4. All members or associates who decline the Hepatitis B vaccination offered shall sign the OSHA required waiver indicating their refusal.
  5. 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.

13.11 Post Exposure Evaluation and Follow-Up.

- A) All exposure incidents shall be reported, investigated, and documented. When the member or associate incurs an exposure incident, it shall be reported to the Infection Control Officer. An exposure incident report shall be filled out and given to the Infection Control Officer to investigate.

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13.12 Recordkeeping.

- A) Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20. Township Fire Department's Infection Control Officer is responsible for maintenance of the required medical records that are kept in the personnel files. All employee medical records will be kept confidential and will not be disclosed or reported without the employee's expressed written consent to any person within or outside the workplace except as required by the standard or as may be requested by law.

13.13 Should any employee of Township Fire Department, Inc. receive a significant exposure to blood or other potentially infectious material that employee shall:

- A) Immediately wash, disinfect or flush exposed areas.
- B) Remove contaminated clothing and personal protective equipment and dispose of in biohazard bag.
- C) Complete Township Fire EMPLOYEE ACCIDENT REPORT.
- D) Complete the DETERMINATION OF EXPOSURE TO BLOOD/BODY FLUIDS form and be evaluated by a physician within 24 hours of the exposure (State form available at hospital).
- E) Give HEALTHCARE PROFESSIONAL'S WRITTEN OPINION form and DETERMINATION OF EXPOSURE TO BLOOD/BODY FLUIDS form to Physician during first examination.
- F) Sign HIV testing consent, refusal or draw and hold forms.
- G) Notify Infection Control Officer of Township Fire Department, Inc. and complete the EMPLOYER'S FIRST REPORT OF INJURY OR DISEASE form (Workers Compensation) within 24 hours.
- H) Maintain CONFIDENTIALITY of source identity and lab results and follow your Healthcare Professional's testing, treatment and counseling recommendations.

13.14

**HEPATITIS B VIRUS VACCINE**

**DECLINATION**

I understand that due to my potential 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 cost to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, I continue to be at risk of acquiring hepatitis B if I have a significant exposure to blood or other potentially infectious materials.

I understand that in the future if I have occupational exposure to blood or other potentially infectious materials, I am responsible to contact Township Fire Department, Inc. Infection Control Officer within 24 hours of the exposure. If, in the future, I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no cost to me, by contacting the Infection Control Officer at Township Fire Department, Inc.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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13.15

**HEALTHCARE PROFESSIONAL'S WRITTEN OPINION**

\_\_\_\_\_ has had a significant exposure to blood or other potentially infectious materials on \_\_\_\_\_ (date). I have evaluated and counseled the employee. My findings are as follows:

Yes    No

- \_\_\_    \_\_\_    Hepatitis B immunization is recommended.
- \_\_\_    \_\_\_    Employee has already received HBV immunizations.
- \_\_\_    \_\_\_    HBV booster immunization is recommended.
- \_\_\_    \_\_\_    Employee has been informed of results of evaluation.
- \_\_\_    \_\_\_    Employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment.

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Addresses of Healthcare Professional:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Copies to:    \_\_\_ Exposed Person    \_\_\_ Employer

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13.16

**HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING CONSENT**

I have been asked for consent to test the blood of \_\_\_\_\_ for the presence of HIV infection. I understand the following regarding HIV testing:

- \*the benefits of testing.
- \*the potential for false positive and negative results.
- \*the potentially harmful psychological impact of a positive result.
- \*the importance of additional/future testing to rule out infection.
- \*resources and assistance available should the test be positive.

I have been informed that the HIV test results are confidential and shall not be released without written permission, except to the persons or organizations which have been given access by state law. I have been informed that these persons and organizations are also required by state law to keep these test results confidential.

I acknowledge that:

1. I have read this consent form,
2. I have been given the opportunity to ask questions concerning the blood test for HIV infection, and
3. my questions have been answered to my satisfaction.

I give consent to have a blood sample obtained and tested for presence of HIV infection. I also authorize the following person(s) access to the HIV test results:

Name of Person or Organizations Authorized Access to Test Results

\_\_\_\_\_  
Signature of Person Tested

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Legally Authorized Person. Date  
Relationship:

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

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13.17

**HUMAN IMMUNODEFICIENCY VIRUS (HIV) TESTING REFUSAL**

I, \_\_\_\_\_, refuse to have blood drawn or run for HIV antibody testing. I realize that this may affect my eligibility for Worker's Compensation if I become seropositive in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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13.18

**DRAW AND HOLD**

I, \_\_\_\_\_, have received counseling and have been advised of the importance of having HIV testing. Please draw and hold blood for HIV antibody testing for ninety (90) days. During those ninety (90) days I may choose to have baseline testing completed. After ninety (90) days the lab can dispose of my blood as I have decided to refuse HIV antibody testing. I realize if I choose not to have a HIV antibody test run it may affect my eligibility for Worker's Compensation if I become seropositive in the future.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

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