

EMS Exposure Control Plan (ECP)

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WAC 296-305-02501

It is the intent of the District to promote safe work practices to minimize the incidence of illness or injury by exposure to infectious disease. This plan is to reduce occupational exposure to airborne or bloodborne pathogens the member may encounter.

Copies of the Exposure Control Plan are kept in the following locations:

- Fire Chief's Office
- Equipment cleaning areas
- All BLS protocol manuals
- All District SOP manuals and database

This plan will be reviewed and updated under the following circumstances:

- Annually
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of our members.
- Whenever new instances of occupational exposure may occur.
- Establishment of new functional positions within our District that may involve exposure to bloodborne pathogens.

There are several general principles that shall be followed when working in an area with potential infectious disease.

- Exposure to infectious disease or materials should never be underestimated
- Minimize all exposure to infectious situations or materials
- The District shall institute, where practical, as many engineering and work practice controls to limit or eliminate exposure to infectious materials

The Objective of this plan is to:

- Universal precautions shall be observed for all patients and expanded appropriately for increasing risks or occurrence of infectious material.
- To provide emergency services to the public without regard to known or suspected diagnosis of communicable disease in any patient.
- To regard all patients contacts as potentially infectious.
- To provide all members the necessary training, equipment, immunizations, and personal protective equipment.
- To provide the appropriate counseling and treatment for members who are exposed or have had a significant exposure.
- To recognize the need for participation restrictions for members based on exposure concerns.

Exposure Determination

These positions in the District where members may be exposed to potentially infectious material, which may result in possible exposure to infectious disease

- Firefighter
- First Responder
- Emergency Medical Technician
- Lieutenant
- Assistant Chief
- Fire Chief

Terms and Definitions

Bloodborne pathogens: pathogenic microorganisms that may be present in human blood or blood products and can cause disease in humans. These pathogens include but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Confidentiality: The protection of medical information and record of employees, members, or patients as defined in medical ethics, federal and state law, which prohibits the release of such information without the consent from the individual the information or record it pertains to. Washington State addresses the confidentiality of all persons with a sexually transmitted disease (STD including HIV/AIDS and all bloodborne forms of hepatitis in chapter 70.24-105 RCW and WAC 246-100-016. Disclosure of STD status is prohibited, except for health care providers, including licensed EMS personnel).

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

Exposure Contact with infectious agents, such as blood and body fluids, through inhalation, percutaneous inoculation, or contact with an open wound, non-intact skin, or mucous membrane that results from the performance of an employee/member's duties

Fire/EMS reportable exposure: A direct introduction of a potentially infectious material (PIM) agent from a patient into the EMS provider's body.

Hospital reportable exposure (unsuspected exposure) A hospital reportable or unsuspected exposure to occurs if EMS employees/members treat or transport a patient who is later diagnosed as having a serious communicable disease that could have been transmitted by a respiratory route. Hospital reportable disease includes tuberculosis and meningococcal meningitis.

Mucocutaneous exposure: (through the eye mouth or nose) a mucocutaneous event occurs when blood or body fluid is splashed or sprayed into the eye, nose, or mouth.

Percutaneous exposure: (through the skin) a percutaneous event occurs when blood or body fluid is introduced through the skin. Examples – needle stick with a bloody needle; sustaining a cut by a sharp object contaminated with blood or body fluids; entrance of blood or body fluids through an open wound, abrasion, broken cuticle or chapped skin.

Potentially Infectious Materials (PIM) Any body fluid or items contaminated with fluids that might contain pathogenic microorganisms that may be present in human blood or body fluids that are known to cause disease in humans.

Training

All new district personnel shall attend initial pathogens training program within 90 days of hire (First Aid certification class). This may be waived if the member can prove this training was completed before becoming a member of the District.

All members shall attend an annual refresher training (HAZCOM) that covers any new PIM and changes in policies or procedures.

Plan management

The following personnel have responsibilities for the implementation and control of the plan:

Fire Chief

The Chief shall have the overall responsibility for the plan and ensuring overall management and support of the Bloodborne Pathogens Program.

- Shall function as the District Infection Control Officer
- Shall ensure all new personnel are offered immunization and TB testing.
- Ensure that all members attend an initial Bloodborne Pathogens class before assuming any response duties.
- Ensure that an exposure record for each member is maintained.
- Maintain confidentiality of all medical and exposure records.
- Schedule Annual Bloodborne Pathogens Training and documentation of Exposure Control Training
- Shall be the contact person for all exposures
- Shall contact the member and inform them of the results of any exposure and arrange any follow-up treatment or counseling.
- Shall establish personnel exposure protocols so that a process for dealing with exposures is in writing and available to all personnel.
- Working with other members to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- Collecting and maintaining reference materials on the Bloodborne Pathogens Standard and Bloodborne Pathogens Safety and Health Information.
- Knowing current legal requirements concerning bloodborne pathogens.
- Develop an infection control training program.

Assistant Fire Chief / Safety Committee

- Conduct periodic department audits to maintain an up-to-date Exposure Control Plan and ensure compliance with the current program.

Skagit County Emergency Medical Services / Medical Control

- Provide technical assistance and guidance to the Infection Control Program, and in the development of appropriate infection control training.
- Periodically review the continuing medical education program (CME) and include changes made by the Department of Health (DOH)-EMS/Trauma Systems with regards to Infection Control training.

Incident Commander

- Ensuring EMS Personnel on scene are complying with the safeguards outlined in the Exposure Control Plan.
- Correct any unsafe practices or acts ***immediately***.
- Ensure that a Medical Report is correctly filled out and filed for all medical responses.
- Ensure items utilized at the scene are decontaminated or disposed of properly.

Members

Members have the most important role in our Bloodborne Pathogens Compliance Program, for the ultimate execution of much of our Exposure Control Plan rests in their hands. In this role they shall do the following:

- Properly use all PPE available to them to prevent exposure.
- Know what tasks they perform that have occupational Exposure.
- Report any suspected Occupation Exposure to infectious or potentially infectious disease to the Incident Commander, Fire Chief or Assistant Chief IMMEDIATELY!
- Complete all appropriate forms with the Fire Chief
- Receive immunization for exposure to PIM. If the member refuses immunization, then they shall acknowledge the risk in writing of the possible exposure.
- Attend the Bloodborne Pathogens training sessions.
- Plan and conduct all operations in accordance with our work practice controls.
- Immediately notify the Fire Chief diagnosis of communicable disease.

Activities involving potential exposure to airborne and bloodborne pathogens:

Below are the listed tasks and procedures in our District which may result in exposure to PIM

- Emergency medical care to injured or ill patients.
- Rescue of victims from hostile environments.
- Extrication of persons from vehicles, machinery or collapsed excavations or structures.
- Recovery and removal of bodies from the above situations.
- Response to hazardous materials emergencies, both transportation and fixed site, involving potentially infectious substances.
- Patient assessment and scene assessments.
- Ventilation techniques
- Oxygen Administration
- CPR
- Bleeding Control
- Bandaging
- Obstetrical Care
- Spinal Immobilization
- Defibrillation
- Assisting in IV initiation
- Assisting in advanced airway maneuvers
- Administration of medications
- Placement of airways

Methods for controlling exposure

In order to minimize or eliminate the exposure to PIM, the following practices shall be implemented for use in the District.

Universal precautions, Personal protective equipment, Engineering controls, Work practice controls

Universal precautions are the practice of considering all body fluids to contain potentially infectious materials (PIM) and to use barriers to reduce or eliminate contamination.

All members shall have available to them a full complement of **Personal Protective Equipment (PPE)**. All members shall wear as a minimum for patient contact nitrile examination gloves and safety glasses. Other PPE shall be available in each BLS unit and in supply cabinets in each station.

All contaminated equipment that is disposable shall be double bagged in a red BIOHAZARD bag, labeled with the type of contaminate, and disposed of at an appropriate facility.

Medical Exam Gloves: Nitrile (NO LATEX) exam gloves shall be worn by all personnel involved in patient treatment. When one provider may handle multiple patients, members shall don a fresh pair of gloves to prevent possible cross contamination of other patients. All sizes of gloves shall be available to all members. Gloves are in all apparatus, cleaning areas, and near first aid stations in District facilities.

Gloves contaminated with PIM shall be disposed of in the BIOHAZARD waste container in the responding Medic unit or in a BIOHAZARD waste bag and taken to Island Hospital for disposal.

Safety glasses Safety glasses shall be issued to all personnel during their initial issue of equipment. They are intended to be used for all patient contacts.

HEPA (N95) mask All EMS personnel are to be fit tested for HEPA masks during annual testing for SCBA. Containers marked EXPOSURE CONTROL/BIO-HAZARD shall be placed on licensed BLS aid units. Masks shall be used for airway procedures, or the potential of airborne PIM.

TYVEK Coveralls with shoe covers Coveralls shall be of Tyvek construction with a hood attached. Coveralls will be in the containers marked EXPOSURE CONTROL / BIOHAZARD. These are not to be used during extrication of patients from areas that might pose a fire hazard or have sharp exposures that might compromise the integrity of the garment. For those instances, structural firefighters protective clothing shall be used in conjunction with medical gloves mask and safety glasses

Engineering controls are a means that isolates or removes the hazard from the work environment. The use of handwashing areas, sharps containers, designated decontamination areas and a commercial washing machine are some engineering controls in place.

- Handwashing facilities areas are in all the station apparatus bays, bathroom facilities, and agents are available on the apparatus for field handwashing.
- Sharps containers are in each green airway bag on apparatus. Containers are leakproof, puncture resistant and labeled for BIOHAZARD. These containers shall be emptied as soon as practicable when a sharp is placed in the container at Island Hospital ER. The containers shall be decontaminated at the hospital.
- Single use needles with protective covers (no recapping needed) shall be used for the administration of medications

Decontamination areas have been established at both fire stations in the apparatus bay. All appropriate cleaning agents are available in this area with the proper concentrations posted on the wall. A copy of this plan shall also be posted for reference.

A commercial washing machine is in place at Station 1. This machine is for the washing of PPE. A chart on the machine shows the procedures for washing PPE contaminated by PIM. All PPE washed shall be inspected after being washed to ensure PIM has been removed. If it is unsure whether the PIM has been removed, the PPE shall be removed from service and disposed of accordingly. All diagnostic equipment shall be wiped down after use before storing back in equipment bags.

Work Practice Controls are procedures that reduce the likelihood of exposure by altering the way a task is performed. The District shall promote work practice controls such as:

- Washing hands after patient contact, using bathroom facilities, cleaning equipment or as required by the officer in charge.
- Using PPE for all task that may contain PIM

The District shall provide at no cost to the member, immunization against the HBV, MMR, annual influenza inoculation, and TB exposure testing. HBV and TB immunization and testing shall occur in the first 90 days.

A member may refuse the inoculations. If a member refuses immunization, they shall again be informed of the potential for exposure to PIM and asked to sign a refusal form to be kept on file indefinitely in the member's record. A member may later decide to receive the immunization and will receive the proper inoculations. A refusal may limit the members participation in EMS operations.

TB testing shall be conducted when a member joins the District and after any potential exposure.

DECON solutions

Fire operations

HOSE AND TURNOUT CLEANER - 16 oz of concentrate rest of 32 oz spray bottle with water. Spray on equipment and leave for 5 minutes. Scrub and dry

Use on

- SCBA (NOT FACEPIECE/MASK), structural and wildland equipment and gear.
- Tools and interior of apparatus post fire.

EMS operations and general housekeeping

On scene - use decon wipes for equipment and personnel in cabinets

SIMPLE GREEN D – 22 oz of concentrate – rest of 32oz spray bottle with water.

Spray on equipment and leave for 15 min. Rinse thoroughly with water and dry. Bags and clothing – Wash after 15 min in machine with laundry soap and hot water.

- Post incident cleaning of equipment and clothing exposed or contaminated.
- General purpose cleaning of DECON areas and interior of apparatus
- For obvious or highly suspected contaminated equipment

SCBA Mask cleaning

SCBA mask (Confidence plus) 2 oz of concentrate to 1 gallon of water in a bucket

- Spray with hose and turnout cleaner and clean mask and harness with soft rag. Rinse well
- Immerse mask in bucket in water and remove allowing to drip dry for 10 min before rinsing in warm water. Use paper towel to remove water and hang to dry.