St. John's Regional Fire Department
Policy and Operational Guidelines

Title: 02-02-04	Personnel Having Possible Contact with Blood and Body Fluids
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Section:	02 Health and Safety
Title:	04 Personnel Having Possible Contact with Blood and Body Fluids

Purpose

To outline the procedures and treatment to personnel who have come in contact with persons having, or suspected of having infected blood and body fluids, and to apply basic universal precautions for **all** medical calls.

Background

Members of the SJRFD involved in fire/rescue frequently receive cuts and wounds to their person when administering first-aid to victims of accidents, and subsequently expose themselves.

For the purpose of this policy, "contact," shall mean coming in contact with body fluids; e.g., blood, feces, saliva, open wounds, etc; of a person having or suspected of having such a disease.

Exposure kits are placed on all SJRFD Engines and Rescues. The contents of each kit include:

- Level B non-encapsulated suits
- Medical gloves
- Nitrile gloves
- Eye protection
- Boot covers
- Face shields
- N95 masks (KC and 3M)
- Bio hazard bags
- Donning and Doffing instructions
- EPA approved disinfectant

These kits are available for medical calls that may warrant extra PPE and shall be used at the discretion of the OIC. Whenever the exposure kit is opened, personnel shall notify the Platoon Chief to replace items within the kit that have been used.

This replaces POG # 02-02-04, "Personnel Having Possible Contact Blood and Body Fluids", dated 2015/05/13.

Procedure

At the scene of an incident, employees shall:

1. Wear PPE (personal protective equipment) to prevent an accidental exposure to body fluids. PPE must include at a minimum:

- Medical gloves
- N95 mask
- Eye protection (if appropriate)

2. Avoid touching face and clothes until hands are washed.

3. Wash hands as soon as possible after contact with hand sanitizer, and as soon as you have access to soap and water, wash hands again.

4. If the exposure kit is opened and the jumpsuits are donned, refer to Disinfecting the Level B Non-Encapsulated Suit (Appendix A) for decontamination instructions. Decontamination shall occur onsite. If extra staff is required, the Platoon Chief shall be notified.

Should an employee come in contact with body fluids, the following responsibilities apply:

Employee

1. First Aid for the exposure (i.e., bleed and clean the wound as required or flush mucosal area exposure with large amounts of water for 10 minutes).

2. Employees who come in contact with body fluids, shall immediately advise the OIC of the incident while on scene, if possible.

3. Upon return to station, the employee shall immediately complete an Exposure Incident Report (Appendix B) and pass to the OIC.

Officer In Charge (OIC)

1. The OIC shall advise the Platoon Chief of the incident immediately upon being notified by the employee.

2. Upon return to station, the OIC shall sign the completed Exposure Incident Report in the upper column across from "Supervisor", and send to the Platoon Chief.

Platoon Chief

1. Upon notification of the incident from the OIC, the Platoon Chief shall immediately contact the Health Science Complex duty officer and make available all pertinent information, **as follow up for significant exposures must be initiated without delay.**

2. Upon receiving the Exposure Incident Report, the Platoon Chief shall send the report to the Occupational Health and Safety Nurse.

All future contact with the employee will be treated as a doctor/patient relationship.

NOTE
All Operational Guidelines are provided as a guideline only and may be altered by the OIC to meet extenuating circumstances.

Approvals
Fire Chief/Director

Approval Date
2017/08/29

Responsibility
St. John's Regional Fire Department

POG #02-02-04
Approved by:

Jerry F. Peach
Fire Chief
Director of Regional Fire and Emergency Services

Aug 29/2017
Date

Appendix/Appendices
Appendix A – Disinfecting the Level B Non-Encapsulated Suit
Appendix B – Exposure Incident Report

Disinfecting the Level B Non-Encapsulated Suit

All suits shall be disinfected and cleaned after every use. The Level B non-encapsulated suit is a limited suit which means that the suit can be reused if properly cleaned and inspected.

Procedure for disinfecting and cleaning by SJRFD personnel following an exposure shall be:

1. While wearing the suit it will be sprayed with the appropriate EPA approved disinfectant and let stand for ten minutes.

2. Using low pressure on a hose line, rinse down the suit being careful not to allow the water to enter through the neck or hand cuff opening.

3. With the wearer standing in a folded down plastic bag, remove the suit from the wearer by rolling it away from the individual. Starting at the hood, roll and fold the suit down into the plastic bag and the wearer will step out of the suit. The decontamination staff will fold the plastic bag over the suit and close and seal the bag. Gloves, mask, glasses, etc., will be placed in a separate bag.

4. The suit will be sent to one of the designated drying rooms to be hung to dry. The bag containing the gloves, mask, glasses etc. will be disposed of by the FET.

5. When the suit is dry, it will be inspected for any tears or defects. The date will be marked on the inside lining for each washing and returned to service.

EXPOSURE INCIDENT REPORT

Employee Name:_____ Emp. Number:_____

Supervisor:_____ Signature:_____

Location:_____ Date/Time of Incident:_____

Witnesses:_____

Description of Incident:_____

_____

_____

EXPOSURE INCIDENT INFORMATION:

Fire	◻ residential	◻ trash/dumpster	◻ industrial	◻ vehicle
	◻ commercial	◻ wildland	◻ marine	◻ explosion
Hazmat	◻ chemical	◻ other:		
Medical	◻ rescue	◻ trauma (MVA, etc.) Please specify:	◻ resuscitation	
Bite/Scratch	◻ animal/insect	◻ human		
Bodily Fluids:	◻ saliva	◻ blood	◻ sputum	◻ urine
	◻ vomit	◻ cerebral spinal fluid	◻ biomedical waste	◻ feces/human waste
	Approximate volume of fluid:			
Route of Exposure:	◻ cut	◻ open sore	◻ mouth	◻ nose
	◻ abrasion	◻ needlestick	◻ puncture	◻ eye
	◻ inhalation	◻ ingestion	◻ skin contact	

Did you have any open cuts, sores or rashes that became exposed? ◻ Yes ◻ No

Where:_____

EXPOSURE TO HUMAN BLOOD AND/OR BODY FLUIDS:

If the exposed site is a cut, laceration or a needlestick, allow the wound to bleed. Scrub the site immediately or as soon as time allows with a 10% proviodine solution. If the contaminated areas is mucous membrane (i.e. eyes and mouth) irrigate for 15 minutes with normal saline.

Describe the activity at the time of exposure:_____

_____

Do we know the status of the patient? (is there any information to indicate whether or not the patient is HIV-positive or a Hepatitis carrier?)_____

If exposure to blood or body fluids – was the wound permitted to bleed and then treated with the products listed in the introduction?_____

EXPOSURE TO ANIMALS/INSECTS

Type of Animal	◻ cat	◻ dog	◻ other:	
Type of Exposure	◻ bite	◻ scratch	◻ fleas	◻ ticks
	◻ ringworm	◻ zoonosis	◻ maggots	◻ other _____
Method of Exposure	◻ rescue	◻ animal care	◻ carcass	

Was the animal acting unusual? ◻ Yes ◻ No

If Yes, please explain: _____

Do you know the animal's history (i.e. owner etc.)_____

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EXPOSURE TO OTHER HAZARDOUS PRODUCTS

Employees can be exposed to other types of hazardous products such as chemicals, smoke, dusts or mists. These incidents are potentially serious and must be dealt with as such.

Chemical Name	Route of Exposure	Vapor/Gas	Dust	Mist	Solid	Liquid	Powder

SYMPTOMS

Symptoms	At time of incident	After incident	Duration
Eyes burning			
Cough			
Cough w/blood			
Nose bleed			
Nose/lung irritation			
Nausea/queasiness			
Dizzy			
Ears ringing			
Headache			
Skin irritation/rash			
Unconsciousness			
Other (please specify) _____			

PERSONAL PROTECTIVE EQUIPMENT

Was personal protective equipment worn at time of exposure? □ Yes □ No			
Gloves	□ latex gloves	□ fire gloves	□ long gloves
	□ other (please specify) _____		
Eye/Face Protection	□ safety glasses	□ goggles	□ face shield
Clothing:	□ coveralls	□ bunker suit	□ other (please specify) _____
Respiratory	□ positive pressure face mask	□ half facepiece respirator	□ other (please specify) _____
Other	□ safety footwear	□ rabies pole	□ other (please specify) _____

EMPLOYEE INFORMATION

Have you received a Hepatitis "B" vaccination? ____	If "Yes", when? _____
Did you seek medical attention after exposure? □ Yes □ No	Doctor: _____
Diagnosis: _____	Treatment Facility: _____