Ames Fire Department
Standard Operating Guidelines

Book: 3 – Emergency Operations
Section: V – Medical Emergencies
Chapter: 1 – **Bloodborne Pathogens Exposure Control Plan**
Date Approved: 09-16-2015 Revision No.:2 (10/04/07) Approved by:
Review Date: 2018

PURPOSE:
The purpose of this guideline is to protect the health and safety of Ames Fire Department (AFD) members by eliminating or reducing occupational exposures to bloodborne pathogens and other potentially infectious bodily fluids.

POLICY:
The intent of this policy is to obtain compliance with OSHA's Bloodborne Pathogens Standard (29CFR1910.1030) and Iowa Code.

PROCEDURES:
Program Administrator (Designated Representative)
A program administrator is appointed by the Fire Chief and is responsible for:

- The annual review of AFD's Bloodborne Pathogen Exposure Control Plan (ECP).
- Coordination of bloodborne pathogen infection control training.
- Providing access to written ECP to all AFD members.
- Reviewing injuries or illnesses that involve potential and actual exposures.
- The maintenance of related records.

Covered Members
Members performing tasks meeting one of the following descriptions are covered under this plan:

- Tasks involving actual or potential for mucous membrane or skin contact with blood, body fluids, or tissues.
- Tasks without routine exposure to blood, bodily fluid or tissues, but potential exposures in emergencies.

Personal Protective Equipment

- Personal protective equipment (PPE), such as, but not limited to: medical gloves, eye protection, splash protection, surgical masks, and N95 respirators will be made available to members.
- AFD members are responsible for adhering to procedures meant to assist their personal safety, and are expected to practice universal precautions.
- Officers ensure that required work practices are followed and protective clothing and equipment are properly used (e.g., gloves, eye protection, etc.).
- CPR or rescue breathing mandates the use of either a pocket mask or a bag valve mask, and mouth-to-mouth contact is to be avoided.

Blood or Bodily Fluid Contact
In the unlikely event that a member becomes exposed to blood or bodily fluids, actions to be taken include:

- Thoroughly wash the area as soon as possible with soap and water.
  - Use of hand sanitizer may be used if soap and water are not immediately available.
  - Avoid eating, drinking, smoking, or touching any exposed skin until gloves have been removed and your hands have been washed.
- Dispose of contaminated sharps, glass, or needles in puncture resistant and leak proof containers with proper warning labels.
- Remove and place contaminated gloves in red biohazard bags on AFD apparatus or a responding ambulance.
  - Note:
    - Biohazard bags are available at each fire station if additional contaminated PPE is discovered.
    - Dispose of biohazard bags after each use.
    - Send biohazard bags and/or disposable PPE with the responding ambulance service whenever possible.
    - Biohazard bags can be dropped off at Mary Greeley Medical Center for permanent disposal.
- Remove clothing that contacts bodily fluids as soon as possible and wash in Station #3's extractor using cycle #7 "Sanitize."
  - As a further precaution, clean external exposed areas of the extractor and any contaminated equipment using a ¼ cup bleach per gallon of water mixture.

Possible Exposure
Members subjected to an exposure incident should:
Immediately:

- Wash the exposed area thoroughly with soap and water.
- Flush exposed area around the nose or mouth with water.
- Irrigate exposed eyes with clean water, saline, or sterile irrigates for a duration of twenty minutes.
- Remove and clean/dispose of contaminated clothing, as described above.

Before units clear the scene:

- Complete the State of Iowa Report of Exposure To HIV or Other Infectious Disease form and send it with the transporting ambulance service. If patient is not transported, the form should be submitted to Mary Greeley Medical Center.
  - Do not jeopardize patient care to complete the form.

- Advise transporting service that the affected firefighter will report to the Emergency Department for follow up, after returning to service.
- Note what hospital the patient is being transported to, to ensure follow up occurs.
  - For hospitals outside Story County, contact the receiving hospital's Emergency Department and inform them of the exposure and that additional paperwork will be sent if needed. Work with their Infection Control Representative to determine if blood tests will be needed and if they can be done locally.

When back in service at the Fire Station:

- Notify the on-duty shift commander using the appropriate chain of command of the possible exposure.
  - The on-duty shift commander will notify the AFD's Program Administrator and the Fire Occ. Med Group of the incident via email, same day.
- Complete an Employee's First Notice of Injury Report, Supervisor's First Notice of Injury Report, Bloodborne Pathogens Exposure Report and Firehouse Fire Service Casualty Report.
  - A copy of the State of Iowa Report of Exposure to HIV or Other Infectious Disease "Copy 1" should also be turned into the Program Administrator.

At the Emergency Department:

- Affected member(s) should ask for the Infection Control Representative (during normal business hours) or the House Manager (during evenings, nights and weekends).
  - Determination will be made by the Infection Control Representative or their designee if the exposure is considered a significant exposure.
    - If the exposure meets the criteria for a significant exposure, blood samples will be taken from both the source patient and the exposed member.
    - If the exposure does not meet the criteria of a significant exposure, no blood samples will be taken.

Significant Exposure Follow Up

- Member(s) with a significant exposure, and the AFD Designated Representative will be contacted with blood work results as soon as possible by the hospital.
- Hospital-required testing and treatment will be paid for by the City of Ames and treated as an on-duty injury.
- Counseling is available through the City of Ames (COA) Employee Assistance Program (EAP) and through Occupational Medicine.

Hepatitis B Vaccination

- Hepatitis B vaccinations are not required but will be provided free of charge to all members who have the potential for occupational exposure. Members will be provided a consent form and a declination form. Members desiring to have the hepatitis B vaccine must sign the consent form. Members who wish to decline the hepatitis B vaccine must sign the declination form.
- Signed forms will be placed into the member's personnel file and maintained according to the COA Record Retention Policy.

DEFINITIONS:

Designated Representative: A care provider's representative that acts as liaison with the receiving facility when a field exposure occurs .

Exposure Report: Report form used to document possible exposures to hepatitis B and C, HIV, tuberculosis, meningococcal meningitis, or other infectious disease, pursuant to Iowa Code 139A.19.

Infectious Body Fluids: Bodily fluids (e.g., blood, amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, vaginal secretions, etc.) visibly contaminated with blood and capable of transmitting HIV or bloodborne viral hepatitis.

Significant Exposure: Transmission of blood, bloody fluids, or other potentially infectious patient's bodily fluids onto a mucous membrane (i.e., mouth, nose, or eyes) of the care provider. This may include the transmission of blood, bloody fluids, or other potentially infectious bodily fluids onto open wounds or lesions with significant breakdown in the skin barrier.

REFERENCES:

Ames Fire Department Bloodborne Pathogen Exposure Report Form

City of Ames Record Retention Schedule

Employee's First Notice of Injury Report Form

Hepatitis B Vaccination Consent Form

Hepatitis B Vaccination Declination Form

Iowa Code § 139A.19

Report of Exposure to HIV or Other Infectious Disease Form, State of Iowa, Iowa Code 642-11.46.

Supervisor's First Notice of Injury Report Form

Toxic and Hazardous Substances: Bloodborne Pathogens, 1910.1030, Code of Federal Regulations, Occupational Safety and Health Administration.

Ames Fire Department
Hepatitis B
Vaccination Consent

This is to certify that I,_____
have been informed of my need to take the Hepatitis B vaccination due to the exposure created by my employment.

I understand that I must have three (3) doses of the vaccine to confer immunity and that the cost of the Hepatitis B vaccine will be assumed by the employer.

I also understand that there is no guarantee that I will become immune or that I will not experience any adverse side affects from the vaccine.

I have read this form and understand its contents, therefore, I request that the Hepatitis B vaccine be given to me.

_____ _____

Employee's Signature **Date**

Ames Fire Department
Hepatitis B
Vaccination Declination

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

_____ _____

Employee's Signature **Date**

Ames Fire Department
Bloodborne Pathogen Exposure Report

Date of Incident: _____ **Time of Incident:** _____ **Incident Number:**_____

Date Reported: _____ **Time Reported:** _____ **Individual Affected:**_____

Type of Exposure

[ ] Mucous
[ ] Eye
[ ] Nose
[ ] Mouth
[ ] Skin
[ ] Other: _____

Was skin intact: [ ] Yes [ ] No [ ] Unknown

Clothing Affected: [ ] Yes [ ] No
[ ] Soaked through
[ ] Spray / Droplet
[ ] Dried / Caked
[ ] Diluted

Type of Fluid

[ ] Blood [ ] Visibly bloody fluid [ ] Visibly bloody solution [ ] Saliva / Sputum [ ] Amniotic Fluid
[ ] Vomitus [ ] Mucous / Droplets [ ] Urine [ ] Feces [ ] Wound Discharge (Pus)
[ ] Unknown [ ] Other: _____

Depth of Injury

[ ] Superficial [ ] Moderate [ ] Deep [ ] Other

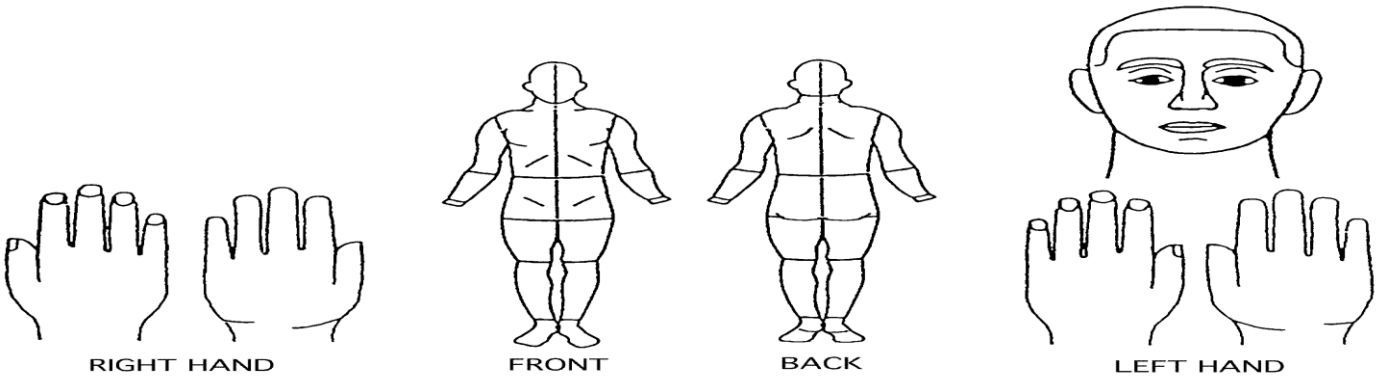
Blood Visible on Device Before Exposure?

[ ] Yes [ ] No [ ] Unknown

Body Part Exposed / Injured

[ ] Face [ ] Mouth [ ] Nose [ ] Eyes [ ] Arm [ ] Hand [ ] Fingers
[ ] Body Trunk [ ] Leg [ ] Other: _____

Indicate where below with an 'X'



Personal Protective Equipment Worn / Used at Time of Exposure

[ ] Gloves [ ] Eye protection [ ] Face shield [ ] Gown [ ] Mask
[ ] CPR Barrier [ ] None of above [ ] Other: _____

Location Exposure Occurred

[ ] Scene [ ] Ambulance [ ] Ambulance Garage [ ] Hospital [ ] Station [ ] Other_____

Ames Fire Department
Bloodborne Pathogen Exposure Report

Was the Exposure Related to a Device? [ ] Yes [ ] No [ ] Unknown

[ ] Hollow Bore Needle
[ ] IV Stylet
[ ] Unknown type of needle
[ ] Needle on syringe
[ ] Needle on IV tubing
[ ] Prefilled syringe
[ ] Unattached needle
[ ] Other needle

Glass
[ ] Medication Ampule
[ ] Automotive Glass
[ ] Other Glass

Other Object
[ ] Bone
[ ] Tooth
[ ] Lancet
[ ] Pin
[ ] Razor
[ ] Wire
[ ] Other sharp object
[ ] Unknown

Did Device have engineered sharps injury preventive features? [ ] Yes [ ] No [ ] Unknown

If yes, When did injury occur?

[ ] Before activation of safety feature
[ ] Safety feature improperly activated
[ ] Safety feature failed; after activation
[ ] Unknown
[ ] During activation of safety feature
[ ] Safety feature not activated
[ ] Passive safety feature, activation not required
[ ] Other: _____

Narrative description of incident:

What suggestions does the worker have for preventing similar injuries in the future?

REPORT OF EXPOSURE TO HIV OR OTHER INFECTIOUS DISEASE

Pursuant to IAC 641-11.46, this is the **ONLY** form authorized for the reporting of a potential exposure to HIV, blood-borne viral hepatitis, TB, or other contagious or infectious disease, as defined by Iowa Code 139A.2. Please see instructions on the back of this form.

I. **EXPOSED PERSON** (Care Provider)	II. **EXPOSURE SOURCE** (Patient)
Your Name	**Complete this section ONLY on Copy 3.**
Street Address	
City, State, Zip Code	
Employer or Volunteer Service (and station name, if applicable)	Facility Name & Address Where Records Located or Person Transported
Telephone Number Work ( ) Home ( ) Cell phone, if applicable ( )	
Personal Physician	Field Incident Number

III. **DESIGNATED REPRESENTATIVE,** when applicable	
Name of Agency or Service	Address of Service
Contact Person (Designated Representative)	City, State, Zip Code
Telephone Number of Designated Representative ( )	Telephone Number of Service ( )

IV. **DESCRIPTION OF UNPROTECTED EXPOSURE**	
Date of Incident (month/day/year)	Time of Incident

Specific description of incident (include body fluid involved, area of body exposed to fluids, length of time of exposed, condition of exposed area, e.g., cuts, abrasions, skin cracked, etc., and precautions taken, e.g., gloves, masks, eye protection, etc.). Attach additional pages if necessary.

I understand that only when the exposure satisfies the definition of a significant exposure (i.e., it is capable of transmitting an infectious agent according to the Centers for Disease Control and Prevention) as defined by Iowa Code 139A, and Iowa Administrative Code 641-11.46 is the patient deemed to consent to a test to determine the presence of HIV, HBV, HCV, TB, or other infectious agent.

Exposed Person's Signature: _____ Date signed: _____

V. **EXPOSURE CERTIFICATION** Based on the description provided, I certify that the exposure described above ( ) **meets** or **does not meet** ( ) the criteria for significant exposure as defined by IAC 641-11.46 (see definitions on back).		
Name (Print)	Title	Date Signed
Signature	Facility Name	
Facility Address (street and city)	Telephone Number ( )	

VI. **EXPOSURE SOURCE TEST RESULTS** – Preliminary test results, not reportable to Iowa Department of Public Health.

HIV: Rapid Positive Negative

DO NOT WRITE IN THIS SPACE

Copy 1: To Care Provider or His/Her Representative after Certification

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INSTRUCTIONS

INFORMATION FOR THE CARE PROVIDER

Iowa Code 139A.19 and IAC 641-11 contain detailed information about this form and the obligations of hospitals, emergency care providers, and health care providers.

WHO SHOULD FILE THIS REPORT?

A care provider (e.g., Health Care Provider, Basic or Advanced Emergency Medical Care Provider, Peace Officer, Firefighter, or individual rendering emergency care) who has sustained an exposure to potentially infectious body fluids should file this report with the infection control or occupational health office of the hospital or office/clinic in which the exposure occurred, or with the hospital/clinic/office to which the patient was transported, when the exposure occurred elsewhere.

The exposed care provider completes parts I, III, & IV of Copy 1. Part II (Copy 3 – name and address of source), Part V, and Part VI should be completed by authorized hospital or clinic personnel, based upon incident reports and laboratory tests. Part V must be signed by an authorized infection preventionist, occupational health professional, or other designated personnel.

DEFINITIONS

Infectious body fluids are body fluids capable of transmitting HIV or blood-borne viral hepatitis, and include blood, amniotic fluid, pericardial fluid, peritoneal fluid, pleural fluid, synovial fluid, cerebrospinal fluid, semen, vaginal secretions, or any fluid visibly contaminated with blood.

Exposure Reports are for reporting a possible exposure to hepatitis B and C, HIV, tuberculosis, meningococcal meningitis, or other infectious disease pursuant to Iowa Code 139A.19.

A significant exposure is defined as:

a. Transmission of blood, bloody fluids, or other infectious body fluids of the patient onto a mucous membrane (mouth, nose, or eyes) of the care provider.

b. Transmission of blood, bloody fluids, or other infectious body fluids onto an open wound or lesion with significant breakdown in the skin barrier, including a needle puncture with a needle contaminated with blood.

Designated Representative: Representative of care provider to act as liaison with the receiving facility when the exposure occurred in the field or during patient transport.

WHAT WILL HAPPEN WHEN THIS REPORT IS FILED?

If it is determined that the source patient has a contagious or infectious disease or HIV and that the exposure described could have transmitted the disease, the care provider or the designated representative shall be notified as soon as reasonably possible and advised to seek appropriate medical attention. **Infectious diseases include human immunodeficiency virus infection (HIV) or AIDS, blood-borne viral hepatitis (HBV and HCV), communicable tuberculosis, and meningococcal meningitis.**

NOTIFICATION:

Notification of the care provider or the designated representative will be provided as soon as reasonably possible following certification of the exposure and receipt of test results. Verbal notification may be provided at any time, with copy 2 of this report to be mailed after completion of follow-up.

This report applies to the procedures followed subsequent to an exposure to potentially infectious fluids during the rendering of health care or emergency assistance.

WHAT ARE THE OBLIGATIONS OF THE HEALTH CARE FACILITY?

1. Certify the occurrence or non-occurrence of an exposure capable of transmitting disease and return copy 1 of this report to the health care worker or his/her representative.

2. Administer tests of the source patient, identifying the laboratory samples only by a code. Mail copy 2 of this report to the care provider or his/her representative after completion of evaluation, regardless if results are negative or positive.

3. If the source patient is positive for an infectious disease (e.g., human immunodeficiency virus infection or AIDS, blood-borne viral hepatitis, communicable tuberculosis, or meningococcal meningitis) and the unprotected exposure described could have transmitted the disease, the health care facility will:

   A: Notify the care provider or his/her representative as soon as reasonably possible;
   B: Ensure the performance of counseling and disease reporting requirements, as defined by Iowa Code 139A and 141A. Persons testing positive are reportable to the Iowa Department of Public Health by name.

4. Maintain a record of all reports received.

CONFIDENTIAL INFORMATION

Iowa law requires that all information gathered pursuant to the investigation of the exposure be kept confidential. The identity of the source patient shall not be revealed to the exposed care provider or to the designated representative of the care provider. The designated representative shall inform the hospital of those parties who received the notification. Hospitals shall maintain a record of the names of the care providers to whom notification was made and, if requested by the patient, the hospital shall inform the patient of those names.

ADDITIONAL INFORMATION

For additional information regarding this report, Iowa Code, or Iowa Administrative Code, contact the Bureau of HIV, STD, and Hepatitis, Iowa Department of Public Health, Lucas State Office Building, Des Moines, IA 50319-0075. Phone (515) 242-5150 or Randall.Mayer@idph.iowa.gov. To reorder more forms, please contact the Clearinghouse at (888) 398-9696. Iowa Code and Iowa Administrative Rules may be accessed at https://www.legis.iowa.gov/IowaLaw/statutoryLaw.aspx