

# East Lake Tarpon Special Fire Control District



## *SOP 511 Infectious Control Plan (ICP)*

**Implementation  
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## Infection Control Plan

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## PURPOSE OF THE PLAN

One of the top priorities of ELTSFCD is to provide a safe and efficient workplace for its employees. Using the OSHA Standard 29 CFR 1910.1030 and NFPA 1581 as the templates, the purpose of this document is to "reduce occupational exposure to Hepatitis B and C viruses, Human Immunodeficiency Virus (HIV) and other bloodborne pathogens" that personnel may encounter in the workplace.

ELTSFCD believes that there are a number of good general principles that should be followed when working with bloodborne pathogens. These include that:

- It is prudent to minimize all exposures to bloodborne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- This department shall institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

ELTSFCD has implemented this *Exposure Control Plan* to meet the letter and intent of the OSHA Bloodborne Pathogens Standard and NFPA 1581. The objectives of the plan are to:

- Protect personnel from the health hazards associated with bloodborne pathogens.
- Provide appropriate treatment and counseling should an individual be exposed to bloodborne pathogens.

These policies and procedures are in addition to the applicable policies and procedures of Pinellas County EMS and the Office of the Medical Director.

## GENERAL PROGRAM MANAGEMENT

### A. Responsible Persons

There are 8 major *categories of responsibilities* that are central to the effective implementation of the Exposure Control Plan. These are the:

1. Fire Chief
2. EMS Division Chief – Infection Control Officer
3. District Chief
4. Training Chief
5. Fire Marshall / Division Chief
6. Lieutenants
7. Firefighter/Paramedics
8. Firefighter/EMTs

The following sections define the roles held by each of these individuals or groups in carrying out the plan. Throughout this plan, individuals with specific responsibilities are identified. As positions are changed, added or deleted, the plan will be updated as necessary to reflect the changes.

### **Fire Chief**

The Fire Chief shall be responsible for the overall management and support of the Plan including compliance with the plan. In this role, he/she is obligated to attend the bloodborne pathogens training sessions as directed by the Pinellas County EMS Authority.

Infection Control Officer shall be responsible for:

- Infection prevention and control activities of the department.
- Assisting the Training Chief in providing appropriate educational programs.
- Acting as a liaison between the department, Federal, State, and Local agencies regarding bloodborne pathogen issues.
- Acting as liaison between the department and the Infection Control Consultant.
- Monitoring the activities of the plan.

The Fire Chief may delegate certain activities to other individuals as necessary. Activities which may be delegated typically include, but are not limited to:

- Implementing the Exposure Control Plan in the department.

### **Section 2 Page 2**

- Working with the Infection Control Consultant to develop and administer any additional bloodborne pathogen related policies and practices needed to support the effective implementation of this plan.
- Researching ways to improving the plan as well as to revise and update the plan as necessary.
- Knowing current legal requirements concerning bloodborne pathogens.

### **EMS Division Chief –Infection Control Officer**

The EMS Division Chief – Infection Control Officer shall be responsible for:

- Infection prevention and control activities in the department.
- Assisting the Training Chief in providing appropriate educational programs.
- Acting as liaison between the department and Federal, State, and Local agencies regarding bloodborne pathogen issues.
- Acting as liaison between the department and the Infection Control Consultant.
- Monitoring the activities of the Plan.
- Acting in the absence of the Fire Chief, as assigned.

### **Division Chief / Fire Marshall and Training Division Chief**

The Fire Marshall / Division Chief and the Training Division Chief are both obligated to attend the bloodborne pathogen in-house training sessions. In their roles, either may act in the absence of the Fire Chief and be obligated to perform the duties associated with the plan.

### **District Chiefs**

The District Chiefs are the department shift supervisors. In this role, the District Chiefs are responsible for ensuring compliance with the plan by all shift personnel. In this job category, they are obligated to attend the bloodborne pathogen in-house training sessions.

### **Lieutenants**

The lieutenants are the department station supervisors. In this role, the lieutenants are responsible for ensuring compliance with the plan by all personnel assigned to them. In this job category, they are obligated to attend the bloodborne pathogen in-house training sessions.

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### **Firefighter/Paramedics**

The firefighter/paramedics are responsible for the following:

- Knowing what tasks they perform that have the potential for occupational exposure.
- Attending bloodborne pathogen training sessions.
- Planning and conducting all operations in accordance with the work practice controls.
- Developing good personal hygiene habits.
- Provision of basic and advanced life support activities.
- Performing special medical procedures.

### **Firefighter/EMTs**

The firefighter/EMTs are responsible for the following:

- Knowing what tasks they perform that have the potential for occupational exposure.
- Attending bloodborne pathogen training sessions.
- Planning and conducting all operations in accordance with the work practice controls.
- Developing good personal hygiene habits.
- Provision of basic life support activities.
- Assisting in the provision of advanced life support activities.

## **B. Authority**

The Fire Chief is responsible to implement the Exposure Control Plan throughout the department and to initiate appropriate action for control measures or studies when there is reasonable evidence that there may be a hazard. The Fire Chief may delegate any or all of this responsibility to qualified personnel, as necessary. The EMS Chief is delegated this role on a daily operational basis.

**C. Availability of the Exposure Control Plan to the Employees**

To make this plan readily available to all covered employees, a copy is maintained at each station. Further, a copy is also available for review at the Administrative Offices of the department.

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**D. Review and Update of the Plan**

The leadership of ELTSFCD recognizes that it is important to keep the Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances

- Annually, on or before May 30 of each year.
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure.
- Whenever jobs are revised such that new instances of occupational exposure may occur.
- Whenever new functional positions are established within the department that may involve exposure to bloodborne pathogens.

**Section 3 Page 1**

**DEFINITIONS**

**-A-**

ASSISTANT  
SECRETARY-

The Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

**-B-**

BIO-HAZARD LABEL-

or

symbol

A label affixed to containers of regulated waste, refrigerator/freezers and other containers used to store, transport

ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the bio-hazard

and the word biohazard on the lower part of the label.

BLOOD-

Human blood, human blood components, and products made from human blood.

BLOODBORNE  
can  
PATHOGENS-  
Immunodeficiency

Pathogenic microorganisms that are present in human blood and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV) and Human Virus (HIV).

**-C-**

CLINICAL  
LABORATORY-

A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

CONTAMINATED-

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

CONTAMINATED  
LAUNDRY-

Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Section 3 Page 2**

CONTAMINATED  
not  
SHARPS-  
tubes,

Contaminated objects that can penetrate the skin including, but limited to needles, scalpels, broken glass, broken capillary and exposed ends of dental wires.

**-D-**

DECONTAMINATION-

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**-E-**

EMPLOYEE-  
facility

An individual employed in a healthcare, industrial or other or operation who may be exposed to bloodborne pathogens in the course of their assignments.

ENGINEERING CONTROLS-	Control (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
(Designated) EXPOSURE CONTROL OFFICER-	An employee who is designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the facility's Exposure Control Plan.
EXPOSURE CONTROL PLAN-	A written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposure to bloodborne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.
EXPOSURE or INCIDENT-	A specific eye, mouth, other mucous membrane, non-intact skin, parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
<b>Section 3 Page 3</b>	
<b>-H-</b> HAND WASHING water, FACILITIES-	A facility providing an adequate supply of running potable soap and single use towels or hot air drying machines.
HBV-	Hepatitis B Virus.
HCV-	Hepatitis C Virus.
HIV-	Human Immunodeficiency Virus.
<b>-L-</b>	
LICENSED or HEALTHCARE paragraph PROFESSIONAL-	A person whose legally permitted scope of practice allows him her to independently perform the activities required by (f) "Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up" of OSHA's Bloodborne Pathogens Standard.
<b>-M-</b>	

MEDICAL  
CONSULTATION-  
the

A consultation which takes place between an employee and a licensed medical professional for the purpose of determining

or

employee's medical condition resulting from exposure to blood

other potentially infectious materials as well as any further evaluation or treatment that is required.

**-N-**

NEEDLELESS SYSTEMS-

Pinellas County EMS authority has provided a needleless IV access system including IV Start Kits, Syringes, IV Drip Sets, and other accessories to help prevent accidental needle sticks.

NIOSH-

National Institute for Occupational Safety and Health of the Public Health Service, of the U.S. Department of Health and Human Services; the Federal agency which assists OSHA in Occupational safety and health investigations and research.

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**-O-**

OCCUPATIONAL  
parenteral

Reasonably anticipated skin, eye, mucous membrane or

may

contact with blood or other potentially infectious materials that

result from the performance of an employee's duties.

OSHA-

Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.

OTHER  
POTENTIALLY  
INFECTIOUS  
MATERIALS-

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions

and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

**-P-**

PARENTERAL-  
events

Piercing mucous membranes or the skin barrier through such as needle sticks, human bites, cuts, and abrasions.

PERSONAL  
PROTECTIVE  
uniforms,  
EQUIPMENT-

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

PRODUCTION  
FACILITY-

A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

**Section 3 Page 5**

**-R-**

REGULATED  
materials;  
WASTE-

Liquid or semi-liquid blood or other potentially infectious contaminated items that would release blood or other potentially infectious materials, in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps, pathological and microbiological waste containing blood or other potentially infectious materials.

RESEARCH  
LABORATORY-

A laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

**-S-**

SOURCE  
INDIVIDUAL-

An individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human

remains;

and individuals who donate or sell blood or blood components.

STANDARD  
PRECAUTIONS-

An approach to infection control. According to the concept of Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

STERILIZE-  
microbial

The use of a physical or chemical procedure to destroy all life including highly resistant bacterial endospores.

-W-

WORK PRACTICE  
CONTROLS-

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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WORK AREA-  
performed,

Location where tasks such as washing medical instruments, handling of biomedical waste, emergency procedures are or storage of biomedical waste.

**Section 4 Page 1**

**IDENTIFICATION OF EXPOSURE SITUATIONS**

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations which may be encountered.

In order to be in compliance with the Exposure Control Plan, all operations personnel must be assigned an exposure category according to their risk of exposure to blood and body fluids. Each is further required to acknowledge receipt of this information which will be filed in his/her personnel file.

The Infection Control Officer (ICO) will shall review all duties/tasks conducted and shall determine the appropriate risk category. Further, the ICO shall review each category assignment with each individual who shall sign the acknowledgment form. New employees shall sign the form at initial employment.

The original copy of the acknowledgment form will be maintained in the employees personnel file.

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## **PROCEDURES WHERE OCCUPATIONAL EXPOSURE MAY OCCUR**

Procedures where occupational exposure may occur include but are not limited to:

1. Dressing and bandaging wounds
2. IV establishment and maintenance
3. Patient assessment and exams
4. Removing patient's clothing and exposing wounds
5. Cleaning and decontaminating equipment, vehicle and/or clothing articles
6. Parenteral administration of medications
7. Removal of body fluid sample for testing such as capillary blood glucose level (finger stick)
8. Extrication or other acts involving contact with contaminated materials that have potential to inoculate, i.e.: needles, other sharps, slivers, splinters, broken glass, hard plastic, sharp edges of metal or wood, etc.
9. Intubation and suctioning
10. Thoracic decompression
11. Introduction of trans tracheal airways
12. Blood draw and specimen collection
13. Administration of emergency medical care
14. Handling of biomedical waste
15. Childbirth procedures
16. Any other act that has potential to cause exposure to blood and other body fluids.

## OCCUPATIONAL EXPOSURE

For the purpose of this plan, occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

A significant exposure would be:

- Exposure to blood or body fluids through a needle stick, instruments, equipment or sharps;
- Exposure of mucous membranes to visible blood or body fluids visibly contaminated with blood to which universal precautions apply according to the Centers for Disease Control, including, without limitations, the following body fluids:
  - a. Blood
  - b. Semen
  - c. Vaginal secretions
  - d. Cerebrospinal fluid
  - e. Synovial fluid
  - f. Pericardial fluid
  - g. Pleural fluid
  - h. Peritoneal fluid
  - i. Amniotic fluid
  - j. Laboratory specimens that contain HIV, HBV, and/or HCV.
- Exposure of the skin to visible blood or body fluids, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis, or the contact is prolonged or involves an extensive area.

## METHOD OF COMPLIANCE

It is the understanding of ELTSFCD that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in the

department. The first five areas in the plan are:

- The use of Body Surface Isolation (BSI).
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls.
- Using necessary Personal Protective Equipment

information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, ELTSFCD feels that it will eliminate or minimize occupational exposure to bloodborne pathogens as much as possible.

Implementing appropriate Housekeeping Procedures

**Section 5 Page 1**

Each of these areas is reviewed with fire department staff members during their bloodborne pathogens related training (See the "Information and Training" section of this plan for additional

**Section 5 Page 2**

## **A. BODY SUBSTANCE ISOLATION**

### **POLICY:**

It is the policy of ELTSFCD to consider all patient's blood and body fluids potentially infectious, and barriers will be used to prevent exposure.

### **PURPOSE:**

To prevent exposure to blood and body fluids.

### **PROCEDURE:**

All Personnel of ELTSFCD are required to adhere to universal precautions, including the appropriate use of hand washing and care in the use and disposal of needles and other sharps.

1. Barriers indicated in Universal Precautions are:
  - a. **NITRILE GLOVES, AND VINYL GLOVES:** These must be worn whenever exposure to the following is planned or anticipated, (or to an item

contaminated with such):

- 1) Blood/body products/body fluids with visible blood
- 2) Urine
- 3) Feces
- 4) Saliva
- 5) Mucous Membranes
- 6) Wound drainage
- 7) Drainage tubes
- 8) Non-intact skin
- 9) When assisting with invasive procedures
- 10) Amniotic, cerebral spinal, pericardial, pleural, peritoneal, synovial fluid
- 11) When handling instruments or equipment

b. **FIREFIGHTER GLOVES:** These shall be worn in any situation where sharp or rough surfaces are likely to be encountered (i.e., extrication). Firefighting gloves can be worn over Nitrile gloves in cases other than firefighting.

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- b. (1) **EXTRICATION GLOVES:** These shall be worn in any situation where sharp or rough surfaces are likely to be encountered during extrication as an option to wearing Firefighter Gloves.
- c. **MASKS:** These must be worn during procedures that are likely to generate droplets of blood or body fluids to prevent exposure to mucous membranes of the individual's mouth and/or nose; such as trauma, child birth, intubation and cleaning instruments.
- d. **FLUID RESISTANT COVERALLS (GOWNS/JUMPSUITS):** These must be worn when there is potential for soiling clothing with blood/body fluids and for close contact with blood/body fluids; such as child birth, invasive procedures and cleaning instruments.
- e. **BUNKER GEAR:** These should be worn when there is a chance for puncture, i.e. glass breakage, extrication.
- f. **EYE WEAR:** Protection over the eyes must be worn during procedures that are likely to generate droplets of blood/body fluids; such as childbirth, intubation, assisting in invasive procedures or cleaning instruments.
- g. **HAND WASHING:** Always wash hands before donning and as soon as possible after removing gloves, immediately if hands become contaminated with blood or other body fluids and frequently during the day. The use of alcohol base gels and foams before

donning and after removal is required if soap and running water is not available until return to the station where proper hand washing can be done.

- h. **MOUTH-TO-MOUTH BREATHING:** Only use resuscitation bags, mouth pieces, or other devices for artificial ventilation. Avoid mouth-to-mouth breathing. This does not preclude emergency lifesaving performance of mouth-to-mouth if PPE is not immediately available.
- i. **PUNCTURE RESISTANT GLOVES:** Use when handling items with the potential to puncture the skin, i.e., broken glass, un-capped needles.
- j. **RUBBER KEVLAR or LEATHER FIRE FIGHTER BOOTS:** These should be worn during firefighting procedures or during any traumatic scene where there is heavy bleeding.

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- k. **SHARPS:** Handle all contaminated needles, scalpels, and other sharp instruments with extreme care both during and after procedures. Never recap, bend, clip, remove from disposable syringes, or otherwise manipulate contaminated sharps into a puncture-resistant container for disposal. The puncture-resistant container should be located as close as practical to the use area.
  - l. **SPILLS:** Spills of blood and blood-containing body fluids should be cleaned promptly with an approved tuberculocidal, viricidal solution.
- m. **SKIN LESIONS:** Individuals with exudative skin lesions or weeping dermatitis shall be evaluated by the department physician to determine if the individual should refrain from all invasive procedures and from handling patient care equipment and instruments until the condition resolves. Additionally, any individual with small skin abrasions shall cover that abrasion completely with a bandage prior to performing any duties and wear gloves.

## 2. Monitoring Compliance

All personnel of ELTSFCD are responsible for monitoring compliance to Universal Precautions. If non-compliance is observed, that individual shall be counseled by his/her immediate supervisor and that counseling documented on the employee tracking record.

If necessary, the employee tracking record shall be reviewed with the Chief for corrective action.

## B. ENGINEERING CONTROLS

One of the key aspects to the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize exposure to bloodborne pathogens. As a result, the department employs equipment such as:

1. Hand washing facilities are accessible in each station and at the hospital to all individuals who have the potential for exposure.
2. Waterless hand cleaner
3. Eye wash station / solution
4. Containers for contaminated sharps having the following characteristics:
  - Puncture-resistant
  - Labeled with biohazard warning label
  - Leak-proof on the sides and bottom
5. Biomedical Waste bags and containers that meet the requirements of the State of Florida
6. Specimen bags which are labeled with the biohazardous symbol
7. Disposable bag/valve devices
8. Disposable suction canisters
9. Easily cleaned, stocked trauma boxes
10. Individual hip packs for the carriage of PPE
11. Self-sheathing IV catheters and needleless administration system

The EMS District Chief or Chiefs designee will review tasks and procedures implemented by this Department. As part of this effort, three areas were identified:

- Areas where engineering controls are currently employed
- Areas where engineering controls can be updated
- Areas currently not employing engineering controls, but where engineering controls could be beneficial.

## C. WORK PRACTICE CONTROLS

The Chief of ELTSFCD is responsible for overseeing the implementation of these Work Practice Controls, however, he has delegated that responsibility to the Infection Control Officer and the District Chiefs.

All personnel work in conjunction with the Infection Control Officer and the District Chiefs to affect this implementation.

It is important to note, that while emergency personnel work is limited to the pre-hospital setting, some pre-hospital procedures are defined as "invasive procedures". Among others, "invasive procedures" include, treatment of traumatic injuries, a childbirth delivery or other obstetric procedure in which bleeding may occur, and endotracheal intubation and, intravascular procedures and surgical cricothyroidotomy.

ELTSFCD has adopted the following Work Practice Controls as part of the Bloodborne Pathogens Compliance Program:

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### 1. HAND WASHING

#### **POLICY:**

It is the policy of ELTSFCD that vigorous hand washing shall be observed by all members of the department frequently during the day and as soon as feasible after each patient contact.

#### **PURPOSE:**

To eliminate the possibility of cross-contamination of pathogenic organisms.

#### **INDICATIONS:**

The indications for hand washing depends on the type, intensity and duration of contact. *Superficial contact*, such as handshaking, does not require hand washing. *Prolonged and intense contact* with any patient, does require hand washing. Additionally, personnel should always wash their hands before invasive procedures, after contact with instruments/equipment, whenever possible.

All members of the department will:

- Wash their hands immediately before patient contact (waterless hand cleaner will comply with this section if soap and water not available).
- Wash their hands immediately, or as soon as feasible, after removal of gloves or

other personal protective equipment.

- Wash their hands following any contact of body areas with blood or any other infectious materials.
- Wash their hands after touching a source that is likely to be contaminated.

### **TECHNIQUE:**

The recommended hand washing technique depends on the purpose of the washing. For most, a vigorous, 10 second scrub under stream of running water with soap is recommended. It is important that personnel note that bar soaps and liquid soap containers have been reported to become contaminated and can serve as a reservoir of microorganisms.

When refilling liquid soap containers, do not allow the pump stem to come in contact with potentially contaminated surfaces.

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### **PROCEDURE:**

1. Do not touch the sink with your clothing.
2. Use continuously running water at a comfortable temperature.
3. Soap and friction are essential.
4. Rub the soap in between fingers, around nail beds and 3 inches above your wrist.
5. Rinse your hands thoroughly in a downward position so that the runoff will go into the sink and not down your arms.
6. Avoid splashing.
7. Dry well, being sure to dry in between your fingers, from your wrist to your fingertips.
8. Discard the towels into the trash can, being sure not to touch the trash can with your hands.
9. Turn off the faucets with a dry paper towel and discard into the trash can being sure not to touch the trash can with your hands.

### **FACILITIES:**

Hand washing facilities consist of a sink with running water, liquid or dry soap and paper towels.

Waterless hand cleaner shall be readily available if running water is not available. However, as soon as running water and soap are available, the hands should be re-washed.

Waterless alcohol base gel/foam hand cleaner must be carried in each vehicle for use in the field.

**MAINTENANCE:**

Sinks and fixtures are to be kept clean and uncluttered.

**HAND CARE:**

For most routine procedures a gentle liquid lotion soap is acceptable.

Prior to invasive procedures an antimicrobial soap shall be utilized.

Waterless hand cleaners are not to be used if running water is available.

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**2. PERSONAL ITEMS POLICY:**

It is the policy of ELTSFCD that any personal items (ex: razors, toothbrushes, etc.) brought to the station shall be secured in the employee's locker between use.

**PURPOSE:**

To prevent transmission of disease.

**PROCEDURE:**

When not in use, all personal items shall be stored in the individual's sleep room or locker. These items shall not be left on the counters in the restroom or shower stalls.

Towels, bedding, and soiled personal clothing shall be removed from the lockers and laundered at least every 5 shifts. Refer to the housekeeping and laundry guidelines later in this section.

**3. CONSUMPTION OF FOOD/BEVERAGES, SMOKING, APPLYING OF COSMETIC/LIP BALM, HANDLING OF CONTACT LENSES.**

**POLICY:**

It is the policy of ELTSFCD that consumption of food, beverages, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens. (Smoking is permitted for certain “grandfathered personnel” ONLY in designated smoking areas per Smoking Policy).

**PURPOSE:**

To prevent contamination.

**PROCEDURE:**

Hands shall be washed thoroughly prior to consumption of food, beverages, smoking, applying cosmetics or lip balm and handling contact lenses.

At no time shall any food be consumed by department personnel in any department vehicle.

Upon arrival at the hospital or station, smoking and consumption of food or beverages are allowed in designated areas.

It is important to note that the Biomedical Waste storage areas and the areas where instruments are processed are restricted areas where smoking and/or consumption of food and beverages are prohibited.

#### 4. FOOD AND DRINK STORAGE

**POLICY:**

It is the policy of ELTSFCD that food and drink are *not* kept in refrigerators or freezers for extended time; on counter tops; or in the vehicle other than the cab area during transportation back to the station, or in other storage areas where there is potential for exposure to bloodborne pathogens.

**PURPOSE:**

To prevent transmission of bloodborne pathogens.

**PROCEDURE:**

Food and drink shall be stored in a clean designated area.

Perishable foodstuffs shall be labeled with the employee name and removed on a weekly basis to allow thorough cleaning of the cabinets and refrigerators.

The cab of the engine is designated as a clean area. It is understood by all department personnel that there shall not be any contaminated clothing, instruments or waste placed there at any time. As a clean area, packaged food and beverages may be transported to the station for consumption at the station.

Except for food items used for rehab activities at an incident, there shall be no food or drinks stored in the vehicle.

#### 5. CONTAMINATED SHARPS

**POLICY:**

It is the policy of ELTSFCD that contaminated sharps be placed in appropriate containers immediately, or as soon as possible after use at the point of use.

**PURPOSE:**

To prevent injury of punctures to department personnel and the community at large.

**PROCEDURE:**

After use, the disposable sharp shall be placed in a designated sharps container at the point of use.

Contaminated sharps shall not be recapped, bent or removed from the syringe prior to disposal.

The contaminated sharps container can be used with multiple patients but the following procedure must be adhered to:

1. The contaminated sharps container shall not be allowed to overfill. When filled, (3/4 full) the sharps container lid shall be pressed closed and secured. The container shall be disposed of in the biohazard waste receptacle at the station. (If possible, the used sharps container can be turned over to the Sunstar Ambulance crew for proper disposal at the County facility.

## **6. SPECIMEN COLLECTION / STORAGE / TRANSPORTING OF SOURCE BLOOD TO PEP HOSPITAL.**

### **POLICY:**

It is the policy of ELTSFCD that gloves shall be worn during specimen collection and appropriate hand washing technique be observed. Specimens of blood or other materials shall be placed in designated leak-proof containers appropriately labeled for handling, storage and transporting.

### **PURPOSE:**

To prevent transmission of microorganisms.

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### **PROCEDURE:**

1. Don gloves for specimen collection.
2. Wipe off the outside of the specimen container with an alcohol pad.
3. Remove gloves and place into a biomedical waste bag if visibly soiled with

blood or body fluids.

4. Thoroughly cleanse hands with the waterless hand cleaner unless, running water is available for hand washing with soap and water.
5. Place the specimen container in a leak-proof plastic bag.
6. Label the specimen bag with a bio hazardous symbol (unless permanently affixed to the bag.)
7. Place the securely closed bag into a plastic container, that can be washed and disinfected if leakage should occur, for storage until transport. This container shall be labeled with the biohazard symbol.
8. Upon arriving at the specimen drop off point, hands shall be thoroughly washed with soap and water.

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**MISCELLANEOUS:**

1. If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.
2. The transport container shall be labeled with the biohazard symbol.

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**7. EQUIPMENT FOR SERVICING / SHIPPING**

**POLICY:**

It is the policy of ELTSFCD that equipment to be serviced or shipped out of the station or department shall be decontaminated prior to shipment.

**PURPOSE:**

To prevent the transmission of disease.

**PROCEDURE:**

1. Prior to shipping a piece of equipment for servicing, that equipment shall be disassembled and thoroughly cleaned with soap and water, then disinfected with a department approved disinfectant.
2. If any portion of the equipment cannot be disassembled or decontaminated or disinfected, the equipment shall be placed into a securely closed leak proof or puncture proof container and a tag shall be placed on the outside of the bag/container advising the servicing company of that fact.

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## **8. INSTRUMENT TRANSPORT**

### **POLICY:**

It is the policy of ELTSFCD that all contaminated reusable instruments being transported shall be placed in rigid transporting containers at the point of origin. This rigid container shall be carried to the reusable instrument processing area of the station for decontamination and disinfection.

### **PURPOSE:**

To prevent transmission of disease.

### **PROCEDURE:**

1. After the procedure, the reusable contaminated instrument shall be placed in a rigid container at the point of origin.
2. The department personnel shall transport the rigid container to the instrument processing area of the station.
3. Instruments shall not be taken out of this container at a hospital emergency room and washed.
4. The Contaminated Reusable Instrument Policy shall then be followed, Section 5, pg 17.

## 9. CONTAMINATED REUSABLE INSTRUMENTS

### **POLICY:**

It is the policy of ELTSFCD that contaminated reusable equipment shall be immediately placed in leak-proof containers at the point of use and transported to the station reusable instrument processing area for decontamination and disinfection.

Appropriate protective attire such as face shields, fluid resistant coveralls and gloves shall be worn when reusable instruments are decontaminated and disinfected.

### **PURPOSE:**

To protect individuals from exposure to bloodborne pathogens.

### **PROCEDURE:**

1. Using gloves, place the contaminated reusable instruments into a leak-proof container for transport to the decontamination processing area of the station.
2. Remove gloves, discard into a biomedical trash can at the point of origin.
3. Cleanse hands with soap and running water, waterless hand cleaner can be used if no running water is available.
4. Upon arrival at the station, add the enzymatic soaking solution to the container of contaminated instruments. Allow the instruments to soak for at least 30 minutes.
5. Wash hands thoroughly with soap and running water.
6. Prior to washing instruments, don appropriate protective garments. This

may include chin length face shield or fluid resistant mask and goggles, fluid resistant cover all and gloves.

7. Alert members of the department when washing of instruments takes place to lessen traffic in that contaminated area.

8. Thoroughly wash and rinse the instruments with a tuberculocidal/viricidal agent.
9. Carefully pour any contaminated liquid into the sewer system.
10. NEVER REACH INTO THE CONTAINER at any point of the process with gloved hands. Tong or long handled forceps should be used to remove the instruments from the container.
11. Clean any splash areas thoroughly with the department approved disinfectant.
12. Place the now clean instruments into the disinfectant solution, being sure that the instruments are fully immersed in the solution.
13. Remove and discard all protective attire and dispose of in the biomedical waste bag at the point of use.
14. Wash hands thoroughly for at least 10 seconds.
15. Refer to the Instrument Disinfection / Sterilization Policy, Section 5, pg 19.

## 10. INSTRUMENT DISINFECTION

### **POLICY:**

It is the policy of ELTSFCD that instruments shall be classified and processed according to the recommendations of the Centers for Disease Prevention and Control.

### **PURPOSE:**

To prevent transmission of disease.

### **PROCEDURE:**

1. Instrument Classification:
  - A. Critical - instruments which will PENETRATE skin, mucosa shall be sterilized.

- B. Semi-Critical - Instruments/items which will CONTACT mucosa shall receive high-level disinfection.
- C. Non-Critical - Instruments/items which will only have contact with skin. May be treated with intermediate or low level disinfectants.

2. Sterilization:

- A. There is no equipment at ELTSFCD to permit the Sterilization process to take place.
- B. All designated critical instruments shall be prepackaged disposable and labeled as sterile one time use by the supplier.

3. High-Level Disinfection:

- A. Glutaraldehyde-Based Solutions - Are registered by EPA as disinfectant/sterilant and thus may be used for either sterilization or high-level disinfection. Avoid skin contact and vapors.

Solutions may be corrosive. All items treated with glutaraldehydes must be thoroughly cleaned before and rinsed after immersion. At the present time Cidex has been tested and met all the testing requirements for high-level disinfection. The solution may be

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purchased in a 14 day or 28 day holding solution. Instruments must be completely submersed for at least a 20 minute contact time. Refer to the manufacturer recommendations.

- B. Chlorine Dioxide Based Solutions - May be used for high level disinfection of semi-critical items not subject to corrosion. Should not be used on aluminum and oxidizable metals. Solutions may be kept in plastic or glass containers. Refer to manufacturer recommendation for contact time.
- C. Hydrogen Peroxide 6% - May be used for high-level disinfection of semi-critical items. Immersion time is at least 20 minutes. The advantages are that it is highly sporicidal, safe and versatile. Can not use paper to wrap!
- D. Products which have completed validation testing with satisfactory results are as follows: Cidex Aqueous, Activated Dialdehyde

Solution, Cidex Formula 7, Cidex Plus 28-day Solution, Actril, Renalin and Endospor.

4. Intermediate Level Disinfection:

A. Iodophors - Are available in concentrated preparations and contain surfactants. Iodophors with a label claim of tuberculocidal activity may be used as intermediate disinfectants for certain surfaces and equipment. May be used on counter tops, chairs. May also be used as a "holding solution", as well as on certain items that are not sterilizable. Avoid using on stainable surfaces. May be corrosive.

B. Sodium Hypochlorite (household bleach) - Commonly used as a 1:100 solution (1/4 cup to one gallon of water). Should be mixed fresh daily. Items to be treated should be carefully pre-cleaned. May be used for intermediate level disinfection on non-critical surfaces and equipment. Should not be used on aluminum or oxidizable metals. Utilize gloves and face protection.

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C. Phenolics: Steriphene II disinfectant spray, ZEP formula 165- May be used for intermediate level disinfection if tuberculocidal. Available as sprays and liquid. May be used for surfaces, equipment. May be used as "holding solution". Avoid skin or mucous membrane contact. Utilize gloves and face protection. Requires a 10 minute exposure time.

D. Quaternary Ammonium - May be used if tuberculocidal. Is a good cleaner, less expensive than a phenolic. Available as a spray and liquid. May be safely used on all surfaces. Not as toxic as a phenolic. Requires a 10 minute exposure time. Utilize gloves and face protection.

E. Ethyl or Isopropyl Alcohol 70-90% - May be used for an intermediate to low level disinfection. Safe. Requires a 10 minute exposure time.

<b>CLASSIFICATION OF DEVICES, PROCESSES, AND GERMICIDAL PRODUCTS</b>		
<b>DEVICE CLASSIFICATION</b>	<b>SPAULDING PROCESS CLASSIFICATION</b>	<b>EPA PRODUCT CLASSIFICATION</b>
<b>Critical (enters sterile tissue or vascular area)</b> Scalpels, needles, other surgical instruments, etc.	Sterilization (N/A)	Autoclave
<b>Semi-critical (touches mucous membranes)</b> Laryngoscopes, endotracheal tubes, OPAs, other similar instruments.	High-level disinfection	Sterilant/disinfectant (CIDEX) chemical agent
<b>Non-critical (touches intact skin)</b> Stethoscopes, BP cuffs, Suction units, etc.	Low-level disinfection	General disinfectant (ZEP 165) Steriphene II Spray

## 11. MEDICATIONS

### **POLICY:**

It is the policy of ELTSFCD that all medications shall be handled with strict adherence to asepsis.

### **PURPOSE:**

To prevent transmission of infection.

### **PROCEDURE:**

1. The medication box / bag shall be thoroughly cleaned, as necessary, and replenished after each use.
2. The medication box / bag shall be checked on a daily basis for shortages. Any visibly damaged medications shall be replaced immediately.
3. The medications shall be checked on a monthly system for outdates. Remove drugs that will expire the following month when store room supplies are available for re-stocking the Med Box / bag.
4. All medications shall remain in their sealed box until needed. The exception is when the medication must be removed from the box to facilitate proper storage in the drug box / bag.
4. Any questionable contaminated medications shall be removed from service and returned to Sunstar Materials (utilizing the proper return medication form).

## 12. DISINFECTION OF BLOOD AND BODY FLUID SPILLS

### **POLICY:**

It is the policy of ELTSFCD that all spills or splashes of blood or other body fluids, within a building or on its premises, be cleaned up and the spill or splash area be decontaminated as soon as possible. There shall be no hand contact of broken glass or any other sharp.

### **PURPOSE:**

To minimize the danger of environmental contamination, possible spread of bloodborne infections and puncture from sharps.

### **PROCEDURE:**

#### **STATION:**

1. Assemble necessary supplies/equipment.
2. Wash hands.
3. Put on disposable gloves and any other equipment if slashing is a possibility.
4. Soak up the spill with paper towels.
5. Spray the spill area with a hospital grade disinfectant.
6. After 10 minutes, wipe up the solution with a paper towel until the area is dry.
7. Discard paper towels, gloves and any other contaminated protective attire into a biomedical waste bag at the point of use.
8. Wash hands for at least 10 seconds (per hand washing policy).
  
9. After the initial clean up, regular environmental disinfection can take place.

**FIELD:**

1. Assemble necessary supplies/equipment.
2. Cleanse hands with waterless hand cleaner.
3. Put on fluid resistant attire including eye protection and gloves.
4. Spray the area with a 1:32 ratio bleach solution. See instructions below.
5. After 10 minutes, hose the area thoroughly.
6. Remove all protective attire. Disposables should be placed into a biomedical waste bag if visibly soiled with blood, otherwise they may be disposed of in the regular trash. Reusable attire should be transported to the station in a securely closed leak proof bag for thorough decontamination and disinfection.
7. Cleanse hands with waterless hand cleaner.
8. Upon return to the station, follow the appropriate procedure for decontamination and disinfection of reusable attire, Section 5, page 53. Additionally, thoroughly wash hands with soap and running water for at least 10 seconds.

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To mix a 1:32 ratio solution of bleach, mix ½ cup of household bleach in 1 gallon of water. Mix new solution for each use. Do not pre-mix solution and leave in sprayer.

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**13. VEHICLES**

**POLICY:**

It is the policy of ELTSFCD that the interior of the vehicle shall be

thoroughly cleaned as soon as possible after use.

**PURPOSE:**

To minimize the danger of environmental contamination and transmission of infection.

**PROCEDURE:**

1. Wash hands.
2. If soiling to your clothing is likely, don a fluid resistant jumpsuit.
3. Put on a pair of disposable gloves.
4. Thoroughly remove any visible blood, body fluids or other matter with soap and water.
5. Scrub the interior with a hospital grade disinfectant - detergent.
6. Rinse.
7. Spray the surfaces with a tuberculocidal/virucidal agent (i.e., ZEP 165) according to the manufacturer's recommendations.
8. Remove the protective attire (gloves and jumpsuit).
9. Discard the protective attire in a Biomedical Waste bag if visibly soiled with blood, otherwise dispose of it in the regular waste.
10. Wash hands for at least 10 seconds.

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**14. EQUIPMENT DECONTAMINATION/DISINFECTION**

**POLICY:**

It is the policy of ELTSFCD that all reusable equipment and supplies shall be decontaminated and disinfected after each use.

**PURPOSE:**

To prevent transmission of disease.

**POLICY:**

1. Instruments.

Instruments shall be classified, decontaminated and disinfected according to Policy, Section 5, Page 17.

2. Suction Units.

Suction units shall be decontaminated by spraying surfaces with Zep 165 or Steriphene

II

spray and allowing to air dry. Suction Canisters are to be treated according to policy: Section 5, Page 30.

3. Other Reusable Equipment, i.e., Back Boards, Splints.

Unless already cleaned by the ambulance contractor, reusable equipment shall be disinfected after each use with a hospital approved disinfectant that is tuberculocidal and virucidal (i.e., ZEP 165).

4. Carry Cases, i.e., Drug Boxes, Trauma Boxes, Respiratory bags.

All carry cases shall be thoroughly disassembled on a monthly and as necessary basis. Thoroughly washed with soap and water, sprayed with a hospital approved disinfectant that is tuberculocidal and virucidal (i.e., ZEP 165 or Steriphene II) and restocked with clean supplies as necessary.

5. Blood Pressure Cuffs.

Decontaminate with soap and water. Spray with a hospital disinfectant that is tuberculocidal and virucidal (ZEP 165, Steriphene II), allow to air dry before repacking.

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6. Stethoscopes.

Ear pieces should be cleaned out using a cotton-tipped applicator that is impregnated with alcohol. The diaphragm should be sprayed with ZEP 165 or hospital grade disinfectant/TB spray (Steriphene II) and allowed to air dry.

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## **15. CPR TRAINING MANIKIN**

**POLICY:**

It is the policy of ELTSFCD that the facial area of the CPR manikin shall be thoroughly cleaned at the end of the class (will be cleaned by the next shift if class ends after 2000 hours). CPR face shields shall be used by each student when utilizing a multi-use manikin.

**PROCEDURE:**

1. Prior to the beginning of the class, thoroughly spray the mouth and nose of the manikin with ZEP 165 or Steriphene II disinfectant spray.
2. Allow the area to remain wet for at least 10 minutes.
3. After 10 minutes, wipe the area with a clean gauze pad.
4. Students will be given disposable face shields to use while performing mouth to mouth procedures on manikin.
5. Upon conclusion of the class (or next shift), the face/head shall be soaked in a freshly prepared 1:10 Clorox solution for 10 minutes and allowed to air dry. The torso area of the manikin shall be washed with ZEP 165 cleaning solution or Steriphene II disinfectant spray and allowed to dry.
6. The lungs shall be disposed of after each class.
7. Discard all disposable items in the regular trash.
8. Thoroughly wash hands with soap and running water for at least 10 seconds.

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**16. SUCTION CANISTERS**

**POLICY:**

It is the policy of ELTSFCD that suction canisters shall be securely closed and discarded as Biomedical Waste after each use.

**PURPOSE:**

To prevent transmission of disease.

**PROCEDURE:**

1. Cleanse hands with waterless hand cleaner.
2. Put on a pair of disposable gloves.
3. Remove the used canister and tubing from the suction machine.
4. Discard the tubing into a biomedical waste bag.
5. Securely close the canister - DO NOT EMPTY THE CONTENTS.
6. Discard the canister into a biomedical waste bag.
7. Spray and wipe off the suction machine.
8. Discard gloves into a biomedical waste bag.
9. Cleanse hands with waterless hand cleaner.
10. Upon return to the station, thoroughly wash hands with soap and running water for at least 10 seconds.

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**17. INTRAVENOUS ADMINISTRATION****POLICY:**

To prevent transmission of infection. The device will be a self-sheaving, auto-retractable, or other safety device.

**PROCEDURE:**

1. Assemble necessary equipment.
2. Cleanse hands with waterless hand cleaner.
3. Put on gloves.
4. Thoroughly cleanse the injection site with alcohol.
5. DO NOT TOUCH THE PREPARED AREA.

6. Make the stick - if the stick is unsuccessful - DO NOT USE THE SAME NEEDLE OR SITE.
7. Once the stick is successful, apply the occlusive dressing.
8. Discard disposable materials.
9. Cleanse hands with waterless hand cleaner upon completion of call.
10. Spray the bottom of the med box / bag with hospital grade disinfectant/TB spray (Steriphene II.) and upon return to the station, clean and restock the Med Box/ bag .
11. Thoroughly wash hands with soap and running water for at least 10 seconds.

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## **18. SPECIAL PROCEDURES**

### **POLICY:**

It is the policy of ELTSFCD that all procedures shall be accomplished using strict adherence to appropriate technique to minimize splashing and/or exposure of bloodborne pathogens.

### **PURPOSE:**

To prevent exposure to blood/body fluids.

### **PROCEDURE:**

1. Procedures according to the recommendations of the Centers for Disease Prevention and Control shall be followed.
2. Refer to the Patient Care Activity Chart for appropriate barriers Section 5, pg. 34.

### **MISCELLANEOUS:**

In the event of direct exposure to or contact with blood or other infectious

materials:

1. Immediately wash the affected area with soap and water or, in the case of mucous membranes, flush copiously with water.
2. Report the incident immediately to the District Chief, who will notify the designated ICO.
3. Record IN WRITING the time, nature of the exposure and the source.
4. Refer to the post exposure plan.

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## 19. PATIENT CARE PRACTICES

Involves multifaceted patient care delivery in an outpatient setting. All patient care activities require attention to aseptic techniques.

Following is a list of the **Minimum** requirements recommended during controlled situations to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

Sterile technique is to be used during sterile procedures.

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Patient Care Activity	Hand Washing	Gloves	Cover All	Mask	Eye Protection
Child Birth	X	X	**	**	X
Cleaning the inside of the vehicle	X	X	S	**	**
CPR	X	X		**	**
Dressing Application	X	X	S	**	**
Instrument Processing	X	X	S	**	S
Intubation	X	X		**	X
Invasive Procedures	X	X		**	**

Legend:  
 X = Routinely  
 S = If soiling is likely  
 \*\* = If splattering likely

**Medication Administration:**

<b>a. Oral</b>	X	X			
<b>b.Subcutaneous</b>	X	X			
<b>c.Intramuscular</b>	X	X			
<b>d.Intravenous</b>	X	X			
<b>Suctioning</b>	X	X	S	**	X
<b>Trauma Care</b>	X	X	S	**	**

**20. NEW JOB CLASSIFICATION**

**POLICY:**

It is the policy of ELTSFCD that when a new individual comes to the department or personnel change jobs within the department, the following process takes place.

**PURPOSE:**

To ensure that department personnel are appropriately classified.

**PROCEDURE:**

1. The job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which have been identified in the Exposure Control Plan as those in which occupational exposure occurs.
2. If the individual is transferring from one job to another within the department, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
3. Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the department member into occupational exposure situations are identified.
4. The individual is then trained by the Emergency Medical Service Chief or Training Officer regarding any work practice controls that the individual is

not experienced with.

## 21. NEEDLELESS ADMINISTRATION SYSTEM

### **POLICY:**

It is the policy of ELTSFCD to participate in Pinellas County EMS's needleless system. Medications available in the needleless pre-ject form shall be utilized. The use of needles shall be minimized, whenever possible.

### **PURPOSE:**

1. To reduce the danger by needle sticks.
2. To prevent transmission of disease.

### **EQUIPMENT:**

Medications with needleless adapters and needleless IV supplies.

### **PROCEDURE:**

**IV Administration Set-** IV catheter is inserted and needle is retracted and discarded. A needleless extension tubing is attached to catheter. IV tubing is attached to extension set. Connections are made via twist-lock.

**Pre-ject administration-** Attach syringe directly onto IV set. Administer medication into port.

**Medications from a Vial-** Use a standard needle to draw up medication from the vial. After the medication is drawn up, either inject into IV bag directly or remove the needle and discard appropriately. Administer medication directly into the port on the IV tubing.

**Medications from a Glass Ampule-** At present our system does not use Glass Ampules.

**DIRECT DRAW ADAPTER-** for withdrawing blood from an IV start kit. Attach adapter to the port of an IV start kit (reseal kit) insert one collection tube collect blood/saline and discard. Insert second tube for blood collection.

## **D. PERSONAL PROTECTIVE EQUIPMENT**

### **POLICY:**

It is the policy of ELTSFCD that the department shall provide, at no cost to the department personnel, the personal protective equipment (PPE) that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Bunker Gear and Helmets
- Fluid Resistant Jumpsuits
- Fluid Resistant Protective Eyewear
- Gloves, Nitrile and puncture resistant
- Resuscitation Equipment
- Rubber, Leather, Kevlar Fire Boots
- Hip Pack for carriage of PPE

### **PURPOSE:**

To provide the individual with a physical barrier between the rescuer and the infectious agent. This is the "last line of defense".

### **PROCEDURE:**

1. Hypoallergenic gloves, glove liners and similar alternatives shall be readily available to those individuals who are allergic to the gloves the station normally uses. The individual is to advise the Infection Control Officer when this need occurs.
2. To make sure that this equipment is used as effectively as possible, all individuals adhere to the following practices when using their personal protective equipment:
  - a. Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
  - b. All personal protective equipment is removed prior to leaving the work area or accident site.

3. The Chief is responsible for ensuring that all work areas have appropriate personal protective equipment available to ELTSFCD personnel.
4. All individuals are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided, when necessary, if an individual takes a new position or new job functions are added to their current position.
5. To determine whether additional training is needed, the individual's previous job classification and tasks are compared to those for any new job or function that they undertake. Any needed training is provided by the Training Officer or a designated member of the department.
6. To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect individuals from potential exposure, ELTSFCD adheres to the following practices:
  - a. All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
  - b. Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
  - c. Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by placing that equipment in the biomedical waste disposal system at the point of use.
7. ELTSFCD provides disposable personal protective equipment for use when determined to be necessary.

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## **1. GLOVES**

### **POLICY:**

It is the policy of ELTSFCD that gloves be worn with all patient contact, paying particular attention to the handling of blood or body fluids, mucous membranes and non-intact skin.

### **PURPOSE:**

1. To prevent the spread of infection and disease to personnel.

2. To protect wounds from contamination.
3. To keep hands free from potentially infectious material.
4. To prevent exposure to the AIDS and Hepatitis B Viruses from blood or body fluids.

**EQUIPMENT:**

Gloves of appropriate size.

**PROCEDURE:**

**When to Use Gloves:**

1. With all patient contact.
2. When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin.
3. After touching a client's excretions, secretions, blood, or body fluids, or contaminated items.
4. When hands have any cuts, scrapes, wounds, chapped skin, dermatitis, etc.
5. When cleaning blood/body fluid spills.
6. When cleaning potentially contaminated items.

**Putting on Gloves:**

1. Obtain gloves in appropriate size.
2. Put on gloves and visually examine them for any openings. If gloves are torn, they must not be worn.

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**Removing the Gloves:**

1. Using one hand, pull the cuff down over the opposite hand turning the glove inside out.

2. Discard the glove into the waste receptacle.
3. With the ungloved hand, pull the cuff down over the opposite hand turning the glove inside out.
4. Discard the glove into the biomedical waste receptacle if visually contaminated with blood or body fluids.
5. Discard the glove package into the paper receptacle.
6. When in the field, cleanse hands with waterless hand cleaner.
7. Upon return to the station, wash hands with soap and running water for at least 10 seconds.

#### **MISCELLANEOUS:**

1. When gloves are indicated, disposable single-use gloves should be worn.
2. Sterile gloves should be used for invasive procedures to prevent contamination of the client and to decrease the risk of infection.
3. Non-sterile gloves should be used primarily to prevent the contamination of the hands when providing care/services to the client and cleaning contaminated surfaces.
4. Use gloves only once. Discard used gloves into the appropriate waste receptacle.
5. If gloves are visually contaminated with blood or body fluids, they must be disposed of as biomedical waste at the point of use.
  
6. Wash hands after removing gloves. (Note: Gloves do not replace hand washing.)
7. Gloves should be removed before removing the mask/face shield and suit and discarded into the waste receptacle at point of use.

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## **2. PROTECTIVE EYEWEAR**

### **POLICY:**

It is the policy of ELTSFCD to use protective eyewear to protect the mucous membranes in the eyes when splashes from blood or body fluids is

likely.

**PURPOSE:**

1. To prevent splashing into the eyes.
2. To prevent transmission of disease.

**PROCEDURE:**

1. Eyewear will be readily available where protective barriers are kept.
2. When anticipating splashes of blood or body fluids to the eyes, eyewear will be worn.
3. Regular cleaning and disinfecting procedures used within the department are adequate for decontamination of soiled reusable eyewear. Refer to Decontamination and Disinfection of Reusable Equipment Section 5, Pg. 27.
3. In the event of an exposure, the ELTSFCD exposure plan found in the Workers' Compensation envelopes shall be followed.

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**3. FLUID RESISTANT COVERALLS**

**POLICY:**

It is the policy of ELTSFCD that fluid resistant coveralls (Deluxe Staff Protection Kit) shall be worn when soiling of the clothing with blood or body fluids is likely.

**PURPOSE:**

4. To prevent the spread of infection and disease.
5. To prevent soiling of clothing with infective material.

6. To prevent the splashing or spillage of blood or body fluids on the clothing or onto exposed skin.

**EQUIPMENT:**

Fluid resistant coveralls (Deluxe Staff Protection Kit) Note: (additional individual size gowns, booties and caps are available through Sunstar Materials)

**PROCEDURE:**

1. Fluid resistant coveralls shall be worn when clothing is likely to become soiled with potentially infective secretions or excretions during invasive procedures or cleaning equipment/instruments.
2. The coverall must be completely closed. If a jumpsuit is worn the legs must be pulled down to the shoes, covering the clothing completely.
3. Use the coverall only once, then discard into the appropriate container at the point of use.
4. Hands must be cleansed or washed after removing the coverall.

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**4. FLUID RESISTANT MASKS**

**POLICY:**

It is the policy of ELTSFCD that FLUID RESISTANT MASKS shall be worn when a client has a productive cough or when splashing of blood or body fluids is anticipated.

**PURPOSE:**

1. To prevent transmission of infectious agents through the air.
2. To protect the wearer from inhaling droplets.
3. To prevent the transmission of some infections that are spread by direct contact with mucous membranes.

**EQUIPMENT:**

High-efficiency fluid-resistant disposable masks. (N-95)

## **PROCEDURE:**

### **When to Use:**

1. When providing services where the use of a mask is indicated.
2. When performing a task that may involve the splashing of blood or body fluids into the mouth or nose.

### **Putting on the Mask:**

1. Obtain the mask.
2. Wash your hands for at least 10 seconds.
3. Remove the mask from its container. Note: If suiting procedures are necessary, put the mask on before putting on the coverall or bunker gear.
4. Do not touch the part of the mask that will cover your face. Hold the mask by the strings only.
5. Put the mask over your nose and mouth. Place the strings around your ears.
6. Avoid any unnecessary handling of the mask.

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### **Removing the Mask:**

1. Wash your hands for at least 10 seconds.
2. Remove the mask from your face. Handle strings only.
3. Discard it into the waste receptacle at the point of use.
4. Cleanse hands with waterless hand cleaner when in the field.
5. Upon return to the station, the hands must be washed with soap and running water for at least 10 seconds.

## **MISCELLANEOUS:**

1. Make sure your hands are clean before putting on a face mask.
2. Make sure your mask covers your nose and mouth while performing

services.

3. If your face mask gets wet, change it. Masks become ineffective when moist.
  4. Do not let the face mask hang around your neck.
  5. When changing a face mask, you must wash your hands.
  6. Do not remove your mask while performing services.
  7. Mask may be used only once and then discarded.
  8. Handle mask only by the side strings.
  9. Never touch your mask while it is in use.
  10. Follow established hand washing techniques.
- 
11. If the mask is visibly soiled with blood or body fluids, it must be placed into the biomedical waste container at the point of use.

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## **5. BUNKER GEAR/HELMETS**

### **POLICY:**

It is the policy of ELTSFCD that Bunker Gear and helmets shall be worn in any firefighting situation or situations where there may be exposure to conditions that may be hazardous to employees including falling objects, high temperatures and broken glass or sharp metal.

### **PURPOSE:**

1. To prevent the transmission of disease.
2. To prevent any tears in skin or clothing.
3. To protect against fire injury.

### **EQUIPMENT:**

Clean, intact bunker gear and helmet.

**PROCEDURE:**

1. Bunker gear shall be worn to protect the individual from splashes or cuts of skin/clothing. Helmet is designed to prevent injuries to the head.
2. The bunker gear must be laundered on a 6 month and as necessary basis.
3. The bunker gear and/or helmet must be repaired or replaced if it is torn or damaged.

## 6. PERSONAL HIP PACKS

### **POLICY:**

It is the policy of ELTSFCD to provide personal hip packs for employees to carry PPE. In order for PPE to be accessible, the hip pack shall be worn on all medical calls and at least one personnel will carry a hip pack when out of the station and away from the apparatus.

### **PURPOSE:**

To assure rapid access to PPE.

### **EQUIPMENT:**

Personal hip packs with standard PPE items including but not limited to: safety glasses, disposable gloves, waterless hand cleaner, fluid resistant mask, and other related items. Other items used during medical calls may be carried in hip pack.

### **PROCEDURE:**

1. Employees shall be issued personal hip packs with the standard items of PPE upon entry into employment.
2. Personnel are responsible for restocking the PPE, as necessary.
3. Lost packs will be reported to the employee's immediate supervisor.

## 7. RESUSCITATION EQUIPMEN

### **POLICY:**

It is the policy of ELTSFCD that resuscitation equipment such as pocket masks and Bag Valve Masks be used in place of mouth-to-mouth resuscitation.

### **PURPOSE:**

To prevent the spread of infection and disease.

**EQUIPMENT:**

Pocket Masks, Personal Barrier Device or Ambu Bag

**PROCEDURE:**

When to Use:

1. In the event of a code situation instead of mouth-to-mouth resuscitation.
2. All Ambu bags, Personal Barrier Devices, and pocket masks are disposable and are only to be used one time and discarded into the appropriate waste container.

Exceptions:

- a) A sudden change in patient status occurs such as when an apparently stable patient unexpectedly begins to hemorrhage profusely, putting the patient's life in jeopardy.
- b) A firefighter rescues an individual who is not breathing from a burning building and discovers that his/her resuscitation equipment is lost/damaged and he/she must administer CPR.
- c) A bleeding suspect unexpectedly attacks a police officer with a knife, threatening the safety of the officer and/or coworkers.

**Note:** An employee's decision not to use PPE is to be made on a case by case basis and must be prompted by legitimate and extenuating circumstances. In such cases, no citation should be issued when the employee temporarily and briefly abandons the use of PPE. This does not relieve the employer of the responsibility to ensure that PPE is readily accessible at all times. The employer must investigate and document why PPE was not used.

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**8. UNIFORM SHOES**

**POLICY:**

It is the policy of ELTSFCD that appropriate uniform shoes shall be worn while on duty.

**PURPOSE:**

Uniform duty shoes.

**PROCEDURE:**

1. Appropriate uniform duty shoes are to be worn while on duty.
2. After an emergency situation where there may have been exposure to blood or body fluids, the shoes are to be decontaminated by scrubbing with a brush and then sprayed with Cavacide, ZEP 165 or STERIPHENE II.
3. Damaged shoes are to be repaired or replaced.

**NOTE: APPROPRIATE DUTY SHOES ARE THOSE THAT ARE FULLY ENCLOSED LEATHER OR A COMBINATION OF LEATHER AND CORDURA FABRIC.**

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**E. HOUSEKEEPING**

Maintaining the department in a clean and sanitary condition is an important part of the Bloodborne Pathogens Compliance Program. To facilitate this, a written schedule for cleaning and decontamination of the various areas of the station has been established. The schedule provides the following information (this schedule can be found on the following page).

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions that are appropriate.

Using this schedule, the department employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
- After the completion of medical procedures.
- Immediately (or as soon as feasible) when surfaces are overly contaminated.
- After any spill of blood or infectious materials.
- Between each patient if the surface may have been contaminated during that patient contact and at the end of each day.

- All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.). Gripper Tongs have been purchased to accommodate this procedure.
- Contaminated reusable sharps are placed in appropriate containers at the point of use.

**LK 900 is responsible for setting up the cleaning and decontamination schedule and making sure it is carried out within the station.**

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<b>WHAT</b>	<b>WHO</b>	<b>WHEN</b>	<b>WITH WHAT</b>
Bed Covers	Dept. Personnel	Twice a month and as necessary	Laundry Detergent
Bedding (Sheets, Blankets, pillow cases, sleeping bags, etc.)	Department Personnel	At least every 5 shifts and as necessary	Laundry Detergent
Bunker Gear	Department Personnel	Every 6 months and as necessary	Laundry Cleaner
Carpeting (if installed)	Contract Cleaner	As necessary	Commercial Carpet Cleaner
Carry Boxes	Department Personnel	Weekly and as necessary	Soap & Water, ZEP formula 165
CPR Training Manikins	Department Personnel	Between each class	ZEP formula 165 or 1:10 Bleach
Decontamination Area	Department Personnel	Weekly and as necessary	ZEP formula 165
Floors	Department Personnel	Daily and as necessary	General Detergent
Kitchen	Department Personnel	Weekly and as necessary	Kitchen Detergents
Light Fixtures	Department Personnel	Weekly and as necessary	General Detergent
Mop Buckets	Department Personnel	Weekly and as necessary	Soap & Water, Bleach
Mops	Department Personnel	Weekly and as necessary	Washing Detergent and Bleach
Office Areas	Department Personnel	Weekly and as necessary	General Detergent
Outside Storage Area	Department Personnel	Weekly and as necessary	General Detergent

## CLEANING SCHEDULE

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### Cleaning Schedule

WHAT	WHO	WHEN	WITH WHAT
Rest Rooms	Department Personnel	Daily and as necessary	Bathroom Detergents disinfectant sprays window wash solution
Reusable Equipment	Department Personnel	After each use	Soap & Water, (see section 5 pg. 27-28)
Reusable Instruments	Department Personnel	After each use	Enzymatic Cleaner, ( see section 5 pg. 17-18)
Reusable Personal Protective Equipment SCBA mask	Department Personnel	As necessary	Soap & Water, (A33 dry cleaner)
Sleeping Quarters	Department Personnel	Weekly and as necessary	General Detergent Hospital grade disinfectant
Storage Areas	Department Personnel	Weekly and as necessary	Soap & Water, Hospital grade disinfectant
Trash Cans	Department Personnel	Weekly and as necessary	ZEP 165 and water, Hospital grade disinfectant
Upholstered Furniture	Department Personnel	As necessary	Upholstery Cleaner vacuum
Vehicle Interior	Department Personnel	Weekly and as necessary	Soap & Water, Hospital grade disinfectant
Windows	Department Personnel	Monthly and as necessary	Window wash solution

**CLEANING SCHEDULE**

WHAT	WHO	WHEN	WITH WHAT
Med & Resp Bag	Dept. Personnel	Monthly and as needed	Light Detergent Air dry
Work Boots/shoes	Dept. Personnel	After possible contamination call & Before returning item to locker.	Hospital grade disinfectant

**F. LAUNDRY**

**POLICY:**

It is the policy of ELTSFCD that all soiled linen and/or garments shall be considered contaminated under the guidance of Universal Precautions.

**PURPOSE:**

To prevent exposure to contaminated laundry.

**PROCEDURE:**

**A. PERSONNEL CLOTHING**

1. If personnel clothing becomes contaminated with blood or the designated body fluids, the individual should:
  - a. Alert the District Chief or appropriate member of the chain of command of the occurrence.
  - b. Remove the soiled garments.
  - c. Wash the soiled areas of the body thoroughly with soap and water.
  - d. Don clean attire.

- e. Place the soiled garments in a securely closed plastic bag. If the items are to be cleaned, do not use a red biohazard bag.
2. The department shall make arrangements to have personnel clothing laundered at the station or commercially at the discretion of the department. There shall be no expense to the individual.
3. **At no time shall the individual take home these soiled garments.**

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**B. BUNKER GEAR**

1. If Bunker Gear becomes contaminated, it shall be placed into a yellow bag and taken to station 56 for laundering and drying. (Station 58 can wash gear, but must send it to 56 for drying). The individual shall then be issued a clean set of bunker gear from the store room at station 58..
2. All Bunker Gear shall be routinely laundered on a 6 month, and as needed basis.

**C. BEDDING (sheets, pillow cases, blankets, sleeping bags, etc.) / MATTRESS COVERS**

(Bedding supplied by individual employee, Mattress Covers supplied by the department)

1. All bed rolls shall be removed from individual lockers after 5 shifts and laundered.
2. Employees on 24 hour shifts will be issued bedding quilts/covers.

**D. TOWELS / PERSONAL ITEMS**

1. All towels and personal items are the responsibility of the individual unless the personal item is contaminated with an outside source of blood/body fluids.
2. It is expected that the clothing of the individual shall be clean at all times and free of odor.

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## **G. WASTE MANAGEMENT PLAN**

### **POLICY:**

It is the policy of ELTSFCD to manage and dispose of waste in accordance with Local, State, and Federal regulations in the most cost effective manner possible.

### **PURPOSE:**

To protect the personnel, clients and community from the possibility of disease transmission.

### **PROCEDURE:**

#### **1. GENERAL WASTE**

- A. All general waste shall be stored and disposed of in containers large enough to prevent spillage.
- B. All waste containers shall be lined with plastic disposable bags to prevent soiling of the container.
- C. All waste containers shall be cleaned with a hospital approved detergent disinfectant solution and dried thoroughly on a regular and as necessary basis according to the department cleaning schedule.
- D. All waste containers shall be conveniently located so as to be available to department personnel.
- E. All waste containers used for waste other than paper shall be leak-proof, have tight fitting lids and be rodent proof.
- F. General waste shall be removed from the department on a scheduled and as necessary basis by designated individuals.
- G. The dumpster or provided trash container shall be emptied at least weekly and the contents taken to a sanitary landfill by a contract transporter.
- H. The area surrounding the dumpster shall be maintained in a clean fashion by department personnel.

## 2. LIQUID WASTE

- A. All liquid wastes resulting from the cleaning of utensils, floors, and restroom shall be disposed of in the sanitary sewer system.
- B. All disposable liquid waste from the department shall be carefully poured into the sewage system. The individual pouring the waste shall be appropriately garbed to prevent splashing and/or soiling of clothing.

## 3. BIOMEDICAL WASTE:

### A. DEFINITIONS

- 1) Biomedical waste has been defined by the State of Florida as that waste which may present a threat of infection to humans. Examples include non-liquid tissue and body parts from humans and other primates; laboratory and veterinary waste which contain human disease-causing agents; discarded sharps; and blood, blood products and body fluids from humans and other primates. The following are also included:
  - 1a. Used, absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood. Absorbent material includes items such as bandages, gauzes and sponges.
  - 1b. Disposable devices that have been contaminated with blood, body fluids or blood contaminated secretions or excretions and have not been thoroughly rinsed.
- 2. Other contaminated solid waste materials which represent a significant risk of infection because they are generated in medical facilities which care for persons suffering from diseases requiring strict isolation criteria and listed by the U.S. Department of Health and Human Services, Centers for Disease Control, "CDC Guideline for Isolation Precautions in Hospitals," July/August 1983.
- 3. Laboratory Waste - Any laboratory waste contaminated with a human disease-causing agent. Examples are contaminated specimen and culture containers, sharps, implements used to manipulate specimens that are capable of causing disease in humans and cultures containing human disease-causing agents, components of diagnostic kits contaminated by use with specimens or cultures, live or attenuated vaccines, medium inoculated with a human disease-causing organism, specimens that are capable of causing

disease in humans and cultures containing human disease-causing agents, stocks of infectious agents, associated biologicals, waste from the production of biologicals and recombinant material, that have the potential to transmit disease to humans.

4. Human and other primate tissues and body parts - Examples are amputated extremities, tissues, tissue cultures, teeth, nail with attached root, and gingival scrapings.
5. Human and other primate blood and blood products. This definition includes whole blood, serum, plasma, blood products such as interferon.
6. Body fluids - Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B and include lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be treated as biomedical waste unless visibly contaminated with blood.
7. Sharps - Devices with physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin. Examples include needles, needles attached to disposable syringes, intact or broken glass, and intact or broken hard plastic. Suction canisters or similar disposable medical items filled with blood or body fluid(s) that are gelled by a polymerizing agent prior to on-site transport may be handled and packaged as non-sharp biomedical waste.
8. Point of Origin has been defined by the State of Florida as the area or scene where the biomedical waste is generated. Examples are the victim's home or the scene of the accident.

## B. SEGREGATION

- 1) Biomedical waste shall be identified and segregated from other solid waste at the point of origin.
- 2) Biomedical waste, except sharps, shall be packaged in red bags that meet the specifications of the Florida Code.
- 3) Filled bags shall be sealed at the point of origin by securely tying the top of

the bag.

- 4) The bag shall not be allowed to become so full that the top cannot be securely tied.
- 5) Containers used to store the bags shall not be allowed to become so full that the top cannot be securely closed.
- 6) Discarded sharps shall be segregated from all other waste and shall be placed directly into sharps containers at the point of origin.
- 7) Sharps containers shall meet the specifications detailed in the Florida Code.
- 8) Sharps containers shall be discarded upon return at the station or properly disposed of in a Sunstar Ambulance. The top shall be securely taped closed at the time of exchange.
- 9) At no time shall sharps and other waste be co-mixed, i.e., with cotton balls, gauze pads, or other red bag waste.
- 10) Biomedical waste shall not be co-mixed with hazardous waste or it shall be managed as hazardous waste.
- 11) Biomedical waste mixed with radioactive material, shall be managed and disposed of in a manner that does not violate the Florida Code.
- 12) Any other solid waste, which is neither hazardous nor radioactive in character, mixed with biomedical waste, shall be managed as biomedical waste.

### C. LABELING

- 1) All packages containing biomedical waste shall be labeled as required by the Florida Code.
  - a. BAGS
    - (1) Bags containing biomedical waste shall be labeled prior to being placed into an outer container.
    - (2) The date that is reflected on the label shall be the date on which the bag was first put into use.
    - (3) The label shall include the name and the address of the

department and the date when the first item was placed in the bag.

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- (4) The label shall be securely attached to the bag by the individual tying and disposing the waste.
- (5) After depositing the waste into the bag, the individual shall wash their hands and then date the bag when the 1st item is placed in the bag.
- (6) The International Biological Hazard symbol shall be 6 inches in diameter and permanently marked on the bag. However, symbols of at least 1.5 inches in diameter shall be permitted on bags having the dimensions 19" x 14" or smaller.
- (7) One of the following phrases shall be used in conjunction with the International Biological symbol: "Biomedical Waste", "Infectious Waste" or "Infectious Substance".

**b. SHARPS CONTAINERS**

- (1) Sharps containers shall be designed primarily for the containment of sharps. Milk jugs, coffee cans or other types of containers not designed for the containment of sharps shall not be used.
- (2) Sharps containers shall be leak-resistant, rigid, and puncture resistant under normal conditions of handling and use.
- (3) Sharps containers shall be clearly labeled with the International Biological symbol of at least 1.5 inches in diameter.
- (4) Additionally, one of the following phrases shall be used in conjunction with the International symbol: "Biomedical Waste", "Biohazardous Waste" or "Infectious Substance".
- (5) Sharps containers shall be of sufficient size so that the sharp is completely enclosed.

- (6) When the used sharps container is exchanged it shall be securely closed, a label which contains the name and address of the department and the date of closure of the container shall be applied by the individual removing the container at the point of origin.

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- (7) Once the sharps container is closed and labeled, it shall be placed in the designated area in the department for pick up by the contract Biomedical Waste Transporter.
- (8) Closed and labeled sharps containers (sharpsafe) can be given to Sunstar ambulance crew for disposal with their used sharps.

**D. ON-SITE STORAGE**

- (1) All bags containing biomedical waste and sharps containers once securely tied or taped closed and appropriately labeled shall be placed in the provided rigid, leak-proof container at the fire station in preparation for transport by the Biomedical Waste Contract Transporter.
- (2) Storage of biomedical waste shall not be for a period of greater than 30 days. The 30 day time period shall commence when the first non-sharp item of biomedical waste is placed into a red bag.
- (3) Storage of biomedical waste shall be in the designated soiled utility area of the fire station. The soiled utility area of the station shall be:
  - a. Conspicuously marked with the International Biological Hazard symbol.
  - b. Accessible only to authorized personnel.
  - c. Located away from common traffic areas yet accessible to the department personnel and the contract transporter.
  - d. Cleaned on a regular and as necessary schedule by designated persons according to the cleaning schedule.
  - e. Protected from humans, birds, animals and rodents.
- (4) The outer transporting container shall be dated when the first biomedical waste is placed in it.

E. ON-SITE TRANSPORT

- 1) There shall be no recycling efforts nor intentional removal of waste from its packaging prior to the waste being disposed of by the Biomedical Waste Contract Transporter.
- 2) Packages of biomedical waste shall be handled and transferred in a manner that does not impair the integrity of the packaging.
- 3) Packages of biomedical waste shall not be compacted or subjected to mechanical stress which will compromise the integrity of the package during transfer.
- 4) Containment of biomedical waste before or during transportation to the on-site transport must be handled in such a manner that no discharge or release of any waste occurs.
- 5) Containers used to transfer wastes shall be cleaned and disinfected on a regular and as necessary schedule by designated persons according to the department cleaning schedule.
- 6) Protective clothing shall be worn by all individuals handling the waste, i.e., gloves, outer garments.
- 7) The outer surface of the waste containers shall be free of visible soil.

F. OFF-SITE DISPOSAL

- 1) ELTSFCD **shall not** negotiate for the off-site transport of Biomedical Waste with a person who is not a DER registered Biomedical Waste Transporter.
- 2) At the time of writing this policy the contract transporter is "Medico Environmental Services".
- 3) The contract transporter shall pick up the waste on a regular 30 day and as necessary schedule.
- 4) The contractor will pick up and transport the biomedical waste in leak-proof, fully enclosed containers to a site approved by all regulatory bodies for handling and disposing of infectious wastes.

- 5) It is the responsibility of the contractor to maintain all valid permits relevant to disposal of infectious waste.
- 6) The transporting container shall include the appropriate biohazard symbol and phrase "*Biomedical Waste*" in addition to the name and address of ELTSFCD.
- 7) It is the responsibility of the contract transporter to provide a leak-proof storage container.
- 8) The contract transporter shall provide all necessary documentation of disposal to the Chief of ELTSFCD.

#### G. EDUCATION AND TRAINING

- 1) ELTSFCD shall have a written training program on biomedical waste that includes definitions, on-site segregation, handling, labeling, transport, storage and contingency plans for spills.
- 2) Each new employee shall be instructed by the safety officer or his designee at the time of hire on the Waste Management Plan.
- 3) Annually, all personnel of ELTSFCD shall attend an educational program that includes the Waste Management Plan.
- 4) Educational programs will be conducted that includes waste management on an as necessary basis.
- 5) All educational program training records shall be maintained in the department for the duration of employment plus three years.
- 6) Training records shall include:
  - a. Date of all training sessions.
  - b. Contents of the training sessions.
  - c. Name and qualifications for the instructor.
  - d. Names and Identification Numbers of employees attending the

training sessions.

- 7) These training records are available for examination and copying to employees and their representatives as well as state or federal agencies or their representatives.

#### H. RECORD KEEPING

- 1) ELTSFCD shall have on file a current bag quality test report supplied by the bag manufacturer that includes the following:
  - a. Test date
  - b. Bag manufacturer
  - c. Bag dimensions, meaning length and width
  - d. Film gauge, meaning thickness
  - e. Average weight of bags tested
  - f. Impact resistance value, ASTM D-1709-85
  - g. Tearing resistance values, both parallel and perpendicular to the length of the bag, ASTM D-1922-67.
  - h. Name and address of the company that performed the test.
  - i. A written statement that the dyes used in coloring the bags meets the concentration levels for incidental heavy metals listed 10D-104.004(2)(b)1.b.
- 2) All biomedical waste management records, including any documentation provided by the transporter, shall be maintained for 3 years and be available for inspection by the inspecting agency. Examples are transporter receipts, purchase and return-receipts for mail-in sharps containers, purchase receipts for approved alternative treatment methods, sterilization or treatment logs, receipt from DER approved treatment facilities, and training records.
- 3) The contract transporter policies and procedures shall be on file in the administrative offices of ELTSFCD.

#### J. CONTINGENCY PLANS

- 1) The contract transporter shall be contacted immediately by the District Chief or his designee if biomedical waste needs to be removed prior to the scheduled pick up.

- 2) Routinely, there should be no reaching into or removing anything from the biomedical waste container.

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- 3) Equipment and work surfaces shall be cleaned with a hospital approved disinfectant between each patient contact, when visibly soiled and at the end of the shift.
- 4) Personal protective equipment shall be worn when necessary.
- 5) Broken glassware and/or sharps **shall never** be picked up by hand.
- 6) All spills of biomedical waste shall be cleaned up immediately.
- 7) Any spills or injuries resulting from biomedical waste handling shall be reported through the department incident reporting system.
- 8) Hands shall be thoroughly washed for at least ten (10) seconds after handling biomedical waste.

**K. BLOOD AND BODY FLUID SPILLS**

- 1) It is the policy of ELTSFCD that all spills or splashes of blood or other body fluids be cleaned up and the spill or splash area be decontaminated as soon as possible.
- 2) The individual cleaning the spill shall wear the appropriate protective attire provided by ELTSFCD and housed in each vehicle.
- 3) The Blood and Body Fluid Spill Procedure as outlined in Section 5, Page 24 shall be followed.

**L. AUTHORITY**

- 1) This policy shall be reviewed by the Chief or his designee and, if necessary on an annual basis.
- 2) The Chief or his designee has the authority to enforce this policy.

**M. MEDICAL PLAN**

- 1) All personnel shall be offered the Hepatitis A and B Vaccine and Pneumonia Vaccine and annual Flu shot at no charge to the individual at the time of hire and at any time thereafter.

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- 2) Records of vaccination or refusal shall be maintained by the department for duration of employment plus three years.
- 3) In the event of an exposure, the employee shall be referred to the medical director or the Infection Control Consultant according to the department Exposure Control Plan for appropriate treatment and follow up at no expense to the employee.

**N. REVIEW AND CERTIFICATION**

- 1) It is the policy of ELTSFCD that each individual shall review the Waste Management Plan on initial hire and annually thereafter.
- 2) After review, all personnel shall sign the attached certification.
- 3) The certification shall be a part of the personnel record.

**O. COMPLIANCE CHECKLIST**

- 1) ELTSFCD recognizes that compliance to the State of Florida Biomedical Waste Management Rule must be accomplished. Therefore, a daily inspection and completion of a check sheet shall be made by the company officer of each station.
- 2) The company officer shall visually inspect the biomedical waste container of each station for proper containerization of waste and sharps.
- 3) If loose sharps or waste items are discovered in the waste container, the company officer shall secure the products in a proper container.
- 4) The completed checklist shall be reviewed by the District Chief periodically to ensure compliance with the rule.

**Section 6 Page 1**

## **A. HEALTH RESTRICTIONS**

### **POLICY:**

It is the policy of ELTSFCD that personnel who have exudative lesions, weeping dermatitis, or any other potentially contagious illness or condition shall be evaluated by the ICO and/or department physician(s) to determine if the individual should be restricted from performing any invasive procedures or direct patient care, or handling equipment used for patient care until the condition resolves.

### **PURPOSE:**

To protect the personnel, clients and community from the possibility of disease transmission.

### **PROCEDURE:**

1. Personnel with any of the above signs or symptoms shall notify the District Chief.
2. Any employee that becomes ill while at work shall notify the District Chief.
3. The District Chief shall notify the ICO or his designee, as necessary.
4. The ICO is responsible for monitoring all employee illness and referring the employee to the department physician(s).

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## **B. HEPATITIS B VACCINATION PROGRAM**

### **POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, Hepatitis B vaccine to all department personnel who have occupational exposure to bloodborne pathogens.

### **PURPOSE:**

To protect the personnel from the possibility of Hepatitis B disease infection.

### **PROCEDURE:**

1. The vaccination program consists of a series of three inoculations over a six month period. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

### **C. HEPATITIS A VACCINATION PROGRAM**

#### **POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, Hepatitis A vaccine to all department personnel who have occupational exposure to bloodborne pathogens.

#### **PURPOSE:**

To protect the personnel from the possibility of Hepatitis A disease infection.

#### **PROCEDURE:**

1. The vaccination program consists of a series of two inoculations over a six month period to one year period. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.

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2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

### **D. PNEUMONIA VACCINATION PROGRAM**

#### **POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, the Pneumonia vaccine to all department personnel.

#### **PURPOSE:**

To protect the personnel from the possibility of Pneumonia disease infection.

#### **PROCEDURE:**

1. The vaccination program consists of one inoculation. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

## **E. ANNUAL FLU VACCINE PROGRAM**

### **POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, The annual flu vaccine to all department personnel.

### **PURPOSE:**

To protect the personnel from the possibility of the most current Flu disease infection as recommended by the CDC.

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### **PROCEDURE:**

1. The vaccination program consists of one inoculation. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

## **F. MEASLES, MUMPS, RUBELLA VACCINATION PROGRAM**

### **POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, The MMR vaccine to all department personnel.

### **PURPOSE:**

To protect the personnel from the possibility of contracting Measles, Mumps, and Rubella infection, if they have not been exposed to or inoculated as a child.

### **PROCEDURE:**

1. The vaccination program consists of one inoculation. As part of the infectious disease training program, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

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## **G. VARICELLA ZOSTER VACCINATION PROGRAM**

### **POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, the Varicella Zoster vaccine to all department personnel who do not have documented proof of history of varicella or serologic evidence of immunity.

### **PURPOSE:**

To protect the personnel from the possibility of contracting Varicella infection, if they have not been exposed to or inoculated as a child.

### **PROCEDURE:**

1. The vaccination program consists of two inoculations 4-8 weeks apart. As part of the infectious disease training program, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

## **H. TETANUS and DIPHTHERIA VACCINATION PROGRAM**

### **POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, the Tetanus and Diphtheria vaccine to all department personnel as recommended..

**PURPOSE:**

To protect the personnel from the possibility of contracting Tetanus and Diphtheria infection, if they have not been exposed to or inoculated as a child.

Section 6 Page 6

**PROCEDURE:**

1. The vaccination program consists of two inoculations 4 weeks apart with a third dose 6-12 months after the second dose; booster every 10 years. As part of the infectious disease training program, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

**I. SMALLPOX VACCINATION PROGRAM**

**POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, the Smallpox vaccine to all department personnel as recommended by the CDC.

**PURPOSE:**

To protect the personnel from the possibility of contracting Smallpox in the event of a WMD exposure.

**PROCEDURE:**

PROCEDURE Per HEALTH DEPARTMENT Recommendations.

**J. ANNUAL INFECTIOUS DISEASE SCREENING**

**POLICY:**

It is the policy of ELTSFCD to provide, at no cost to the individual, annual infectious disease screening for HIV, HBV and HCV.

**PURPOSE:**

To monitor the health status of personnel with regards to infectious diseases.

**Section 6 Page 7**

**PROCEDURE:**

1. Screening tests will be done in conjunction with the employees' annual physical process.
2. The results will remain confidential in accordance with applicable law.
3. Results will be discussed with the employee by the healthcare provider conducting the physical.

**K. POST EXPOSURE EVALUATION AND FOLLOW-UP**

**POLICY:**

It is the policy of ELTSFCD that if an individual is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that are immediately focused on:

- Investigating the circumstances surrounding the exposure incident, and
- Making sure the individual received medical consultation and treatment (if necessary) as quickly as possible.

The policies and procedures for post exposures are listed in the Pinellas County Emergency Medical Services **Medical Operations Manual (MOMs) in section 5.37.**

Due to the changing nature of these policies and procedures, the MOMs document shall be considered the Department's official guideline if currently updated. Currently, an exposed firefighter will accompany a the patient to the destination hospital, or draw blood

in

PEP kit vials, label the vials and get permission slip signed per PEP protocol with two witnesses and take the vials to a PEP hospital (SP General) to get the SUDS test, and post exposure consult. The FF has the choice to get the HIV prophylaxis drugs at the time or

wait

until the Western Blot results come back.

**PROCEDURE:**

1. If a potential exposure occurs, an immediate consult with OLMC shall take place. The individual will be given instructions and recommendations to follow in order to receive the most timely care.

2. The ICO shall be notified of all exposures.

**Section 6 Page 8**

3. The ICO or his designee shall investigate every exposure incident that occurs in the department. Whenever possible, this investigation is initiated within 24 hours after the incident occurs, and involves gathering the following information:
  - a. When the incident occurred.  
Date and time.
  - b. Where the incident occurred.
  - c. What potentially infectious materials were involved, type of material (blood, body fluids)
  - d. Source of the materials.
  - e. Under what circumstances the incident occurred.  
Type of activity being performed.
  - f. How the incident was caused.  
Accident, unusual circumstances (equipment failure, etc)
  - g. Personal protective equipment being used at the time of the incident.
  - h. Actions taken as a result of the incident (decon, testing, etc).
4. It is recognized that much of the information involved in this process must remain confidential. All steps possible to protect the privacy of the individual(s) involved shall be taken.

## **L. WORK RESTRICTIONS**

### **POLICY:**

It is the policy of ELTSFCD to follow the CDC recommended work restrictions for health care workers exposed to or infected with certain vaccine preventable diseases if employee was not vaccinated prior to exposure.

### **PURPOSE:**

To prevent exposure to the community and co-workers or infectious diseases that may have been contracted by employees engaged in patient care.

### **POLICY:**

The following list of diseases and work restriction recommendations will be followed in the event of employee exposure or infection in the unvaccinated employee.

DISEASE	RESTRICTION
a) AIDS	May work as long as capable of doing job tasks.
b) Conjunctivitis	Off until cleared by physician. (approximately one week)
c) Diarrhea	Off until infection ruled out.
d) Diphtheria	Excluded from duty if not vaccinated, until antimicrobial therapy is completed and 2 nasopharyngeal cultures obtained >24 hours apart are negative.
e) Draining wound	Off until cleared by physician.
f) Hepatitis A	Restrict from patient contact and food handling for 7 days after the onset of jaundice or Hepatitis Immune Globulin administered.
g) Hepatitis B	Employees must use standard precautions until HbeAG+ is negative.
h) Hepatitis C	Standard precautions as for Hepatitis B.
i) Herpes simplex	May work, frequent hand washing.
j) Herpes Zoster	Off until cleared by physician (5-7 days).
k) HIV infection	May work as long as healthy to do job tasks.
l) Impetigo	May work, but no patient contact until crusts are healed.
m) Lice/Scabies	Off until first treatment.
n) Measles (active post exposure)	Excluded from duty for 7 days after rash appears. Excluded from duty 5 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day after last exposure and/or 7 days after rash appears.
o) Mumps (active post exposure)	Excluded from duty for 9 days after onset of parotitis. 12 days after 1 <sup>st</sup> exposure through 26 <sup>th</sup> day after last exposure if not vaccinated or 9 days after the onset of parotitis.
p) Mononucleosis	Follow physician directions.

<b>DISEASE</b>	<b>RESTRICTION</b>
q) Pertussis (active)	Excluded from duty the beginning of the catarrhal stage through 3 <sup>rd</sup> week after the onset of paroxysms or until 5 days after the start of effective antimicrobial therapy.
(Post exposure)	(Symptomatic) Excluded from duty until 5 days after the start of effective antimicrobial therapy. (Asymptomatic) No restrictions, if on prophylactic antimicrobial therapy.
r) Rubella(active)	Exclude from duty for 5 days after rash appears until symptoms resolve.
(post exposure)	Exclude from duty if not vaccinated 7 days after 1 <sup>st</sup> exposure through the 21 <sup>st</sup> day after last exposure and/or 5 days after rash appears.
s) SARS	Off and quarantined until physician clearance.
t) SMALLPOX	Off until cleared by physician.
u) Strep infection	Off until cleared by physician.
v) Positive TB skin test (Active TB)	May work, with MD follow up. Off until cleared by physician. (approximately 2 weeks)
w) Upper respiratory infection (FLU)	Employees with acute febrile upper respiratory infections are excluded from duty until symptoms resolve.
x) Varicella (active) (post exposure)	Exclude from duty until all lesions are dry and crust. Exclude from duty if not vaccinated 10 <sup>th</sup> day after 1 <sup>st</sup> exposure through 21 <sup>st</sup> day (28 <sup>th</sup> day if VZIG administered) after last exposure; if Varicella occurs, until all lesions are dry and crust.

**LABELS AND SIGNS**

**POLICY:**

It is the policy of ELTSFCD that signs and symbols shall be used to warn department personnel of possible exposure to bloodborne pathogens. The

ICO is responsible for setting up and maintaining this program.

**PURPOSE:**

To alert personnel to the possibility of a hazardous condition associated with bloodborne pathogens.

**PROCEDURE:**

1. The ICO or his designee shall obtain the International Biohazardous Symbol identified below.
2. The symbol shall be affixed to:
  - a. any container of biomedical waste.
  - b. any area where decontamination is to take place.
  - c. any items that are contaminated.

**INTERNATIONAL BIOHAZARD SYMBOL**



**Section 8 Page 1**

**EDUCATION AND TRAINING PLAN**

**POLICY:**

It is the policy of ELTSFCD to provide education and training to all covered personnel at time of entry, annually, and on an as-needed basis.

**PURPOSE:**

To continually educate and train the personnel of ELTSFCD on infection prevention and control measures.

**ELEMENTS**

The topics covered in the training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself (29 CFR Part 1910).
  - The epidemiology and symptoms of bloodborne diseases.
  - The modes of transmission of bloodborne diseases.
  - The Exposure Control Plan.
  - Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
  - A review of the use and limitations of methods that will prevent or reduce exposure, including:
    - Engineering controls.
    - Work practice controls.
    - Personal protective equipment.
  - Selection and use of personal protective equipment, including:
    - Types available.
    - Proper use.
    - Location of PPE.
    - Removal.
    - Handling.
    - Decontamination.
    - Disposal.
- Section 8 Page 2**
- Visual warnings of biohazards that include labels, signs and color-coded containers.
  - Information on the Hepatitis B vaccination program and HIV and HCV screening.

- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including incident reporting.
- Information of the post-exposure evaluation and follow-up, including medical consultation.

## **TRAINING METHODS**

The training program uses various techniques including, but not limited to:

- Classroom-type atmosphere with personal instruction.
- Video tape programs with follow-up question and answer session with a qualified presenter.
- Training manual handouts.
- Review sessions.

The person conducting the training shall be medically qualified and knowledgeable in the subject matter. Materials used will contain content and vocabulary appropriate for the individuals being trained.

**Training will be conducted via fire department personnel, as well as with outside content experts. Additionally, some training will be conducted through the Pinellas County EMS CME provider.**

Section 9 Page 1

## **RECORD KEEPING**

### **POLICY:**

It is the policy of ELTSFCD to maintain records on each employee pertinent to infectious disease control according to the applicable laws. Records shall be kept regarding infectious disease training, exposures, vaccinations and screenings. All records of sensitive or confidential nature shall be maintained in the employee's confidential file or at the healthcare professional's facility if available 24/7.

### **PURPOSE:**

To assure that appropriate records are kept.

### **PROCEDURE:**

A. Records include:

1. Training Records:

- Name of individual and ID number
- Date of class
- Instructor's name
- Topic of session with training number, if necessary.
- Contact hours
- Location of class
- Any other pertinent information

2. Exposure Records:

- ELTSFCD Infection Exposure Form
- Pinellas County PEP Form
- Any pertinent results of testing

3. Vaccination Records:

- Acceptance/Declination Form
- Dates of vaccinations
- Results of screenings, titers

**Section**

**10, Page 1**

**SMALLPOX VACCINE**

**Informed Consent**

I have attended an educational session on Smallpox. This session included information regarding the Smallpox vaccine which is used to reduce the possibility of developing smallpox if I am exposed.

I have had the opportunity to ask questions and they have been answered to my satisfaction. I believe that I understand the benefits and risks associated with the Smallpox Vaccination program and I consent to receive this vaccination.

Name: \_\_\_\_\_(print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_      Witness: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

## **SMALLPOX VACCINE**

### **Informed Denial**

I have attended an educational session on Smallpox. This session included information regarding the Smallpox vaccine which is used to reduce the possibility of developing smallpox if I am exposed.

I understand that I may be occupationally exposed to Smallpox from a Terrorist Attack and that I may be at risk of acquiring Smallpox. I understand that the Centers for Disease Control and Prevention (CDC) has offered this vaccination program to Health Care workers to reduce the possibility of my contracting the disease (that could be fatal) if I am exposed. However I decline the Smallpox vaccine;

I have been given the opportunity to get the Smallpox vaccination at no charge to myself and I understand that Workman's Compensation insurance would have covered me and/or my family if I developed a complication from the vaccine. I understand that I will be able to obtain the vaccine in the future if I choose to change my mind or if medical conditions allow.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_      Witness: \_\_\_\_\_

**Hepatitis A / B VACCINE**

**Informed Consent**

I have attended an educational session on Hepatitis. This session included information regarding the Hepatitis vaccines which are used to reduce the possibility of developing Hepatitis if I am exposed.

I have had the opportunity to ask questions and they have been answered to my satisfaction. I believe that I understand the benefits and risks associated with the Hepatitis Vaccination program and I consent to receive this vaccination.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

**Hepatitis A / B VACCINE**

**Informed Denial**

I have attended an educational session on Hepatitis. This session included information regarding the Smallpox vaccine which is used to reduce the possibility of developing smallpox if I am exposed.

I understand that I may be occupationally exposed to Hepatitis and that I may be at risk of acquiring Hepatitis. I understand that the Centers for Disease Control and Prevention (CDC) has offered this vaccination program to Health Care workers to reduce the possibility of my contracting the disease (that could be fatal) if I am exposed. However I decline the Hepatitis A / B vaccine;

I have been given the opportunity to get the Hepatitis vaccination at no charge to myself and I understand that Workman’s Compensation insurance would have covered me and/or my family if I

developed a complication from the vaccine. I understand that I will be able to obtain the vaccine in the future if I choose to change my mind or if medical conditions allow.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**Section 10, Page 3**

**Pneumonia VACCINE**

**Informed Consent**

I have attended an educational session on Pneumonia. This session included information regarding the Pneumonia vaccine which is used to reduce the possibility of developing Pneumonia if I am exposed.

I have had the opportunity to ask questions and they have been answered to my satisfaction. I believe that I understand the benefits and risks associated with the Pneumonia Vaccination program and I consent to receive this vaccination.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

**Pneumonia VACCINE**

**Informed Denial**

I have attended an educational session on Pneumonia. This session included information regarding the Pneumonia vaccine which is used to reduce the possibility of developing Pneumonia if I am exposed.

I understand that I may be occupationally exposed to Pneumonia and that I may be at risk of acquiring Pneumonia. I understand that the Centers for Disease Control and Prevention (CDC) has offered this vaccination program to Health Care workers to reduce the possibility of my contracting the disease (that could be fatal) if I am exposed. However I decline the Pneumonia vaccine;

I have been given the opportunity to get the Pneumonia vaccination at no charge to myself and I understand that Workman’s Compensation insurance would have covered me and/or my family if I developed a complication from the vaccine. I understand that I will be able to obtain the vaccine in the future if I choose to change my mind or if medical conditions allow.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**Annual FLU VACCINE**

**Informed Consent**

I have attended an educational session on Flu. This session included information regarding the Flu vaccine which is used to reduce the possibility of developing Flu if I am exposed.

I have had the opportunity to ask questions and they have been answered to my satisfaction. I believe that I understand the benefits and risks associated with the Flu Vaccination program and I consent to receive this vaccination.

Name: \_\_\_\_\_(print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

### **Annual FLU VACCINE**

#### **Informed Denial**

I have attended an educational session on Flu. This session included information regarding the Flu vaccine which is used to reduce the possibility of developing Flu if I am exposed.

I understand that I may be occupationally exposed to Flu from and that I may be at risk of acquiring Flu. I understand that the Centers for Disease Control and Prevention (CDC) has offered this vaccination program to Health Care workers to reduce the possibility of my contracting the disease (that could be fatal) if I am exposed. However I decline the Flu vaccine;

I have been given the opportunity to get the Flu vaccination at no charge to myself and I understand that Workman's Compensation insurance would have covered me and/or my family if I developed a complication from the vaccine. I understand that I will be able to obtain the vaccine in the future if I choose to change my mind or if medical conditions allow.

Name: \_\_\_\_\_(print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Section 10, Page 5

**Measles, Mumps, Rubella, Pertussis VACCINE**

**Informed Consent**

I have attended an educational session on MMRP. This session included information regarding the MMRP vaccine which is used to reduce the possibility of developing MMRP if I am exposed.

I have had the opportunity to ask questions and they have been answered to my satisfaction. I believe that I understand the benefits and risks associated with the MMRP Vaccination program and I consent to receive this vaccination.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

**Measles, Mumps, Rubella, Pertussis VACCINE**

**Informed Denial**

I have attended an educational session on Smallpox. This session included information regarding the Smallpox vaccine which is used to reduce the possibility of developing MMRP if I am exposed.

I understand that I may be occupationally exposed to MMRP and that I may be at risk of acquiring Measles, Mumps, Rubella or Pertussis. I understand that the Centers for Disease Control and Prevention (CDC) has offered this vaccination program to Health Care workers to reduce the possibility of my contracting the disease (that could be fatal) if I am exposed. However I decline the MMRP vaccine;

I have been given the opportunity to get the MMRP vaccination at no charge to myself and I understand that Workman's Compensation insurance would have covered me and/or my family if I developed a complication from the vaccine. I understand that I will be able to obtain the vaccine in the future if I choose to change my mind or if medical conditions allow.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**Section 10, Page 6**

## **Varicella Zoster (Chickenpox)VACCINE**

### **Informed Consent**

I have attended an educational session on Varicella Zoster. This session included information regarding the VZ vaccine which is used to reduce the possibility of developing Varicella, if I am exposed.

I have had the opportunity to ask questions and they have been answered to my satisfaction. I believe that I understand the benefits and risks associated with the Varicella Vaccination program and I consent to receive this vaccination.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

**Varicella Zoster (Chickenpox) VACCINE**

**Informed Denial**

I have attended an educational session on Varicella Zoster. This session included information regarding the Smallpox vaccine which is used to reduce the possibility of developing VZ if I am exposed.

I understand that I may be occupationally exposed to Varicella and that I may be at risk of acquiring Varicella. I understand that the Centers for Disease Control and Prevention (CDC) have offered this vaccination program to Health Care workers to reduce the possibility of my contracting the disease (that could be fatal) if I am exposed. However I decline the Varicella vaccine;

I have been given the opportunity to get the Varicella vaccination at no charge to myself and I understand that Workman's Compensation insurance would have covered me and/or my family if I developed a complication from the vaccine. I understand that I will be able to obtain the vaccine in the future if I choose to change my mind or if medical conditions allow.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**Tetanus and Diphtheria VACCINE**

**Informed Consent**

I have attended an educational session on Tetanus and Diphtheria. This session included information regarding the T/D vaccine which is used to reduce the possibility of developing Tetanus or Diphtheria if I am exposed.

I have had the opportunity to ask questions and they have been answered to my satisfaction. I believe that I understand the benefits and risks associated with the Tetanus and Diphtheria Vaccination program and I consent to receive this vaccination.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

**Tetanus and Diphtheria VACCINE**

**Informed Denial**

I have attended an educational session on Tetanus and Diphtheria. This session included information regarding the T/D vaccine which is used to reduce the possibility of developing Tetanus or Diphtheria if I am exposed.

I understand that I may be occupationally exposed to Tetanus or Diphtheria and that I may be at risk of acquiring Tetanus or Diphtheria. I understand that the Centers for Disease Control and Prevention (CDC) has offered this vaccination program to Health Care workers to reduce the possibility of my contracting the diseases (that could be fatal) if I am exposed. However I decline the TD vaccine;

I have been given the opportunity to get the T/D vaccination at no charge to myself and I understand that Workman's Compensation insurance would have covered me and/or my family if I developed a complication from the vaccine. I understand that I will be able to obtain the vaccine in the future if I choose to change my mind or if medical conditions allow.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

**Section 10, Page**

**8**

**TB Testing**  
**Informed Consent**

I have attended an educational session on Tuberculosis. This session included information regarding that Fire Rescue personnel are considered LOW RISK based on the amount of active TB patients contacted per year according to the CDC.

I have had the opportunity to ask questions and they have been answered to my satisfaction. I believe that I understand the benefits and risks associated with the TB program. ELTSFCD employees are to be tested upon hire using the 2 step TST or a single BAMT to test for infection with m-Tuberculosis. After baseline screening additional screening is not necessary unless an exposure occurs.

Name: \_\_\_\_\_ (print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Witness: \_\_\_\_\_

Date of Vaccination: \_\_\_\_\_

**Section 10, Page 9**

**Exposure Control Plan Acknowledgement Form**

In accordance with the Exposure Control Plan I understand that as an employee of ELTSFCD, I was assigned into an exposure category according to a potential risk of exposure to blood and body fluids.

The exposure category I am assigned to is Firefighter/EMT Paramedic (circle one).

OR: the new job category I was promoted to is LT DC Acting Fire Chief (circle one)

Under the job description in Section 2, I understand and accept the potential risks and will abide with the provisions of the Exposure Control Plan to reduce the risks of exposure.

Name / Rank \_\_\_\_\_ Date \_\_\_\_\_

Sign ID# 1300\_\_\_\_\_

Witness: Name / Rank \_\_\_\_\_ Date \_\_\_\_\_

Sign ID# 1300\_\_\_\_\_

WASTE MANAGEMENT REVIEW AND CERTIFICATION

I have read and understand the Waste Management section of the Infection Control Plan and will abide by the instructions of Section 5 (G).

Name / Rank \_\_\_\_\_ Date \_\_\_\_\_

Sign ID# 1300\_\_\_\_\_

Witness: \_\_\_\_\_

Sign ID# 1300\_\_\_\_\_

Section 10, Page 11

**Waste Management Compliance Daily Check List**

Under section 5 (0) of the Infection Control Plan ELTSFCD recognizes compliance with the State of Florida Biomedical Waste Management Rules.

The Company Officer shall visually inspect the biomedical waste containers of each station for proper containment of waste and sharps. Anything not bagged will be removed from the container and bagged.

The completed checklist shall be reviewed weekly by the District Chief to ensure compliance. The checklist shall be collected on Monday with other department checklists and turned in to the EMS coordinator.

Station \_\_\_\_\_ Date \_\_\_\_\_ to \_\_\_\_\_

	M	T	W	Th	F	Sat	Sun
Initials/ID# :							

	M	T	W	Th	F	Sat	Sun
Initials/ID# :							

	M	T	W	Th	F	Sat	Sun
Initials/ID# :							

	M	T	W	Th	F	Sat	Sun
Initials/ID# :							

	M	T	W	Th	F	Sat	Sun
Initials/ID# :							

D/C \_\_\_\_\_ receiving completed checklist.

