

KCFPD #47
OPERATING GUIDELINES SECTION 5

O.G. 5.1
PERSONAL SAFETY

Firefighting is a hazardous occupation. In order to protect the firefighter as much as possible, the department provides directly to the firefighter certain essential and specialized articles of clothing and equipment, and prescribes the time and appropriate manner in which these items are worn and used.

The fire service helmet is designed to fit closely to the skull of the firefighter and fire service breathing masks are designed to provide a gas tight seal on a smoothly shaven face.

For the purpose of safety the following limits on sideburns, mustaches, beards and hair will be followed. There are many styles of hair which are permitted. As long as hair is kept in a neat and clean manner, the acceptability of any particular style shall be judged solely on the following criteria:

Sideburns

Wearing of sideburns is acceptable provided that hair does not visibly protrude through the protective inner seal of the self-contained face mask or in any way otherwise prohibit the proper sealing and fit of the mask following normal, rapid donning of the mask.

Hair

Members hair may be tapered, blocked or styled in any manner which does not inhibit safe firefighting practices. Hair length in the back will be of such length that it does not extend below the helmet ear flaps when these flaps are in the down position or contained inside of the nomex hood. The front of the hair, when properly groomed, will not fall below the eyebrows. In no case will the bulk, style or length of the hair interfere with the proper fitting of prescribed head gear or the face mask of the self-contained breathing apparatus.

For safety reasons, personnel (male and female) who have longer hair lengths should style their hair in a fashion that places the hair completely within the hood and under the helmet during their duty shift.

Mustache and Beards

If a member elects to wear a mustache they may do so. However, at full length it shall not visibly protrude through the protective inner seal of the self-contained face mask or in any way prohibit the sealing or proper fit of the face mask or of the HEPA mask. Full beards, van dyke or goatees are prohibited as the face masks are not designed to accommodate these styles of facial hair.

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Reasons for Facial Hair Regulations:

1. Risk to self. With modern technology we face chemicals and gases that were unknown a few years ago. Even with the advent of pressure demand type breathing apparatus, a chance of toxic gas entering the mask of even a clean shaven firefighter exists.
2. Risk to others. On the fireground it is highly probable the time will arise when a firefighter will be required to put on breathing apparatus to assist a fellow firefighter in distress. Firefighters so ordered must be prepared to assist.
3. Insurance risk. With high medical care costs, and in consideration of the high incidence of firefighters that have respiratory distress, insurance carriers are unwilling to accept an even greater risk by permitting facial hair outside of the standards described herein and the possibility of such facial hair causing ineffective face mask sealing.
4. Liability. The department must exercise its responsibility in minimizing liability exposure and personal risk to any firefighter.

The purpose of these regulations has been to establish safe limits for hair and facial hair as related to the wearing of protective head gear and self-contained breathing apparatus face-piece. Determining that each member wearing these safety appliances complies with this regulation shall be the responsibility of each Company Officer.

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O.G. 5.2
FIREGROUND GENERAL SAFETY

Fireground or emergency scene safety depends on the mutual acceptance of certain operating rules. The basic rules are:

1. Fire companies operate at all times within specific status categories:
 - A. In quarters
 - B. Responding
 - C. Staging
 - D. Assigned to an activity
 - E. Operating within a sector
 - F. Returning to quarters
 - G. Manpower pool
2. Firefighters operate within the system when they:
 - A. Wear protective clothing
 - B. Use their self-contained breathing apparatus
 - C. Utilize the passport system
 - D. Function with their company or assigned by their Company Officer
 - E. Operate tools and equipment in a safe and careful manner
 - F. Follow established standard procedures
 - G. Use the buddy system while inside of fire areas
 - H. Obey all ladder safety standards while working on ground ladders or the aerial

Forbidden activities

For the purpose of effectively operating fire companies at the scene of an emergency, and minimizing the potential for accident, injury or death, certain activities or types of behavior are not only discouraged but strictly forbidden at emergency incidents. They include:

- A. Wandering around (sightseeing)
- B. Freelancing (doing your own thing)
- C. Splitting up (divided crew)

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O.G. 5.3
PROTECTIVE CLOTHING

Firefighters responding to **any alarm** must wear complete turnout gear consisting of: helmet, gloves, coat, pants, boots and Passport Accountability System material.

Members not wearing complete turnouts will not be assigned to firefighting or potentially hazardous operations.

Helmets

A.N.S.I. approved, molded type with face shield and chin strap.

Color:

- EMT Only - Blue
- Engineer - Black
- Firefighters – Yellow or Black
- Company Officers - Red
- Chief Officers - White

All will have retro-reflective striping.

Hoods

Fire resistive hoods should be worn under helmets by all members while engaged in firefighting operations.

Bunker Coats

Hip length with sewn-in lining, fire resistive material. All turnouts will be yellow in color with appropriate reflective striping.

Bunker Pants

Fire resistive with sewn-in lining. All pants will be yellow in color with appropriate reflective striping.

Boots

Knee length Firefighter boots with steel toe and insole for all members.

Gloves

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Protective gloves of leather or other suitable material appropriate for fireground operations will be issued to all firefighters. Issued gloves are to remain attached to gear or in turnout pockets and ready for wear.

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The above items of protective clothing remain the property of the department and are to be turned in when the member is no longer an active firefighter.

Maintenance

Firefighters are responsible for the care of turnout gear assigned to them and report any items no longer serviceable to senior personnel in order that repairs or replacement may be made.

Special Items

Members will be issued a flashlight. It is recommended that this flashlight remain in a pocket of the individual's turnout coat.

Passport Accountability System tags must be properly attached to the helmet.

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O.G. 5.4
PROTECTIVE CLOTHING GUIDELINES

It is the intent of this guideline that no member shall cause a delay in any fire fighting operation by not being fully prepared to engage in fire fighting activities in a safe manner.

Protective clothing shall be worn by firefighting personnel while responding to emergency incidents.

Exception:

Drivers may opt to wear their turnout boots and pants only.

Drivers shall put on appropriate protective clothing and equipment as soon as practical after arrival.

When in quarters all members shall dress accordingly prior to response. (Company officers may use their discretion to regulate this in terms of unusual circumstances such as extremely long responses, out of quarters responses, etc.)

All protective clothing shall be worn at all times when operating inside the fireground perimeter. The use of turnout coats during overhaul and natural cover fire operations will be at the discretion of each company officer.

All members shall wear whatever protective clothing is required to afford complete personnel protection while operating at EMS and other emergency incidents.

The faceshield shall be utilized at any time the need for eye protection seems apparent such as during overhaul, when operating hand or power tools, and when fighting trash fires, grass fires and any other situation where the S.C.B.A. is not being worn.

Gloves shall be worn when engaged in fire fighting, overhaul, training with hose and ladders, when using hand or power tools and any other situation when injuries to the hand are likely to occur.

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In specific situations for which no guidelines have been provided, the proper protective clothing to protect against all foreseeable hazards shall be worn.

Command may use discretion in those situations where exemptions to the above policy appear necessary, such as when the use of protective clothing may compromise patient care, or when it is necessary to operate in close quarters where full protective clothing cannot be worn.

The only protective clothing or equipment authorized to be worn is that which has been issued by the department.

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O.G. 5.5
BREATHING APPARATUS

Breathing apparatus shall be worn by all members whenever entering an area where the atmosphere may be contaminated or oxygen deficient for any reason.

During firefighting and overhaul, breathing apparatus shall remain in-service until the area has been declared safe by the Incident Commander.

After use, all breathing apparatus shall be cleaned and disinfected following the manufacturers recommended procedures. All air bottles shall be cleaned and refilled as needed.

Defective breathing apparatus shall be immediately removed from service, and the defective unit tagged for repair.

Mandatory Mask Rule

1. All Department members shall don respiratory protective equipment before entering a building for firefighting operations or other incidents that require respiratory protection. Masks may be removed after the fire has been knocked down and the building has been thoroughly ventilated. The responsibility of judging the atmosphere as safe to remove the masks rests with the Incident Commander.
2. Members raising ladders, operating lines outside a fire building, or performing other external activities (with the exception of ventilation) are not mandated to use respiratory equipment. However, any member of the firefighting force may wear respiratory protective equipment at any alarm to which they respond.
3. Officers or incident commanders shall don respiratory protective equipment when it is necessary to enter a fire building. It will not be mandatory during the initial stage of a fire while directing operations and maintaining radio communications with the dispatch center.
4. When masks are removed, they shall not be dropped or left in a building or any other area where they could be subject to damage. One member shall be assigned to control the air supply needs of the fireground (air sector).

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6. Upon return of the respiratory protective equipment to the station, the tank shall be checked for pressure minimum (4000 PSI); the backpack straps shall be extended; and the mask shall be washed and disinfected.

S.C.B.A. Rules in Brief

Breathing apparatus shall be worn WITH THE FACE PIECE IN PLACE, USING AIR TANK by all personnel when operating:

- A. In a contaminated atmosphere
- B. In an oxygen deficient atmosphere
- C. Where both contamination and oxygen deficiency are suspected
- D. In unventilated, confined spaces
- E. Above an involved fire area
- F. In an area subject to explosion or sudden contamination
- G. When hazardous materials are present that may release fumes or vapors.

Breathing apparatus shall be worn and READY FOR USE by all personnel operating:

- A. Above ground
- B. Below ground
- C. In an area where the atmosphere may become contaminated

S.C.B.A. Absolute Rules

The basic decision to wear breathing apparatus is based upon the following three absolute rules:

- * Nobody is ever allowed to breath smoke or contaminates
- * Use S.C.B.A. until the atmosphere is confirmed to be safe
- * If in doubt - use S.C.B.A.!

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O.G. 5.6
DEALING WITH PERSONS WITH
SUSPECTED INFECTIOUS DISEASES

1. **The following shall be adhered to when a communicable disease is suspected or when they may be an exposure to blood, body fluids or excrement.**
 - A. Disposable gloves shall be worn when there is the possibility of exposure of body fluids.
 - B. Contaminated needles are to be handled with extreme care and should not be recapped. They should be disposed of in a safe manner, i.e., in a puncture-proof container that can be discarded at a hospital.
 - C. A mechanical device or pocket mask with a one-way valve should be used whenever possible for respiratory assistance or resuscitation.
 - D. Hand washing with soap and water or an approved substitute is to be done after each patient contact regardless of whether or not the patient is suspected of having a communicable disease.
 - E. Decontaminate all equipment used.
 - F. Clothing contaminated with blood, other body fluids or excrement shall be immediately changed and decontaminated.
 - G. Dispose of contaminated supplies in an approved biohazard bag or container in an approved manner and take to hospital to be properly disposed of.
 - H. Report all exposures to communicable disease, as well as suspected exposure, to your supervisor. An entry must be made in the firefighters personnel file.

Note: An anti-bacterial soap, wipes or gel will be carried on all apparatus. This will allow any person that might get body fluids on their hands at the scene of an incident, to cleanse their hands as soon as possible. This includes police officers and private citizens.

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O.G. 5.7
HEPATITIS INFECTION VACCINE PROGRAM

The department will follow the Washington State Infectious Disease Control Program.

The department has adopted a "BLOODBORNE PATHOGEN PLAN" which shall be provided to all firefighters. As a part of this plan the department will;

1. make available to the employee the hepatitis B vaccine within ten days of initial assignment.
2. make available to all members, an optional Hepatitis Infection Vaccine Program. Initial vaccine will be given, followed by the second vaccine in thirty days. The final vaccination will be given six months from the date of the first vaccination.
3. provide a waiver form that will be placed in the members personnel file if the employee chooses not to receive the vaccination.

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O.G. 5.8
AIRBORNE INFECTIOUS DISEASE PLAN

The department will follow the Washington State Airborne Infectious Disease Control Program.

The department has adopted a "Airborne Disease Control Plan" which shall be provided to all firefighters. As part of this plan the department will require all members to get a tuberculosis skin test for use as a baseline. The expense for this test shall be arranged for and paid for by the department.

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O.G. 5.9
EXPOSURE CONTROL PLAN

POLICY:

It shall be the policy of King County Fire District 47 (KCFPD 47) to maximize protection against communicable diseases for all members while providing fire, rescue, and emergency medical services to the public irrespective to known or suspected diagnoses of communicable diseases in any patient.

KCFPD 47, in regard to all patients, will use accepted recognized safe practices when dealing with body fluids.

KCFPD 47 shall provide necessary personal protective equipment, training, and immunization for all its affected employees for protection from communicable diseases.

KCFPD 47 shall provide appropriate information and follow up health care should one of its members, while in the performance of his/her duties, become involved in an exposure related incident.

It is the policy of KCFPD 47 that information related to the health status or delivery of medical care to an individual, whether it be the public or a department member, is to be treated confidentially. This includes information about blood test results or patient health status as relayed to an EMT, or fire department responder, of communicable disease exposure follow up. This also includes post exposure information about the health status of an EMT, or fire department responder. Health care providers may exchange confidential medical information related to HIV testing, HIV test results and confirmed HIV or confirmed sexually transmitted disease diagnosis and treatment only in order to provide health care services to the patient and only if:

- A) The information shared impacts the care or treatment decisions concerning the patient.
- B) The health care worker requires the information for the patient's benefit.

KCFPD 47 shall maintain members personnel health files, in a confidential manner, during the duration of employment plus thirty (30) years.

KCFPD 47 shall review and update the Exposure Control Plan contained herein at least annually with the assistance of the Safety committee and EMS division.

Copies of the Exposure Control Plan shall be posted at Headquarters, Station 88 & Station 89 and in each engine. These copies shall be available to all employees.

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DEFINITIONS:

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

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

EMS REPORTABLE EXPOSURE: A direct introduction of a potentially infectious agent from a patient into the EMS worker's body. These exposures include:

A) Percutaneous (through the skin) A percutaneous event occurs when the 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; entrance of blood or body fluids through an open wound, abrasion, broken cuticle, or chapped skin.

B) Mucocutaneous (in eye, mouth, or nose) A mucocutaneous event occurs when blood or body fluids come in contact with a mucous membrane. Example: blood or body fluid is splashed or sprayed into the eye, nose, or mouth.

EXPOSURE: Contact with an infectious agent, such as body fluids, through inhalation, percutaneous inoculation, or contact with an open wound, nonintact skin, or mucous membrane or other potentially infectious materials that may result from performance of an employee's duties.

EXPOSURE CONTROL OFFICER: The Safety Officer shall serve as the designated Exposure Control Officer.

HOSPITAL REPORTABLE EXPOSURE (unexpected exposure): An exposure occurring when EMS employees treat or transport a patient who is later diagnosed as having a serious communicable disease that could have been transmitted by a respiratory route.

NOT A REPORTABLE EXPOSURE: The following situations do NOT constitute a reportable EMS exposure:

- A) Blood on intact skin.
- B) Blood on clothing or equipment.

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- C) Being present in the same room as infected person.
- D) Touching an infected person.
- E) Talking to an infected person.

OPIM: Other Potentially Infectious Material; which includes the following human body fluids: Semen, vaginal secretions, cerebrospinal fluids, synovial, pleural fluids, pericardial fluids, peritoneal fluids, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids (such as traumatic injuries).

PERSONAL PROTECTIVE EQUIPMENT: specialized clothing or equipment worn by a member for protection against a hazard.

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

UNIVERSAL PRECAUTIONS: An approach to infectious control whereby all human blood and certain human body fluids are treated as of known to be infectious for HIV, HBV, and other bloodborne pathogens.

PROCEDURE

Determination of Exposure

KCFPD 47 has made the determination that all employees in the following job classifications are at risk of occupational exposure on a routine basis:

Firefighter
First Responder
EMT

Tasks and procedures or groups of closely related tasks and procedures in which occupational exposures may be encountered by the above positions include but are not limited to the following:

- A) Administering emergency medical care to injured or ill patients.

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- B) Rescue of victims from hostile environments, including burning structures or vehicles, water contaminated atmospheres, or oxygen deficient atmospheres.
- C) Extrication of persons from vehicles, machinery, or collapsed excavations, or structures.
- D) Recovery and/or removal of bodies from any of the above situations.
- E) Response to hazardous materials emergencies, both transportation and fixed site, involving potentially infectious substance.

KCFPD 47 has made the determination that all employees are at risk of occupational exposure due to their routine assistance to suppression duty on an as need basis.

Employees finding themselves in a situation where they are exposed to blood, bodily fluids, contaminated sharps etc, must utilize personal protective equipment to minimize exposure to a hazard.

Methods of Compliance

Universal precautions shall be observed to prevent contact with blood or other potentially infectious material. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used.

Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Handwashing

KCFPD 47 shall provide handwashing facilities which are readily accessible to employees.

When handwashing facilities are not feasible, KCFPD 47 shall provide an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or towelettes.

Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment.

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Employees shall wash 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.

Needles and Sharps

Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as follows:

When no alternative is feasible and that such action is required by a specific medical procedure.

Recapping or needle removal must be accomplished through use of mechanical device or one-handed technique.

Immediately or as soon as possible after use, contaminated sharps shall be placed in containers supplied by KCFPD 47 until disposal. Containers shall meet OSHA standards for construction and marking.

Restrictions on Personal Activity in Work Areas

Eating, drinking, smoking, applying cosmetic or lip balm and handling of contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Work areas include the cab and patient care compartment of the aid units.

Food and Drink Storage

Food and drink shall not be kept in refrigerator freezers, shelves, compartments, cabinets, or on countertops or benchtops where blood and other potentially infectious materials are present.

Employees are permitted to eat, drink, or transport food in the cab of an apparatus only if they are capable of washing up and changing contaminated clothing prior to entering the cab, and ensure that patients and contaminated material remain behind the separating partition of the aid car.

Procedures involving Blood and other Potentially Infectious Material (OPIM)

Procedures involving blood and OPIM's shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.

Handling Specimens

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Specimens of blood or OPIM's shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

Containers for storage or shipping shall be labeled or color coded according to OSHA Instruction CPL 2-2.44c, appendix E and closed prior to being stored, transported or shipped.

If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled and color coded according to OSHA Instruction CPL 2-2.44c, appendix E.

If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture resistant in addition to the characteristics described above.

Cleaning of Equipment before Servicing or Shipping or Placing into Service

Equipment which may become contaminated with blood or OPIM's shall be examined prior to servicing or shipping and shall be decontaminated if necessary. Decontamination shall be conducted as per the Housekeeping section of this policy.

Employees shall determine whether decontamination of such equipment or portions of such equipment is feasible. If it is not, then a readily observable label shall be attached to the equipment stating which portions remain contaminated.

When contaminated equipment or waste material must be transported, it will be sealed in red plastic bags of sufficient strength to resist penetration and leakage during transport. Trash cans in apparatus and stations shall have red liner bags and be labeled outside with the recognized "biohazard" symbol. Disposal of regulated waste will be authorized waste handlers and not in the domestic waste containers.

KCFPD 47 will ensure that this information is conveyed to all affected employees, the servicing, the shipping, representative, and/or manufacturer as appropriate, prior to handling, servicing, shipping so that appropriate precautions will be taken.

Personal Protective Equipment

KCFPD 47 shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, a mouthpiece, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be

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considered "appropriate" only if it does not permit blood or OPIM's to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

KCFPD 47 shall assure that the employee uses appropriate personal protective equipment unless KCFPD 47 shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have prevented delivery of safe health care or public safety services or would have posed an increased safety hazard of the worker or co-worker.

When an employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

KCFPD 47 shall ensure the appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued to the employees.

KCFPD 47 will provide hypoallegenic gloves, glove liners, powderless gloves, or similar alternatives to those employees who are allergic to the gloves normally provided.

KCFPD 47 shall clean laundry and/or dispose of all personal protective equipment required in this paragraph at no cost to the employee.

KCFPD 47 shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

Garment(s) penetrated by blood or OPIM's shall be removed immediately or as soon as feasible. This shall be done in such a manner as to minimize the amount of possible contamination to other personnel or other areas of the station. *Under no circumstances will contaminated work uniforms or clothing be removed from the workplace by an employee to be washed at home.*

If a house uniform or other clothing is inadvertently contaminated, it will **NOT** be taken home. It will be properly laundered at the workplace, if facilities are available for doing so, or packaged as contaminated medical clothing and sent to a laundry facility capable of laundering this material.

All personal equipment shall be removed prior to leaving the work area. Equipment shall be placed in an appropriately designed area or container for storage, washing, decontamination or disposal.

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Gloves shall be worn when it can be reasonably anticipated that the employee may have had contact with blood or OPIM's, mucous membranes and nonintact skin; when performing vascular access; and when handling or touching contaminated items or surfaces.

Disposable gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible when they are torn, punctured, or when their ability to function as a barrier is compromised.

Disposable gloves shall not be washed or decontaminated for re-use.

Utility gloves may be decontaminated for re-use if the integrity of the gloves is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Housekeeping

KCFPD 47 shall determine and implement an appropriate written schedule for cleaning and the method of decontamination upon location within the facility, type of surface to be clean, and tasks and procedures being performed in the area.

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood and other potentially infectious materials. A through cleaning shall also take place weekly as per the apparatus policies already in place.

Contaminated work surfaces shall be decontaminated with an approved EPA Sterilant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM's and at the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or OPIM's shall be inspected and decontaminated on a regular basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated shall not be picked up directly by the hands. It shall be cleaned up using mechanical means such as a brush, dust pan, tongs or forceps. ***Vacuum cleaners shall not be used.***

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Reusable sharps that are contaminated with blood or OPIM's shall not be stored or processed in a manner that requires employees to reach by hand into containers where these sharps have been placed.

Disposable sharps containers shall be provided on all apparatus having occasion to assist Medic Units. Sharps containers shall be given to the Medics or taken to the ER for disposal when 50% full.

Regulated Waste

Contaminated sharps shall be discarded immediately or as soon as feasible in containers provided by KCFPD 47 and which meet OSHA/WISHA standards. Containers shall be red in color.

During use, containers shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Whenever feasible, the containers shall be taken to the work site as opposed to the sharps being taken to the container.

Containers shall be maintained in the upright position throughout use.

Containers shall be routinely replaced when 50% full.

Containers of contaminated sharps shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If leakage is possible, containers shall be placed in a secondary container which is closable and constructed to contain all contents of the primary container during storage, transport, or shipping. Containers shall be color coded and labeled according to OSHA Instruction CPL 2-2.44c, appendix E

Reusable sharps containers shall not be opened, emptied, or cleaned manually or in any manner which would expose employees to the risk of percutaneous injury.

Regulated waste shall be placed in containers approved by KCFPD 47 and meeting OSHA standards. Containers shall be labeled or color coded according to OSHA Instruction CPL 2-2.44c, appendix E.

Containers of regulated waste shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If leakage is possible, containers shall be placed in a secondary container which is closable and constructed to contain all contents of the primary container during storage, transport, or shipping. Containers shall be color coded and labeled according to OSHA Instruction CPL 2-2.44c, appendix E

Disposal of regulated waste shall be in accordance with OSHA/WISHA standards.

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Contaminated laundry shall be handled as little as possible with a minimum of agitation. All personnel who have contact with contaminated laundry shall wear gloves as a minimum level of protection.

Contaminated laundry shall be placed and transported in bags or containers labeled or color coded in accordance with Appendix E.

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

KCFPD 47 shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate protective equipment.

Hepatitis B Vaccination and Post Exposure Follow-up

KCFPD 47 shall make available the hepatitis B vaccine and vaccination and post-exposure follow-up to all employees who have occupational exposure, a post-exposure evaluation and follow-up to all employees who have had an exposure incident.

KCFPD 47 shall 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 made available at no cost to the employee and at a reasonable time and place.

KCFPD 47 shall ensure that all medical evaluations and procedures are performed under the supervision of a licensed physician or under the supervision of another licensed healthcare professional.

Evaluations and procedures shall be provided according to the recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.

KCFPD 47 shall ensure that all laboratory tests are conducted by an accredited laboratory and at no cost to the employee.

Hepatitis B vaccinations shall be made available after the employee has received the training required and within 10 working days of initial assignment and to all employees who have occupational exposure 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.

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KCFPD 47 shall not make participation in a pre-screening program a prerequisite for receiving hepatitis B vaccination.

KCFPD 47 shall ensure that all employees who decline to accept hepatitis B vaccination sign a declination statement as provided in WAC 296-62-08050, appendix A.

If the employee initially declines hepatitis B vaccination, but at a later date, while still covers under the OSHA standard, decides to accept the vaccination, KCFPD 47 shall make available hepatitis B vaccination at that time.

Should booster doses later be recommended by the U.S. Public Health Service, such booster doses shall be made available.

Following a report of an exposure incident, KCFPD 47 shall make immediately available to the exposed employee a confidential medical evaluation and follow-up. This evaluation and follow-up shall include at least the following elements:

A) Documentation of route(s) of exposure, and the circumstances under which the exposure incident occurred;

B) Identification and documentation of the source individual, unless that identification is unfeasible;

1. The source individual's blood shall be tested as soon as feasible in order to determine HBV and HIV infectivity as provided for in the Revised Code of Washington State, Chapter 70.24 and the policy and procedures of Seattle-King County Health Department.

Any employee who feels that he/she has been exposed, or suffers an exposure, will report the incident to his/her supervisor immediately. See procedures under Communicable Disease Exposure Form Instructions.

KCFPD 47 shall ensure that the health care professional evaluating an employee's hepatitis B vaccination is provided a copy of the OSHA/WISHA rule.

KCFPD 47 shall also ensure that the health care professional evaluating an employee after an exposure incident is provided a copy of the OSHA/WISHA rule, a description of the exposed employee's duties as they relate to the exposure incident, information required by the paragraphs above, and all medical records relevant to the appropriate treatment of the employee including vaccination status, which is the responsibility of KCFPD 47 to maintain.

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KCFPD 47 shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion to the Department, for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination.

The healthcare professional's written opinion for post exposure evaluation and follow-up shall be limited to notification that the employee has been informed of the results of the evaluation, and that the employee has been told about any medical conditions resulting for exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings shall remain confidential and shall not be included in the written report.

Medical records required by OSHA/WISHA shall be maintained in accordance with current confidentiality standards.

Communication of Hazards

Warning labels meeting OSHA standards for biohazard material notification shall be affixed to containers of regulated waste and other containers used to store, transport or ship blood or other potentially infectious materials.

Labels shall be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.

Red bags or red containers may be substituted for labels.

Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

Labels required for contamination equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.

EMS Exposure Protocol

If a percutaneous or mucotaneous exposure has occurred, the following steps shall be taken:

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- 1) The employee will initiate immediate self-care. Limit exposure by promptly washing wound with disinfectant soap and water. Flush eye, nose or mouth exposures with water or saline.
- 2) The employee will report the exposure immediately to his/her supervisor who will contact the Exposure Control Officer who will initiate a communicable Disease Report form. The member will document the routes of exposure and the circumstances under which the exposure occurred, including the type of PPE in use at the time.
- 3) The Exposure Control Officer then makes arrangements for the exposed employee to go to Harborview Medical Center, Overlake Medical Hospital or Valley Medical Center Emergency Rooms, depending upon the source patient's destination, for the appropriate follow-up protocols (baseline HB status and appropriate treatment). If the source patient's destination is any other health facility, use Harborview Medical Center.
- 4) For HIV testing of reportable exposures, the member shall contact the Seattle-King County Health Department Aids Prevention Project at 296-4649 during office hours or 296-4600 after hours (Dr. Gary Goldbomb or Dr. Bob Wood). The Department of Public Health can order testing if:
 - a) a report is filed with the Aids Prevention Project within seven days of the incident;
 - b) reasonable attempts were made to obtain voluntary consent; and
 - c) the exposure was substantial.

This facility follows all state and federal laws regarding confidentiality, pre and post test counseling and testing. From the time of exposure until the test results and counseling are complete, the employee is encouraged to use appropriate safety and safe sex precautions to lessen the chance of exposure to family members.

- 5) If determined to be a "Significant Exposure"; the Exposure Control Officer will contact the hospital where the patient involved was taken and ask to speak to the ER doctor or charge nurse. The ECO will report the nature of exposure, identify the incident # and the patient (if known), and request the ER coordinate HIV and HBV testing of the source individual. Results of the testing shall be made available to the exposed employee who will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

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Information and Training

KCFPD 47 shall ensure that all employees with risk of occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

KCFPD 47 shall provide additional training when changes such as modification of tasks or procedures affect the employees occupational exposure. The new training may be limited to addressing the new exposures created,

Training program content and conduct shall be consistent with the requirement of the OSHA/WISHA standard.

Recordkeeping

KCFPD 47 shall establish and maintain an accurate record for each employee with occupational exposure in accordance with WAC 296-62-052. Each employee's medical record shall include:

- a) Name and social security number;
- b) A copy of hepatitis B vaccination status including dates of vaccination and any medical records relative to the employee's ability to receive vaccination as required by OSHA/WISHA rules;
- c) A copy of all results of examinations, medical testing, and follow-up procedures as required by this standard;
- d) KCFPD 47's copy of the healthcare professional's written opinion as required by OSHA/WISHA rules;
- e) A copy of the information provided to the healthcare professional as required by the exposure protocol.

KCFPD 47 shall ensure that employee medical records are kept confidential and are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by law.

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KCFPD 47 shall maintain the records for at least the duration of the employment plus 30 years in accordance with WAC 296-62-052.

Each employee's training records shall include:

- a) Dates of the training sessions;
- b) The contents or a summary of the training sessions;
- c) The names and qualifications of persons conducting the training;
- d) The names and job titles of all persons attending the training sessions.

Training records shall be maintained for 3 years from the date on which the training occurred.

KCFPD 47 shall ensure that all records required to be maintained in accordance with this section shall be made available to the Director for examination and copying.

KCFPD 47 shall provide employee training records upon request for examination and copying to employees and to employee representatives in accordance with WAC 296-62-052.

KCFPD 47 shall provide employee medical records upon request for examination and copy to the subject employee, to anyone having written consent of the subject employee, and to the Director in accordance with WAC 296-62-052.