The seal of the Scarborough Fire Department is a circular emblem. It features a red outer ring with the words "SCARBOROUGH" at the top and "MAINE" at the bottom in white. Inside the ring is a yellow circle containing a red illustration of a fire station with a fire truck in front. Below the fire station is the year "1658".

# SCARBOROUGH FIRE DEPARTMENT EXPOSURE CONTROL PLAN

Established May 1, 1992  
This edition revised  
September 2021

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Fire Chief

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Deputy Chief - E.M.S. / Safety Officer

A handwritten signature in blue ink, appearing to read "D. L. Cant", is written over a white rectangular background.

Primary Infection Control Officer

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Secondary Infection Control Officer

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Concentra Medical Services

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SCARBOROUGH FIRE DEPARTMENT  
EXPOSURE CONTROL PLAN  
Revised December 27, 2015

## 1.0 INTRODUCTION

1.1 The employees of the Scarborough Fire Department incur risk of infection and subsequent illness each time they are exposed to blood and other potentially infectious materials and diseases.

1.2 Employees of the Scarborough Fire Department are also at risk when they are called upon to assist EMS personnel in their duties of caring for the sick and injured. See Appendix Q for job risk assessment.

1.3 This **EXPOSURE CONTROL PLAN** has been designed in accordance with the Occupational Exposure to Bloodborne Pathogens Standard 29CFR1910.1030 issued by OSHA (Occupational Health and Safety Administration) on December 6, 1991, the Respiratory Protection Standard (20CFR1910.134) issued by OSHA in October of 1994 and follows NFPA 1500 & 1581 as well as following the requirement of the Ryan White Act. The intent of this plan is to eliminate or minimize an employee's exposure to blood or other potentially infectious materials and diseases.

1.4 This **EXPOSURE CONTROL PLAN** is the Scarborough Fire Departments written policy for implementation of procedures relating to the control of infectious disease hazards. The purpose of this **PLAN** is to provide and maintain a safe working environment for all employees by eliminating and/or minimizing occupational exposure to Bloodborne and Airborne pathogens, including, but not limited, to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV), Syphilis, Tuberculosis (Tb), Methicillin-Resistant Staphylococcus Aureus (MRSA), or other pathogens such as meningitis, influenza and the common cold.

1.5 It is the responsibility of the employer to provide and maintain appropriate engineering controls and personal protective equipment as well as develop and promote safe work practices. It is also expected that all employees will practice and follow the guidelines set forth by this **PLAN**.

1.6 This Plan will be reviewed annually by the Infection Control Officer.



1.7 The **EXPOSURE CONTROL PLAN** will cover the following elements:

1. Exposure Determination
2. Methods of Compliance
  - (A) Universal Precautions
  - (B) Engineering Controls
  - (C) Personal Protective Equipment
  - (D) Work Practice Controls
  - (E) Vaccination(s) and Tb PPD
  - (F) Exposures, Post Exposure Evaluation and Follow-up
  - (G) Record Keeping
  - (H) Training and Education of Employees

1.8 **STRICT ADHERENCE TO THIS POLICY IS MANDATORY.** Each section of this **PLAN** includes specific work practice controls, procedures and housekeeping measures that need to be followed. Failure to adhere to the requirements of this **PLAN** will be considered a violation of Department Policy and may result in disciplinary action.

1.9 The Department shall appoint a Designated Infection Control Officer (D.I.C.O.). The Infection Control Officer will report directly to the Fire Chief and Human resources.

1.10 The duties of the Infection Control Officer shall include the following:

- A.) Administration of the Town of Scarborough Fire Department Exposure Control Plan including, but not limited to, an annual review of the Plan.
- B.) Oversee and coordinate implantation of The Plan.
- C.) Maintenance of all infection control supplies and equipment, including approval of all disinfectants.
- D.) Provide the Department with recommendations on exposure control procedures.
- E.) Keep abreast of infection control issues, exposure control equipment availability, including attending appropriate classes, conferences and seminars.
- F.) Review all exposure incidents and report conclusions and recommendations to the department Safety Committee. The I.C.O. shall be a member of the Department Safety Committee.
- G.) Maintain and coordinate the Department immunization records.
- H.) Coordinate all training relevant to infection control, including orientation of all new members to the department, annual training and in-services.

## 2.0 DEFINITIONS

For purposes of this **PLAN**, the following definitions shall apply:

**AIRBORNE PATHOGENS** - pathogenic microorganisms potentially transferable from person to person in airborne droplet form.

**AMNIOTIC FLUID** - watery fluid that surrounds the fetus within the uterus.

**ANTIBODY** - A large Y-shaped protein used by the immune system to identify and neutralize foreign objects like bacteria and viruses. Each antibody recognizes a specific antigen unique to its target. This is because at the two tips of its “Y,” it has structures akin to locks. Every lock only has one key, in this case, its own antigen. When the key is inserted into the lock, the antibody activates, tagging or neutralizing its target.

**ATTACK RATE** - A variant of an incident rate, applied to a narrowly defined population observed for a limited period of time, such as during an epidemic.

**AVIAN INFLUENZA** - Respiratory illness that occurs amongst wild birds and poultry; it is caused by Type A influenza virus. Occasionally, some strains of this virus may infect humans.

**BACTERIA** - Any of a domain of prokaryotic round, spiral, or rod-shaped single-celled microorganisms that may lack cell walls or are gram-positive or gram-negative if they have cell walls, that are often aggregated into colonies or motile by means of flagella, that typically live in soil, water, organic matter, or the bodies of plants and animals.

**BIOHAZARD** - A biological agent or condition (as an infectious organism or insecure laboratory procedures) that constitutes a hazard to humans or the environment; also: a hazard posed by such an agent or condition.

**BIOHAZARD BAG** - A container for materials that have been exposed to blood or other biological fluids and have the potential to be contaminated with hepatitis, AIDS, or other viruses.

**BIOLOGICAL AGENT** - Living agents used to threaten human life (e.g., anthrax, smallpox, or any infectious disease).

**BIOLOGICAL FLUIDS** - Fluids that have human or animal origin, most commonly encountered at crime scenes (e.g., blood, mucus, perspiration, saliva, semen, vaginal fluid, and urine).

**BLOOD** - human blood, human blood components, and products made from human blood.

**BLOODBORNE PATHOGENS** - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV) and Syphilis.

**BODY FLUIDS** - fluids that the body makes such as blood or blood products, synovial fluid, spinal fluid, semen, vaginal fluids, amniotic fluids, peritoneal fluid, pleural fluid, saliva, vomitus, breast milk or any fluid visibly contaminated with blood. It should be noted that in situations where it may be impossible to differentiate between fluids, those fluids should be considered as OPIM.

**CASE FATALITY RATE** - The proportion of persons with a particular condition (cases) who die from that condition. The denominator is the number of incident cases; the numerator is the number of cause-specific deaths among those cases.

**CATASTROPHIC INCIDENT** - Any natural or manmade incident, including terrorism that results in extraordinary levels of mass casualties, damage, or disruption severely affecting the population, infrastructure, environment, economy, national morale, and/or government functions.

**CARRIER** - a person who is apparently healthy, but is infected with a disease-causing organism.

**CLEAN AND DISINFECTING /SANITIZE** - The process of removing biological and/or chemical contaminants from tools and/or equipment (e.g., using a mixture of 10:1 household water and bleach).

**Common (Seasonal) Flu** - Influenza that occurs commonly from year to year.

**COMMUNICABLE** - a type of infectious disease that is spread from human to human.

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

**CONTAGION** - The transmission of a disease by direct or indirect contact.

**CONTAMINATED LAUNDRY or LINENS** - laundry which has been or may have been soiled with blood or other potentially infectious materials (OPIM).

**CONTAMINATED SHARPS** - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes or test tubes, and exposed ends of dental wires.

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



**DISINFECTION** - A process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects. Disinfectants are the agents used to accomplish this process.

**DIRECT TRANSMISSION** - occurs when a pathogen is transmitted directly from an infected individual to a susceptible host.

**DOSE** - the amount of viable (live) organisms that actually enter the host.

**ENTERIC INFECTION** - a disease of the intestine caused by any infection. Symptoms similar to those caused by pathogens may be produced by chemical toxins in ingested foods and by allergic reactions to certain food substances. Among bacteria commonly involved in enteric infections are *Escherichia coli*, *Vibrio cholerae*, and several species of *Salmonella*, *Shigella*, and anaerobic streptococci. Enteric infections are characterized by diarrhea, abdominal discomfort, nausea and vomiting, and anorexia.

**ETIOLOGY** - The science and study of the causes of disease and their mode of operation.

**EMPLOYEES** - all employees of the Town of Scarborough Fire Department and Police Department.

**ENABLING LEARNING OBJECTIVE (ELO)** - ELOs, also known as subordinate objectives, correspond to the skills required to accomplish the Terminal Learning Objective (TLO). Specifically, ELOs provide the level of detail necessary to describe the knowledge and skills that must be learned to demonstrate satisfactory performance of the terminal objective ELOs.

**ENDEMIC** - Denoting a temporal pattern of disease occurrence in a population in which the disease occurs with predictable regularity with only relatively minor fluctuations in its frequency over time.

**ENGINEERING CONTROLS** - Controls that isolate or remove the bloodborne and airborne pathogens hazard from the workplace.

**EXPOSURE INCIDENT** - a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties, and/or any potential exposure to a contagious disease that may result from the performance of an employee's duties.

Contact with blood or other OPIM on *INTACT SKIN*, other than the hands shall **NOT** be considered an exposure.

**FORMITES** - An object (as a dish or an article of clothing) that may be contaminated with infectious organisms and serve in their transmission.

**GENETIC DRIFT** - The ability of a virus to mutate naturally; the term is used in population genetics to refer to the statistical drift over time of allele frequencies in a finite population due to random sampling effects in the formation of successive generations.

**GENETIC SHIFT** - Occurs when the genetic material of a virus is fragmented and a cell is infected by two different but related viruses. The virus progeny can inherit fragments coming from both parent viruses (genetic reassortment). Influenza virus genome consists of eight RNA molecules. If a cell is simultaneously infected by a human and an avian virus, a combination of their RNA molecules in a progeny virus may result in a progeny virus with novel properties. This is also referred to as an antigenic shift, which may lead to a pandemic.

**GROSS DECONTAMINATION** - The initial phase of the decontamination process during which the amount of surface contaminant is significantly reduced.

**HANDWASHING FACILITIES** - facility providing an adequate supply of running potable water, soap, and single use towels or a hot air drying machine. In addition, the Department provides non-water hand cleaner where soap and water are not available.

**HAZARDOUS WASTE** - Hazardous waste is waste that is dangerous or potentially harmful to our health or the environment. Hazardous wastes can be liquids, solids, gases, or sludges. They can be discarded commercial products, like cleaning fluids or pesticides, or the by-products of manufacturing processes.

**HBV** - Hepatitis B Virus

**HCV** - Hepatitis C Virus

**HEMAGGLUTININ** - An antigenic glycoprotein found on the surface of the influenza viruses (as well as many bacteria and other viruses). It is responsible for binding the virus to the cell that is being infected.

**HIV** - Human Immunodeficiency Virus

**H1N1** also known as the Swine Flu

**INCUBATION PERIOD** – The period between the infection of an individual by a pathogen and the manifestation of the disease it causes.

**INFECTIOUS DISEASE** - A disease caused by the entrance into the body of organisms (as bacteria, protozoans, fungi, or viruses) which grow and multiply there. An infectious disease may, or may not, be transmissible from person to person, animal to person, or insect to person.

**INDIRECT TRANSMISSION** - when a pathogen is transmitted by an intermediate carrier such as a dirty needle or tick.

**INFECTION** - occurs when a pathogen enters the body resulting in disease.

**INFLUENZA** - 1—Any of several acute highly contagious respiratory diseases caused by strains of three major orthomyxoviruses now considered to comprise three species assigned to three separate genera: Influenza A, Influenza B, or Influenza C. 2—Any human respiratory infection of undetermined cause.

**ISOLATION** - The physical separation and confinement of an individual or groups of individuals who are infected or reasonably believed to be infected, on the basis of signs, symptoms, or laboratory analysis, with a contagious or possibly contagious disease from non-isolated individuals, to prevent or limit the transmission of the disease.

**LICENSED HEALTHCARE PROFESSIONAL** - person whose legally permitted scope of practice allows him or her to perform the activities required for Hepatitis B vaccination.

**LIKELIHOOD** - The estimate of the potential that an incident or event will occur.

**MASS DECONTAMINATION** - The physical process of reducing or removing surface contaminants from large numbers of people in potentially life-threatening situations in the fastest time possible.

**MORTALITY RATE** - The number of deaths per unit or group in a given place and time. Also referred to as death rate.

**MULTIPLE CAUSATION OF DISEASE** - Epidemiological concept specifying that there are combinations of factors categorized as agent characteristics, host vulnerability, mode of transmission, and environmental factors that collectively determine whether health or disease will prevail within a population of individuals.

**MULTI-DRUG RESISTANT TB** - a new strain of Tb which is not responsive to the common anti-tuberculosis drugs.

**MRSA** - Methicillin-resistant Staphylococcus Aureus - a drug resistant staph infection.

**OCCUPATIONAL EXPOSURE** - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials and/or any potential exposure to a contagious disease that may result from the performance of an employee's duties. Contact with blood or other OPIM on **intact skin**, other than the hands shall **NOT** be considered an exposure.

**OPIM** - Other Potentially Infectious Material(s).

**PANDEMIC** - is an epidemic of infectious disease that is spreading through human populations across a large region, or worldwide.



**PANDEMIC INFLUENZA** - Refers to an epidemic that has spread over several countries or continents, usually affecting a large number of people. An influenza pandemic is a rare but recurrent event.

**PATHOGEN** - the agent that causes a specific infection to occur.

**PATHOGENIC** - Any organism capable of causing illness, disease or death in humans.

**PATHOGENICITY** - The condition or quality of being pathogenic, or the ability to cause disease.

**PARENTERAL** - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

**PERSONAL PROTECTIVE EQUIPMENT (PPE)** - specialized equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard and shall not be considered to be personal protective equipment.

**PERSONAL RESPONSIBILITY** - The obligation to be accountable for one's actions.

**PPD** - Purified Protein Derivative, a test used to check an exposure to Tb.

**PREVENTION** - Actions to avoid an incident or to intervene to stop an incident from occurring. Prevention involves actions to protect lives and property. It involves applying intelligence and other information to a range of activities that may include such counter-measures as deterrence operations; heightened inspections; improved surveillance and security operations; investigations to determine the full nature and source of the threat; public health and agricultural surveillance and testing processes; immunizations, isolation, or quarantine; and, as appropriate, specific law enforcement operations aimed at deterring, preempting, interdicting, or disrupting illegal activity and apprehending potential perpetrators and bringing them to justice.

**PRION** - A disease-causing agent that is not bacterial, fungal, or viral and contains no genetic material.

**PROPHYLAXIS** - Medical care or measures provided to individuals to prevent or protect them from disease.

**PUBLIC HEALTH** - The approach to medicine that is concerned with the health of the community as a whole to fulfill society's interest in assuring conditions in which people can be healthy.

**QUALITATIVE FIT TEST** - A pass/fail fit test to assess the adequacy of respirator fit that relies on the individual's response to the test agent.



**QUANTITATIVE FIT TEST** - An assessment of the adequacy of respirator fit by numerically measuring the amount of leakage into the respirator.

**QUARANTINE** - The physical separation and confinement of an individual or groups of individuals, who are or may have been exposed to a contagious or possibly contagious disease, and who do not show signs or symptoms of a contagious disease, from non-quarantined individuals, to prevent or limit the transmission of the disease.

**REGULATED WASTE** - liquid or semi-liquid blood or other potentially infectious materials; 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; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**RISK** - The potential for an unwanted outcome resulting from an incident, event, or occurrence, as determined by its likelihood and the associated consequences.

**RISK ASSESSMENT** - A product or process which collects information and assigns values to risks for the purpose of informing priorities, developing or comparing courses of action, and informing decision making.

**SANITIZERS** - Substances that reduce the number of microorganisms to a safe level usually capable of killing 99.999%, known as a 5 log reduction, of a specific bacterial test population, and to do so within 30 seconds.

**SCARBOROUGH PUBLIC SAFETY PERSONNEL** - all employees of the Scarborough Fire Department

**SECONDARY DECONTAMINATION** - Removal of an agent from a person already processed through mass decontamination that shows continued signs of contamination.

**SITUATION REPORT** - Confirmed or verified information regarding the specific details relating to an incident.

**SOURCE INDIVIDUAL** - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

**STATUS REPORT** - Information specifically related to the status of resources (e.g., the availability or assignment of resources).

**STERILIZATION** - To free from living microorganisms (as by the use of physical or chemical agents).

**STERILIZE** - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**SURVEILLANCE** - 1—Close observation of a person, group, or activities.  
2—the means by which epidemiologists are able to determine the presence or absence of agents and estimate the magnitude of a problem when it exists.

**Tb** - Tuberculosis

**TECHNICAL DECONTAMINATION** - The planned and systematic process of reducing contamination to a level that is As Low As Reasonably Achievable (ALARA).

**UNIVERSAL PRECAUTIONS** – an approach to infection control in which all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne or airborne pathogens.

**VACCINE** - a substance that produces or increases immunity and protection against a particular disease.

**VECTOR** - An organism, such as an insect or animal that transmits disease-carrying germs.

**VIRULENCE** - the strength of an organism or pathogen and its ability to overcome the natural defense mechanisms of the host.

**VIRUSES** - Ultramicroscopic infectious agents that replicate themselves within cells of living hosts; many are pathogenic (i.e., capable of causing disease).

**WORK PRACTICE CONTROLS** - controls that reduce the likelihood of exposure altering the manner in which a task is performed.

**ZOONOTIC** - A disease of animals, such as rabies or psittacosis, which can be transmitted to humans.

## 3.0 EXPOSURE DETERMINATION

3.1 All Scarborough Fire Department personnel provide a service in which there is a possibility or risk of occupational exposure, defined as a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, body fluids or other potentially infectious materials. Personnel are also at risk of coming into contact with patients who are potentially infectious with bloodborne, airborne or other contagious diseases.

3.2 All Scarborough Fire Department personnel are at risk in experiencing some degree of occupational exposure while responding to accidents, sudden illness and injury.

3.3 The primary responsibility of the personnel of the Scarborough Fire Department is to provide emergency care to the sick and injured. Care may include airway management, intubation, suctioning, pulmonary resuscitation, CPR, bleeding control, establishing venous access, phlebotomy, managing the multiple trauma patients, stabilizing open

fractures, managing the patient having a seizure, and emergency childbirth. All of these emergency measures have a potential for occupational exposure.

3.4 Managing medical emergencies such as poisonings, heart attacks, strokes, difficulty breathing, burns, and environmental emergencies should be considered as a risk for occupational exposure as well. Department personnel may also be called to care for patients who are mentally ill or emotionally disturbed as well as intoxicated and abusive patients.

3.5 It is the responsibility of the personnel to treat the patient at the scene where the illness or injury occurred. The patient is then moved to the Ambulance vehicle and then transported to the hospital emergency room. Scarborough Fire Department personnel are often asked to assist with lifting and moving patients from location to the Ambulance vehicle. All of these are areas where there is risk for occupational exposure.

3.6 The sick or injured patient may be bleeding internally or externally. The patient may be vomiting, often with projectile force. The patient may be incontinent of urine and feces. Patients may also be sneezing, coughing or have infected wounds and sores. If intoxicated and/or combative, the patient could assault, bite or spit on the fire personnel. These situations would be risks for occupational exposure.

3.7 After the patient has been delivered to the appropriate facility, personnel are responsible for cleaning areas of patient contact where contamination of surfaces or linens with potentially infectious materials might have occurred. Personnel are also responsible for handling and cleaning of contaminated equipment, instruments, and linens, as well as handling and disposing of contaminated waste. Again, there should be concern for occupational exposure with all of these procedures.

## 4.0 METHODS OF COMPLIANCE

### UNIVERSAL PRECAUTIONS

4.1 The term **universal precautions** refers to a method of infection control in which all human blood and certain body fluids are to be treated as if they are known to be infectious for HIV, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and other Bloodborne pathogens. Precautions, including the appropriate use of PPE, shall be followed at all times regardless of patient diagnosis.

4.2 Although, universal precautions do not necessarily apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomitus unless they contain visible blood, the Scarborough Fire Department personnel must wear protective gloves and other appropriate personal protective equipment (PPE) when handling these body secretions or when the potential for contact exists. *Uniforms are not classified or intended to act as PPE and shall not be considered as such.*



4.3 In the event personnel suspect, or are informed, that a patient is or maybe infectious via airborne droplet pathogens including but not limited to, influenza, the common cold, or other contagious diseases, personnel should have the patient wear a surgical style masks.

## **ENGINEERING CONTROLS**

4.4 **Engineering controls** are a vital step in the defense against occupational exposure. In order to function appropriately, they must be inspected and maintained on a routine, as well as on an as needed basis.

4.5 Examples of engineering controls include, but are not limited to, hand washing facilities, sharps containers, PPE (such as glove boxes and Biohazard Kits), disposal facilities for biohazard waste, laundering facilities, decontamination facilities, appropriate cleaning equipment and supplies (such as red colored mops and buckets designated for disinfection purposes).

## **AMBULANCES**

4.6 Specifications for ambulances purchased by the Scarborough Fire Department shall include considerations for infection and exposure control. Such considerations may include ventilation systems, patient compartment layout and materials.

4.7 Whenever possible, ambulance ventilation systems shall provide a complete ambient air exchange every 2 minutes. Exhaust vents shall be located on the upper rear of the vehicle. Fresh air intakes shall be located towards the front of the vehicle.

4.8 All seats, seat cushions, cots, floors, counters, walls and shelves in the patient compartment shall be made of nonabsorbent, washable materials.

## **LAUNDRY & LINEN**

4.9 ***Contaminated clothing shall not leave the worksite.*** All contaminated clothing will be either cleaned or replaced at no cost to the employee, All contaminated clothing, linen, turn-out gear, disinfection cleaning rags, towels, sheets, or any other garment required to be cleaned shall be placed in **YELLOW BIOHAZARD** bags prior to being shipped to the Dunstan Station. All contaminated laundry shall not be handled without gloves.

4.10 The Department has made a decontamination washer/drier facility available at the Dunstan Station. All Contaminated clothing and fire gear will be cleaned utilizing these facilities, sent to an appropriate laundering facility or replaced.



4.11 All employees shall be informed that items placed in a ***YELLOW BIOHAZARD*** plastic bag are considered a ***“BIOHAZARD CONTAMINATED LAUNDRY”*** and shall be handled as such.

4.13 Utility and firefighter gloves may be decontaminated for re-use if the integrity of the glove is not compromised.

### **PERSONAL PROTECTIVE EQUIPMENT**

4.14 When there is the potential for occupational exposure, the Town of Scarborough will provide employees of the Fire Department, at no cost to the employee, appropriate protective equipment such as, but not limited to, disposable single use surgical or examination gloves, impervious gowns, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. The Department also utilizes self-shielding or capping IV needles, needleless systems and self-capping lancets wherever possible.

### **BIOHAZARD KITS**

4.15 Biohazard Kits has been provided to each Fire Department Ambulance.

4.16 The Scarborough Fire Department shall ensure that appropriate protective equipment, in the appropriate sizes, are readily accessible on the job, on the scene, or that the equipment be issued to the employee. The Department will ensure that all employees receive appropriate training in the use and application of appropriate PPEs.

### **GLOVES**

4.17 Disposable hypoallergenic gloves, non-latex gloves, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

4.18 Disposable gloves must be worn when it is reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing venous access procedures, when maintaining an airway, when attempting to control bleeding, and when handling or touching contaminated items, linen, equipment or surfaces.

4.19 Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised. Also, gloves should be changed between patients whenever practical. If blood or other potentially infectious materials penetrate a garment, the garment(s) shall be removed immediately or as soon as feasible.

4.20 Department approved structural firefighting gloves shall be worn by employees in any situation where sharp or rough surfaces or a potentially high heat exposure is likely to be encountered, such as during patient extrication procedures. Firefighting gloves alone are not considered appropriate PPE for blood borne or OPIM exposures.

4.21 Medical gloves shall be worn under structural firefighting gloves during patient extrication procedures.

4.22 Medical gloves will be removed and properly disposed of prior to driving any vehicle.

### **MASKS**

4.23 Masks in combination with eye protective devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated. Masks must be worn during all high hazard procedures, which would put the employee at risk for droplet infection in which masking the patient is unreasonable. Such procedures include aerosolized nebulized treatments, sputum induction, endotracheal intubation, suction procedures, cricothyroidomy and tracheotomy. When treating patients with disease pathology that includes airborne transmission risks, providers will wear N95 or a higher level of protection.

### **GOWNS AND OTHER PPE**

4.24 Appropriate protective clothing such as a fluid resistant aprons, gowns, boot covers or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. It is expected with training that the employee will learn to recognize the potential for occupational exposure and wear the appropriate personal protective equipment whenever indicated.

4.25 Resuscitation devices including pocket masks or bag valve masks shall be strategically located to provide personnel with immediate access for emergency situations. These devices shall be used in place of emergency mouth-to-mouth resuscitation whenever possible but should not prevent any care provider from providing lifesaving mouth to mouth should a mask not be available. Once used, these items shall be properly bagged for disposal or decontamination or cleaning.

4.26 The Scarborough Fire Department shall repair or replace all personal protective equipment as needed to maintain its effectiveness at no cost to the employee.

4.27 All personal protective equipment shall be removed prior to leaving the scene of the incident or hospital emergency room, depending on the circumstances. The equipment shall then be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

## **BIOHAZARD BAGS**

4.28 . Disposable type items (e.g. gloves, masks, gowns, dressings, linens, etc.) contaminated with blood or other potentially infectious materials shall be removed from the Ambulance vehicle(s) and disposed of as soon as possible. Any contaminated **DISPOSABLE** item(s) soaked with, or caked with blood in quantities such that the blood will be released with handling shall be placed in a **RED BIOHAZARD BAG**. Disposable items such as dressings and gloves, which have been contaminated with blood however not soaked, as described above may be disposed of in a standard waste receptacle.

4.29 **RED & YELLOW BIOHAZARD** plastic bags will be stored on each Ambulance and first response fire vehicle for the disposal of contaminated material. Upon returning to the fire station, these **RED & YELLOW BIOHAZARD** bags will be transferred to the appropriate medical waste disposal container located in the Oak Hill and Dunstan stations.

4.30 All employees shall be informed that items placed in a **RED or YELLOW BIOHAZARD** plastic bag is considered a “**BIOHAZARD**” and shall be handled as such.

4.31 The waste placed in **RED BIOHAZARD BAGS** and a company licensed to transport and dispose of biohazardous waste will dispose of the medical waste disposal container. The Deputy Chief - E.M.S. shall be responsible for notifying the waste disposal firm of needed pick-ups. The **RED BIOHAZARD** bag containing waste needs to be doubled bag and then placed in a cardboard box appropriately marked **BIOHAZARD**. Biohazard boxes are supplied by the Department and are located at the Oak Hill Station and Dunstan Stations.

4.32 The Scarborough Fire Department shall ensure that all employee uses appropriate personal protective equipment unless that employee can show that they only temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was their professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the worker or co-worker.

4.33 When the employee makes this judgment, the circumstances shall be investigated and documented in the form of an exposure incident report in order to determine whether changes can be instituted to prevent such occurrences in the future. The exposure incident report will be given to the Designated Infection Control Officer immediately.



## 5.0 WORK PRACTICE CONTROLS

5.1 Work practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to blood or other potentially infectious materials.

5.2 Single use non-latex gloves shall be used when it is reasonably anticipated that hand contact with blood or other OPIM will occur. Gloves will be removed as soon as possible and disposed of. Gloves shall not be re-used and changed between patient's if possible

5.3 The Scarborough Fire Department shall insure that the worksite is maintained in a clean and sanitary condition. A written schedule will be implemented for the cleaning and the method of decontamination of Ambulance equipment and the Ambulance Apparatus.

### HANDWASHING

5.4 Prior to any contact with patients' employees shall cover all areas of abraded, lacerated, chapped, irritated or otherwise damaged skin with gloves and/or dressings.

5.5 Employees must wash their hands as follows:

- A.) As soon as possible after each medical call or incident.
- B.) Immediately or as soon as practical, after removing gloves or other PPE.
- C.) After cleaning or disinfecting equipment, including ambulances.
- D.) After cleaning or disinfection of PPE.
- E.) After using the bathroom.
- F.) Before and after handling food or food utensils, cooking and eating.

5.6 Hand washing facilities, including soap, running hot water and paper towels are readily accessible to all Fire and Police employees at all of the fire stations and the Police station in the Town of Scarborough.

5.7 Antiseptic hand cleaner or antiseptic hand wipes are provided on the Ambulances and in the Biohazard Kits where hand washing with running water at varying degrees of temperature is not available immediately.

5.8 Anti-microbial wipes have been placed in all fire, Ambulance, and police vehicles. Also, paper towel dispensers and alcohol based foam has been placed in each Ambulance vehicle and in each Biohazard Kit.

5.9 When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible (i.e. the hospital emergency room, the fire or police station).



5.10 All Department personnel shall wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

### **LAUNDRY & CONTAMINATED LINEN**

5.11 All Department personnel should remove all personal protective equipment and clothing which may have become contaminated with blood or other potentially infectious materials immediately, or as soon as possible, upon leaving the scene of the incident or hospital emergency room, depending on the circumstances. The Hospitals have cooperated by supplying scrubs to employees to wear on their return to the Station.

5.12 Any containers for the collection of soiled clothing or laundry will prevent leakage during collection, handling, processing, storage, transport or shipping. All personnel who have contact with contaminated laundry shall wear gloves and other appropriate personal protective equipment.

5.13 Contaminated laundry, such as linens, uniforms, towels, rags and fire gear shall be placed in **YELLOW BIOHAZARD** bags and returned to either the Oak Hill or Dunstan Station. **YELLOW BIOHAZARD** bags shall then be placed in the **YELLOW BIOHAZARD** barrels located in each station. Contaminated laundry shall be handled as little as possible and with as little agitation as possible.

5.14 **YELLOW BIOHAZARD** bags containing fire gear, uniforms or personal clothing shall have the employee's name labeled on the outside of the bag. A sign-in/sign-out form is located in the Dunstan & Oakhill Laundry Rooms so that clothing and gear can be returned to the correct employee. If turnout gear is washed, it should also be recorded in Op/IQ as a preventive maintenance. SEE Appendix C for laundering instructions.

5.15 Whenever contaminated laundry is wet and presents a reasonable likelihood of soak through or leakage from the bag or container, the laundry shall be placed and transported in **DOUBLE YELLOW BIOHAZARD** bags or containers, which prevent soak through or leakage of fluids to the exterior.

5.16 If possible label all contaminated yellow laundry bags with the type of contamination present, i.e. blood, vomitis, etc.

5.17 If outside contamination of the primary container occurs, the primary container shall be replaced with a secondary container, which prevents leakage during handling, processing, storage, transport or shipping. The container will be labeled or color-coded accordingly.

5.18 Contaminated laundry or linen that is shipped to an outside agency for laundering shall be placed in a **YELLOW BIOHAZARD** bag and labeled with the type of contamination involved. The Department shall notify the receiving facility that the **YELLOW BIOHAZARD** bags represent a biohazard.

## **PROCEDURES**

5.19 Eating, drinking, applying cosmetics or lip balm and handling of contact lenses in the Ambulance vehicle(s) is restricted to the cab compartment and is allowed only after the Ambulance personnel has changed contaminated clothing and washed their hands. Clothing is considered contaminated if it has come in contact with blood or other potentially infectious materials. Patients and contaminated material must remain behind the separating partition between the cab and patient area.

5.20 All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, spattering, and the generation of droplets of these substances. This especially includes venous puncture, intubation, suctioning and administration of aerosol nebulized treatments.

5.21 Masks and Face protection must be worn during any of the above procedures if splash or other contamination is anticipated.

5.22 When transporting a known or suspected patient with an airborne pathogen, the patient compartment should be adequately ventilated by opening windows (weather permitting) and running the exhaust fan or vent. Providers will utilize N95 or higher respiratory protection

## **CONTAGIOUS EMPLOYEES**

5.23 Any employee who is infected and considered contagious shall not be allowed to work their assigned shift, until such time they have been cleared by either their personal physician and/or The Department's Health Care Provider. See Appendix M for diseases that may not allow an employee to work.

5.24 In the event a full-time employee is deemed unfit to work due to an infectious disease, the employee will be compensated under the Towns sick time policy. Per Diem and part-time employees will receive any EPL accruals available,

## **SHARPS**

5.26 Contaminated needles and other contaminated sharps shall **NOT** be bent or broken by hand, recapped or removed from disposable syringes, or otherwise manipulated by hand. Shearing or breaking of contaminated needles is prohibited. Immediately, or as soon as possible after use, contaminated needles and sharps shall be placed in appropriate containers for disposal. Mechanical devices such as hemostats, Tweezers, dustpan and brushes shall be used to handle sharps. Wherever possible, needleless systems, self-capping or shielding IV catheters and needleless injectable medications shall be used.

5.27 The contaminated needles and sharps container will be closable, puncture resistant, labeled as such or color-coded, and leakproof on the sides and bottom. During use, containers for contaminated sharps will be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used.

5.28 Permanent sharps containers have been placed in all Ambulance vehicles. Sharps containers have been placed on the wall adjacent to the bench seat and the "CPR" seat as well as below the bench seat. Also, single use sharps containers have been placed in the ALS jump kits, I.V. set up draws and Biohazard Kits. These containers should be maintained in an upright position at all times and shall be inspected at the beginning of each shift and replaced as when  $\frac{3}{4}$  full.

5.29 When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, or transport and be placed in a secondary container if leakage is possible.

5.30 *Sharp containers will be replaced when they are two thirds (3/4) full.* When the sharps containers are ready to be disposed of, they will be left in the appropriate disposal container in the dirty utility room in the hospital emergency room.

5.31 Broken glassware or sharps, which may be contaminated, shall not be picked up directly with the hands. The broken glass shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, forceps, etc.

### **BIOHAZARD WASTE**

5.32 The Department utilizes the Department of Transportation (DOT) symbol for labeling all biohazards including RED and YELLOW BIOHAZARD Bags. A copy of the symbol is shown in Appendix B. All employees shall be trained and knowledgeable in the meaning of the Biohazard symbol. See Appendix B for picture of the Biohazard Label.

5.33 Used/soiled portable suction containers shall be placed in a **RED BIOHAZARD** bag and placed in the **RED** Biohazard Barrel located at Oak Hill or Dunstan Stations.

5.34 Quantities of blood vomit or other body fluids returned to the station may be disposed of by flushing down a toilet or in one of the station slop sinks. Appropriate PPE, including but not limited to gloves, gowns and masks should be worn when handling these materials.

5.35 Items contaminated with blood or OPIM and which would release the substances in a liquid or semi-liquid state if compressed; or items that are contaminated with dried blood or OPIM and are capable of releasing the materials during handling, shall be disposed of by placing them in **RED BIOHAZARD** bag and disposing of them at the Oak Hill or Dunstan Stations.

### **CONTAMINATED EQUIPMENT**

5.36 Contaminated equipment will be properly identified as a Biohazard and returned to the station for decontamination. Small items and equipment shall be placed in clear plastic bags with a biohazard label attached. Larger items shall be covered and labeled



with a biohazard label until decontaminated. Using Red Biohazard bags indicated the item shall be disposed of, ***therefore any equipment not to be disposed of shall typically not be placed in a red biohazard bag.***

5.37 All bags shall be labeled with the name of the equipment, type of contamination, a biohazard sticker and the location where the equipment shall be returned.

5.38 Contaminated equipment shall be disinfected with either a 10% bleach solution or the Department approved disinfectant. Bleach is corrosive so check with manufacturer's recommendations prior to use of bleach on sensitive equipment, electronic equipment and certain metals. Make sure that decontamination has the adequate contact time to kill all pathogens.

## 6.0 VACCINATIONS

6.1 The Scarborough Fire Department shall make Hepatitis B vaccination series available to all employees of the Department who may have an occupational exposure to blood or OPIM.

6.2 The Scarborough Fire Department shall also provide post-exposure medical follow-up to all employees who have had an exposure incident.

6.3 The Scarborough Fire Department will ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up including prophylaxis, are:

- a.) Made available at no cost to the employee at a reasonable time and place.
- b.) Performed by or under the supervision of a licensed physician, or by or under the supervision of another licensed healthcare professional
- c.) Provided according to the recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
- d.) All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee
- e.) All records are considered as confidential medical records and shall be kept by the department or by the Departments Medical Representative, for 30 years following employee's departure from the Department.

6.4 The Hepatitis B vaccination shall be made available to all employees of the Scarborough Fire Department who have risk for occupational exposure within ten (10) days of their start date. The vaccination will be made available unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. The employee may also sign a declination form refusing the offer of vaccination.



6.5 Participation in a prescreening program shall not be a prerequisite for receiving the Hepatitis B vaccination.

6.6 If the employee initially declines the Hepatitis B vaccination but at a later date decides to accept the vaccination, the Hepatitis vaccination shall be made available at a later time.

6.7 The Scarborough Fire Department shall assure all employees who decline to accept the Hepatitis B vaccination offered by the employer, sign the following statement:

*I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining the vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis vaccine, I can receive the vaccination series at no charge to me.*

6.8 If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service, at a future date, such booster dose(s) shall be made available to all employees who have the risk for occupational exposure.

6.9 The Hepatitis series consists of 3 Intramuscular injections. The initial, second shot after 30 days of the first shot. Third shot within 90 days of second shot.

6.10 A Hepatitis titer will be drawn at the conclusion of the series no longer than 60 days. Titers after the 60 day period have shown to be inaccurate and therefore cannot be valid.

6.11 The Scarborough Fire Department will follow all Federal and State vaccine mandates.

### **TUBERCULOSIS PPD**

6.12 The Tb PPD shall be made available to all employees of the Scarborough Fire Department who have a risk for occupational exposure to Tb as determined by the departments risk assessment. Tb PPD will be offered to those employees within ten (10) days of their start date. The PPD will be made available unless the employee has previously received the Tb PPD within the last six (6) months and documentation can be supplied. The employee may also sign a declination form refusing the offer of vaccination.

6.13 The Town of Scarborough will ensure that all medical evaluations and procedures including the PPD's and post-exposure evaluation and follow-up including prophylaxis are:

- a.) Made available at no cost to the employee at a reasonable time and place.
- b.) Performed by or under the supervision of a licensed physician, or by or under the supervision of another licensed healthcare professional
- c.) Provided according to the recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
- d.) All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee
- e.) All records are considered as confidential medical records and shall be kept by the department or the Department's Medical Representative, for 30 years following employees' departure from the Department.

6.14 The infection control officer is responsible for completing the Departments' risk assessment on a yearly basis. For low risk communities yearly PPD testing is NOT required. Maine is currently a low risk state, Confirmed by Maine CDC on 9/14/2021.

### **ADDITIONAL IMMUNIZATIONS/VACCINATIONS**

6.15 Employees will be offered additional vaccination/immunizations as outline in the CDC MMWR, Immunization of Health-Care Personnel. These Immunizations will include; Influenza, Measles, Mumps, Rubella, Pertussis, Varicella. These immunizations are the current recommendations and may change depending on CDC information and/or outbreaks.

## **7.0 EXPOSURES AND POST EXPOSURE FOLLOW-UP**

### **IF AN EXPOSURE OCCURS**

7.1 Despite dedicated use of engineering controls and work practice control, as well as proper use of personal protective equipment, exposures can and do occur.

7.2 Should an exposure occur, the wound should be cleaned with soap and cold water and exposed mucous membranes should be flushed with plenty of water or sterile saline for several minutes.

7.3 An employee with an exposure to blood to the mucus membranes, the eyes, mouth, and non-intact skin or a contaminated needle stick must contact the duty officer immediacy who will initial the exposure control check sheet.

**AN EXPOSURE INCIDENT REPORT SHALL BE FILED WITHIN 24 HOURS.**

7.4 In order to provide the best medical care to the employee, all exposures or suspected exposure incidents must be reported to the Designated Officer immediately.

### **POST EXPOSURE EVALUATION AND FOLLOW-UP**

7.5 In the event of an exposure, an exposure incident report will be filed within twenty-four (24) hours, but preferably much sooner, to the Designated Infection Control Officer. The infection Control Officer will provide a report, including documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred, any conclusion(s) and any recommendations for changes or improvements to the Fire Chief.

7.6 The Scarborough Fire Department shall make immediately available, to the exposed employee, a confidential medical evaluation, counseling and follow-up, including; identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by State or Local law. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

7.7 When the source individual is already known to be infected with HBV, HCV or HIV, testing for source individual's known HBV, HCV or HIV status need not be repeated.

7.8 Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

7.9 The exposed employee's blood shall be collected as soon as feasible and tested at an accredited laboratory at no cost to the employee after consent is obtained.

7.10 If the employee consents to baseline blood collection, but does not give consent at that time for HIV, HCV or HBV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

7.11 Employees will have the opportunity to receive post exposure prophylaxis when deemed necessary and after consultation with Clinician's hotline for Infectious Disease @ 888-448-4911.

7.12 Post exposure counseling and medical evaluation of any febrile illness that occurs up to 12 weeks post exposure, and the use of safe and effective post exposure measures shall be made available to the exposed employee.



7.13 The Scarborough Fire Department shall ensure that the physician or healthcare professional responsible for the employee's Hepatitis B vaccination or evaluating an employee after an exposure incident, is provided a copy of Bloodborne Pathogens Standard 29CFR1910.1030.

7.14 The physician or healthcare professional will also be provided a description of the exposed employee's duties as they relate to the exposure incident. Documentation of the route(s) of exposure and circumstances under which the exposure occurred, results of the source individual's blood testing, if available, and all medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

7.15 The employer shall obtain and provide the employee with a copy of the evaluating physicians or healthcare professional's written opinion with 15 days of the completion of the evaluation.

7.16 The physician's or healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

7.17 The physician's or healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information. The employee has been informed of the results of the evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

7.18 All other findings or diagnoses shall remain confidential.

## 8.0 RECORD KEEPING OF THIS STANDARD

8.1 The Town of Scarborough shall establish an accurate medical record for each employee with an occupational exposure, in accordance with 29CFR1910.1020.

8.2 The Employee's Medical record shall include:

- a.) The name of the employee.
- b.) The employee's social security number.
- c.) A copy of the employee's Hepatitis B Vaccination status including the dates of all Hepatitis vaccinations.
- d.) Flu Vaccination records will be kept by the employer for a period of seven (7) years.

- e.) A copy of the employee's TB PPD results.
  - f.) Any medical records relative to the employee's ability to receive vaccinations and/or PPD's.
  - g.) The employer's copy of the physician's or healthcare provider's written opinions.
  - h.) A copy of information provided to the physician or healthcare professional.
  - i.) A copy of all results of examinations, medical testing and follow-up procedures shall be kept on file for not less than thirty (30) years after the employee leaves the department.
- 8.3 These records may be kept at a site other than the Town of Scarborough such as the Professional Health Care Provider's Office however copies must be available for the Designated Infection Control Officer 24hrs a day.
- 8.4 These records shall not be disclosed to anyone without the employee's express written consent, except as required by OSHA regulations, or State law.
- 8.5 These medical records shall be maintained for at least the duration of employment plus 30 years.
- 8.6 Employee's medical records shall be provided upon request for examination and copying to employees, employee representatives, to the Director and to the Assistant Secretary of the National Institute for Occupational Safety and Health or the U.S. Department of Health and Human Services, or their designated representative in accordance with 29CFR1910.1020.
- 8.7 The Scarborough Fire Department shall comply with the requirements involving transfer of records set forth in 29CFR1910.1020.
- 8.8 Each member of the department will be requested to submit their immunization records and communicable disease history to the Designated Officer. If the employee does not wish to provide this information to the Designated Officer, they must sign a declination form Appendix P.

## 9.0 TRAINING AND EDUCATION OF EMPLOYEES

- 9.1 The Scarborough Fire Department shall ensure that all employees with the risk of occupational exposure participate in a training program which shall be provided at no cost to the employee and during working hours. The Job Classification Risk Assessment Appendix Q will be used to determine which risk group employees fall into.

9.2 Material appropriate in content and vocabulary to the educational level, literacy, and language background of employees shall be used.

9.3 The training program shall be provided as follows:

- a.) Within ten (10) days of the start date to tasks where occupational exposure may take place.
- b.) Annual training for all employees shall be provided within one year of their Previous training.
- d.) Additional training shall be provided when changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

9.4 The training program shall consist of the following elements:

- a.) An accessible copy of the regulatory text of this standard and An explanation of its contents.
- b.) A general explanation of the epidemiology and symptoms of Bloodborne diseases.
- c.) An explanation of the modes of transmission of bloodborne and airborne Pathogens.
- d.) An explanation of the Scarborough Fire Department's **EXPOSURE CONTROL PLAN** and a copy of the written plan; and the location of the Plan.
- e.) An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- f.) An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- g.) Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- h.) An explanation of the basis for selection of personal protective equipment.
- j.) Information on the Hepatitis B vaccine and Tb PPD, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated, and that the vaccine and the vaccination will be offered free of charge.



- j.) Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- k.) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- l.) Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- m.) An explanation of the signs, labels, tags and/or other color coding used to denote biohazards.
- n.) An opportunity for interactive questions and answers with the person conducting the training session, or a contact phone number or E-mail to answer training related questions.
- o.) Initial training will be delivered in a classroom setting. The classroom instructor will be the designated infection control officer or a designee.
- p.) Annual refresher classes will be conducted online through the training departments website.
- q.) An explanation of the handling of contaminated equipment and laundry.

9.5 The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address. The Department will provide for the training of individuals who will be responsible for conducting exposure control trainings.

9.6 Training records shall be maintained for three years from the training date. They shall include: the date of training, the contents or summary of the training, the names and the qualifications of the persons conducting the training, and the names and the job classifications of the persons attending the training.

9.7 Employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to the Director and to the Assistant Secretary of the National Institute for Occupational Safety and Health or the U.S. Dept. of Health and Human Services, or their designated representative in accordance with 29CFR1910.1030, the Bloodborne Pathogens Standard.

## 10.0 HOUSEKEEPING PLAN

10.1 The Scarborough Fire Department shall assure that the work site is maintained in a clean and sanitary condition.

10.2 The full time on duty personnel will be responsible for and ensure that Ambulance vehicles and all equipment are clean and operational by the end of their shift. Routine cleaning procedures with detergent are adequate.

10.3 The station, especially the laundry, decontamination areas, sleeping, eating and day room areas shall be kept clean and orderly at all times. It shall be the responsibility of the off-going crew to pass on a clean station to the next on-coming crew.

10.4 After each Ambulance call or as soon as possible or upon returning to the station, the Ambulance vehicle will be inspected for potentially infectious materials. All contaminated equipment and working surfaces shall be decontaminated with disinfectants approved by the Infection Control Officer, a 10% bleach formula or Electrostatic Cleaning. Disinfectants shall be approved and registered by the U.S. Environmental Protection Agency (EPA) and shall be registered as tuberculocidal and shall be capable of killing HIV, HBV, HCV, bacteria, viruses, fungi, MRSA and Vancomycin Resistant Enterococcus Faecalis.

10.5 All equipment shall be cleaned and disinfected as specified in Appendix D.

10.6 Since most non-disposable pre-hospital equipment does not interface directly with the patient's cardiovascular system or respiratory system, sterilization and high level disinfecting are not required. Decontamination can be accomplished in most cases by thorough cleaning with hot soapy water. However, if equipment is heavily contaminated with blood and body fluids, disinfecting with either bleach or an approved disinfectant shall follow cleaning. Selection of the proper disinfectant should be determined by the manufacturer of the equipment and be reviewed by the Infection Control Officer. All respiratory assist equipment shall be completely cleaned and disinfected after each use or properly disposed of and replaced. Gloves shall be worn for all cleaning and decontamination procedures.

10.7 Reusable equipment that has come in contact with blood, blood products, OPIM, the mucus membranes of a patient, shall require cleaning and disinfection or sterilization after each use.

10.8 Disinfectants must be applied on clean surfaces and left wet for the manufacturers recommended contact time (usually 10 minutes or per disinfectant directions). The greater the amount of blood and dirt, the less effective the disinfectant. Wash the surface with soap and water first, and then use the disinfectant. Rinse if necessary.

10.9 Blood spills should be cleaned with a 1:10 dilution (1 cup of bleach to 9 cups of water) of bleach. (Bleach is an excellent disinfectant but the chlorine can corrode metal

and may damage electrical and electronic equipment. Bleach should not be used on instrument panels, electrical outlets, radios, etc.) For high-level disinfecting, leave surface wet with solution for 10 to 30 minutes. **DO NOT** use a bleach solution on equipment or supplies, which come in contact with a patient's mucous membranes.

10.10 Linen shall be changed on the stretcher after each transport or patient use. All contaminated linens and towels shall be left at the hospital for cleaning if possible. Linen being returned to the station will be placed in **YELLOW BIOHAZARD** bags and handled as specified by the Plan.

10.11 The Department has provided separate mops, buckets and pails for disinfection of the Ambulance trucks. These mops, buckets and pails are **RED** in color and are labeled with a Biohazard symbol. These items are **NOT** to be used for general cleaning of the Station. Conversely, Station mops and buckets shall **NOT** be used for the disinfection of the Ambulances.

10.13 All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis (weekly) and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

10.14 The walls, counter surfaces, seats, stretcher and other interior surfaces of department apparatus will be washed thoroughly with a solution of disinfectant every Saturday or as outline in department Standard Operating Procedures. Floors will be cleaned and washed with a ten per cent (10%) bleach solution after each shift.

10.15 Gloves will be worn during all decontamination procedures.

10.16 During increased incidents of employee illnesses with similar symptoms, the Infection Control Officer may implement temporary specific decontamination guidelines.

### **BIOMEDICAL DISPOSAL**

10.16 The Scarborough Fire Department has contracted with a licensed biohazard disposal firm to dispose of waste generated by the Department.

10.17 The following are instructions for disposal of contaminated biomedical waste.

- a.) The Town has provided the above departments with strong, impervious red bags and a disposable container (large white cardboard box, appropriately labeled).
- b.) Place two red liner bags inside the box prior to filling.
- c.) Place biomedical waste into bags and box. Avoid free liquids or over packing.



d.) When the box is full, close the bags by twisting the top of the inside bag, double it over into a gooseneck, and cinch tightly or tape gooseneck. Twist gooseneck and tape the outer bag. Close and seal the box with tape.

e.) Complete the label on the box and have the box ready for the driver. When the container is full, not weighing greater than 30 pounds, the Deputy Chief - E.M.S. shall call the Biohazard Disposal Company to notify them the box is ready for pickup and disposal

f.) Leaking, damaged, or over packed box or boxes emanating odors will not be accepted for disposal.

### **LAUNDERING FACILITIES**

10.18 The Department has provided a commercial washer and drier in the decontamination room at Dunstan and Oakhill Station for use in decontaminating laundry, uniforms and fire gear.

10.19 All contaminated linen, uniforms and fire gear shall be laundered at this location. The washer has been pre-programmed to wash the appropriate items at the right temperature and ***AUTOMATICALLY ADDS*** the proper detergent, bleach (if required) and/or disinfectant. ***DO NOT ADD ANY DETERGENT, BLEACH OR SOFTENER TO THE MACHINE!*** Employees shall follow the appropriate codes posted in the decontamination room. Codes are also listed in Appendix C.

10.20 Contaminated and patient linen does not need to be washed independently of non-contaminated linen, cleaning rags and/or staff linen. Department personnel will wash all linen according to the posted directions at the washer using the procedures below. Individual turnout gear will also be washed individually as specified in Appendix C.

### **EXERCISE EQUIPMENT**

10.21 As part of the Departments health and Wellness program, exercise equipment has been provided at each station. This equipment if not properly cleaned and disinfected can pose a risk for the transmission of MRSA as well as other illnesses.

10.22 Exercise equipment and workout room are to be cleaned after each use with disinfecting wipes or spray that the Department provides. This will include all cardio machines as well as free weights, benches, mats etc.

### **SHOWER ROOMS AND LOCKER ROOMS**

10.23 Showers and lockers rooms are to be kept cleaned and disinfected after each use. Towels and lines are not provided by the department and must be removed from these areas immediately after use.

10.24 Soap, razors, shampoo etc. are not to be left in the showers and must be removed after each use.

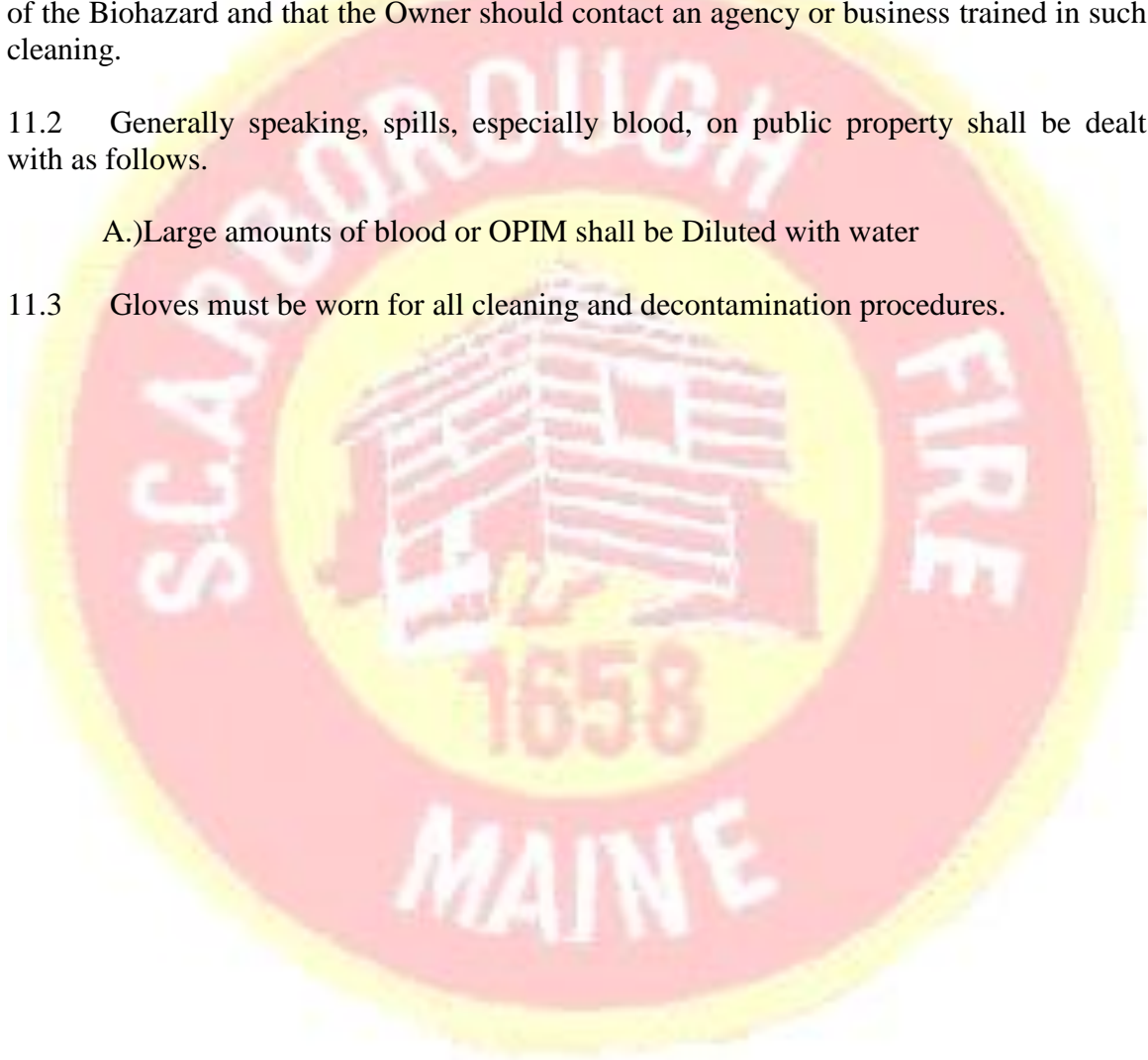
## 11.0 BIOHAZARD CLEANUP IN PRIVATE OR PUBLIC AREAS.

11.1 The Department is ***NOT*** responsible for the cleanup of Biohazard spills in private residences or businesses. Employees shall inform the owner as to the type and location of the Biohazard and that the Owner should contact an agency or business trained in such cleaning.

11.2 Generally speaking, spills, especially blood, on public property shall be dealt with as follows.

A.) Large amounts of blood or OPIM shall be Diluted with water

11.3 Gloves must be worn for all cleaning and decontamination procedures.





Scarborough Fire Department  
246 US Route One  
Scarborough, Maine 04074  
(207) 883-4542 (207) 730-4270

## **APPENDIX A**

### **SCARBOROUGH FIRE DEPARTMENT WAIVER FORM HEPATITIS B IMMUNIZATION**

I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However; I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious material, and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me.

---

Date

---

Signature of Employee

---

Date

---

Witness



## APPENDIX B

### BIOHAZARD KIT CONTENTS

<b><u>OUTSIDE ZIPPERED POUCH</u></b>			
	<i>Required</i>	<i>In Stock</i>	<i>Requested</i>
<b>ANTI-SEPTIC WIPES</b>	6		
<b>BOOTIES (Pair)</b>	2		
<b>GOWNS</b>	2		
<b>MASKS, SIMPLE w/ SHIELD</b>	4		
<b><u>OUTSIDE OPEN POUCH</u></b>			
<b>DUST PAN &amp; BRUSH</b>	1		
<b><u>MAIN POUCH</u></b>			
<b>ANTI-SEPTIC WIPES</b>	6		
<b>BAGS (Red)</b>	6		
<b>BAGS (Yellow)</b>	6		
<b>BIOHAZARD LABELS (Large)</b>	12		
<b>BIOHAZARD LABELS (Small)</b>	12		
<b>BOOTIES (Pair)</b>	2		
<b>BOTTLE w/ KITTY LITTER</b>	1		
<b>CAN OR BOTTLE HAND WASH</b>	1		
<b>DISPOSABLE BLANKET</b>	2		
<b>GOWNS</b>	2		
<b>MARKER (Black)</b>	1		
<b>SMALL MASKS, HEPA (N95)</b>	2		
<b>TAPE ( 2" White Medical)</b>	1		
<b>ZIP-LOCK (Large)</b>	4		
<b>ZIP-LOCK (Small)</b>	4		



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## **APPENDIX C**

### **WASHING PROCEDURE & DETERGENTS AT DUNSTAN STATION**

#### **NON-CONTAMINATED LINEN LAUNDERING**

- Washer cycle shall be set at #2. Detergent setting shall be at setting #2

#### **BIOHAZARD AND CONTAMINATED LINEN**

- Washer cycle shall be set at #1 Detergent setting shall be at setting #1

#### **NON-CONTAMINATED UNIFORM LAUNDERING**

- Washer cycle shall be set at #2 Detergent setting shall be at setting #2

#### **BIOHAZARD AND CONTAMINATED UNIFORMS**

- Washer cycle shall be set at #2 Detergent setting shall be at setting #2

#### **RAGS, MOPS AND CLEANING CLOTHS**

- Washer cycle shall be set at #1 Detergent setting shall be at setting #1

#### **WOOL BLANKETS**

- Washer cycle shall be set at #2 Detergent setting shall be setting #2

#### **TURNOUT GEAR (Routine Cleaning)**

- Whenever possible, wash liner and outer shell separately so that contaminants are not transferred from shell to liner. Gear shall be turned inside out with all buckles closed and washed in netted laundry bags provided. Gear shall **NOT** be washed with other linen. No more than three (3) sets of gear shall be laundered at a time.
- Wash Hoods, suspenders separately as listed below
- Washer cycle shall be set at #3 Detergent setting shall be setting #3
- **DO NOT USE ANY OTHER BLEACH WHEN WASHING GEAR!**



- Turnout gear will be **AIR DRIED ONLY BY HANGING IN A SHADED VENTILATED AREA OR APPROVED GEAR DRYING RACK, DO NOT HANG IN DIRECT SUNLIGHT.**

## APPENDIX C (con't)

### **TURN-OUT GEAR (BIOHAZARD DECONTAMINATION)**

- **Wash liner and outer shell separately so that** contaminants are not transferred from shell to liner. Gear shall be turned inside out with all buckles closed and washed in netted laundry bags provided. Gear shall **NOT** be washed with other linen. No more than three (3) sets of gear shall be laundered at a time.
- Wash Hoods, suspenders separately as listed below
- Washer cycle shall be set at #3 Detergent setting shall be setting #3
- **DO NOT USE ANY OTHER BLEACH WHEN WASHING GEAR!**
- Turn-out gear will be **AIR DRIED ONLY BY HANGING IN A SHADED VENTILATED AREA! DO NOT HANG IN DIRECT SUNLIGHT.**
- **TURNOUT GEAR (Oil Contaminated)**
- **Wash liner and outer shell separately so that contaminants are not transferred** from shell to liner. Gear shall be turned inside out with all buckles closed and washed in netted laundry bags provided. Gear shall **NOT** be washed with other linen. No more than three (3) sets of gear shall be laundered at a time.
- Wash Hoods, suspenders separately as listed below.
- Washer cycle shall be set at #3 Detergent setting shall be setting #3
- **DO NOT USE ANY OTHER BLEACH WHEN WASHING GEAR!**
- Turnout gear will be **AIR DRIED ONLY BY HANGING IN A SHADED VENTILATED AREA OR APPROVED GEAR DRYING RACK, DO NOT HANG IN DIRECT SUNLIGHT.**

### MOISTURE BARRIERS

- Washer cycle shall be set at #3 Detergent setting shall be setting #3

### HOODS AND SUSPENDERS

- Washer cycle shall be set at #3 Detergent setting shall be setting #3



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## **APPENDIX D CLEANING SCHEDULE**

### **USE OF DECONTAMINATION ROOM AND DISINFECTING OF EQUIPMENT**

The Scarborough Fire/Ambulance Department has designated a decontamination room at Dunstun Station. The purpose of this room is to provide a safe and efficient location to decontaminate linen and equipment away from the normal traffic areas of the Station. The Decontamination room shall become a part of the Engineering Controls for the Department Infection Control Plan.

The room is located off the truck bays at Dunstun Fire Station and may be referred to as the "Decon. Room" as used in this procedure. The word "Decon" as used in this procedure shall mean decontamination of biohazards..

The word(s) disinfection solution shall mean the approved disinfection disinfectant cleaners, in the correct strength as specified in this procedure.

### **OBJECTIVE**

Any piece of equipment potentially contaminated shall be labeled with a "*BIOHAZARD LABEL*" and shall be considered contaminated. Contaminated equipment shall be decontaminated in the Decon. Room, dried and considered decontaminated prior to being returned to service. Examples of equipment which may need to be decontaminated under this procedure include, but are not limited to:

- |  |                                      |
|--|--------------------------------------|
| 1. Long boards & Straps                | 8. Stretchers (scoop, Reeves,)       |
| 2. Stair Chairs                        | 9. Suction Units                     |
| 3. KEDS                                | 10. Splints                          |
| 4. Blood Pressure Cuffs & Stethoscopes | 11. Any other equipment as necessary |
| 5. Trauma Shears                       |                                      |
| 6. Laryngoscope handles                |                                      |
| 7. Jump kits                           |                                      |

In addition, it is the intent of the Department that all equipment shall be decontaminated and/or disinfected on a regular basis and after being potentially contaminated. All contaminated linen owned by The Department, requiring laundering, including Fire Gear, uniforms, towels, blankets, sheets, etc, shall be laundered utilizing the washer/dryer in the Decon. Room.

### **GENERAL**

Any employee performing decontamination in this room shall wear appropriate PPE, as defined, including Gloves, Gowns and splash protection. The Department will provide an adequate number of PPE to be kept in the Decon. Room. Supplies of PPE within the room shall be checked routinely as part of normal daily duties.

The Decon Room entrance door shall have the sign reading "This room may contain linen and equipment contaminated with Biohazardous materials" posted on the outside of the door.

The Decon Room door shall be closed during decon and the sign "Please knock before entering, Decon Procedures are being performed" shall be posted outside of the room, notifying other personnel that decontamination is being performed. No one should enter the room during decon until the person performing decon allows them to enter.

### **Room ventilation equipment shall be on during decontamination.**

The three-compartment sink shall be used for washing & rinsing. Whenever possible, small items being decontaminated may be washed & rinsed using smaller wash basins provided and stored in the Decon Room. Items requiring air-drying shall be placed in or on the drying racks.

Longboards may be washed in the mop sink using the hose bib attachment at the sink. Following decon, the board should be thoroughly rinsed, dried and the mop sink decontaminated and rinsed.

As necessary, floors shall be squeegeed after use. Sinks, side sink surfaces and surrounding wall surfaces shall be sprayed with the Department's approved disinfectant following the completion of decon, allowed to stand for at least 10 minutes, then rinsed and dried with paper or linen towels. Linen used for any Decon purpose shall be placed in the contaminated linen bin located within the room.

Whenever possible, decontamination of equipment requiring decon with a spray bottle and towel shall be done in the decon room.

### **DISINFECTANT CLEANERS**

Scarborough Fire/Ambulance has as approved disinfectant cleaner. DO NOT use any other products for disinfection purposes.



The following products are supplied for use during decontamination procedures as listed below:

1. Ten per cent (10%) bleach and water solution.
2. Cavicide Brand disinfecting/cleaning spray and/or wipes.

Appropriate PPE including splash protection (goggles) and gloves shall be worn while using these products. Disinfection shall take place in well-ventilated areas, or while in decontamination room, with ventilation equipment on.

Product information for these products shall be kept in the decontamination room and MSDS sheets included in the MSDS book at all fire Stations.

### **LAUNDERING**

Whenever possible, used and/or contaminated laundry shall be left in the appropriate receptacle at the receiving Hospital.

Used linen returning to the station shall be placed in **YELLOW** laundry bags, and then placed in the designated "**CONTAMINATED LINEN**" bin, as labeled. Any linen contaminated with body fluids shall be placed in a separate **YELLOW** bag and the outside of the bag shall be clearly labeled with "**CONTAMINATED LINEN**" on the outside.

Each Friday contaminated and other linen requiring washing shall be taken from Oak Hill Station to the laundry facilities located at Dunstan Station and laundered.

Contaminated laundry shall be handled as little as possible and with as little agitation as possible.

Gloves shall be worn whenever used linen is removed from the bins and during sorting and loading of the washer. Whenever possible, laundry should be saved until a full load is ready for laundering.

Contaminated and patient linen will be washed independently of non-contaminated linen, cleaning rags and/or staff linen. Department personnel will wash all Linen according to the posted directions at the washer using the procedures below. Individual turnout gear will also be washed individually as specified below.

### **APPARATUS DECONTAMINATION**

Ambulances shall be decontaminated any time body fluids are introduced to the patient compartment. In addition, the ambulances will be disinfected entirely as per the posted schedule.

Gross Decontamination of any body fluids shall take place at the Hospital, if possible. Decontamination will include the removal of any body fluids while using appropriate

PPE, including but not limited to, gloves, gowns, eye protection and masks. All areas potentially contaminated shall be sprayed with the **Cavicide** solution kept on the truck. Soiled linen used for cleanup will be left at the Hospital at the appropriate location, or returned to one of the designated station laundry bins in **YELLOW** laundry bags. If patient has an enteric infection (Norovirus, C-Diff, or other suspected GI infections) use a 10% bleach solution for decontamination.

Routine ambulance decontamination should include the following:

All exposed surfaces, except the floors, in the patient compartment shall be wiped down with the approved disinfection solution. Pay particular attention to all door and compartment handles and latches.

Radio controls, handsets, cell phones and equipment controls shall be disinfected by wiping all surfaces with a rag moistened with the disinfection solution.

Driver and passenger seats, as well as steering wheel, driving controls such as turn signals and dash switches/buttons cab shall be sprayed with disinfection solution.

Blood pressure cuffs and Stethoscopes shall also be disinfected.

Patient compartment floor will be mopped with ten per cent (10%) bleach with water solution. Mopping of the ambulance floors will be done using ONLY the "**BLUE**" handled mops and "**RED**" Mop buckets. "**RED**" mop buckets and "**BLUE**" handled mops used for disinfecting shall have a "**BIOHAZARD**" label affixed to them. "**BLUE**" handled mops and buckets are designated for decontamination of ambulances only and shall not be used for station maintenance.

#### **EQUIPMENT DECONTAMINATION**

Equipment shall be decontaminated any time the equipment may have come in contact with OPIM.

Pre-mixed solutions of the department approved disinfectant may be used on the following equipment:

**STRETCHERS, STAIR CHAIRS and SCOOP STRETCHERS  
REEVES STRETCHER and LONG BOARDS, STRAPS and SPLINTS  
K.E.D.'s**

Thoroughly spray and let stand per disinfectant directions

**CARDIAC MONITORS, PULSE OXIMETERS, GLUCOSCANS, RADIOS  
and other ELECTRONIC EQUIPMENT**

Equipment shall be wiped down with a rag moistened with the department approved disinfectant solution and then air-dried.

### **BLOOD PRESSURE CUFFS**

Cuffs shall be disassembled by removing bladder. Exterior of cuff shall be laundered and then air-dried. Bladder and associated tubing shall also be sprayed or wiped down with disinfectant and air-dried.

### **JUMP KITS**

Launder as needed and air dry.

### **SUCTION UNITS**

Disassemble unit and dispose of canister, tubing and catheters in **RED BAG**. Wipe down entire unit with rag and approved disinfectant and let air-dry.

Large amounts of fluids remaining in used suction canisters may be disposed of by dumping the contents down the toilet. Wear appropriate PPE.

Launder or soak suction bag as needed and let air-dry.

### **OTHER ASSOCIATED EQUIPMENT**

1. Generally speaking, items which can be submersed (example: Trauma shears) shall be soaked in the approved disinfectant and air-dried.
2. Items which should not be immersed (example: electronic equipment) shall be wiped and/or sprayed down with solution and air-dried.
3. Items which are heavily contaminated or potentially may not be decontaminated they shall be disposed of after checking with the Deputy Chief - E.M.S or Duty Officer.



# DECONTAMINATION SIGNAGE

PLEASE: WASH & WIPE DOWN ALL SURFACES FOLLOWING DISIN-  
FECTION PROCEDURES!

The background of the central text is a large, faded seal of the Scarborough Fire Department. The seal is circular with a yellow outer ring. Inside the ring, the words "SCARBOROUGH" and "FIRE" are written in white, separated by a central emblem. Below the emblem, the year "1658" and the word "MAINE" are visible.

**DECONTAMINATION**  
**IN**  
**PROGRESS**

**PLEASE KNOCK BEFORE**  
**ENTERING!**

***THIS ROOM MAY  
CONTAIN LINEN AND  
EQUIPMENT CON-  
TAMINATED WITH  
BIOHAZARD MATE-  
RIALS!***

***P.P.E. REQUIRED!***

**APPENDIX E**  
**SCARBOROUGH FIRE / AMBULANCE**  
**EXPOSURE INCIDENT REPORT**

***STOP NOW IF YOU BELIEVE THIS TO BE A BLOODBORNE EXPOSURE. YOU MUST BE SEEN IN THE HOSPITAL EMERGENCY ROOM WITHIN TWO (2) HOURS IF THIS WAS AN EXPOSURE TO BLOOD OR BODY FLUID IN THE EYES, MOUTH, MUCUS MEMBRANES, OPEN WOUNDS OR PENETRATION OF THE SKIN WITH A CONTAMINATED OBJECT: COMPLETE THIS FORM AFTER BEING SEEN BY THE HOSPITAL.***

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SS NUMBER:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**INCIDENT #:** \_\_\_\_\_ **INCIDENT DATE:** \_\_\_\_\_

**ADDRESS OR LOCATION OF EXPOSURE:** \_\_\_\_\_

**TIME OF EXPOSURE:** \_\_\_\_\_

**WHAT TYPE OF EXPOSURE OCCURRED? FLUID:** \_\_\_\_\_ **OR AIRBORNE:** \_\_\_\_\_

**IF FLUID, WHAT TYPE?**

**BLOOD:** \_\_\_\_\_ **SALIVA:** \_\_\_\_\_ **SPINAL:** \_\_\_\_\_ **SEMEN:** \_\_\_\_\_

**VAGINAL:** \_\_\_\_\_ **OTHER; (STATE TYPE):** \_\_\_\_\_

**WHAT PART OF YOUR BODY WAS EXPOSED?**

**EYES:** \_\_\_\_\_ **MOUTH:** \_\_\_\_\_ **OPEN WOUND:** \_\_\_\_\_

**NEEDLE OR OTHER SHARP PENETRATION:** \_\_\_\_\_ **INTACT SKIN:** \_\_\_\_\_

**OTHER (STATE):** \_\_\_\_\_

**HOW MUCH FLUID YOU WERE EXPOSED TO?** \_\_\_\_\_

**HOW LONG AFTER THE EXPOSURE DID IT TAKE UNTIL YOU WASHED THE EXPOSED AREA WITH SOAP AND WATER?**  
\_\_\_\_\_

**WERE YOU WEARING ANY PPE AT THE TIME OF THE EXPOSURE: YES:** \_\_\_\_\_ **NO:** \_\_\_\_\_

**IF SO, WHAT TYPE: GLOVES** \_\_\_\_\_ **GOWN** \_\_\_\_\_ **MASK** \_\_\_\_\_ **FACE SHIELD** \_\_\_\_\_

**BOOT COVERS:** \_\_\_\_\_ **OTHER (SPECIFY)** \_\_\_\_\_



---

**HOW LONG WERE YOU EXPOSED TO THE PATIENT? (MINUTES)**\_\_\_\_\_

**WERE YOU WEARING A MASK: YES \_\_\_\_ OR NO \_\_\_\_**

**IF YES, WHAT TYPE: REGULAR FACE \_\_\_\_\_ N95 \_\_\_\_\_ HEPA \_\_\_\_\_**

**OTHER (SPECIFY)** \_\_\_\_\_

**WHERE YOU SEEN IN THE EMERGENCY ROOM? YES \_\_\_\_ OR NO \_\_\_\_**

**WHAT HOSPITAL?:** \_\_\_\_\_

**DID THE HOSPITAL CLASSIFY THIS AS AN EXPOSURE? YES \_\_\_\_ OR NO \_\_\_\_**

**EXPLAIN FULLY THE CIRCUMSTANCES SURROUNDING THE EXPOSURE: USE ADDITIONAL SHEETS NEEDED):**

**DATE & TIME SUPERVISOR NOTIFIED:** \_\_\_\_\_

**WHO DID YOU NOTIFY?** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_

**THIS FORM SHALL BE RETURNED TO EITHER THE DEPUTY CHIEF - EMS OR THE INFECTION CONTROL OFFICER WITHIN 24 HOURS.**



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|

## APPENDIX F BIOHAZARD LABEL





## APPENDIX G

### Sharp Injury Reporting Form

1) Date of injury: \_\_\_\_\_ 2) Time of injury: \_\_\_\_\_ 3) Age of injured: \_\_\_\_\_

4) Sex of injured: \_\_\_\_\_

5) Type of Sharp:

**Needle**

Insulin syringe with needle

IV catheter- loose

Needle connected to IV line

Needle factory-attached to syringe

IO Needle

Other syringe with needle

Prefilled cartridge syringe

Syringe- other

Tuberculin syringe with needle

Vacuum tube collection

Winged steel needle

**Instrument (non glass)**

Lancet \_\_\_\_\_ Other non-glass sharp \_\_\_\_\_ Scalpel \_\_\_\_\_

**Glass**

Ampule \_\_\_\_\_ Blood tube \_\_\_\_\_ Other glass \_\_\_\_\_

6) Brand (write brand name or “unknown”): \_\_\_\_\_

Model number: \_\_\_\_\_

7) Job classification of injured person:

Firefighter \_\_\_\_\_ Firefighter/EMT \_\_\_\_\_ Firefighter/Paramedic \_\_\_\_\_

8) Employment status of injured person: Call Company \_\_\_\_\_ Per-Diem \_\_\_\_\_ Full Time \_\_\_\_\_

9) Work area where sharps injury occurred (select best choice):

\_\_\_\_\_

10) Original intended use of sharp:

\_\_\_\_\_

11) When did injury occur? Before After During ...the sharp was used for its intended purpose.

12) If the exposure occurred “during” or “after” the sharp was used, was it:

Because the injured was bumped during the procedure

Because the item was placed in an inappropriate place (e.g. table/bed/trash)

During OR procedure reaching for or passing instrument While disassembling

While the sharp was being placed in a container While recapping Other

**13) Involved body part:**

Arm (but not hand)\_\_\_ Face/head/neck\_\_\_ Hand Leg/foot \_\_\_Torso (front or back)\_\_\_

**14) Did the device being used have any engineered sharps injury protection?**

Yes\_\_\_ No\_\_\_ Don't Know\_\_\_

**15) Was the protective mechanism activated?**

Yes\_\_\_ No\_\_\_ Don't Know\_\_\_

**16) Was the injured person wearing gloves?**

Yes\_\_\_ No\_\_\_ Don't Know\_\_\_

**17) Had the injured person completed a hepatitis B vaccination series?**

Yes\_\_\_ No\_\_\_ Don't Know\_\_\_

**18) Was there a sharps container readily available for disposal of the sharp?**

Yes\_\_\_ No\_\_\_ Don't Know\_\_\_

**19) Had the injured person received training on the exposure control plan in the 12 months prior to the incident?**

Yes\_\_\_ No\_\_\_ Don't Know\_\_\_

**20) Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented the injury?**

Yes\_\_\_ No\_\_\_ Ex-

plain:\_\_\_\_\_

**21) Exposed employee: Do you have an opinion that any other engineering, administrative, or workpractice control could have prevented the injury?**

Yes\_\_\_ No\_\_\_ Ex-

plain:\_\_\_\_\_

## Appendix H



### *EMERGENCY DEPARTMENT*

Type Dear EMS Managers,

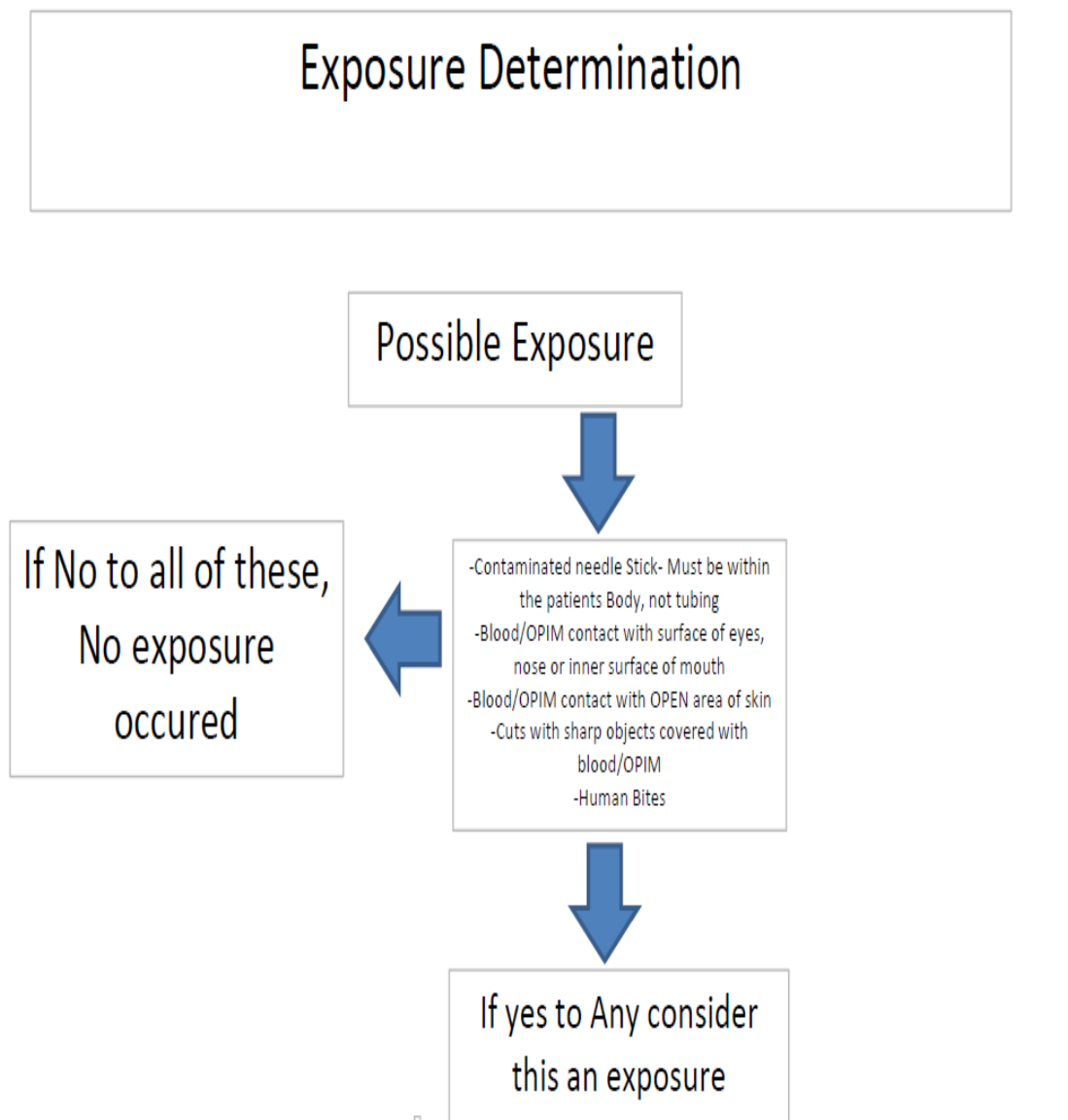
Recently, while transporting patients to Maine Medical Center, several pre-hospital personnel have experienced blood borne pathogen fluid exposures. Each instance has brought forth questions regarding how to access the Blood Borne Fluid Exposure Pathway. This is how the system can be best accessed by our field responders to make sure your needs are met.

- 1) Have your personnel wash their hands and the exposed area with soap and water as soon as practically possible. Alcohol based gel can be used if soap and water aren't readily available; however soap and water is the preference.
- 2) Have your personnel sign in as patients as soon as they have completed their patient care responsibilities. All exposures are treated expeditiously in the department and are therefore fast-tracked.
- 3) The exposure will be evaluated promptly and if determined to be a bona fide exposure with infectious risk, the appropriate immediate care will be provided.
- 4) The Emergency Department Staff will obtain consent from the source patient and initiate HIV testing if consent is obtained.
- 5) Hepatitis screening will take 24-48 hours to complete.
- 6) Rapid HIV testing will be completed within hours if the patient is an ED patient at the time of testing.
- 7) For instances in which the source patient has been admitted to the hospital, MMC will use its internal source patient testing mechanism.
- 8) The exposed personnel should leave contact information with the MMC staff and will be contacted by them with the test results. Please remind them to leave a personal contact number, not a station number, as this concerns their personal health. The test results will also be forwarded to the staff member's PCP or identified Occupational Health Provider, depending on who was identified at the time of testing.

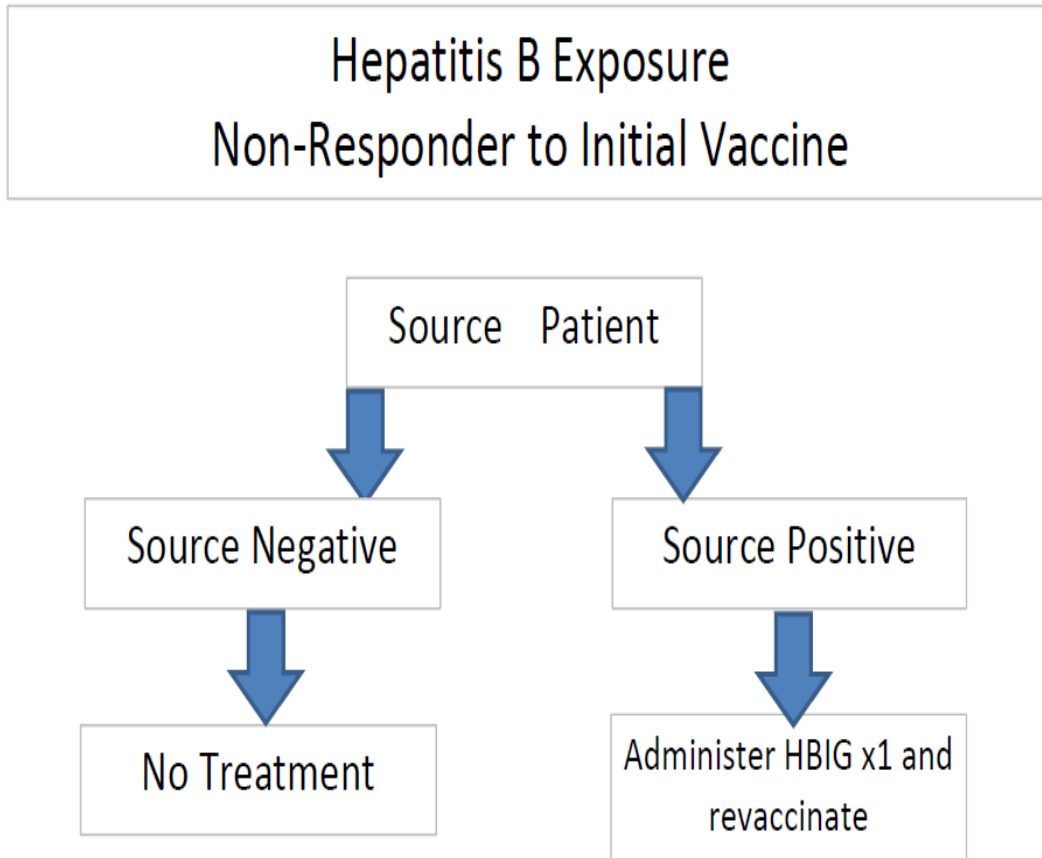


We appreciate that this is a difficult time for the personnel that have been exposed. To that end, the staff will work to make sure all of your staff member's questions have been answered regarding this process. Should you or they have any questions regarding the same, have the provider ask the REMIS staff to contact Dr. Matt Sholl, EMS Medical Director or Christopher Paré, EMS Program Manager and we will work to assist the provider in whatever way we can.

## APPENDIX I



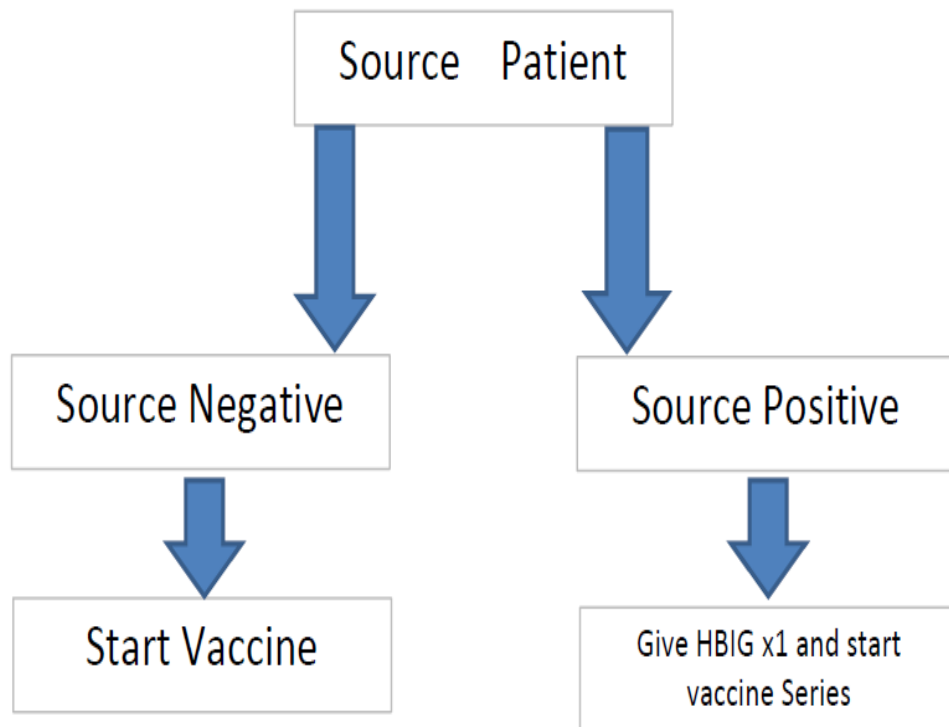
## APPENDIX I



CDC, MMWR, JUNE 29, 2001, SEPTEMBER 30, 2005, AUGUST 1, 2008

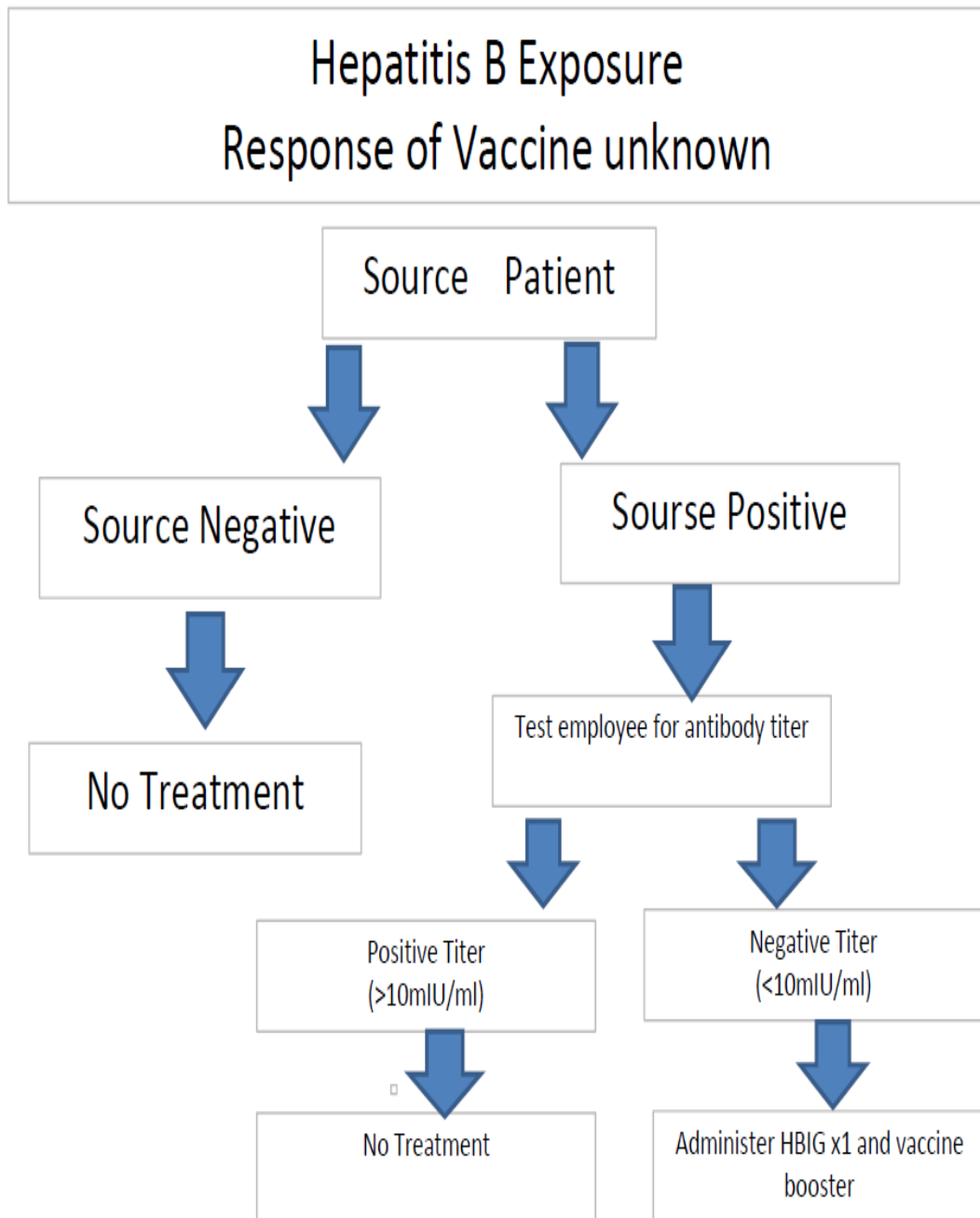
## APPENDIC I

### Hepatitis B Exposure Non -Vaccinated Employee





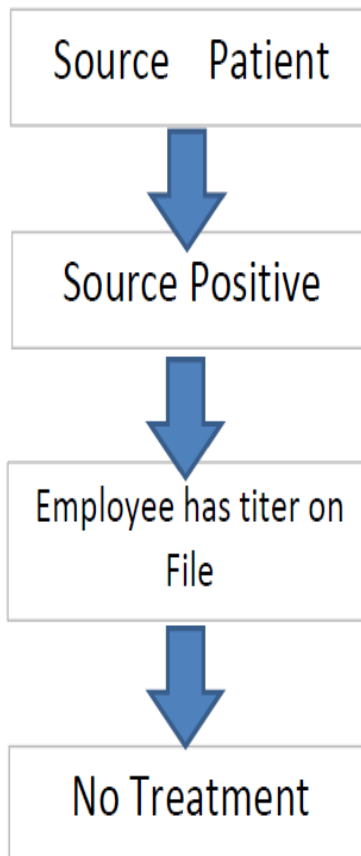
## APPENDIX I



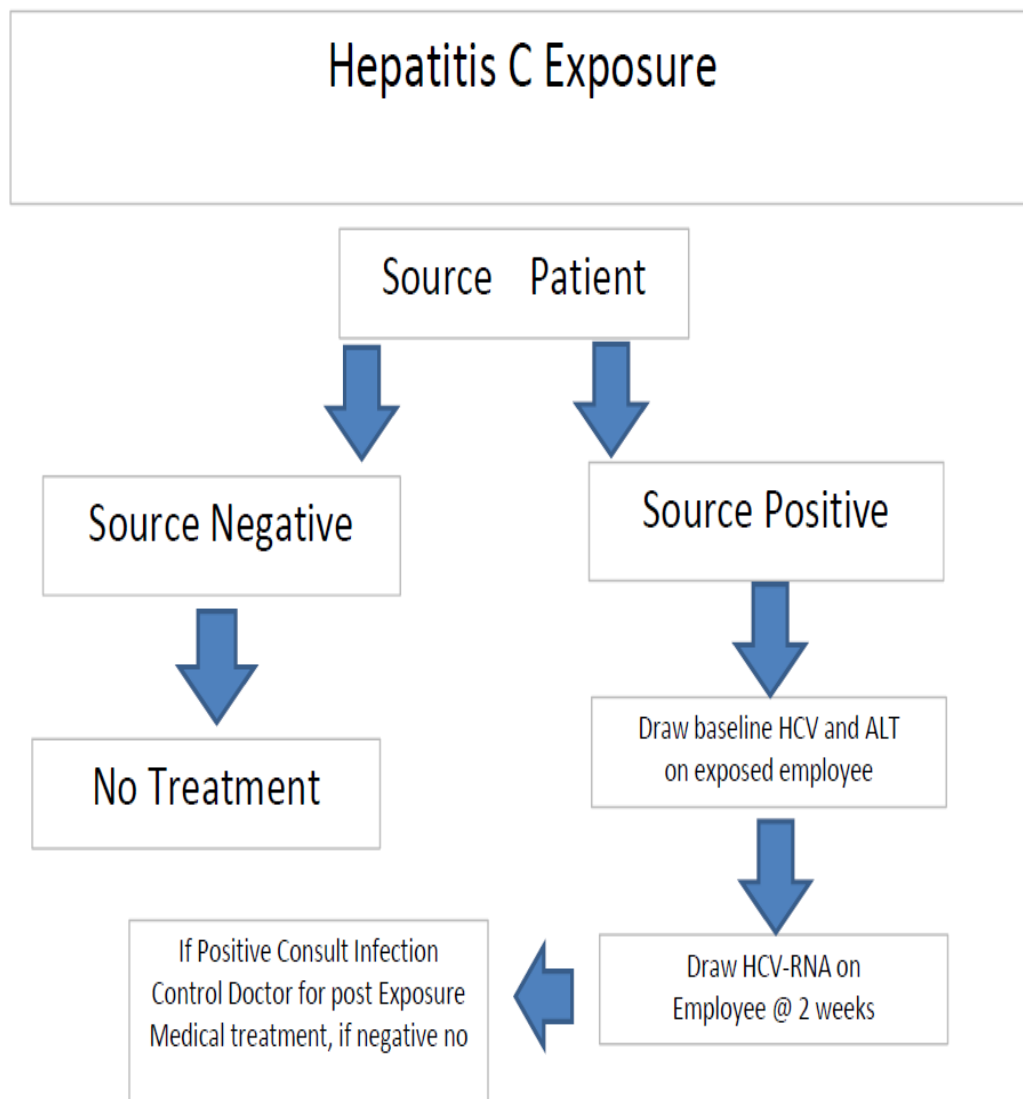
CDC, MMWR, JUNE 29, 2001, SEPTEMBER 30, 2005, AUGUST 1, 2008

## APPENDIX I

### Hepatitis B Exposure Vaccinated Employee

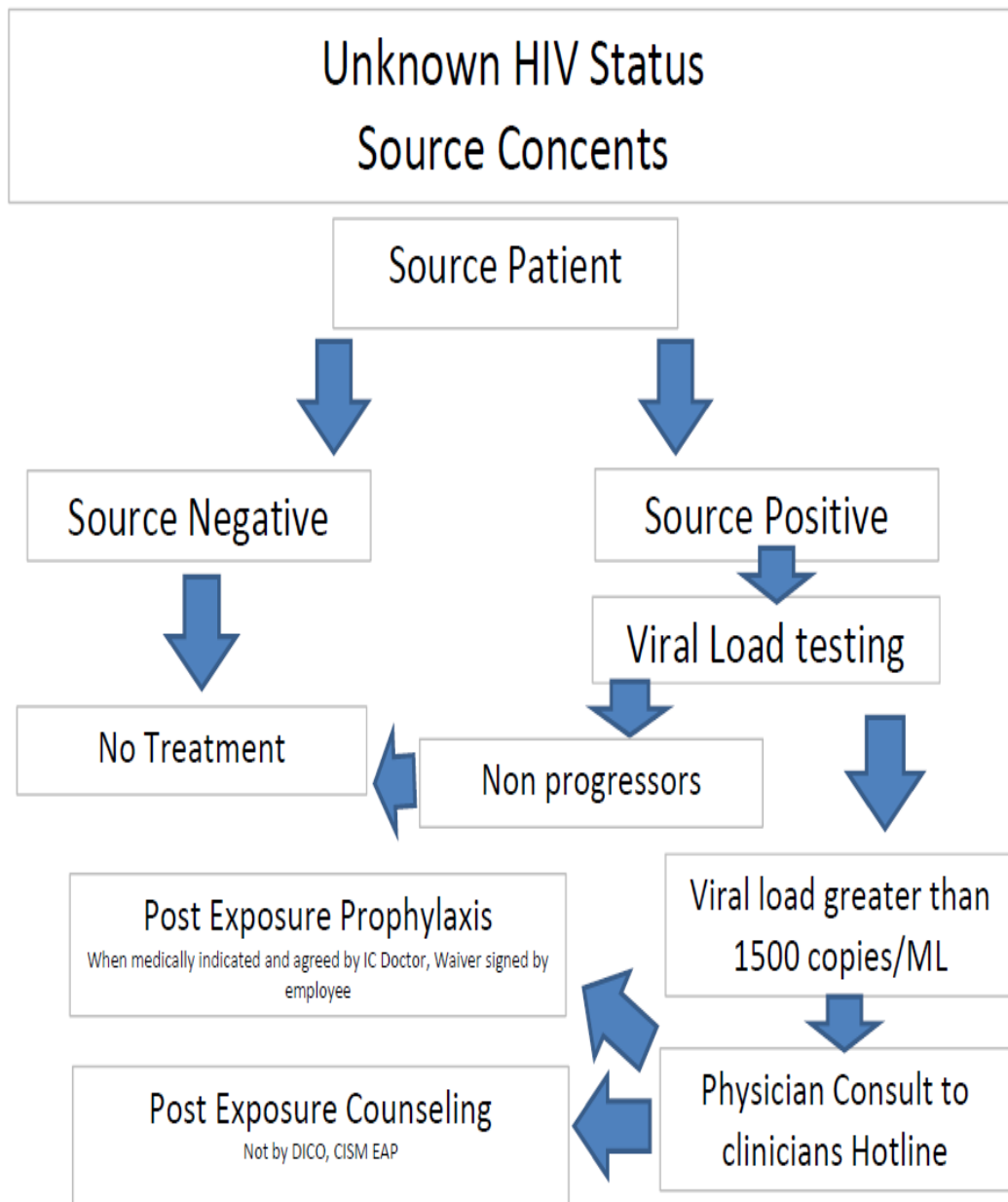


## Appendix I

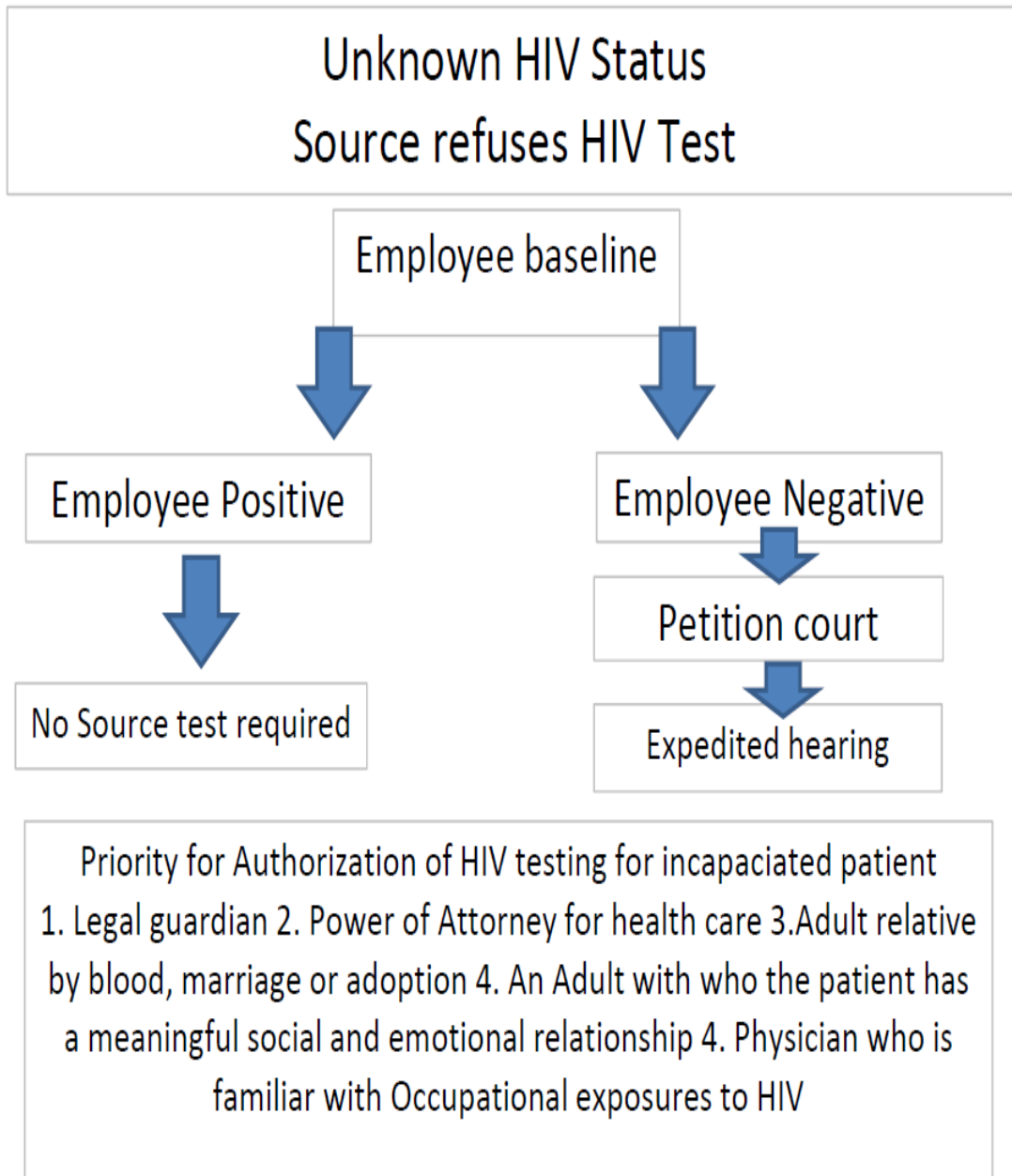




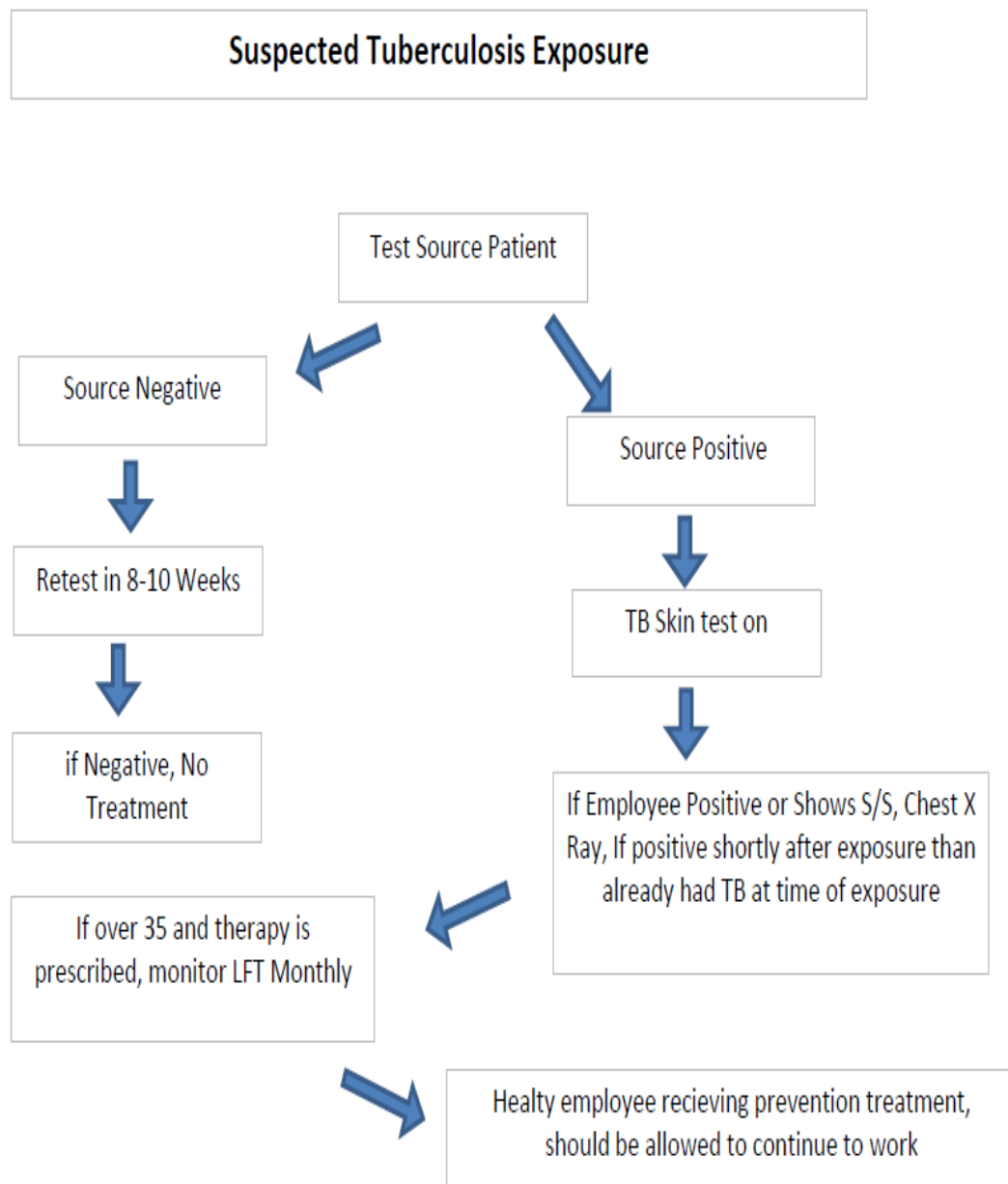
## Appendix I



## Appendix I



## Appendix I



## Appendix J





## Work Restriction Guidelines

CDC Personnel Health

Conjunctivitis	Restrict from Patient contact and patient environment	Until Discharge ceases
Diarrheal Disease		
<i>Acute diarrhea with other symptoms</i>	Restrict from Patient contact, contact with patients environment or food handling	Until Symptoms resolve
Diphtheria	Exclude from Duty	Until antimicrobial therapy completed and 2 cultures less than 24hr apart and negative
Enteroviral infections	restrict from care of Infants, neonates and Immunocompromised patients and their environments	Until Symptoms resolve
Hepatitis A	restrict from patient contact, contact with patients environment and food handling	Until 7 days after onset of Jaundice
Hepatitis B		
<i>HCP who do not perform exposure prone invasive procedures</i>	No restrictions unless linked epidemiologically to transmission of hepatitis B virus infection	Standard precautions always should be observed
<i>HCP who perform exposure prone procedures</i>	These HCP should not perform exposure prone procedures until they have sought counsel from expert review panel, which should review the procedures the worker can perform, taking into account the specific procedure as well as the skill and technique of the worker	per recommendation of expert panel

## Work Restriction Guidelines

CDC Personnel Health

Hepatitis C		No recommendation
Herpes Simples		
Genital	No Restriction	
Hands	restrict from patient contact and contact with patient enviroment	Until Leasons heal
Orofacial	evaluate the need to restrict from care of high risk patients	
Human Immunodeficiency Virus		
	Do Not perform exposure prone invasive procedures until counsel from an expert review panel, panel should review the procedures the worker can perform, taking into account the specific procedure as well as the skill and technique of the worker	
Measles		
Active	Exclude for Duty	4 days after rash appears
Post Exposure (HCP with out presumtive evidence of measles immunity)	Exclude form duty	5 days after the first exposure through 21 days after the last exposure and/or 4 days after rash appears
Meningococccal infections		
	Exclude for Duty	Until 24 hrs after the start of effective therapy
Mumps		
Active	Exclude for Duty	5 days after onset of parotitis
Post Exposure (HCP with out presumtive evidence of mumps immunity)	Exclude for Duty	12 days after the first exposure through 25 days aftyer the last exposure or 5 days after onset of parotitis

## Work Restriction Guidelines

### CDC Personnel Health

Pediculosis	Restrict from patient contact	Until treated and observed to be free of adult and immature lice
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<b>Pertussis</b>		
<i>Active</i>	exclude from Duty	beginning of the catarrhal stage through third week after onset of paroxysms or until 5 days after the start of effective antimicrobial therapy
<i>Post exposure</i>		
<i>Symptomatic personnel</i>	Exclude for Duty	5 days after the start of effective antimicrobial therapy
<i>Asymptomatic personnel- HCP likely to expose a patient at risk for severe pertussis</i>	No restriction for duty; on antimicrobial prophylactic therapy	
<i>Asymptomatic personnel Other HCP</i>	No restriction for duty; can receive postexposure prophylaxis or be monitored for 21 days after pertussis exposure and treated at the onset of signs and symptoms of pertussis	

<b>Rubella</b>		
<i>Active</i>	Exclude from Duty	7 days after the rash appears
<i>PostExposure (personnel without evidence of rubella immunity)</i>	Exclude from Duty	7 days after the first exposure through 23 days after the last exposure and/or 7 days after the rash appears

<b>Scabies</b>		
<i>Staphylococcus Aureus infection</i>	restrict from patient contact	until cleared by medical evaluation

## Work Restriction Guidelines

### *CDC Personnel Health*

<i>Active, draining skin lesion</i>	restrict from patient contact, environment and food handling	Until lesions have resolved
<i>Carrier State</i>	No restrictions unless persons are epidemiologically linked to transmission of the organism	

<b>Streptococcal infection Group A</b>	Restrict from patient care, contact with patients environment or food handling	Until 24 hours after adequate treatment
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<b>Tuberculosis</b>		
<i>Active Disease</i>	Exclude from Duty	Until proved noninfectious
<i>PPD Converter</i>	No restrictions	

<b>Varicella</b>		
<i>Active</i>	Exclude from Duty	Until all lesions dry and crust. If only lesion that do not crust (i.e. macules and papules) until no new lesions appear within 24 hour period
<i>PostExposure (personnel without evidence of varicella immunity)</i>	Exclude from Duty unless receipt of the second dose within 3-5 days after exposure	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust if only lesions that do not crust (i.e. macules and papules), until no lesions appear within 24 hour period

<b>Herpes Zoster</b>		
<i>Localized in healthy person</i>	cover lesions, restrict from care of high risk patients	Until all lesions dry and crust
<i>Disseminated or Localized in immunocompromised person until disseminated infection ruled out</i>	Exclude from Duty	Until all lesions dry and crust



## Work Restriction Guidelines

### CDC Personnel Health

Post exposure (HCP without evidence of varicella immunity)	NA	
Disseminated zoster or localized zoster with uncontained/uncovered lesions	Exclude for Duty unless receipt of the second dose of varicella vaccine within 3-5 days after exposure	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust if only lesions that do not crust (i.e. macules and papules), until no lesions appear within 24 hour period
Localized zoster with contained/covered lesions	for HCP with at least 1 dose of varicella vaccine, no work restrictions. For HCP with no dose of varicella vaccine restrict from patient contact	8th day after 1st exposure through 21st day (28th day if varicella-zoster immune globulin administered) after the last exposure; if varicella occurs, until all lesions dry and crust if only lesions that do not crust (i.e. macules and papules), until no lesions appear within 24 hour period

- Employees should not come to work until at least 24 hours after they no longer have a fever (101 degrees Fahrenheit) or signs of a fever (have chills, feel very warm, has a flushed appearance, or is sweating). This should be determined without the need for fever-reducing medicines (any medicine that contains ibuprofen or acetaminophen).
- Employees with confirmed Norovirus or uncontrolled vomiting and diarrhea, should not report to work duty for a minimum of 48 hours after the resolution of symptoms. Once personnel return to work, the importance of performing frequent hand hygiene should be reinforced,

## Appendix K



### SCARBOROUGH FIRE DEPARTMENT

246 U. S. ROUTE 1

SCARBOROUGH, MAINE 04074

TEL: (207) 883-4542

FAX: (207) 883-0278

B. Michael Thurlow, Fire Chief

## Communicable Disease Health History

CONFIDENTIAL

*Employee Name* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_

<u><i>Disease</i></u>	<u><i>Date of Illness</i></u>
Measles (Rubeola)	_____
Measles (Rubella)	_____
Mumps	_____
ChickenPox	_____
Hepatitis	_____ Type _____
Tuberculosis	_____ Type _____
Meningitis	_____ Type _____
Malaria	_____ Type _____
HIV Infection	_____

Allergies

Medication \_\_\_\_\_

Latex \_\_\_\_\_

## Appendix L



### SCARBOROUGH FIRE DEPARTMENT

246 U. S. ROUTE 1

SCARBOROUGH, MAINE 04074

TEL: (207) 883-4542

FAX: (207) 883-0278

B. Michael Thurlow, Fire Chief

## Immunization Record

CONFIDENTIAL

*Employee Name* \_\_\_\_\_

*Date of Birth* \_\_\_\_\_

<i>Immunization/Vaccine</i>	<i>Date of Administration</i>	<i>Would like to Receive</i>
Measles, Mumps Rubella	_____	Yes/No
Hepatitis B Vaccine	_____	Yes/No
Antibody Titer	_____ Result _____	
ChickenPox Vaccine	_____	Yes/No
TB Skin Test	_____ Result _____	
Tdap Booster	_____	Yes/No
Flu Vaccine	_____	Yes/No

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Appendix N



### SCARBOROUGH FIRE DEPARTMENT

246 U. S. ROUTE 1

SCARBOROUGH, MAINE 04074

TEL: (207) 883-4542

FAX: (207) 883-0278

B. Michael Thurlow, Fire Chief

### Release of Information

#### Health and Immunization History

#### Declination Form

I understand that this information will be kept confidential and would only be used to assist in the evaluation of which vaccines or immunizations I should be offered prior to any exposure event as a prevention measure. I also understand that this information is used for post exposure medical evaluation and possible treatment.

I decline submitting this information to the Designated Infection Control Officer. I understand that if I change my mind, I will be able to complete the Immunization Record form and receive any recommend immunization or vaccinations. By signing this declination form I am assuming the responsibility to ensure my vaccinations and immunizations are up to date and acknowledged that I will need to follow the work restriction guidelines from the Center for Disease Control and Prevention which is included in our exposure control plan.

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

Date \_\_\_\_\_



## Appendix O



### SCARBOROUGH FIRE DEPARTMENT

246 U. S. ROUTE 1

SCARBOROUGH, MAINE 04074

TEL: (207) 883-4542

FAX: (207) 883-0278

B. Michael Thurlow, Fire Chief

## Job Classification Risk Assessment

**Group 1**, At **Moderate** risk for work related exposure to Bloodborne, Airborne and Droplet pathogens

*Group 1- Routinely respond to medical emergencies and are required to render aid as part of their job requirements.*

*These employees are required to attend annual training in accordance with OSHA 1910.1030.*

Full Time Firefighter/ EMT

Full Time Firefighter/Paramedic

Full Time Paramedic Lieutenant

Per-Diem Firefighter/EMT

Call Company Firefighter

Call Company Officers

Full Time Patrol Officers

Police Department Evidence Technician

**Group 2**, At **Low** risk for work related exposures to Bloodborne Airborne and Droplet pathogens

*Group 2- May be called to Medical Emergencies and may provide first aid. Not their primary job function, however they may come in to contact with Bloodborne, airborne or droplet at some emergency scenes. . These employees are required to attend annual training in accordance with OSHA 1910.1030.*

Fire Inspectors

Chief Fire Officers

Police Department Detectives

Police Department Captains and Chief

**Group 3**, At **No** risk for work related exposures to Bloodborne Airborne and Droplet pathogens

*Group 3- Are not expected to respond to emergencies and Render first aid. Employees who act as good Samaritans and come to the aid of a coworker that is injured but are not required to do so and are not listed with in the department as part of a "first aid team", do not fall within OSHA 1910.1030 and are not required to attend annual training*

Administrative Assistants

Public Safety Dispatchers

Town Hall Employees

Community Service Employees

Public Works Employees

Fire/Police Division

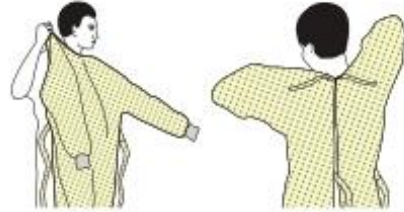
## Appendix P

### SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

#### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



#### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



#### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



#### 4. GLOVES

- Extend to cover wrist of isolation gown



### USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



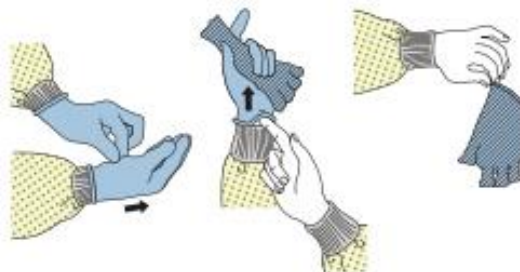
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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



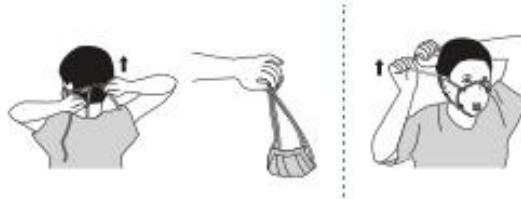
### 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

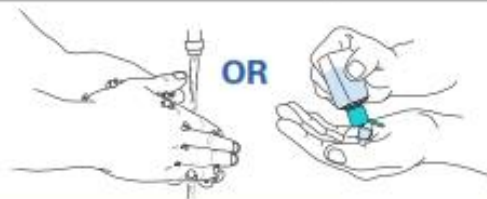


### 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**



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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

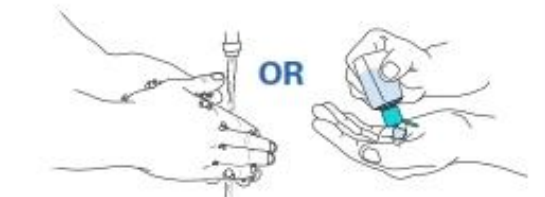


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



CS220672-E



## **REFERENCES**

### **NFPA**

- **NFPA 1500      FIRE DEPARTMENT OCCUPATIONAL SAFETY & HEALTH PROGRAM**
- **NFPA 1581      FIRE DEPARTMENT INFECTION CONTROL**

### **OSHA**

- **TITLE 29 PART 1910.20 - ACCESS TO EMPLOYEE EXPOSURE & MEDICAL RECORDS**
- **TITLE 29 PART 1910.134 - RESPIRATORY PROTECTION**
- **TITLE 29 PART 1910.1030 - BLOODBORNE PATHOGENS**

### **CENTER FOR DISEASE CONTROL**

- **GUIDELINES FOR PREVENTION OF TRANSMISSION OF HIV AND HBV TO HEALTH CARE WORKERS**
- **MMWR IMMUNIZATION OF HEALTH-CARE WORKERS**
- **TB GUIDELINES**
- **MRSA GUIDELINES.**
- **WWW.CDC.GOV**

### **IAFF**

- **INTERNATIONAL ASSOCIATION OF FIREFIGHTERS, TRAINING FOR HAZARDOUS MATERIAL RESPONSE, INFECTIOUS DISEASES.**

### **NATIONAL GUIDELINES ON THE MANAGEMENT OF OUTBREAKS OF NOROVIRUS INFECTION IN HEALTHCARE SETTINGS**

### **PUBLIC LAW**

- **RYAN WHITE COMPREHENSIVE AIDS RESOURCE EMERGENCY (CARE) ACT OF 1990**

# LITERATURE

- 1- CAVICIDE MATERIAL SAFETY DATA SHEET
- 2- CAVICIDE CONTACT KILL TIMES

