

SAFETY

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History: Effective: 12-2-11 Revised 11-22-11 Original 11/00

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801 SAFETY

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History: Effective: 12/01/04 Revised: 07/04 Original: 11/00

The department will make every reasonable effort, within budgetary limits, to provide and maintain safe working conditions. To this end the employees will cooperate and encourage all employees covered by this agreement to work in a safe manner.

Department management shall provide proper and necessary safety equipment and devices, within the limit of the budget, for employees engaged in such work where the equipment or devices are necessary. Such equipment or devices when supplied must be used. Failure by employees to utilize provided equipment or devices as the department deems appropriate, will subject the employee to disciplinary action based upon the seriousness of the offense, the relation the offense has to the safety of those other than the offender, whether or not an injury occurred resulting in lost time and whether the offense is a recurrence of the same offense performed at a previous time for which a milder reprimand was given. Disciplinary action may be as little as a written reprimand or as great as discharge depending on the seriousness of the offense.

The department and the Union shall implement a Safety Committee, comprised of a minimum of two (2) Union representatives, and two (2) Management representatives. This committee shall meet as necessary but shall meet at least twice a year and shall review equipment and occupational issues pertinent to the safety of the employees. The committee shall also make such recommendations as necessary to the Fire Chief in regards to safety.

Management will receive and consider recommendations with respect to unsafe conditions or other safety ideas from Safety Committee and within thirty (30) days of receipt, the Fire Chief shall give a written reply to the Committee regarding disposition of the recommendation.

802 **RIGHT TO KNOW**

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

Employees have a right to know about exposures to toxic substances in the workplace. Under the Florida Right-To-Know Law, Chapter 442, Florida Statutes, employers must provide employees with information about the toxic substances with which they work, and train employees in safe handling practices and emergency procedures.

TOXIC SUBSTANCES

Under the Law, a toxic substance is any chemical substance or mixture in a gaseous, liquid, or solid state, that:

Appears on the "Florida Substance List" promulgated by the Department of Labor and Employment Security;

Is manufactured, produced, used, applied or stored in the workplace; and

Causes a significant risk to safety and health during, or as a result of, any normal handling or use.

EMPLOYER'S OBLIGATIONS UNDER THE LAW

Any employer who produces, uses or stores any listed toxic substance in the workplace is required to;

Post a notice, provided by the Department, informing workers of their rights under the law;

Obtain, and maintain for a period of 30 years, the required Material Safety Data Sheet (MSDS) for each listed toxic substance present;

Make the MSDS's available upon request to an employee within five working days;

Provide instruction to employees, within their first 30 days of employment, and at least annually thereafter, on the nature and effects of those toxic substances with which they work.

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Advise employees of their right to obtain further information from the Toxic Substances Information Center.

**Toxic Substances Information Center
2002 Old St. Augustine Road
Building E, Suite 34
Tallahassee, Florida 32399-0663
1-800-367-4378**

RIGHTS OF THE EMPLOYEES UNDER THE LAW

The Law provides employees with certain rights. This includes the right to:

Know of the toxic substances present in the workplace.

Obtain a copy of the Material Safety Data Sheet (MSDS) for that substance present with which they may be exposed to.

Refuse to work, under specified circumstances, with a toxic substance, if not provided a copy of the MSDS for the substances within five (5) working days after an employee submits a written request to the employer.

Instruction on the toxic substance which must include:

- *The chemical and common names of the substance (with certain disclosure limitations for trade secrets).
- *The location of the substance in the workplace.
- *Proper and safe handling practices.
- *First aid treatment and antidotes in case of overexposure.
- *The adverse effects of the substance.
- *Appropriate emergency procedures.
- *Proper procedures for clean-up of leaks or spills.
- *Potential for flammability, explosion, and reactivity.
- *The rights of employees under the Right-To-Know Law.

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Obtain further information on the properties and hazards of toxic substances from the Toxic Substances information Center; and,

Protection against discharge, discipline, or discrimination for having exercised any of these rights.

MATERIAL SAFETY DATA SHEET (MSDS)

A Material Safety Data Sheet (MSDS) is a document containing information about the properties and hazards of a toxic substance. The information will include the chemical identity of the substance, the physical and chemical properties, physical and health hazards, the means by which the chemical may gain access to the body, safe handling and use, emergency and first aid procedures, and control measures.

Under the Law, manufacturers, importers, and distributors of toxic substances are required to prepare and provide MSDS's to their purchasers.

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- A. All operators of Departmental Vehicles shall meet the following requirements in order to operate a motor vehicle in the performance of their duties:
1. Any Department vehicle driver/operator shall have a valid State of Florida driver's license. Note: Any restrictions must be reported to the department immediately.
 2. Have at least a valid State of Florida Class D license with an "E" endorsement (Note: Class A, B, and C meets this requirement on the driver's license).
 3. **Motor Vehicle Records (MVR) Evaluations**
Routine administrative reviews of all drivers MVR's is the most effective way to know the specific driving habits of individual drivers. All MVR's shall be reviewed annually and a copy will be retained in each member's file.

Employees that renew or update their driver's license will present a copy of such license to Administration within 10 calendar days of the update.

Employees that have their driving privileges revoked or suspended will notify his/her district chief immediately upon reporting to work on their next duty day.

(MVR) Evaluation Requirements

Class A Violation

An individual who has a Class A violation within the past three (3) years normally receives a license suspension from the DMV which issued the license. In addition, department personnel will be on suspension of driving privileges for anyone convicted of a Class A violation for a period of eighteen (18) months. Any individual will also be required to attend an approved driver-improvement program, or equivalent training, and be recertified to operate emergency vehicles.

Class B Violation (Age 22-65)

Any individual who has a combination of two (2) Class B moving violation convictions and/or chargeable accidents in a three (3) year period will be issued a warning letter from the chief.

Any individual who has a combination of three (3) moving violation convictions and/or chargeable accidents in a three (3) year period will be issued a suspension from driving department vehicles for a period of ninety (90) days by the Chief.

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Any individual who has more than two (2) moving violation convictions or three (3) chargeable accidents or any combination in a three (3) year period will be issued a suspension from driving department vehicles for a period of one (1) year. In addition, the same individual would be required to complete an approved driver improvement program and be recertified to operate emergency vehicles.

Note: Unusual circumstances with individual cases will be evaluated by the chief.

Class B Violation (age 18-21 and over 65)

Any individual who has a combination of two (2) Class B moving violations or chargeable accidents in a three (3) year period shall be issued a warning letter from the chief.

Any individual who has more than two (2) Class B moving violation convictions or chargeable accidents or a combination of more than two (2) of the above in a three (3) year period will be issued a suspension from driving department vehicles for a period of one (1) year. In addition, this individual would be required to complete an approved driver improvement program and be recertified to operate emergency vehicles.

Violations

Designation of Type A and Type B violations are based on a survey of state point systems. Violations receiving higher numbers of points are classed as Type A.

Type A Violations

- 1.) Driving while intoxicated.
- 2.) Driving under the influence of drugs.
- 3.) Negligent homicide arising out of the use of a motor vehicle (gross negligence).
- 4.) Operating during a period of suspension or revocation.
- 5.) Using a motor vehicle for the commission of a felony.
- 6.) Aggravated assault with a motor vehicle.
- 7.) Operating a motor vehicle without owner's authority
- 8.) Permitting an unlicensed person to drive.
- 9.) Reckless driving
- 10.) Hit and run driving.

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Type B Violations

All moving violations not listed as Type A violations. (Exceeding posted speed limit is a Type B. Violation.)

- B. All Personnel who respond in "Emergency Mode" shall meet the following requirements:
 - 1. Medically able to respond and operate a vehicle safely and effectively.
 - 2. Successfully complete the departmental E.V.O.C. training, including all written and practical requirements.

- C. All Personnel who drive and operate department engines shall meet the following requirements:
 - 1. Have completed an approved 40 hour pump class.
 - 2. Have completed 10 non-emergency return trips from Emergency calls within the first year of employment.
 - 3. Have 2 hours of non-emergency driving supervised by the company officer
 - 4. Receive written authorization from the Training Division Chief to function in acting position upon completion of requirements 1 – 3.

- D. All State of Florida Traffic Laws shall be followed at all times and "**DUE REGARD**" shall be utilized at all times while the vehicle is in operation.

- E. Inspect the vehicle's lights, windshield wipers, brakes, mirrors, tires and seat belts daily.

- F. Observe all local traffic laws when operating vehicles under routine or non-emergency conditions. (See Vehicle Emergency Operation Procedures).

- G. Do not ride on any department vehicle outside the cab.

EXCEPTION: When fighting fire using brush unit, personnel must be secured with belt and safety bar must be in place.

- H. Do not open doors or exit a vehicle while it is in motion.

803 VEHICLE SAFETY

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

I BACKING POLICY

1. General Rules

- a. If you can avoid backing, don't back!
- b. Never be in a hurry when backing.
- c. Do not start to back when unsure of the area.
- d. Do not put the unit into reverse gear before coming to a complete stop.
- e. Roll the window down completely.
- f. Make visual and verbal contact with spotter
- g. No spotter available:
 - 1) Reconsider backing up. Is it really necessary?
 - 2) Make a reasonable attempt to get someone to act as a spotter.
 - 3) If a spotter cannot be obtained, get out of the unit and walk around the unit completely and survey the backing area. Before proceeding to back unit, be sure to check overhead clearance.
 - 4) If both employees are present, but the patient requires constant care, the operator can proceed with backing the unit only if the above procedures are taken.

2. Operator Responsibilities

- a. Bring the unit to a complete stop.
- b. Roll window down completely.
- c. Make verbal communication with spotter. "If you cannot hear the spotter, do not back up!"
- d. A spotter is in place eight to ten feet at the left rear of the unit.
- e. Be able to see spotter in left rear view mirror. "If you cannot see, do not back up!"
- f. Driver and spotter must establish and continued eye to eye contact in the left rear view mirror at all times.
- g. Operators must have a thorough knowledge of hand signals.
- h. The spotter hand signals the driver to back up.

3. Spotter Responsibilities:

- a. Get out of the unit and survey the right side and rear area for obstacles that would damage the unit. "Remember overhead clearance."
- b. Place yourself eight to ten feet to the left rear of the unit.
- c. Make sure the operator can see and hear you.
- d. Be familiar with hand signals before allowing backing maneuvers to begin.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

- J. Prior to moving apparatus, the driver should walk around the unit to insure all doors are closed and the apparatus is clear for movement.
- K. Make certain all equipment is properly secured on/in vehicle before moving.
- L. Never move Master Electrical Switch to **OFF** position while engine is running.
- M. When refueling vehicles, shut off ignition and also place Master Electrical Switch in **OFF** position.
- N. Personnel assigned to jump seats will be seated and secured whenever the unit is moving.
- O. Personnel responding and seated shall wear the protective devices (i.e., seat belts, headsets) as furnished in the apparatus.
- P. Vehicles, when pumping, will be in drive with the parking brake applied and the wheels chocked.
- Q. All department vehicles, when parked with the engine off, will be in neutral or park position and the parking brake applied.
- R. There will be no riding the tailboard of an emergency vehicle.
- S. When backing emergency vehicles on a public roadway, all vehicles emergency lighting will be ON so as to warn oncoming traffic and a back-up person is required.
- T. Lieutenant will be responsible for personnel compliance with this SOP.

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HOSE LOADING PROCEDURE

- A. Hose loading operations may be performed on moving fire apparatus only when there is compliance with all of the following conditions:
1. There shall be a member, other than those employees loading hose, assigned as a safety observer. The safety observer shall have an unobstructed view of the hose loading operation and be in visual and voice contact with the apparatus operator.
 2. The fire apparatus shall be driven only in a forward direction at a speed of 5 mph or less.
 3. No employees shall be allowed to stand on the tailstep, sidesteps, running boards, or any other location on the apparatus while the apparatus is in motion.
 4. Employees shall be permitted to be in the hose bed, but shall not stand while the apparatus is in motion.
 5. Prior to the beginning of each hose loading operation, the situation shall be evaluated to ensure compliance with all the provisions of the standard operating procedure. If the standard operating procedure cannot be complied with, or if there is any question as to the safety of the operation for the specific situation, then the hose shall not be loaded on moving fire apparatus.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

EMERGENCY RESPONSE MODE

(All Personnel)

Responding quickly to certain calls for service is a necessary although dangerous part of fire department work. Endangering the life or property of others by reckless disregard of safety, even if responding to an emergency, cannot be condoned. The purpose of this procedure is to provide for safe vehicular operations in an emergency response situation.

All drivers shall observe the following procedure for emergency response:

1. When responding in the emergency mode, it is optional to wear a helmet.
2. Warn other vehicular traffic by using siren and warning lights when en-route to an existing emergency.
3. Do not exceed 10 MPH, when leaving the station, until the vehicle reaches the street.
4. "Cover" the brake when possible danger is observed.
5. Intersection Crossing Policy
 - A. General Concerns

Intersections provide a location for a high frequency and severity of ~~accidents~~ crashes due to:

 - 1.) Restricted visibility
 - 2.) Assumption of other driver's actions
 - 3.) Confused drivers
 - 4.) Vehicle density
 - B. Intersection Crossing Procedure
 - 1.) Crossing on green
 - a. Slow down
 - b. Take foot off accelerator
 - c. Look in all three directions
 - (1) Be aware of oncoming vehicles turning in front of your vehicle.
 - d. Proceed with caution-one lane at a time.

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- 2.) Crossing on red
 - a. Come to complete stop
 - b. Establish eye contact with drivers of other vehicles
 - c. Wait for partner to communicate it is all clear
 - d. Wait two seconds
 - e. Proceed with caution - one lane at a time

- 3.) Crossing Multi-Lane Intersections*
 - a. Come to complete stop
 - b. Establish eye contact with driver of other vehicle
 - c. Wait for partner to communicate it is all clear
 - d. Proceed crossing one lane
 - e. Come to a complete stop for next lane
 - f. Establish eye contact and wait for partner to communicate it is all clear for this lane.
 - g. Proceed crossing this lane.

*Use the above-procedure for each lane that needs to be crossed.

- 4.) Making right or left turns across stopped vehicles
 - a. Come to complete stop next to vehicle
 - b. Establish eye contact with side vehicle's driver via your partner or yourself.
 - c. Wait for your partner to tell you it is clear.
 - d. Be aware of vehicles approaching from behind.
 - e. Proceed with caution.
- C. Special Precautions
- 1.) Slow down prior to reaching intersection in order to:
 - a. Get a good view of the situation
 - b. Avoid startling unaware motorists
 - 2.) Use Siren
 - a. Use yelp siren mode
 - b. Use headlights hi-lo beam
 - c. Be patient, keep signaling
 - 3.) Avoid passing on right unless it is last resort

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- 4.) Avoid traveling in opposing traffic unless you are certain traffic is clear.
 - a. If you must proceed, do so with extreme caution and stay to your far right.

**This policy does not cover every situation in an intersection crossing and is not intended to be applicable in all situations.

6. Low beam headlights shall be in operation during emergency response.
7. Cross center line or median when necessary to pass stopped vehicles. Use all precautions. (Do not travel against the flow of traffic for more than one block.)
8. Slow down when followed by a tailgater.
9. Do not pass other emergency vehicles during emergency response. When passing is necessary, the passing arrangement shall be made through radio communications.
10. When applicable all vehicles shall proceed at 15 miles per hour or less through school zones regardless of non-emergency or emergency mode.
11. When a school bus has lights flashing, markers extended, and is loading school children all vehicles will come to a complete stop. If in emergency mode that unit will also stop unless waved on by the school bus driver. Then, and only then, may the unit pass the bus at 15 miles per hour.
12. During emergency response or non-emergency travel, drivers of fire department vehicles shall come to a complete stop at all unguarded railroad grade crossings. Drivers shall assure that it is safe to proceed before crossing the railroad track(s). Drivers shall also use caution when approaching and crossing any guarded grade railroad crossing.

803.1 ACCIDENT INVESTIGATION

1 of 1

History: Effective: 12-2-11 Revised: Original: 11-22-11

ACCIDENT REPORT PROCEDURES

Accident investigations shall be performed by the immediate supervisor with additional assistance from the Safety Officer, as required, to identify the causal factors contributing to the accident, incident or exposure and to initiate measures to prevent similar events from recurring. The Safety Officer shall ensure all supervisors are trained in accident investigation techniques and documentation requirements.

An attempt to get as much information as possible should be made on initial notification (location; time, persons involved, damage and/or injuries, what happened, how and why and the names of any witnesses).

The supervisor shall routinely investigate all employee accidents and incidents involving property damage with or without injury and shall file a standard report (5.0.1) specifying corrective action or interim measures taken. If recommendations are included in the report, the Safety Committee shall review and the Department shall consider action on the recommendations made.

All incidents and employee accidents requiring minor first aid shall be reported within 48 hours. Employee accidents resulting in medical treatment or lost work days shall be reported within 24 hours. Employee accidents resulting in death or serious injury shall be reported immediately.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

No employee will be assigned to emergency response duties until an entrance physical assessment has been performed by the ELF&R Department Physician, and the employee has been certified as fit for duty.

Work restrictions for reasons of infection control may be initiated by the Department Physician. These may be temporary or permanent. As an example, employees with extensive dermatitis or open skin lesions on exposed areas may be restricted from providing patient care or handling and or decontamination of patient care equipment.

All employees will be offered immunization against hepatitis B virus (HBV), influenza, measles, mumps, rubella, poliomyelitis (polio), tetanus, and diphtheria. The risks and benefits of immunization will be explained to all employees, and informed consent obtained prior to immunization.

A employee may request serologic testing prior to hepatitis B immunization to determine if previous immunity exists. Employees may refuse immunizations, or may submit proof of previous immunization. Employees who refuse immunization will be counseled on the occupational risks of communicable disease, and required to sign a refusal of immunization form. Employees who initially refuse immunization may later receive immunization upon request.

All employees will be offered initial and yearly screening for tuberculosis exposure.

All employees will receive annual health evaluations.

Due to the hazardous nature of some communicable diseases employees shall be required to report to the East Lake Tarpon Special Fire Control District infection control liaison when the employee has received a confirmed exposure that has occurred off-duty or is being medically treated or tested due to presenting signs or symptoms. Verbal notification shall be followed up with a note or letter from the employee's physician describing the disease exposed to, treatment required, and fitness for regular fire department duties relative to communicability hazard to fellow workers and civilians at emergency incidents.

All employees will receive an exit health evaluation upon being reassigned to non-emergency response duties.

The East Lake Tarpon Special Fire Control District Infection Control and Department Physician will maintain records in accordance with OSHA,s CFR 29, Part 1910.1030. Department employee's participation in the Infection Control Program will be documented, including:

804 HEALTH MAINTENANCE

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

- * Name of Department employee
- * Immunization Records.
- * Circumstances of exposure to communicable diseases.
- * Post-exposure medical evaluation, treatment, and follow-up.

Infection Control records will become a part of the employee's personal health file and will be maintained for duration of employment plus thirty (30) years.

Medical records are strictly confidential. Medical records will be maintained in the office of the Department Physician, and will not be kept with personnel records. Medical records will not be released without the signed written consent of the employee. There will be no exceptions to this policy for Department Administration, County Administration, or insurance companies.

Records of participation in employee assistance programs or critical incident stress debriefing are considered medical records.

Employees may examine their own medical records, and may request that copies be sent to their personal physician. Release of medical records to another physician will be made only with the signed written consent of the employee.

Abstracts of medical records without personal identifiers may be made for quality assurance, compliance monitoring, or program evaluation purposes, as long as the identity of individual employee cannot be determined from the abstract.

Communications between medical and personnel sections will focus on fitness to work or recommended restrictions, rather than upon specified diagnoses.

To preserve employee confidentiality, the EMS Medical Director will not conduct health assessments on department employees.

805 EXPOSURE CONTROL PLAN

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805.1 SECTION 1 PURPOSE OF PLAN

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

PURPOSE OF THE PLAN

One of the top priorities of East Lake Tarpon Special Fire Control District is to provide a safe and efficient workplace for its employees. Using the OSHA Standard (29 CFR 1910.1030) as the template, the purpose of this document is to "reduce occupational exposure to Hepatitis B and C viruses, Human Immunodeficiency Virus (HIV) and other bloodborne pathogens" that personnel may encounter in the workplace.

East Lake Tarpon Special Fire Control District believes that there are a number of good general principles that should be followed when working with bloodborne pathogens. These include that:

- It is prudent to minimize all exposures to bloodborne pathogens.
- Risk of exposure to bloodborne pathogens should never be underestimated.
- This department shall institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

East Lake Tarpon Special Fire Control District has implemented this *Exposure Control Plan* to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objectives of the plan are to:

- Protect personnel from the health hazards associated with bloodborne pathogens.
- Provide appropriate treatment and counseling should an individual be exposed to bloodborne pathogens.

These policies and procedures are in addition to the applicable policies and procedures of Pinellas County EMS and the Office of the Medical Director.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

GENERAL PROGRAM MANAGEMENT

A. Responsible Persons

There are 8 major *categories of responsibilities* that are central to the effective implementation of the Exposure Control Plan. These are the:

1. Fire Chief- Infection Control Officer
2. EMS District Chief – Assistant Infection Control Officer
3. District Chief
4. Training Division Chief
5. Fire Marshal / Division Chief
6. Lieutenants
7. Firefighter/Paramedics
8. Firefighter/EMTs

The following sections define the roles held by each of these individuals or groups in carrying out the plan. Throughout this plan, individuals with specific responsibilities are identified. As positions are changed, added or deleted, the plan will be updated as necessary to reflect the changes.

Fire Chief – Infection Control Officer

The Fire Chief shall be responsible for the overall management and support of the Plan including compliance with the plan. In this role, he/she (or designee) is obligated to attend the blood-borne pathogens training sessions.

Infection Control Officer shall be responsible for:

- Infection prevention and control activities of the department.
- Assisting the Training Chief in providing appropriate educational programs.
- Acting as a liaison between the department, Federal, State, and Local agencies regarding bloodborne pathogen issues.
- Acting as liaison between the department and the Infection Control Consultant.
- Monitoring the activities of the plan.

805.2 SECTION 2 GENERAL PROGRAM MANAGEMENT

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

The Fire Chief may delegate certain activities to other individuals as necessary. Activities which may be delegated typically include, but are not limited to:

- Implementing the Exposure Control Plan in the department.
- Working with the Infection Control Consultant to develop and administer any additional bloodborne pathogen related policies and practices needed to support the effective implementation of this plan.
- Researching ways to improving the plan as well as to revise and update the plan as necessary.
- Knowing current legal requirements concerning bloodborne pathogens.

EMS Chief – Assistant Infection Control Officer

The EMS District Chief – Assistant Infection Control Officer shall be responsible for:

- Infection prevention and control activities in the department.
- Assisting the Training Chief in providing appropriate educational programs.
- Acting as liaison between the department and Federal, State, and Local agencies regarding bloodborne pathogen issues.
- Acting as liaison between the department and the Infection Control Consultant.
- Monitoring the activities of the Plan.
- Acting in the absence of the Fire Chief, as assigned.

Division Chief / Fire Marshal and Training Division Chief

The Fire Marshal / Division Chief and the Training Division Chief are both obligated to attend the bloodborne pathogen training sessions. In their roles, either may act in the absence of the Fire Chief and be obligated to perform the duties associated with the plan.

District Chiefs

The District Chiefs are the department shift supervisors. In this role, the District Chiefs are responsible for ensuring compliance with the plan by all shift personnel. In this job category, they are obligated to attend the bloodborne pathogen training sessions.

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Lieutenants

The lieutenants are the department station supervisors. In this role, the lieutenants are responsible for ensuring compliance with the plan by all personnel assigned to them. In this job category, they are obligated to attend the bloodborne pathogen training sessions.

Firefighter/Paramedics

The firefighter/paramedics are responsible for the following:

- Knowing what tasks they perform that have the potential for occupational exposure.
- Attending bloodborne pathogen training sessions.
- Planning and conducting all operations in accordance with the work practice controls.
- Developing good personal hygiene habits.
- Provision of basic and advanced life support activities.
- Performing special medical procedures.

Firefighter/EMTs

The firefighter/EMTs are responsible for the following:

- Knowing what tasks they perform that have the potential for occupational exposure.
- Attending bloodborne pathogen training sessions.
- Planning and conducting all operations in accordance with the work practice controls.
- Developing good personal hygiene habits.
- Provision of basic life support activities.
- Assisting in the provision of advanced life support activities.

B. Authority

The Fire Chief is responsible to implement the Exposure Control Plan throughout the department and to initiate appropriate action for control measures or studies when there is reasonable evidence that there may be a hazard. The Fire Chief may delegate any or all of this responsibility to qualified personnel, as necessary. The EMS Chief is delegated this role on a daily operational basis.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

C. Availability of the Exposure Control Plan to the Employees

To make this plan readily available to all covered employees, a copy is maintained at each station. Further, a copy is also available for review at the Administrative Offices of the department.

D. Review and Update of the Plan

The leadership of East Lake Tarpon Special Fire Control District recognizes that it is important to keep the Exposure Control Plan up to date. To ensure this, the plan will be reviewed and updated under the following circumstances.

- Annually.
- Whenever new or modified tasks and procedures are implemented which affect occupational exposure.
- Whenever jobs are revised such that new instances of occupational exposure may occur.
- Whenever new functional positions are established within the department that may involve exposure to bloodborne pathogens.

805.3 SECTION 3 DEFINITIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

DEFINITIONS

-A-

ASSISTANT SECRETARY- The Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

-B-

BIO-HAZARD LABEL- A label affixed to containers of regulated waste, refrigerator/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the bio-hazard symbol and the word biohazard on the lower part of the label.

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) and Human Immunodeficiency Virus (HIV).

-C-

CLINICAL LABORATORY- A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

CONTAMINATED LAUNDRY- Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

805.3 SECTION 3 DEFINITIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

CONTAMINATED SHARPS- Contaminated objects that can penetrate the skin including, but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

-D-

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

-E-

EMPLOYEE- An individual employed in a healthcare, industrial or other facility or operation who may be exposed to bloodborne pathogens in the course of their assignments.

ENGINEERING CONTROLS- Control (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

(Designated)
EXPOSURE CONTROL OFFICER- An employee who is designated by the employer, and who is qualified by training or experience, to provide technical guidance in the development and implementation of the facility's Exposure Control Plan.

EXPOSURE CONTROL PLAN- A written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposure to blood-borne pathogens, and meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.

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.

805.3 SECTION 3 DEFINITIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

-H-

HAND WASHING FACILITIES- A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV- Hepatitis B Virus.

HCV- Hepatitis C Virus.

HIV- Human Immunodeficiency Virus.

-L-

LICENSED HEALTHCARE PROFESSIONAL- A person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) "Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up" of OSHA's Bloodborne Pathogens Standard.

-M-

MEDICAL CONSULTATION- A consultation which takes place between an employee and a licensed medical professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials as well as any further evaluation or treatment that is required.

-N-

NEEDLELESS SYSTEMS- Pinellas County EMS authority has provided a needleless IV access system including IV Start Kits, Syringes, IV Drip Sets, and other accessories to help prevent accidental needle sticks.

NIOSH- National Institute for Occupational Safety and Health of the Public Health Service, of the U.S. Department of Health and Human Services; the Federal agency which assists OSHA in Occupational safety and health investigations and research.

805.3 SECTION 3 DEFINITIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

-O-

OCCUPATIONAL Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OSHA- Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.

**OTHER
POTENTIALLY
INFECTIOUS
MATERIALS-**

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and 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;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

-P-

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

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

805.3 SECTION 3 DEFINITIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

PRODUCTION FACILITY- A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

-R-

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, pathological and microbiological waste containing blood or other potentially infectious materials.

RESEARCH LABORATORY- A laboratory producing or using research laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

-S-

SOURCE INDIVIDUAL- An individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

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

-U-

UNIVERSAL PRECAUTIONS- An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

805.3 SECTION 3 DEFINITIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

-W-

**WORK PRACTICE
CONTROLS-**

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

WORK AREA-

Location where tasks such as washing medical instruments, handling of biomedical waste, emergency procedures are performed, or storage of biomedical waste.

805.4 SECTION 4 IDENTIFICATION OF EXPOSURE SITUATIONS

1 of 3

History: Effective: 12/01/04 Revised 07/04 Original 11/00

IDENTIFICATION OF EXPOSURE SITUATIONS

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations which may be encountered.

In order to be in compliance with the Exposure Control Plan, all operations personnel must be assigned an exposure category according to their risk of exposure to blood and body fluids. Each is further required to acknowledge receipt of this information which will be filed in his/her personnel file.

The Infection Control Officer (ICO) shall review all duties/tasks conducted and shall determine the appropriate risk category. Further, the ICO shall review each category assignment with each individual who shall sign the acknowledgment form. New employees shall sign the form at initial employment.

The original copy of the acknowledgment form will be maintained in this section of the Exposure Control Plan. Upon termination of employment, the form will be removed and placed in the employee's personnel file.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

PROCEDURES WHERE OCCUPATIONAL EXPOSURE MAY OCCUR

Procedures where occupational exposure may occur include but are not limited to:

1. Dressing and bandaging wounds
2. IV establishment and maintenance
3. Patient assessment and exams
4. Removing patient's clothing and exposing wounds
5. Cleaning and decontaminating equipment, vehicle and/or clothing articles
6. Parenteral administration of medications
7. Removal of body fluid sample for testing such as capillary blood glucose level (finger stick)
8. Extrication or other acts involving contact with contaminated materials that have potential to inoculate, i.e.: needles, other sharps, splinters, broken glass, hard plastic, sharp edges of metal or wood, etc.
9. Intubation and suctioning
10. Thoracic decompression
11. Introduction of transtracheal airways
12. Blood draw and specimen collection
13. Administration of emergency medical care
14. Handling of biomedical waste
15. Childbirth procedures
16. Any other act that has potential to cause exposure to blood and other body fluids.

805.4 SECTION 4 IDENTIFICATION OF EXPOSURE SITUATIONS

3 of 3

History: Effective: 12/01/04 Revised 07/04 Original 11/00

OCCUPATIONAL EXPOSURE

For the purpose of this plan, occupational exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

A significant exposure would be:

- Exposure to blood or body fluids through a needle stick, instruments, equipment or sharps;
- Exposure of mucous membranes to visible blood or body fluids to which universal precautions apply according to the Centers for Disease Control, including, without limitations, the following body fluids:
 - a. Blood
 - b. Semen
 - c. Vaginal secretions
 - d. Cerebrospinal fluid
 - e. Synovial fluid
 - f. Pericardial fluid
 - g. Pleural fluid
 - h. Peritoneal fluid
 - i. Amniotic fluid
 - j. Laboratory specimens that contain HIV, HBV, and/or HCV.
- Exposure of the skin to visible blood or body fluids, especially when the exposed skin is chapped, abraded, or afflicted with dermatitis, or the contact is prolonged or involves an extensive area.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

METHOD OF COMPLIANCE

It is the understanding of East Lake Tarpon Special Fire Control District that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in the Department. The first five areas in the plan are:

- The use of Body Surface Isolation (BSI).
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls.
- Using necessary Personal Protective Equipment
- Implementing appropriate Housekeeping Procedures

Each of these areas is reviewed with fire department staff members during their blood-borne pathogens related training (See the "Education and Training" section of this plan for additional information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, East Lake Tarpon Special Fire Control District feels that it will eliminate or minimize occupational exposure to bloodborne pathogens as much as possible.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

A. BODY SURFACE ISOLATION

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to consider all patient's blood and body fluids potentially infectious, and barriers will be used to prevent exposure.

PURPOSE:

To prevent exposure to blood and body fluids.

PROCEDURE:

All Personnel of East Lake Tarpon Special Fire Control District are required to adhere to universal precautions, including the appropriate use of hand washing and care in the use and disposal of needles and other sharps.

1. Barriers indicated in Universal Precautions are:
 - a. **NITRILE GLOVES, AND VINYL GLOVES:** These must be worn whenever exposure to the following is planned or anticipated, (or to an item contaminated with such):
 - 1) Blood/body products/body fluids with visible blood
 - 2) Urine
 - 3) Feces
 - 4) Saliva
 - 5) Mucous Membranes
 - 6) Wound drainage
 - 7) Drainage tubes
 - 8) Non-intact skin
 - 9) When assisting with invasive procedures
 - 10) Amniotic, cerebral spinal, pericardial, pleural, peritoneal, synovial fluid
 - 11) When handling instruments or equipment
 - b. **FIREFIGHTER GLOVES:** These shall be worn in any situation where sharp or rough surfaces are likely to be encountered (i.e., extrication). firefighting gloves can be worn over latex gloves in cases other than firefighting.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

- c. **EXTRICATION GLOVES:** These shall be worn in any situation where sharp or rough surfaces are likely to be encountered during extrication as an option to wearing Firefighter Gloves.
- d. **MASKS:** These must be worn during procedures that are likely to generate droplets of blood or body fluids to prevent exposure to mucous membranes of the individual's mouth and/or nose; such as trauma, child birth, intubation and cleaning instruments.
- e. **FLUID RESISTANT COVERALLS (GOWNS/JUMPSUITS):** These must be worn when there is potential for soiling clothing with blood/body fluids and for close contact with blood/body fluids; such as child birth, invasive procedures and cleaning instruments.
- f. **BUNKER GEAR:** These should be worn when there is a chance for puncture, i.e. glass breakage, extrication. Should not be routinely used due to the difficulty of decontamination.
- g. **EYE WEAR:** Protection over the eyes must be worn during procedures that are likely to generate droplets of blood/body fluids; such as childbirth, intubation, assisting in invasive procedures or cleaning instruments.
- h. **HAND WASHING:** Always wash hands as soon as possible after removing gloves, immediately if hands become contaminated with blood or other body fluids and frequently during the day. The use of alcohol base gels and foams before donning and after removal is required if soap and running water is not available until return to the station where proper hand washing can be done.
- i. **MOUTH-TO-MOUTH BREATHING:** Only use resuscitation bags, mouth pieces, or other devices for artificial ventilation. Avoid mouth-to-mouth breathing. This does not preclude emergency lifesaving performance of mouth-to-mouth if PPE is not immediately available.
- j. **PUNCTURE RESISTANT GLOVES:** Use when handling items with the potential to puncture the skin, i.e., broken glass, un-capped needles.
- k. **FIREFIGHTING BOOTS:** These should be worn during firefighting procedures or during any traumatic scene where there is heavy bleeding.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

1. **SHARPS:** Handle all contaminated needles, scalpels, and other sharp instruments with extreme care both during and after procedures. Never recap, bend, clip, remove from disposable syringes, or otherwise manipulate contaminated sharps into a puncture-resistant container for disposal. The puncture-resistant container should be located as close as practical to the use area.
 - m. **SPILLS:** Spills of blood and blood-containing body fluids should be cleaned promptly with an approved tuberculocidal, virucidal solution.
 - n. **SKIN LESIONS:** Individuals with exudative skin lesions or weeping dermatitis shall be evaluated by the department physician to determine if the individual should refrain from all invasive procedures and from handling patient care equipment and instruments until the condition resolves. Additionally, any individual with small skin abrasions shall cover that abrasion completely with a bandage prior to performing any duties and wear gloves.

2. **Monitoring Compliance**

All personnel of East Lake Tarpon Special Fire Control District are responsible for monitoring compliance to Universal Precautions. If non-compliance is observed, then individual shall be counseled by his/her immediate supervisor and that counseling documented on the employee tracking record (Appraisal Log).

If necessary, the employee tracking record shall be reviewed with the Chief for corrective action.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

B. ENGINEERING CONTROLS

One of the key aspects to the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize exposure to bloodborne pathogens. As a result, the department employs equipment such as:

1. Hand washing facilities are accessible in each station and hospital to all individuals who have the potential for exposure.
2. Waterless hand cleaner
3. Eye wash solution
4. Containers for contaminated sharps having the following characteristics:
 - Puncture-resistant
 - Labeled with biohazard warning label
 - Leak-proof on the sides and bottom
5. Biomedical Waste bags and containers that meet the requirements of the State of Florida
6. Specimen bags which are labeled with the biohazardous symbol
7. Disposable bag/valve devices
8. Disposable suction canisters
9. Easily cleaned, stocked trauma boxes
10. Individual hip packs for the carriage of PPE
11. Self-sheathing IV catheters and needleless administration system

The EMS District Chief or Chief's designee will review tasks and procedures implemented in this Department. As part of this effort, a discussion was conducted identifying three things:

- Areas where engineering controls are currently employed
- Areas where engineering controls can be updated
- Areas currently not employing engineering controls, but where engineering controls could be beneficial.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

C. WORK PRACTICE CONTROLS

The Chief of East Lake Tarpon Special Fire Control District is responsible for overseeing the implementation of these Work Practice Controls, however, he has delegated that responsibility to the District Chiefs.

All personnel work in conjunction with the Infection Control Officer and the District Chiefs to effect this implementation.

It is important to note, that while emergency personnel work is limited to the pre-hospital setting, some pre-hospital procedures are defined as "invasive procedures". Among others, "invasive procedures" include, treatment of traumatic injuries, a childbirth delivery or other obstetric procedure in which bleeding may occur, and endotracheal intubation and, intravascular procedures and surgical cricothyroidotomy.

East Lake Tarpon Special Fire Control District has adopted the following Work Practice Controls as part of the Bloodborne Pathogens Compliance Program.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

1. HAND WASHING

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that vigorous hand washing shall be observed by all members of the department frequently during the day and as soon as feasible after each patient contact.

PURPOSE:

To eliminate the possibility of cross-contamination of pathogenic organisms.

INDICATIONS:

The indications for hand washing depends on the type, intensity and duration of contact. *Superficial contact*, such as handshaking, does not require hand washing. *Prolonged and intense contact* with any patient, does require hand washing. Additionally, personnel should always wash their hands before invasive procedures, after contact with instruments/equipment, whenever possible.

All members of the department will:

- Wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Wash their hands following any contact of body areas with blood or any other infectious materials.
- Wash their hands after touching a source that is likely to be contaminated.

TECHNIQUE:

The recommended hand washing technique depends on the purpose of the washing. For most, a vigorous, 10 second scrub under stream of running water with soap is recommended. It's important that personnel note that bar soaps and liquid soap containers have been reported to become contaminated and can serve as a reservoir of microorganisms. Therefore, community bar soap is not allowable and liquid containers must not be refilled.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

PROCEDURE:

1. Do not touch the sink with your clothing.
2. Use continuously running water at a comfortable, not hot temperature.
3. Soap and friction are essential.
4. Rub the soap in between fingers, around nail beds and 3 inches above your wrist.
5. Rinse your hands thoroughly in a downward position so that the runoff will go into the sink and not down your arms.
6. Avoid splashing.
7. Dry well, being sure to dry in between your fingers, from your wrist to your fingertips.
8. Discard the towels into the trash can, being sure not to touch the trash can with your hands.
9. Turn off the faucets with a dry paper towel and discard into the trash can being sure not to touch the trash can with your hands.

FACILITIES:

Hand washing facilities consist of a sink with running water, liquid or dry soap and paper towels.

Waterless hand cleaner shall be readily available if running water is not available. However, as soon as running water and soap are available, the hands should be re-washed.

Waterless alcohol base gel/foam hand cleaner must be carried in each vehicle for use in the field.

MAINTENANCE:

Individualized liquid detergent containers are to be thrown away when empty, they are not to be refilled.

Sinks and fixtures are to be kept clean and uncluttered.

805.5 SECTION 5 METHOD OF COMPLIANCE

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

HAND CARE:

For most routine procedures, a gentle liquid lotion soap is acceptable.

Prior to invasive procedures an antimicrobial soap shall be utilized.

Waterless hand cleaners are not to be used if running water is available.

805.5 SECTION 5 METHOD OF COMPLIANCE

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

2. PERSONAL ITEMS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that any personal items (ex: razors, toothbrushes, etc.) brought to the station shall be secured in the employee locker between use.

PURPOSE:

To prevent transmission of disease.

PROCEDURE:

When not in use, all personal items shall be stored in the individual's sleep room or locker. These items shall not be left on the counters in the restroom or shower stalls.

Towels, bedding, and soiled personal clothing shall be removed from the lockers and laundered at least every 5 shifts. Refer to the housekeeping and laundry guidelines later in this section.

805.5 SECTION 5 METHOD OF COMPLIANCE

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

**3. CONSUMPTION OF FOOD/BEVERAGES, SMOKING, APPLYING OF
COSMETIC/LIP BALM, HANDLING OF CONTACT LENSES.**

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that consumption of food, beverages, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
(Smoking is permitted ONLY in designated smoking areas per Smoking Policy).

PURPOSE:

To prevent contamination.

PROCEDURE:

Hands shall be washed thoroughly prior to consumption of food, beverages, smoking, applying cosmetics or lip balm and handling contact lenses. At no time shall any food or drink be consumed by department personnel in any department vehicle.

Upon arrival at the hospital or station, smoking and consumption of food or beverages are allowed in designated areas.

It is important to note that the Biomedical Waste storage areas and the areas where instruments are processed are restricted areas for smoking and/or consumption of food and beverages.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

4. FOOD AND DRINK STORAGE

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that food and drink are *not* kept in refrigerators, freezers, on counter tops, in the vehicle other than the cab area or in other storage areas where there is potential for exposure to bloodborne pathogens.

PURPOSE:

To prevent transmission of bloodborne pathogens.

PROCEDURE:

Food and drink shall be stored in a clean designated area.

Perishable foodstuffs shall be labeled with the employee name and removed on a weekly basis to allow thorough cleaning of the cabinets and refrigerators.

The cab of the engine is designated as a clean area. It is understood by all department personnel that there shall not be any contaminated clothing, instruments or waste placed there at any time. As a clean area, packaged food and beverages may be transported to the station for consumption at the station.

Except for food items used for rehab activities at an incident, there shall be no food or drinks stored in the vehicle.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

5. CONTAMINATED SHARPS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that contaminated sharps be placed in appropriate containers immediately, or as soon as possible after use at the point of use.

PURPOSE:

To prevent injury of punctures to department personnel and the community at large.

PROCEDURE:

After use, the disposable sharp shall be placed in a designated sharps container at the point of use.

When possible, contaminated sharps shall not be recapped, bent or removed from the syringe prior to disposal.

The Sharps container can be used on multiple patients on the same shift, but the following procedure must be adhered to:

1. When the first contaminated sharps is placed in the container, you must put the “start date” on the container.
2. The contaminated sharps container shall not be allowed to overfill. When filled, (3/4 full) the sharps container lid shall be pressed closed and secured. A label (to be supplied) will be secured to the top on the container with the “end date” entered and initialed by the PIC and his/her EMS ID#.
3. The container shall be disposed of in the biohazard waste receptacle at the station. ((If possible, the used sharps container can be turned over to the Sunstar Ambulance crew for proper disposal at the County facility).
4. If a sharps container is used on a shift, it will be disposed of properly at the end of that shift regardless of the amount of sharps in the container.

Sample label

East Lake Tarpon Special Fire Control
District
3375 Tarpon Lake Blvd.
Palm Harbor, FL 34685
Start Date: _____ End Date: _____
PIC _____ EMS ID# 1300 ____

History: Effective: 12/01/04 Revised 07/04 Original 11/00

6. SPECIMEN COLLECTION/STORAGE/TRANSPORTING OF SOURCE BLOOD TO PEP HOSPITAL.

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that gloves shall be worn during specimen collection and appropriate hand washing technique be observed. Specimens of blood or other materials shall be placed in designated leak-proof containers appropriately labeled for handling, storage and transporting.

PURPOSE:

To prevent transmission of microorganisms.

PROCEDURE:

1. Don gloves for specimen collection.
2. Wipe off the outside of the specimen container with an alcohol pad.
3. Remove gloves and place into a biomedical waste bag if visibly soiled with blood or body fluids.
4. Thoroughly cleanse hands with the waterless hand cleaner unless, running water is available for hand washing with soap and water.
5. Place the specimen container in a leak-proof plastic bag.
6. Label the specimen bag with a bio hazardous symbol (unless permanently affixed to the bag.)
7. Place the securely closed bag into a plastic container, that can be washed and disinfected if leakage should occur, for storage until transport. This container shall be labeled with the biohazard symbol.
8. Upon arriving at the specimen drop off point, hands shall be thoroughly washed with soap and water.

805.5 SECTION 5 METHOD OF COMPLIANCE

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

MISCELLANEOUS:

1. If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.
2. The transport container shall be labeled with the biohazard symbol.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

7. EQUIPMENT FOR SERVICING / SHIPPING

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that equipment to be serviced or shipped out of the station or department shall be decontaminated prior to shipment.

PURPOSE:

To prevent the transmission of disease.

PROCEDURE:

1. Prior to shipping a piece of equipment for servicing, that equipment shall be disassembled and thoroughly cleaned with soap and water, then disinfected with a department approved disinfectant.
2. If any portion of the equipment cannot be disassembled or decontaminated or disinfected, the equipment shall be placed into a securely closed leak proof or puncture proof container and a tag shall be placed on the outside of the bag/container advising the servicing company of that fact.

805.5 SECTION 5 METHOD OF COMPLIANCE

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

8. INSTRUMENT TRANSPORT

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that all contaminated reusable instruments being transported shall be placed in rigid transporting containers at the point of origin. This rigid container shall be carried to the reusable instrument processing area of the station for decontamination and disinfection.

PURPOSE:

To prevent transmission of disease.

PROCEDURE:

1. After the procedure, the reusable contaminated instrument shall be placed in a rigid container at the point of origin.
2. The department personnel shall transport the rigid container to the instrument processing area of the station.
3. Instruments shall not be taken out of this container at a hospital emergency room and washed.
4. The Contaminated Reusable Instrument Policy shall then be followed, Section 5, pg 18.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

9. CONTAMINATED REUSABLE INSTRUMENTS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that contaminated reusable equipment shall be immediately placed in leak-proof containers at the point of use and transported to the station reusable instrument processing area for decontamination and disinfection.

Appropriate protective attire such as face shields, fluid resistant coveralls and gloves shall be worn when reusable instruments are decontaminated and disinfected.

PURPOSE:

To protect individuals from exposure to bloodborne pathogens.

PROCEDURE:

1. Using gloves, place the contaminated reusable instruments into a leak-proof container for transport to the decontamination processing area of the station.
2. Remove gloves, discard into a biomedical trash can at the point of origin.
3. Cleanse hands with the waterless hand cleaner, unless running water is available.
4. Upon arrival at the station, add the enzymatic soaking solution to the container of contaminated instruments. Allow the instruments to soak for at least 30 minutes.
5. Wash hands thoroughly with soap and running water.
6. Prior to washing instruments, don appropriate protective garments. This may include chin length face shield or fluid resistant mask and goggles, fluid resistant cover all and gloves.
7. Alert members of the department when washing of instruments takes place to lessen traffic in that contaminated area.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

8. Thoroughly wash and rinse the instruments with a tuberculocidal/virucidal agent.
9. Carefully pour any contaminated liquid into the sewer system.
10. **NEVER REACH INTO THE CONTAINER** at any point of the process with gloved hands. A tong or long handled forceps should be used to remove the instruments from the container.
11. Clean any splash areas thoroughly with the department approved disinfectant.
12. Place the now clean instruments into the disinfectant solution, being sure that the instruments are fully immersed in the solution.
13. Remove and discard all protective attire and dispose of in the biomedical waste bag at the point of use.
14. Wash hands thoroughly for at least 10 seconds.
15. Refer to the Instrument Disinfection Policy (Section 5).

805.5 SECTION 5 METHOD OF COMPLIANCE

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

10. INSTRUMENT DISINFECTION

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that instruments shall be classified and processed according to the recommendations of the Centers for Disease Prevention and Control.

PURPOSE:

To prevent transmission of disease.

PROCEDURE:

1. Instrument Classification:
 - A. Critical - instruments which will PENETRATE skin, mucosa shall be sterilized.
 - B. Semi-Critical - Instruments/items which will CONTACT mucosa shall receive high-level disinfection.
 - C. Non-Critical - Instruments/items which will only have contact with skin. May be treated with intermediate or low level disinfectants.
2. Sterilization:
 - A. There is no equipment at East Lake Tarpon Special Fire Control District to permit the Sterilization process to take place.
 - B. All designated critical instruments shall be prepackaged disposable and labeled as sterile one time use by the supplier.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

3. High-Level Disinfection:

- A. Glutaraldehyde-Based Solutions - Are registered by EPA as disinfectant/sterilants and thus may be used for either sterilization or high level disinfection. Avoid skin contact and vapors. Solutions may be corrosive. All items treated with glutaraldehydes must be thoroughly cleaned before and rinsed after immersion. At the present time Cidex has been tested and met all the testing requirements for high-level disinfection. The solution may be purchased in a 14 day or 28 day holding solution. Instruments must be completely submersed for at least a 30 minute contact time. Refer to the manufacturer recommendations.
- B. Chlorine Dioxide Based Solutions - May be used for high level disinfection of semi-critical items not subject to corrosion. Should not be used on aluminum and oxidizable metals. Solutions may be kept in plastic or glass containers. Refer to manufacturer recommendation for contact time.
- C. Hydrogen Peroxide 6% - May be used for high-level disinfection of semi-critical items. Immersion time is at least 20 minutes. The advantages are that it is highly sporicidal, safe and versatile. Cannot use paper to wrap!
- D. Products which have completed validation testing with satisfactory results are as follows: Cidex Aqueous, Activated Dialdehyde Solution, Cidex Formula 7, Cidex Plus 28-day Solution, Actril, Renalin and Endospor.
- E. ***EPA has taken action three times in six months against chemical sterilants for lack of efficacy. EPA recalled Sporicidin Cold Sterilizing Solution and single batches of the following products: Bionox A and Bionox B, WipeOut, Metricide, Metricide 28, Metricide Plus 14, Metricide Plus 30 and Coldsport.

4. Intermediate Level Disinfection:

- A. Iodophors - Are available in concentrated preparations and contain surfactants. Iodophors with a label claim of tuberculocidal activity may be used as intermediate disinfectants for certain surfaces and equipment. May be used on counter tops, chairs. May also be used as a "holding solution", as well as on certain items that are not sterilizable. Avoid using on stainable surfaces. May be corrosive.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

- B. Sodium Hypochlorite (household bleach) - Commonly used as a 1:100 solution (1/4 cup to one gallon of water). Should be mixed fresh daily. Items to be treated should be carefully pre-cleaned. May be used for intermediate level disinfection on non-critical surfaces and equipment. Should not be used on aluminum or oxidizable metals. Utilize gloves and face protection.
- C. Phenolics: Steriphene II disinfectant spray, ZEP formula 165- May be used for intermediate level disinfection if tuberculocidal. Available as sprays and liquid. May be used for surfaces, equipment. May be used as "holding solution". Avoid skin or mucous membrane contact. Utilize gloves and face protection. Requires a 10 minute exposure .
- D. Quaternary Ammonium - May be used if tuberculocidal. Is a good cleaner, less expensive than a phenolic. Available as a spray and liquid. May be safely used on all surfaces. Not as toxic as a phenolic. Requires a 10 minute exposure time. Utilize gloves and face protection.
- E. Ethyl or Isopropyl Alcohol 70-90% - May be used for an intermediate to low level disinfection. Requires a 10 minute exposure time.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

11. MEDICATIONS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that all medications shall be handled with strict adherence to asepsis.

PURPOSE:

To prevent transmission of infection.

PROCEDURE:

1. The medication box shall be thoroughly cleaned, as necessary, and replenished after each use.
2. The medication box shall be checked on a daily basis for shortages. Any visibly damaged medications shall be replaced immediately.
3. The medications shall be checked on a monthly system for outdates. Remove drugs that will expire within month for return to Sunstar Material when store room supplies are available for re-stocking the Med Box.
4. All medications shall remain in the sealed box until needed. The exception is when the medication must be removed from the box to facilitate proper storage in the drug box.
5. Any questionable contaminated medications shall be discarded.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

12. DISINFECTION OF BLOOD AND BODY FLUID SPILLS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that all spills or splashes of blood or other body fluids, within a building or on it's premises, be cleaned up and the spill or splash area be decontaminated as soon as possible. There shall be no hand contact of broken glass or any other sharp.

PURPOSE:

To minimize the danger of environmental contamination, possible spread of bloodborne infections and puncture from sharps.

PROCEDURE:

STATION:

1. Assemble necessary supplies/equipment.
2. Wash hands.
3. Put on disposable gloves and any other equipment if slashing is a possibility.
4. Soak up the spill with paper towels.
5. Spray the spill area with a hospital grade disinfectant.
6. After 10 minutes, wipe up the solution with a paper towel until the area is dry.
7. Discard paper towels, gloves and any other contaminated protective attire into a biomedical waste bag at the point of use.
8. Wash hands for at least 10 seconds.
9. After the initial clean up, regular environmental disinfection can take place.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

FIELD:

1. Assemble necessary supplies/equipment.
2. Cleanse hands with waterless hand cleaner.
3. Put on fluid resistant attire including eye protection and gloves.
4. Spray the area with a 1:32 ratio bleach solution. See instructions below.
5. After 10 minutes, hose the area thoroughly.
6. Remove all protective attire. Disposables should be placed into a biomedical waste bag if visibly soiled with blood, otherwise they may be disposed of in the regular trash. Reusable attire should be transported to the station in a securely closed leak-proof bag for thorough decontamination and disinfection.
7. Cleanse hands with waterless hand cleaner.
8. Upon return to the station, follow the appropriate procedure for decontamination and disinfection of reusable attire (Section 5). Additionally, thoroughly wash hands with soap and running water for at least 10 seconds.

To mix a 1:32 ratio solution of bleach, mix ½ cup of household bleach in 1 gallon of water. Mix new solution for each use. Do not pre-mix solution and leave in sprayer.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

13. VEHICLES

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that the interior of the vehicle shall be thoroughly cleaned as soon as possible after use.

PURPOSE:

To minimize the danger of environmental contamination and transmission of infection.

PROCEDURE:

1. Wash hands.
2. If soilage to your clothing is likely, don a fluid resistant jumpsuit.
3. Put on a pair of disposable gloves.
4. Thoroughly remove any visible blood, body fluids or other matter with soap and water.
5. Scrub the interior with a hospital grade disinfectant - detergent.
6. Rinse.
7. Spray the surfaces with a tuberculocidal/virucidal agent (i.e., ZEP 165) according to the manufacturer's recommendations.
8. Remove the protective attire (gloves and jumpsuit).
9. Discard the protective attire in a Biomedical Waste bag if visibly soiled with blood, otherwise dispose of it in the regular waste.
10. Wash hands for at least 10 seconds.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

14. EQUIPMENT DECONTAMINATION/DISINFECTION

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that all reusable equipment and supplies shall be decontaminated and disinfected after each use.

PURPOSE:

To prevent transmission of disease.

POLICY:

1. Instruments.
Instruments shall be classified, decontaminated and disinfected according to Policy, Section 5, Page 18.
2. Suction Units.
Suction units shall be decontaminated by spraying surfaces with Zep 165 or Steriphene II spray and allowing to air dry. Suction Canisters are to be treated according to policy: Section 5, Page 30.
3. Other Reusable Equipment, i.e., Back Boards, Splints.
Unless already cleaned by the ambulance contractor, reusable equipment shall be disinfected after each use with a hospital approved disinfectant that is tuberculocidal and virucidal (i.e., ZEP 165).
4. Carry Cases, i.e., Drug Boxes, Trauma Boxes, Respiratory bags.
All carry cases shall be thoroughly disassembled on a monthly and as necessary basis. Thoroughly washed with soap and water, sprayed with a hospital approved disinfectant that is tuberculocidal and virucidal (i.e., ZEP 165 or Steriphene II) and restocked with clean supplies as necessary.
5. Blood Pressure Cuffs.
Decontaminate with soap and water. Spray with a hospital disinfectant that is tuberculocidal and virucidal (ZEP 165, Steriphene II), allow to air dry before repacking.
6. Stethoscopes.
Ear pieces should be cleaned out using a cotton-tipped applicator that is impregnated with alcohol. The diaphragm should be sprayed with ZEP 165 or hospital grade disinfectant/TB spray (Steriphene II) and allowed to air dry.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

15. CPR TRAINING MANIKIN

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that the facial area of the CPR manikin shall be thoroughly cleaned at the end of the class (will be cleaned by the next shift if class ends after 2000 hours). CPR face shields shall be used between each student when utilizing a multi-use manikin.

PURPOSE:

1. Prior to the beginning of the class, thoroughly spray the mouth and nose of the manikin with ZEP 165 or Steriphene II disinfectant spray.
2. Allow the area to remain wet for at least 10 minutes.
3. After 10 minutes, wipe the area with a clean gauze pad.
4. Students will be given disposable face shields to use while performing mouth to mouth procedures on manikin.
5. Upon conclusion of the class (or next shift), the face/head shall be soaked in a freshly prepared 1:10 Clorox solution for 10 minutes and allowed to air dry. The torso area of the manikin shall be washed with ZEP 165 cleaning solution or Steriphene II disinfectant spray and allowed to dry.
6. The lungs shall be disposed of after each class.
7. Discard all disposable items in the regular trash.
8. Thoroughly wash hands with soap and running water for at least 10 seconds.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

16. SUCTION CANISTERS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that suction canisters shall be securely closed and discarded as Biomedical Waste after each use.

PURPOSE:

To prevent transmission of disease.

PROCEDURE:

1. Cleanse hands with waterless hand cleaner.
2. Put on a pair of disposable gloves.
3. Remove the used canister and tubing from the suction machine.
4. Discard the tubing into a biomedical waste bag.
5. Securely close the canister - **DO NOT EMPTY THE CONTENTS.**
6. Discard the canister into a biomedical waste bag.
7. Spray and wipe off the suction machine.
8. Discard gloves into a biomedical waste bag.
9. Cleanse hands with waterless hand cleaner.
10. Upon return to the station, thoroughly wash hands with soap and running water for at least 10 seconds.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

17. INTRAVENOUS ADMINISTRATION

POLICY:

To prevent transmission of infection. The device will be a self-sheaving, auto-retractable, or other safety device.

PROCEDURE:

1. Assemble necessary equipment.
2. Cleanse hands with waterless hand cleaner.
3. Put on gloves.
4. Thoroughly cleanse the injection site with alcohol.
5. **DO NOT TOUCH THE PREPARED AREA.**
6. Make the stick - if the stick is unsuccessful - **DO NOT USE THE SAME NEEDLE OR SITE.**
7. Once the stick is successful, apply the occlusive dressing.
8. Discard disposable materials.
9. Cleanse hands with waterless hand cleaner upon completion of call.
10. Spray the bottom of the med box with hospital grade disinfectant/TB spray and upon return to the station, clean and restock the Med Box .
11. Thoroughly wash hands with soap and running water for at least 10 seconds.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

18. SPECIAL PROCEDURES

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that all procedures shall be accomplished using strict adherence to appropriate technique to minimize splashing and/or exposure of bloodborne pathogens.

PURPOSE:

To prevent exposure to blood/body fluids.

PROCEDURE:

1. Procedures according to the recommendations of the Centers for Disease Prevention and Control shall be followed.
2. Refer to the Patient Care Activity Chart for appropriate barriers (Section 5).

MISCELLANEOUS:

In the event of direct exposure to or contact with blood or other infectious materials:

1. Immediately wash the affected area with soap and water or, in the case of mucous membranes, flush copiously with water.
2. Report the incident immediately to the District Chief, who will notify the designated ICO.
3. Record **IN WRITING** the time, nature of the exposure and the source.
4. Refer to the post exposure plan, MOM's 8.26.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

19. PATIENT CARE PRACTICES

Involves multifaceted patient care delivery in an outpatient setting. All patient care activities require attention to aseptic techniques.

Following is a list of the **Minimum** requirements recommended during controlled situations to protect the health care worker from potentially infectious agents. This list is not all inclusive, so judgment is required on the part of the health care worker to assess the need for additional barrier protection in less controlled situations.

Other barriers may be required to protect the patient during certain procedures.

If an employee has an open cut or abrasion on their hands, they are responsible for protecting it through the use of gloves.

Sterile technique is to be used during sterile procedures.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

Legend: X = Routinely
 S = If soiling is likely
 ** = If splattering likely

Patient Care Activity	Hand Washing	Gloves	Cover All	Mask	Eye Protection
Child Birth	X	X	**	**	X
Cleaning the inside of the vehicle	X	X	S	**	**
CPR	X	X		**	**
Dressing Application	X	X	S	**	**
Instrument Processing	X	X	S	**	S
Intubation	X	X		**	X
Invasive Procedures	X	X		**	**

a. Oral	X	X			
b.Subcutaneous	X	X			
c.Intramuscular	X	X			
d.Intravenous	X	X			
Suctioning	X	X	S	**	X
Trauma Care	X	X	S	**	**

Medication Administration:

History: Effective: 12/01/04 Revised 07/04 Original 11/00

20. NEW JOB CLASSIFICATION

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that when a new individual comes to the department or personnel change jobs within the department, the following process takes place.

PURPOSE:

To ensure that department personnel are appropriately classified.

PROCEDURE:

1. The job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which have been identified in the Exposure Control Plan as those in which occupational exposure occurs.
2. If the individual is transferring from one job to another within the department, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
3. Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the department member into occupational exposure situations are identified.
4. The individual is then trained by the Emergency Medical Service Chief or Training Officer regarding any work practice controls that the individual is not experienced with.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

21. NEEDLELESS ADMINISTRATION SYSTEM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to participate in Pinellas County EMS's needleless system. Medications available in the needleless pre-ject form shall be utilized. The use of needles shall be minimized, whenever possible.

PURPOSE:

1. To reduce the danger by needle sticks.
2. To prevent transmission of disease.

EQUIPMENT:

Medications with needleless adapters and needleless IV supplies.

PROCEDURE:

IV Administration Set- IV catheter is inserted and needle is retracted and discarded. A needleless extension tubing is attached to catheter. IV tubing is attached to extension set. Connections are made via twist-lock.

Pre-ject administration- Attach syringe directly onto IV set. Administer medication into port.

Medications from a Vial- Use a standard needle to draw up medication from the vial. After the medication is drawn up, either inject into IV bag directly or remove the needle and discard appropriately. Administer medication directly into the port on the IV tubing.

Medications from a Glass Ampule- Draw up medication utilizing a filter straw. Remove the filter straw and discard appropriately (has no sharp point). Administer medication directly into the port on the IV tubing or, utilizing a standard needle, inject into IV bag. **Never use the filter straw to administer the medication.**

DIRECT DRAW ADAPTER- For withdrawing blood from an IV start kit. Attach adapter to the port of an IV start kit (reseal kit) insert one collection tube collect blood/saline and discard. Insert second tube for blood collection.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

D. PERSONAL PROTECTIVE EQUIPMENT

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that the department shall provide, at no cost to the department personnel, the personal protective equipment (PPE) that they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Bunker Gear and Helmets
- Fluid Resistant Jumpsuits
- Fluid Resistant Protective Eyewear
- Gloves, latex and puncture resistant
- Resuscitation Equipment
- Rubber/leather Fire Boots
- Hip Pack for carriage of PPE

PURPOSE:

To provide the individual with a physical barrier between the rescuer and the infectious agent. This is the "last line of defense".

PROCEDURE:

1. Hypoallergenic gloves, glove liners and similar alternatives shall be readily available to those individuals who are allergic to the gloves the station normally uses. The individual is to advise the EMS Chief when this need occurs.
2. To make sure that this equipment is used as effectively as possible, all individuals adhere to the following practices when using their personal protective equipment:
 - a. Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
 - b. All personal protective equipment is removed prior to leaving the work area or accident site.

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3. The Chief is responsible for ensuring that all work areas have appropriate personal protective equipment available to East Lake Tarpon Special Fire Control District personnel.
4. All individuals are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided, when necessary, if an individual takes a new position or new job functions are added to their current position.
5. To determine whether additional training is needed, the individual's previous job classification and tasks are compared to those for any new job or function that they undertake. Any needed training is provided by the Training Officer or a designated member of the
6. To ensure that personal protective equipment is not contaminated and is in the appropriate following practices:
 - a. All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
 - b. Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
 - c. Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by placing that equipment in the biomedical waste disposal system at the point of use.
7. East Lake Tarpon Special Fire Control District provides disposable personal protective equipment for use when determined to be necessary.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

1. GLOVES

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that gloves be worn with all patient contact, paying particular attention to the handling of blood or body fluids, mucous membranes and non-intact skin.

PURPOSE:

1. To prevent the spread of infection and disease to personnel.
2. To protect wounds from contamination.
3. To keep hands free from potentially infectious material.
4. To prevent exposure to the AIDS and Hepatitis B Viruses from blood or body fluids.

EQUIPMENT:

Gloves of appropriate size.

PROCEDURE:

When to Use Gloves:

1. With all patient contact.
2. When touching excretions, secretions, blood, body fluids, mucous membranes or non-intact skin.
3. After touching a client's excretions, secretions, blood, or body fluids, or contaminated items.
4. When hands have any cuts, scrapes, wounds, chapped skin, dermatitis, etc.
5. When cleaning blood/body fluid spills.
6. When cleaning potentially contaminated items.

Putting on Gloves:

1. Obtain gloves in appropriate size.
2. Put on gloves and visually examine them for any openings. If gloves are torn, they must not be worn.

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Removing the Gloves:

1. Using one hand, pull the cuff down over the opposite hand turning the glove inside out.
2. Discard the glove into the waste receptacle.
3. With the ungloved hand, pull the cuff down over the opposite hand turning the glove inside out.
4. Discard the glove into the biomedical waste receptacle if visually contaminated with blood or body fluids.
5. Discard the glove package into the paper receptacle.
6. When in the field, cleanse hands with waterless hand cleaner.
7. Upon return to the station, wash hands with soap and running water for at least 10 seconds.

MISCELLANEOUS:

1. When gloves are indicated, disposable single-use gloves should be worn.
2. Sterile gloves should be used for invasive procedures to prevent contamination of the client and to decrease the risk of infection.
3. Non-sterile gloves should be used primarily to prevent the contamination of the hands when providing care/services to the client and cleaning contaminated surfaces.
4. Use gloves only once. Discard used gloves into the appropriate waste receptacle.
5. If gloves are visually contaminated with blood or body fluids, they must be disposed of as biomedical waste at the point of use.
6. Wash hands after removing gloves. (Note: Gloves do not replace hand washing.)
7. Gloves should be removed before removing the mask/face shield and suit and discarded into the waste receptacle at point of use.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

2. PROTECTIVE EYEWEAR

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to use protective eyewear to protect the mucous membranes in the eyes when splashes from blood or body fluids is likely.

PURPOSE:

1. To prevent splashing into the eyes.
2. To prevent transmission of disease.

PROCEDURE:

1. Eyewear will be readily available where protective barriers are kept.
2. When anticipating splashes of blood or body fluids to the eyes, eyewear will be worn.
3. Regular cleaning and disinfecting procedures used within the department are adequate for decontamination of soiled reusable eyewear. Refer to Decontamination and Disinfection of Reusable Equipment (Section 5).
4. In the event of an exposure, the post exposure plan found in MOM's 5-37 shall be followed.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

3. FLUID RESISTANT COVERALLS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that fluid resistant coveralls (Deluxe Staff Protection Kit) shall be worn when soiling of the clothing with blood or body fluids is likely.

PURPOSE:

1. To prevent the spread of infection and disease.
2. To prevent soiling of clothing with infective material.
3. To prevent the splashing or spillage of blood or body fluids on the clothing or onto exposed skin.

EQUIPMENT:

Fluid resistant coveralls (Deluxe Staff Protection Kit) Note: (additional individual size gowns, booties and caps are available through Sunstar Materials)

PROCEDURE:

1. Fluid resistant coveralls shall be worn when clothing is likely to become soiled with potentially infective secretions or excretions during invasive procedures or cleaning equipment/instruments.
2. The coverall must be completely closed. If a jumpsuit is worn the legs must be pulled down to the shoes, covering the clothing completely.
3. Use the coverall only once, then discard into the appropriate container at the point of use.
4. Hands must be cleansed or washed after removing the coverall.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

4. FLUID RESISTANT MASKS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that FLUID RESISTANT MASKS shall be worn when a client has a productive cough or when splashing of blood or body fluids is anticipated.

PURPOSE:

1. To prevent transmission of infectious agents through the air.
2. To protect the wearer from inhaling droplets.
3. To prevent the transmission of some infections that are spread by direct contact with mucous membranes.

EQUIPMENT:

High-efficiency fluid-resistant disposable masks. (N-95)

PROCEDURE:

When to Use:

1. When providing services where the use of a mask is indicated.
2. When performing a task that may involve the splashing of blood or body fluids into the mouth or nose.

Putting on the Mask:

1. Obtain the mask.
2. Wash your hands for at least 10 seconds.
3. Remove the mask from its container. Note: If suiting procedures are necessary, put the mask on before putting on the coverall or bunker gear.
4. Do not touch the part of the mask that will cover your face. Hold the mask by the strings only.

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5. Put the mask over your nose and mouth. Place the strings around your ears.
6. Avoid any unnecessary handling of the mask.

Removing the Mask:

1. Wash your hands for at least 10 seconds.
2. Remove the mask from your face. Handle strings only.
3. Discard it into the waste receptacle at the point of use.
4. Cleanse hands with waterless hand cleaner when in the field.
5. Upon return to the station, the hands must be washed with soap and running water for at least ten seconds.

MISCELLANEOUS:

1. Make sure your hands are clean before putting on a face mask.
2. Make sure your mask covers your nose and mouth while performing services.
3. If your face mask gets wet, change it. Masks become ineffective when moist.
4. Do not let the face mask hang around your neck.
5. When changing a face mask, you must wash your hands.
6. Do not remove your mask while performing services.
7. Mask may be used only once and then discarded.
8. Handle mask only by the side strings.
9. Never touch your mask while it is in use.
10. Follow established hand washing techniques.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

11. If the mask is visibly soiled with blood or body fluids, it must be placed into the biomedical waste container at the point of use.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

5. BUNKER GEAR/HELMETS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that Bunker Gear and helmets shall be worn in any firefighting situation or situations where there may be exposure to conditions that may be hazardous to employees including falling objects, high temperatures and broken glass or sharp metal.

PURPOSE:

1. To prevent the transmission of disease.
2. To prevent any tears in skin or clothing.
3. To protect against fire injury.

EQUIPMENT:

Clean, intact bunker gear and helmet.

PROCEDURE:

1. Bunker gear shall be worn to protect the individual from splashes or cuts of skin/clothing. Helmet is designed to prevent injuries to the head.
2. The bunker gear must be laundered on a 6 month and as necessary basis.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

6. PERSONAL HIP PACKS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide personal hip packs for employees to carry PPE. In order for PPE to be accessible, the hip pack shall be worn on all medical calls and at least one personnel will carry a hip pack to the YMCA during physical fitness training.

PURPOSE:

To assure rapid access to PPE.

EQUIPMENT:

Personal hip packs with standard PPE items including but not limited to: safety glasses, disposable gloves, waterless hand cleaner, fluid resistant mask, and other related items. Other items used during medical calls may be carried in hip pack.

PROCEDURE:

1. Employees shall be issued personal hip packs with the standard items of PPE upon entry into employment.
2. Personnel shall wear the personal hip packs on every medical call.
3. Personnel are responsible for restocking the PPE, as necessary.
4. Lost packs will be reported to the employee's immediate supervisor.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

7. RESUSCITATION EQUIPMENT

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that resuscitation equipment such as pocket masks and Bag Valve Masks be used in place of mouth-to-mouth resuscitation.

PURPOSE:

To prevent the spread of infection and disease.

EQUIPMENT:

Pocket Masks or Ambu Bag

PROCEDURE:

When to Use:

1. In the event of a code situation instead of mouth-to-mouth resuscitation.
2. All Ambu bags and pocket masks are disposable and are only to be used one time and discarded into the appropriate waste container.

Exceptions:

- a) A sudden change in patient status occurs such as when an apparently stable patient unexpectedly begins to hemorrhage profusely, putting the patients life in jeopardy.
- b) A firefighter rescues an individual who is not breathing from a burning building and discovers that his/her resuscitation equipment is lost/damaged and he/she must administer CPR.
- c) A bleeding suspect unexpectedly attacks a police officer with a knife, threatening the safety of the officer and/or coworkers.

Note: An employees decision not to use PPE is to be made on a case by case basis and must be prompted by legitimate and extenuating circumstances. In such cases, no citation should be issued when the employee temporarily and briefly abandons the use of PPE. This does not relieve the employer of the responsibility to ensure that PPE is readily accessible at all times. The employer must investigate and document why PPE was not used.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

8. UNIFORM SHOES

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that appropriate uniform shoes shall be worn while on duty.

PURPOSE:

Uniform duty shoes.

PROCEDURE:

1. Appropriate uniform duty shoes are to be worn while on duty.
2. After an emergency situation where there may have been exposure to blood or body fluids, the shoes are to be decontaminated by scrubbing with a brush and then sprayed with Cavacide, ZEP 165 or STERIPHENE II.
3. Damaged shoes are to be repaired or replaced.

NOTE: APPROPRIATE DUTY SHOES ARE THOSE THAT ARE FULLY ENCLOSED LEATHER OR A COMBINATION OF LEATHER AND CORDURA FABRIC.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

E. HOUSEKEEPING

Maintaining the department in a clean and sanitary condition is an important part of the Bloodborne Pathogens Compliance Program. To facilitate this, a written schedule for cleaning and decontamination of the various areas of the station has been established. The schedule provides the following information (this schedule can be found on the following page).

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions that are appropriate.

Using this schedule, the department employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:

After the completion of medical procedures.

- Immediately (or as soon as feasible) when surfaces are overly contaminated.
- After any spill of blood or infectious materials
- Between each patient if the surface may have been contaminated during that patient contact and at the end of each day.
- All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
- Contaminated reusable sharps are placed in appropriate containers at the point of use.

The District Chiefs are responsible for setting up the cleaning and decontamination schedule and making sure it is carried out within the station.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

WHAT	WHO	WHEN	WITH WHAT
Bed Covers	Dept. Personnel	Twice a month and as Necessary	Laundry Detergent
Bed Rolls	Department Personnel	At least every 5 shifts and as necessary	Laundry Detergent
Bunker Gear	Department Personnel	Every 6 months and as necessary	Laundry Cleaner
Carpeting	Contract Cleaner	As necessary	Commercial Carpet Cleaner
Carry Boxes	Department Personnel	Weekly and as Necessary	Soap & Water, ZEP formula 165
CPR Training Manikins	Department Personnel	Between each class	ZEP formula 165 or Bleach Disinfectant or (Section 5, p29)
Decontamination Area	Department Personnel	As necessary	ZEP formula 165
Floors	Department Personnel	Daily and as Necessary	General Detergent
Kitchen	Department Personnel	Daily and as necessary	Kitchen Detergents
Light Fixtures	Department Personnel	As necessary	General Detergent
Mop Buckets	Department Personnel	Weekly and as necessary	Soap & Water, Bleach
Mops	Department Personnel	Weekly and as necessary	Washing Detergent and Bleach
Office Areas	Department Personnel	Weekly and as necessary	General Detergent
Outside Storage Area	Department Personnel	Weekly and as necessary	General Detergent

CLEANING SCHEDULE

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

CLEANING SCHEDULE

WHAT	WHO	WHEN	WITH WHAT
Rest Rooms	Department Personnel	Daily and as necessary	Bathroom Detergents disinfectant sprays window wash solution
Reusable Equipment	Department Personnel	After each use	Soap & Water, (see section 5 pg. 27-28)
Reusable Instruments	Department Personnel	After each use	Enzymatic Cleaner, (see section 5 pg. 17-18)
Reusable Personal Protective Equipment MSA mask	Department Personnel	As necessary	Soap & Water, (A33 dry cleaner)
Sleeping Quarters	Department Personnel	Weekly and as necessary	General Detergent Hospital grade disinfectant
Storage Areas	Department Personnel	Weekly and as necessary	Soap & Water, Hospital grade disinfectant
Trash Cans	Department Personnel	Weekly and as necessary	ZEP 165 and water, Hospital grade disinfectant
Upholstered Furniture	Department Personnel	As necessary	Upholstery Cleaner Vacuum
Vehicle Interior	Department Personnel	Weekly and as necessary	Soap & Water, Hospital grade disinfectant
Windows	Department Personnel	Monthly and as Necessary	Window wash solution

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

F. LAUNDRY

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that all soiled linen and/or garments shall be considered contaminated under the guidance of Universal Precautions.

PURPOSE:

To prevent exposure to contaminated laundry.

PROCEDURE:

A. PERSONNEL CLOTHING

1. If personnel clothing becomes contaminated with blood or the designated body fluids, the individual should:
 - a. Alert the District Chief or appropriate member of the chain of command of the occurrence.
 - b. Remove the soiled garments.
 - c. Wash the soiled areas of the body thoroughly with soap and water.
 - d. Don clean attire.
 - e. Place the soiled garments in a securely closed plastic bag. If the items are not cleaned, do not use a red biohazard bag.
2. The department shall make arrangements to have personnel clothing laundered at the station or commercially at the discretion of the department. There shall be no expense to the individual.
3. **At no time shall the individual take home these soiled garments.**

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

B. BUNKER GEAR

1. If Bunker Gear becomes contaminated, it shall be placed into a yellow bag and taken to station 56 for laundering and drying. (Station 58 can wash gear, but must send it to 56 for drying). The individual shall then be issued a clean set of bunker gear from the store room at station 58..
2. All Bunker Gear shall be routinely laundered on a 6 month basis.

C. BED ROLLS / COVERS

1. All bed rolls/covers shall be removed from individual lockers after 5 shifts and laundered.

D. TOWELS / PERSONAL ITEMS

1. All towels and personal items are the responsibility of the individual unless the personal item is contaminated with an outside source of blood/body fluids.
2. It is expected that the clothing of the individual shall be clean at all times and free of odor.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

G. WASTE MANAGEMENT PLAN

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to manage and dispose of waste in accordance with Local, State, and Federal regulations in the most cost effective manner possible.

PURPOSE:

To protect the personnel, clients and community from the possibility of disease transmission.

PROCEDURE:

1. GENERAL WASTE

- A. All general waste shall be stored and disposed of in containers large enough to prevent spillage.
- B. All waste containers shall be lined with plastic disposable bags to prevent soiling of the container.
- C. All waste containers shall be cleaned with a hospital approved detergent disinfectant solution and dried thoroughly on a regular and as necessary basis according to the department cleaning schedule.
- D. All waste containers shall be conveniently located so as to be available to department personnel.
- E. All waste containers used for waste other than paper shall be leak-proof, have tight fitting lids and be rodent proof.
- F. General waste shall be removed from the department on a scheduled and as necessary basis by designated individuals.
- G. The dumpster or provided trash container shall be emptied at least weekly and the contents taken to a sanitary landfill by a contract transporter.
- H. The area surrounding the dumpster shall be maintained in a clean fashion by department personnel.

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2. LIQUID WASTE

A. All liquid wastes resulting from the cleaning of utensils, floors, and restroom shall be disposed of in the sanitary sewer system.

B. All disposable liquid waste from the department shall be carefully poured into the sewage system. The individual pouring the waste shall be appropriately garbed to prevent splashing and/or soiling of clothing.

3. BIOMEDICAL WASTE:

A. DEFINITIONS

1 Biomedical waste has been defined by the State of Florida as that waste which may present a threat of infection to humans. Examples include non-liquid tissue and body parts from humans and other primates; laboratory and veterinary waste which contain human disease-causing agents; discarded sharps; and blood, blood products and body fluids from humans and other primates. The following are also included:

- 1a. Used, absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood. Absorbent material includes items such as bandages, gauzes and sponges.
- 1b. Disposable devices that have been contaminated with blood, body fluids or blood contaminated secretions or excretions and have not been thoroughly rinsed.
2. Other contaminated solid waste materials which represent a significant risk of infection because they are generated in medical facilities which care for persons suffering from diseases requiring strict isolation criteria and listed by the U.S. Department of Health and Human Services, Centers for Disease Control, "CDC Guideline for Isolation Precautions in Hospitals," July/August 1983.
3. Laboratory Waste - Any laboratory waste contaminated with a human disease-causing agent. Examples are contaminated specimen and culture containers, sharps, implements used to manipulate specimens that are capable of causing disease in humans and cultures containing human disease-causing agents, components of diagnostic kits contaminated by use with specimens or cultures, live or attenuated vaccines, medium inoculated with a human

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disease-causing organism, specimens that are capable of causing disease in humans and cultures containing human disease-causing agents, stocks of infectious agents, associated biologicals, waste from the production of biologicals and recombinant material, that have the potential to transmit disease to humans.

4. Human and other primate tissues and body parts - Examples are amputated extremities, tissues, tissue cultures, teeth, nail with attached root, and gingival scrapings.
5. Human and other primate blood and blood products. This definition includes whole blood, serum, plasma, blood products such as interferon.
6. Body fluids - Those fluids which have the potential to harbor pathogens, such as human immunodeficiency virus and hepatitis B and include lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. Body excretions such as feces and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine, and vomitus shall not be treated as biomedical waste unless visibly contaminated with blood.
7. Sharps - Devices with physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin. Examples include needles, needles attached to disposable syringes, intact or broken glass, and intact or broken hard plastic. Suction canisters or similar disposable medical items filled with blood or body fluid(s) that are gelled by a polymerizing agent prior to on-site transport may be handled and packaged as non-sharp biomedical waste.
8. Point of Origin has been defined by the State of Florida as the area or scene where the biomedical waste is generated. Examples are the victim's home or the scene of the accident.

B. SEGREGATION

1. Biomedical waste shall be identified and segregated from other solid waste at the point of origin.
2. Biomedical waste, except sharps, shall be packaged in red bags that meet the specifications of the Florida Code.
3. Filled bags shall be sealed at the point of origin by securely tying the top of the bag.

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4. The bag shall not be allowed to become so full that the top cannot be securely tied.
5. Containers used to store the bags shall not be allowed to become so full that the top cannot be securely closed.
6. Discarded sharps shall be segregated from all other waste and shall be placed directly into sharps containers at the point of origin.
7. Sharps containers shall meet the specifications detailed in the Florida Code.
8. Sharps containers shall be discarded upon return at the station or properly disposed of in a Sunstar Ambulance. The top shall be securely taped closed at the time of exchange.
9. At no time shall sharps and other waste be co-mixed, i.e., with cotton balls, gauze pads, or other red bag waste.
10. Biomedical waste shall not be co-mixed with hazardous waste or it shall be managed as hazardous waste.
11. Biomedical waste mixed with radioactive material, shall be managed and disposed of in a manner that does not violate the Florida Code.
12. Any other solid waste, which is neither hazardous nor radioactive in character, mixed with biomedical waste, shall be managed as biomedical waste.

C. LABELING

1. All packages containing biomedical waste shall be labeled as required by the Florida Code.
 - a. BAGS
 - (1) Bags containing biomedical waste shall be labeled prior to being placed into an outer container.
 - (2) The date that is reflected on the label shall be the date on which the bag was first put into use.
 - (3) The label shall include the name and the address of the department and the date when the first item was placed in the bag.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

- (4) The label shall be securely attached to the bag by the individual tying and disposing the waste.
- (5) After depositing the waste into the bag, the individual shall wash their hands and then date the bag when the 1st item is placed in the bag. (6) The International Biological Hazard symbol shall be 6 inches in diameter and permanently marked on the bag. However, symbols of at least 1.5 inches in diameter shall be permitted on bags having the dimensions 19" x 14" or smaller.
- (7) One of the following phrases shall be used in conjunction with the International Biological symbol: "Biomedical Waste", "Infectious Waste" or "Infectious Substance".

b. SHARPS CONTAINERS

- (1) Sharps containers shall be designed primarily for the containment of sharps. Milk jugs, coffee cans or other types of containers not designed for the containment of sharp shall not be used.
- (2) Sharps containers shall be leak-resistant, rigid, and puncture resistant under normal conditions of handling and use.
- (3) Sharps containers shall be clearly labeled with the International Biological symbol of at least 1.5 inches in diameter.
- (4) Additionally, one of the following phrases shall be used in conjunction with the International symbol: "Biomedical Waste", "Biohazardous Waste" or "Infectious Substance".
- (5) Sharps containers shall be of sufficient size so that the sharp is completely enclosed.
- (6) When the used sharps container is exchanged it shall be securely closed, a label which contains the name and address of the department and the date of closure of the container shall be applied by the individual removing the container at the point of origin.

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- (7) Once the sharps container is closed and labeled, it shall be placed in the designated area in the department for pick up by the contract Biomedical Waste Transporter.
- (8) Closed and labeled sharps containers (sharpsafe) can be given to Sunstar ambulance crew for disposal with their used sharps.

D. ON-SITE STORAGE

1. All bags containing biomedical waste and sharps containers once securely tied or taped closed and appropriately labeled shall be placed in the provided rigid, leak-proof container at the fire station in preparation for transport by the Biomedical Waste Contract Transporter.
2. Storage of biomedical waste shall not be for a period of greater than 30 days. The 30 day time period shall commence when the first non-sharp item of biomedical waste is placed into a red bag.
3. Storage of biomedical waste shall be in the designated soiled utility area of the fire station. The soiled utility area of the station shall be:
 - a. Conspicuously marked with the International Biological Hazard symbol.
 - b. Accessible only to authorized personnel.
 - c. Located away from common traffic areas yet accessible to the department personnel and the contract transporter.
 - d. Cleaned on a regular and as necessary schedule by designated persons according to the cleaning schedule.
 - e. Protected from humans, birds, animals and rodents.
4. The outer transporting container shall be dated when the first biomedical waste is placed in it.

E. ON-SITE TRANSPORT

1. There shall be no recycling efforts nor intentional removal of waste from its packaging prior to the waste being disposed of by the Biomedical Waste Contract Transporter.

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2. Packages of biomedical waste shall be handled and transferred in a manner that does not impair the integrity of the packaging.
3. Packages of biomedical waste shall not be compacted or subjected to mechanical stress which will compromise the integrity of the package during transfer.
4. Containment of biomedical waste before or during transportation to the on site transport must be handled in such a manner that no discharge or release of any waste occurs.
5. Containers used to transfer wastes shall be cleaned and disinfected on a regular and as necessary schedule by designated persons according to the department cleaning schedule.
6. Protective clothing shall be worn by all individuals handling the waste, i.e., gloves, outer garments.
7. The outer surface of the waste containers shall be free of visible soil.

F. OFF-SITE DISPOSAL

1. East Lake Tarpon Special Fire Control District **shall not** negotiate for the off-site transport of Biomedical Waste with a person who is not a DER registered Biomedical Waste Transporter.
2. The contract transporter shall pick up the waste on a regular 30 day and as necessary schedule.
3. The contractor will pick up and transport the biomedical waste in leak- proof, fully enclosed containers to a site approved by all regulatory bodies for handling and disposing of infectious wastes.
4. It is the responsibility of the contractor to maintain all valid permits relevant to disposal of infectious waste.
5. The transporting container shall include the appropriate biohazard symbol and phrase "*Biomedical Waste*" in addition to the name and address of East Lake Tarpon Special Fire Control District.
6. It is the responsibility of the contract transporter to provide a leak-proof storage container.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

7. The contract transporter shall provide all necessary documentation of disposal to the Chief of East Lake Tarpon Special Fire Control District.

G EDUCATION AND TRAINING

1. East Lake Tarpon Special Fire Control District shall have a written training program biomedical waste that includes definitions, on-site segregation, handling, labeling, transport, storage and contingency plans for spills.
2. Each new employee shall be instructed by the safety officer or his designee at the time of hire on the Waste Management Plan.
3. Annually, all personnel of East Lake Tarpon Special Fire Control District shall attend an educational program that includes the Waste Management Plan.
4. Educational programs will be conducted that includes waste management on an as necessary basis.
5. All educational program training records shall be maintained in the department for the duration of employment plus three years.
6. Training records shall include:
 - a. Date of all training sessions.
 - b. Contents of the training sessions.
 - c. Name and qualifications for the instructor.
 - d. Names and Identification Numbers of employees attending the training sessions.
7. These training records are available for examination and copying to employees and their representatives as well as state or federal agencies or their representatives.

H. RECORD KEEPING

1. East Lake Tarpon Special Fire Control District shall have on file a current bag quality test report supplied by the bag manufacturer that includes the following:
 - a. Test date
 - b. Bag manufacturer
 - c. Bag dimensions, meaning length and width
 - d. Film gauge, meaning thickness
 - e. Average weight of bags tested

History: Effective: 12/01/04 Revised 07/04 Original 11/00

- f. Impact resistance value, ASTM D-1709-85
 - g. Tearing resistance values, both parallel and perpendicular to the length of the bag, ASTM D-1922-67.
 - h. Name and address of the company that performed the test.
 - i. A written statement that the dyes used in coloring the bags meets the concentration levels for incidental heavy metals listed 10D-104.004(2)(b)1.b.
2. All biomedical waste management records, including any documentation provided by the transporter, shall be maintained for 3 years and be available for inspection by the inspecting agency. Examples are transporter receipts, purchase and return-receipts for mail-in sharps containers, purchase receipts for approved alternative treatment methods, sterilization or treatment logs, receipt from DER approved treatment facilities, and training records.
 3. The contract transporter policies and procedures shall be on file in the administrative offices of East Lake Tarpon Special Fire Control District.

J. CONTINGENCY PLANS

1. The contract transporter shall be contacted immediately by the District Chief or his designee if biomedical waste needs to be removed prior to the scheduled pick up.
2. Routinely, there should be no reaching into or removing anything from the biomedical waste container.
3. Equipment and work surfaces shall be cleaned with a hospital approved disinfectant between each patient contact, when visibly soiled and at the end of the shift.
4. Personal protective equipment shall be worn when necessary.
5. Broken glassware and/or sharps ***shall never*** be picked up by hand.
6. All spills of biomedical waste shall be cleaned up immediately.
7. Any spills or injuries resulting from biomedical waste handling shall be reported through the department incident reporting system.
8. Hands shall be thoroughly washed for at least ten (10) seconds after handling biomedical waste.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

K. BLOOD AND BODY FLUID SPILLS

1. It is the policy of East Lake Tarpon Special Fire Control District that all spills or splashes of blood or other body fluids be cleaned up and the spill or splash area be decontaminated as soon as possible.
2. The individual cleaning the spill shall wear the appropriate protective attire provided by East Lake Tarpon Special Fire Control District and housed in each vehicle.
3. The Blood and Body Fluid Spill Procedure as outlined in Section 5, Page 24 shall be followed.

L. AUTHORITY

1. This policy shall be reviewed by the Chief or his designee and, if necessary on an annual basis.
2. The Chief or his designee has the authority to enforce this policy.

M. MEDICAL PLAN

1. All personnel shall be offered the Hepatitis A and B Vaccine and Pneumonia Vaccine and annual Flu shot at no charge to the individual at the time of hire and at any time thereafter.
2. Records of vaccination or refusal shall be maintained by the department for duration of employment plus three years.
3. In the event of an exposure, the employee shall be referred to the medical director or the Infection Control Consultant according to the department Exposure Control Plan for appropriate treatment and follow up at no expense to the employee.

N. REVIEW AND CERTIFICATION

1. It is the policy of East Lake Tarpon Special Fire Control District that each individual shall review the Waste Management Plan on initial hire and annually thereafter.
2. After review, all personnel shall sign the attached certification.
3. The certification shall be a part of the personnel record.

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

O. COMPLIANCE CHECKLIST

1. East Lake Tarpon Special Fire Control District recognizes that compliance to the State of Florida Biomedical Waste Management Rule must be accomplished. Therefore, a daily inspection and completion of a check sheet shall be made by the company officer of each station.
2. The company officer shall visually inspect the biomedical waste container of each station for proper containerization of waste and sharps.
3. If loose sharps or waste items are discovered in the waste container, the company officer shall secure the products in a proper container.
4. The completed checklist shall be reviewed by the District Chief periodically to ensure compliance with the rule.

805.6 SECTION 6 HEALTH RESTRICTIONS

1 of 11

History: Effective: 12/01/04 Revised 07/04 Original 11/00

A. HEALTH RESTRICTIONS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that personnel who have exudative lesions, weeping dermatitis, or any other potentially contagious illness or condition shall be evaluated by the ICO and/or department physician(s) to determine if the individual should be restricted from performing any invasive procedures or direct patient care, or handling equipment used for patient care until the condition resolves.

PURPOSE:

To protect the personnel, clients and community from the possibility of disease transmission.

PROCEDURE:

- 1 Personnel with any of the above signs or symptoms shall notify the District Chief.
2. Any employee that becomes ill while at work shall notify the District Chief.
3. The District Chief shall notify the ICO or his designee, as necessary.
4. The ICO is responsible for monitoring all employee illness and referring the employee to the department physician.

805.6 SECTION 6 HEALTH RESTRICTIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

B. HEPATITIS B VACCINATION PROGRAM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, Hepatitis B vaccine to all department personnel who have occupational exposure to bloodborne pathogens.

PURPOSE:

To protect the personnel from the possibility of Hepatitis B disease infection.

PROCEDURE:

1. The vaccination program consists of a series of three inoculations over a six month period. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are shall sign a Vaccination Declination Form or Vaccination Exemption Form.

805.6 SECTION 6 HEALTH RESTRICTIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

C. HEPATITIS A VACCINATION PROGRAM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, Hepatitis A vaccine to all department personnel who have occupational exposure to bloodborne pathogens.

PURPOSE:

To protect the personnel from the possibility of Hepatitis A disease infection.

PROCEDURE:

1. The vaccination program consists of a series of two inoculations over six month period to one year period. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

805.6 SECTION 6 HEALTH RESTRICTIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

D. PNEUMONIA VACCINATION PROGRAM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, the Pneumonia vaccine to all department personnel.

PURPOSE:

To protect the personnel from the possibility of Pneumonia disease infection.

PROCEDURE:

1. The vaccination program consists of one inoculation. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

E. ANNUAL FLU VACCINE PROGRAM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, the annual flu vaccine to all department personnel.

PURPOSE:

To protect the personnel from the possibility of the most current Flu disease infection as recommended by the CDC.

PROCEDURE:

1. The vaccination program consists of one inoculation. As part of the bloodborne pathogens training, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

F. MEASLES, MUMPS, RUBELLA VACCINATION PROGRAM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, the MMR vaccine to all department personnel.

PURPOSE:

To protect the personnel from the possibility of contracting Measles, Mumps, and Rubella infection, if they have not been exposed to or inoculated as a child.

PROCEDURE:

1. The vaccination program consists of one inoculation. As part of the infectious disease training program, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

805.6 SECTION 6 HEALTH RESTRICTIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

G. VARICELLA ZOSTER VACCINATION PROGRAM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, the Varicella Zoster vaccine to all department personnel who do not have documented proof of history of Varicella or serologic evidence of immunity.

PURPOSE:

To protect the personnel from the possibility of contracting Varicella infection, if they have not been exposed to or inoculated as a child.

PROCEDURE:

1. The vaccination program consists of two inoculations 4-8 weeks apart. As part of the infectious disease training program, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

H. TETANUS and DIPHTHERIA VACCINATION PROGRAM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, the Tetanus and Diphtheria vaccine to all department personnel as recommended..

PURPOSE:

To protect the personnel from the possibility of contracting Tetanus and Diphtheria infection, if they have not been exposed to or inoculated as a child.

PROCEDURE:

1. The vaccination program consists of two inoculations 4 weeks apart with a third dose 6-12 months after the second dose; booster every 10 years. As part of the infectious disease training program, personnel shall receive information regarding this program.
2. Vaccinations are performed under the supervision of a licensed physician or other licensed healthcare professional. Individuals who have declined to take part in the program or are exempted shall sign a Vaccination Declination Form or Vaccination Exemption Form.

I. SMALLPOX VACCINATION PROGRAM

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, the Smallpox vaccine to all department personnel as recommended by the CDC.

PURPOSE:

To protect the personnel from the possibility of contracting Smallpox in the event of a WMD exposure.

PROCEDURE:

NEED TO GET PROCEDURE FROM HEALTH DEPARTMENT

History: Effective: 12/01/04 Revised 07/04 Original 11/00

J. ANNUAL INFECTIOUS DISEASE SCREENING

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide, at no cost to the individual, annual infectious disease screening for HIV, HBV and HCV. Additionally, HBV titers will be drawn annually for all covered personnel.

PURPOSE:

To monitor the health status of personnel with regards to infectious diseases.

PROCEDURE:

1. Screening tests will be done in conjunction with the employees' annual physical process.
2. The results will remain confidential in accordance with applicable law.
3. Results will be discussed with the employee by the healthcare provider conducting the physical.

K. POST EXPOSURE EVALUATION AND FOLLOW-UP

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that if an individual is involved in an incident where exposure to bloodborne pathogens may have occurred, there are two things that are immediately focused on:

- Investigating the circumstances surrounding the exposure incident, and
- Making sure the individual received medical consultation and treatment (if necessary) as quickly as possible.

The policies and procedures for post exposures are listed in the Pinellas County Emergency Medical Services **Medical Operations Manual (MOMs) in section 5.37**. Due to the changing nature of these policies and procedures, the MOMs document shall be considered the Department's official guideline if currently updated. Currently, an exposed firefighter will accompany a the patient to the destination hospital, or draw blood in PEP kit vials, label the vials and get permission slip signed per PEP protocol with two witnesses and take the vials to a PEP hospital (SP General) to get the SUDS test, and post exposure consult. The FF has the choice to get the HIV prophylaxis drugs at the time or wait until the Western Blot results come back.

History: Effective: 12/01/04 Revised 07/04 Original 11/00

PROCEDURE:

1. Follow MOMs Protocol 5.37.

1. The ICO or his designee shall investigate every exposure incident that occurs in the department. Whenever possible, this investigation is initiated within 24 hours after the incident occurs, and involves gathering the following information:
 - a. When the incident occurred. Date and time.
 - b. Where the incident occurred.
 - c. What potentially infectious materials were involved, type of material (blood, body fluids)
 - d. Source of the materials.
 - e. Under what circumstances the incident occurred. Type of activity being performed.
 - f. How the incident was caused. Accident, unusual circumstances (equipment failure, etc)
 - g. Personal protective equipment being used at the time of the incident.
 - h. Actions taken as a result of the incident (decon, testing, etc).
2. It is recognized that much of the information involved in this process must remain confidential. All steps possible to protect the privacy of the individual(s) involved shall be taken.

L. WORK RESTRICTIONS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to follow the CDC recommended work restrictions for health care workers exposed to or infected with certain vaccine preventable diseases if employee was not vaccinated prior to exposure.

PURPOSE:

To prevent exposure to the community and co-workers or infectious diseases that may have been contracted by employees engaged in patient care.

POLICY:

The following list of diseases and work restriction recommendations will be followed as a guideline in the event of employee exposure or infection in the unvaccinated employee. The treating physical will have the official work restriction limits for the employee.

805.6 SECTION 6 HEALTH RESTRICTIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

DISEASE	RESTRICTION
a) AIDS	May work as long as capable of doing job tasks.
b) Conjunctivitis	May work, but no patient contact until discharge has subsided.
c) Diarrhea	Off until infection ruled out.
d) Diphtheria	Excluded from duty if not vaccinated, until antimicrobial therapy is completed and 2 nasopharyngeal cultures obtained >24 hours apart are negative.
e) Draining wound	Off until cleared by physician.
f) Hepatitis A	Restrict from patient contact and food handling for 7 days after the onset of jaundice or Hepatitis Immune Globulin administered.
g) Hepatitis B	Employees must use standard precautions until HbeAG+ is negative.
h) Hepatitis C	Standard precautions as for Hepatitis B.
i) Herpes simplex	May work, but no patient contact unless mask is used.
j) Herpes Zoster	May work if lesions are covered by an occlusive dressing, no patient contact.
k) HIV infection	May work as long as healthy to do job tasks.
l) Impetigo	May work, but no patient contact until crusts are healed.
m) Lice/Scabies	Off until first treatment.
n) Measles (active post exposure)	Excluded from duty for 7 days after rash appears. Excluded from duty 5 th day after 1 st exposure through 21 st day after last exposure and/or 7 days after rash appears.
o) Mumps (active post exposure)	Excluded from duty for 9 days after onset of parotitis. 12 days after 1 st exposure through 26 th day after last exposure if not vaccinated or 9 days after the onset of parotitis.
p) Mononucleosis	Follow physician directions.

805.6 SECTION 6 HEALTH RESTRICTIONS

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

DISEASE	RESTRICTION
q) Pertussis (active)	Excluded from duty the beginning of the catarrhal stage through 3 rd week after the onset of paroxysms or until 5 days after the start of effective antimicrobial therapy.
(Post exposure)	(Symptomatic) Excluded from duty until 5 days after the start of effective antimicrobial therapy. (Asymptomatic) No restrictions, if on prophylactic antimicrobial therapy.
r) Rubella(active) (post exposure)	Exclude from duty for 5 days after rash appears until symptoms resolve. Exclude from duty if not vaccinated 7 days after 1 st exposure through the 21 st day after last exposure and/or 5 days after rash appears.
s) SARS	Off and quarantined until physician clearance.
t) SMALLPOX	Off until physician clearance.
u) Strep infection	Off until physician clearance.
v) Positive TB skin test (Active TB)	May work, with MD follow up. Off until medical clearance is obtained (approx 2 weeks)
w) Upper respiratory infection (FLU)	Employees with acute febrile upper respiratory infections are excluded from duty until symptoms resolve.
x) Varicella (active) (post exposure)	Exclude from duty until all lesions are dry and crust. Exclude from duty if not vaccinated 10 th day after 1 st exposure through 21 st day (28 th day if VZIG administered) after last exposure; if Varicella occurs, until all lesions are dry and crust.

805.7 SECTION 7 LABELS AND SIGNS

1 of 1

History: Effective: 12/01/04 Revised 07/04 Original 11/00

LABELS AND SIGNS

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District that signs and symbols shall be used to warn department personnel of possible exposure to bloodborne pathogens. The ICO is responsible for setting up and maintaining this program.

PURPOSE:

To alert personnel to the possibility of a hazardous condition associated with bloodborne pathogens.

PROCEDURE:

1. The ICO or his designee shall obtain the International Biohazard Symbol identified below.
2. The symbol shall be affixed to:
 - a. any container of biomedical waste.
 - b. any area where decontamination is to take place.
 - c. any items that are contaminated.

INTERNATIONAL BIOHAZARD SYMBOL



805.8 SECTION 8 EDUCATION AND TRAINING PLAN

1 of 2

History: Effective: 12/01/04 Revised 07/04 Original 11/00

EDUCATION AND TRAINING PLAN

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to provide education and training to all covered personnel at time of entry, annually, and on an as-needed basis.

PURPOSE:

To continually educate and train the personnel of East Lake Tarpon Special Fire Control District on infection prevention and control measures.

ELEMENTS

The topics covered in the training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself (29 CFR Part 1910).
- The epidemiology and symptoms of bloodborne diseases
- The modes of transmission of bloodborne diseases.
- The Exposure Control Plan.
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- A review of the use and limitations of methods that will prevent or reduce exposure, including:
 - Engineering controls.
 - Work practice controls.
 - Personal protective equipment.
- Selection and use of personal protective equipment, including:
 - Types available.
 - Proper use.
 - Location of PPE.
 - Removal.
 - Handling.
 - Decontamination.
 - Disposal.

805.8 SECTION 8 EDUCATION AND TRAINING PLAN

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History: Effective: 12/01/04 Revised 07/04 Original 11/00

- Visual warnings of biohazards that include labels, signs and color-coded containers.
- Information on the Hepatitis B vaccination program and HIV and HCV screening.
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- The procedures to follow if an exposure incident occurs, including incident reporting.
- Information of the post-exposure evaluation and follow-up, including medical consultation.

TRAINING METHODS

The training program uses various techniques including, but not limited to:

- Classroom-type atmosphere with personal instruction.
- Video tape programs with follow-up question and answer session with a qualified presenter.
- Training manual handouts.
- Review sessions.

The person conducting the training shall be medically qualified and knowledgeable in the subject matter. Materials used will contain content and vocabulary appropriate for the individuals being trained

Training will be conducted via fire department personnel, as well as with outside content experts. Additionally, some training will be conducted through the Pinellas County EMS CME provider.

805.9 SECTION 9 RECORD KEEPING

1 of 1

History: Effective: 12/01/04 Revised 07/04 Original 11/00

RECORD KEEPING

POLICY:

It is the policy of East Lake Tarpon Special Fire Control District to maintain records on each employee pertinent to infectious disease control according to the applicable laws. Records shall be kept regarding infectious disease training, exposures, vaccinations and screenings. All records of sensitive or confidential nature shall be maintained in the employee's confidential file or at the healthcare professional's facility if available 24/7.

PURPOSE:

To assure that appropriate records are kept.

PROCEDURE:

A. Records include:

1 Training Records:

- Name of individual and ID number
- Date of class
- Instructor's name
- Topic of session with training number, if necessary.
- Contact hours
- Location of class
- Any other pertinent information

2. Exposure Records:

- East Lake Tarpon Special Fire Control District Infection Exposure Form
- Pinellas County PEP Form
- Any pertinent results of testing

3. Vaccination Records:

- Acceptance/Declination Form
- Dates of vaccinations
- Results of screenings, titers

**EAST LAKE TARPON
SPECIAL FIRE CONTROL DISTRICT**

RISK MANAGEMENT PLAN

Division Chief Thomas May

October 2006

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History: Effective: 01/01/07 Revised: 07/04 Original 11/00

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**EAST LAKE FIRE SPECIAL FIRE CONTROL DISTRICT
RISK MANAGEMENT PLAN**

SCOPE

This risk management plan was developed and implemented to comply with the requirements of the National Fire Protection Association (NFPA) 1500, Standard for a Fire Department Occupational Safety and Health Program. In order for this process to be effective, the following elements must be maintained:

- \$ An annual review of the department operations and the impact of any significant or catastrophic incident.
- \$ Compliance of the Health and Safety Officer with NFPA 1521, Standard for Fire Department Safety Officer.
- \$ Periodic review and evaluation of the Department's Occupational Safety and Health Policies and Standard Operating Procedures.
- \$ Periodic review and evaluation of the Risk Management Plan.
- \$ Periodic NFPA 1500 Audit

PURPOSE

The intent of the East Lake Tarpon Special Fire Control District's Risk Management Plan is:

- \$ To effectively serve our customers both internally and externally.
- \$ To reduce the severity of occupational risks encountered by our members that could have a harmful effect and impact during service delivery.
- \$ To provide the safest and healthiest work environment for the members of East Lake Tarpon Special Fire Control District, recognizing the inherent risks of the fire service.
- \$ Establish a standard level of safety for all members of the department.

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RESPONSIBILITY

It is the responsibility of all East Lake Tarpon Special Fire Control District personnel to adhere to, help develop, and follow established procedures to ensure firefighter safety and health within our department.

CONTENT

Risk management incorporates a full range of control measures that may be used to limit, reduce, or eliminate the probability that an undesirable outcome will occur. Risk management also includes control measures that can be used to limit, reduce, or eliminate anticipated hazards. Risk management measures may address the probability of the occurrence, the probable magnitude of the outcome, or both.

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The fire department delivers emergency services, which involve operations that could result in an undesirable outcome, including death or injury to members. Other undesirable outcomes include loss or damage to the organization's apparatus, equipment, or facilities.

Managing organizational risk is not unique to the fire department. The nature of activities conducted by a fire department makes risk management a highly important and challenging process. One mission of the fire department is to reduce the probability of harm to the community that it serves. The fire department must manage its internal (organization) risk while it performs its mission of managing external (community) risk. This plan addresses managing risk within East Lake Tarpon Special Fire Control District.

Risk management consists of many elements such as liability, insurance, safety, health, security, financial impact, and several other elements. For the purpose of this plan we will primarily focus on firefighter safety and health.

There is no single method or solution for effectively managing risk. We will evaluate annually and where necessary. Most importantly, once a risk management process is implemented, the plan must be properly managed, continuously evaluated, and updated annually.

RISK MANAGEMENT MODEL

In order for the risk management plan to be effective, the following components must be included:

- (1) RISK IDENTIFICATION: Actual or potential hazards.
- (2) RISK EVALUATION: The potential of occurrence of a given hazard and the severity of the consequences.
- (3) PRIORITIZING RISK: The degree of a hazard based upon the frequency and severity of occurrence.
- (4) RISK CONTROL: Solutions for elimination or reduction of real or potential hazards by implementing an effective control measure.
- (5) RISK MONITORING: Evaluation of effectiveness of risk control measures.

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PLAN ORGANIZATION

The plan organization utilizes the following tactics to strive toward compliance with the risk management plan:

- § The risk management plan shall at the least identify the risk associated with the following:
 - Operations at emergency incidents
 - Operations at non-emergency incidents
 - Protective clothing and equipment
 - Vehicle operations, emergency and non-emergency
 - Training
 - Facilities
 - Administration
 - Other related activities

- § Identification of the risk that members encounter or may be expected to confront

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- \$ Evaluate the identified risk based upon the frequency and severity of these risks
- \$ An action plan for addressing each of the risks, in order of priority
- \$ Selecting a means of controlling the risk
- \$ Provisions for monitoring the effectiveness of the controls implemented
- \$ A periodic review (annually) and required modifications to the plan

This plan establishes a standard of safety for the daily operations of the department. The standard of safety establishes the parameters in which we conduct activities during emergency and non-emergency operations. We utilize a variety of control measures to ensure for the safety of our members. These control measures include but are not limited to training, protective clothing, incident command, personnel accountability, use of incident safety officers, and standard operating procedures.

The Fire Chief has responsibility for the implementation and operation of the department's risk management plan. The department's health and safety officer has the responsibility for managing and annually revising the risk management plan.

All members of the department have responsibility for ensuring their health and safety based upon the requirements of the risk management plan and the department's occupational safety and health program.

The key to achieving success with this plan is SROVT. (SOLID, REALISTIC, ONGOING, VERIFIABLE TRAINING). The importance is that the department provides an ongoing and verifiable training for all members.

IF IT IS PREDICTABLE, IT IS PREVENTABLE

RISK MANAGEMENT FREQUENCY AND SEVERITY

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The entire risk management decision-making process can be summarized as follows:

- \$ Identify or recognize
- \$ Evaluate
- \$ Act and control
- \$ Monitor and re-evaluate

Since no two departments are alike, there is no standard scale to measure and evaluate frequency and severity of risk. The intent of the risk management process is for the department to develop a standard level of safety. This standard level of safety defines the parameters of the acceptable degree of risk for which members perform their job functions.

By definition, frequency is how often something does, or might, happen. Severity is a measure of the consequences if an undesirable event occurs. Each risk will have its own set of factors that will dictate how the fire department will try to determine how severe the consequences might be.

This scale is used to establish the degree of priority. The scale of high, medium, and low is used to establish the degree of risk when using frequency and severity. East Lake Tarpon Special Fire Control District has a low tolerance for the risk and typically rates frequency and severity higher. This approach is much more effective than accepting a high tolerance for the risk, which means to accept more risk, and consequently rates frequency and severity lower.

The primary focus of the risk management plan is to focus on incidents, which are low frequency and high risk of severity.

GOALS AND OBJECTIVES

For fiscal year 2006/2007, the following goals and objectives are established for the department's risk management plan. These goals and objectives will guide the department toward ensuring that control measures are implemented.

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§ IMPLEMENTATION OF WRITTEN SCBA (SELF-CONTAINED BREATHING APPARATUS) MAINTENANCE PROGRAM

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This program will provide compliance with NFPA 1500 and NFPA 1981 in regard to maintenance and care of East Lake Tarpon Special Fire Control District self-contained breathing apparatus.

§ CONDUCT AN AUDIT OF THE DEPARTMENT'S OCCUPATIONAL SAFETY AND HEALTH PROGRAM

As required by NFPA 1500, Chapter 4, the department shall evaluate the effectiveness of the occupational safety and health program at least once every three years. This audit will be submitted to the Chief and to the members of the department.

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§ IMPLEMENTATION OF INCIDENT SAFETY OFFICER

The intent is to ensure compliance with NFPA 1521, Fire Department Safety Officer. The department will provide training to equip the assigned safety officers. The proposed group to be trained as Incident Safety Officers are: Training Officers, District Chiefs and Lieutenants. Future efforts will be made in regard to dispatch a Incident Safety Officer to responds to pre-determined emergencies.

RISK CONTROL PLAN

<u>Identification</u>	<u>Frequency/Severity</u>	<u>Priority</u>	<u>Control Measures</u>
Interior Structural	Medium/High	High	<ol style="list-style-type: none"> 1. Ongoing ICS (Incident Command Firefighting System). 2. Promote Risk Management Statement and 2 In and 2 Out. 3. Evaluate effectiveness of personnel accountability system. 4. Enforcement of department's SOP on PPE. 5. Evaluate current high rise incident procedures. 6. Better utilization of post-incident analysis process with written documentation.
Vehicle Operation	Medium/High	High	<ol style="list-style-type: none"> 1. Adherence to state motor vehicle Emergency/ Non-Emergency laws. 2. Develop department procedure for emergency response. 3. Monitor individual member's driving record. 4. Enhance training programs for driver/operator certification. 5. Evaluate the investigation procedures for vehicle accidents with fire department accidents.

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<u>Identification</u>	<u>Frequency/Severity</u>	<u>Priority</u>	<u>Control Measures</u>
Natural Disasters	Low/High	High	<ol style="list-style-type: none"> 1. Evaluate procedures and contingency Emergency plans and develop liaison with other city departments. 2. Develop training programs for all department personnel, which addresses the Fire Department Disaster Operations Plan.
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			<ol style="list-style-type: none"> 3. Develop family education with regard to natural disaster emergencies.
Facility Safety	Medium/High	High	<ol style="list-style-type: none"> 1. Conduct a fire, safety, and health inspection of all fire department facilities. 2. Conduct an inspection of fire department facilities in conjunction with the Risk Management Plan. 3. Monitor the infection control compliance within all fire department facilities.
Health Maintenance	Low/High	High	<ol style="list-style-type: none"> 1. Evaluate the Health Wellness Plan and Wellness to improve health maintenance, fitness and wellness. 2. Monitor participation and success with a physical fitness program. 3. Continue health and wellness education.
<u>Identification</u>	<u>Frequency/Severity</u>	<u>Priority</u>	<u>Control Measures</u>
Occupational	High/Medium	Medium	<ol style="list-style-type: none"> 1. Based upon 2005 emergency Injuries/Illnesses incidents continue to Monitor and Health frequency/severity of occupational Exposures. injuries, illnesses, and health exposures. 2. Require all supervisors to review use of PPE and equipment during emergencies and non-emergency operations. 3. Provide annual training on infectious control and evaluate SOP. 4. Create ISO program and future certification with FDSOA. 5. Create written SCBA maintenance program.
Hazardous Material	Medium/High	High	<ol style="list-style-type: none"> 1. Department compliance with 29

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WMD CFR 1910.120, NFPA 472 and 473.

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Use of Protective Clothing	High/High	High	<ol style="list-style-type: none"> 2. Review and update written procedures regarding first responders to WMD incidents.
Equipment			<ol style="list-style-type: none"> 3. Continue training programs to update members on hazardous materials.
Use of Protective Clothing			<ol style="list-style-type: none"> 1. Enforce department’s procedures and for use of PPE.
Equipment			<ol style="list-style-type: none"> 2. Continue PPE cleaning. 3. Ongoing education of personnel of chronic effects of inhalation of byproducts of combustion. 4. Provide multi-gas monitoring for (CO, O2, HS, and LEL/UEL) levels at fire scenes, especially during overhaul.

<u>Identification</u>	<u>Frequency/Severity</u>	<u>Priority</u>	<u>Control Measure</u>
Rehabilitation	High/Low		Medium <ol style="list-style-type: none"> 1. Develop policy relating to during Emergency “Emergency Incident Rehab.”
Incidents			<ol style="list-style-type: none"> 2. Develop policy and procedures for “weather extremes,” lightning, storms, tornados, and flooding.

MONITORING RISK

Provisions for monitoring the effectiveness of the controls implemented:

- § The Risk Management Program will be monitored on an annual basis.
- § Recommendations and revisions will be made based on the following criteria:
 1. Annual accident and injury data for the proceeding year, and significant incidents that have occurred during the past year.
 2. Information and suggestions from the Occupational Health & Safety Committee.
 3. Information and suggestions from the department staff and personnel.
- § Every three years the Risk Management Program will be evaluated. Recommendations will be sent to the Fire Chief, the Health and Safety Officer, and the Occupational Safety and Health Committee.

Reviewed by

Approved by Fire Chief

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History: Effective: 01/01/07 Revised: 07/04 Original 11/00

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ABBREVIATIONS

SROVT	=	Solid Realistic Ongoing Verifiable Training
NFPA	=	National Fire Protection Association
IAFF - IAFC	=	International Association of Fire Fighters/International Association of Chiefs
ICS	=	Incident Command System
PPE	=	Personal Protective Equipment
SCBA	=	Self-Contained Breathing Apparatus
SOP	=	Standard Operating Procedures
FD	=	Fire Department
OSHA	=	Occupational Safety & Health Administration
WMD	=	Weapons of Mass Destruction
OPS	=	Operations
CO	=	Carbon monoxide
PIA	=	Post Incident Analysis
ISO	=	Incident Safety Officer
FDSO App	=	Continuing Medical Education
EVT	=	Emergency Vehicle Technician

807 RESPIRATORY PROTECTION

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History: Effective: 01/01/07 Revised: 07/06 Original 11/00

EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT

RESPIRATORY PROTECTION PLAN

October 2006

PURPOSE

The purpose of this outline is to establish the minimum requirements of the East Lake Tarpon Special Fire Control District Respiratory Protection Program. These safety procedures are for those involved in fire suppression, rescue, and related activities in a toxic or contaminated environment. The achievement of these objectives is intended to help prevent accidents, injuries and exposure to harmful environments. They will also help to develop an awareness of the critical importance of a respiratory protection program to the health and welfare of personnel who work in hazardous atmospheres.

SCBA MASK FIT TEST

- A. The Department will provide for SCBA mask fit-testing for all new firefighters during their orientation period and prior to their using SCBA in any hostile or suspect atmosphere. Annual mask fit testing will be performed on all personnel. Testing will be performed using either Qualitative or Quantitative methodology in accordance with NFPA 1500.
- B. One of the following materials is to be used in qualitative irritant fume or odor fitting tests:
- A stannic tetrachloride or titanium tetrachloride ventilation smoke tube
 - An isoamyl acetate (banana oil) vapor
 - Other innocuous agents easily detectable by irritation or odor

ANNUAL TRAINING

All personnel shall be trained at least annually in the safe and proper use of respiratory equipment that they are authorized to use.

BREATHING AIR / CYLINDERS/BREATHING AIR QUALITY

East Lake Tarpon Special Fire Control District will ensure that breathing air meets or exceeds the minimum requirements set forth by NFPA 1500. Air quality checks will be performed on a quarterly basis. Analysis will be performed and results posted at all stations for review by personal. A copy will also be displayed on S-57.

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History: Effective: 01/01/07 Revised: 07/06 Original 11/00

FILLING AIR CYLINDERS

General Specifications

- A. The onboard fill station is a steel enclosure designed to protect operating personnel from the blast and fragments that would occur in the event of a SCBA/SCUBA cylinder rupture during the filling operation. Still, it is imperative to **ALWAYS** follow established safety procedures when filling SCBA/SCUBA cylinders. No cylinders will be filled outside of this protective container.

FILLING STATION SAFETY

- A. Never attempt to tighten a leaking fitting under pressure (beyond hand-tight). The fitting might be damaged, cracked or stripped. The act of tightening still further while it is under pressure could be just enough to cause it to fail.
- B. Never use compressed air to cool or blow dirt off personnel. High-pressure air can penetrate the skin causing an air embolism (air bubbles).
- C. **ALWAYS SET THE SCFS REGULATOR TO A POINT NO HIGHER THAN THE RATED PRESSURE OF THE CYLINDER(S) BEING FILLED.** Setting the regulator to a higher value can lead to cylinder rupture (See FIG. 2).
- D. NEVER fill two cylinders simultaneously unless they are of the same rated pressure (Never fill 2216 psi and 4500 psi cylinders together. Never fill SCBA and SCUBA cylinders together).
- E. Never fill cylinders that are out of hydrostatic certification date, as stamped on the cylinder (3 years for composite cylinders, 5 years for steel).
- F. Although the SCFS has a steel protective enclosure to house the cylinders while they are being pressurized this does not relieve the operator of the responsibility to inspect the cylinders prior to insertion. Any cylinders having cracks or evidence of significant misuse should be tagged, set aside and hydrostatically tested before they are returned to service.

- B. The fill station holds up to two cylinders in a drawer. It is designed so that the filling of cylinders is not possible unless the drawer is closed and locked. Never attempt to override this feature (see fig. 1)

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History: Effective: 01/01/07 Revised: 07/06 Original 11/00

Cylinder Filling (Cascade Technique)

- A. Inspect the hydrostatic date on the cylinder(s) to be filled. Do not fill composite cylinders with a date longer than 3 years, or a steel cylinder with a date longer than 5 years.
- B. Load the SCBA cylinders to be filled into the drawer; connect fill hoses (hand-tight, never use a wrench) close bleed valves and open the cylinder valves. Slowly open one or both fill-hose valves. The pressure of the cylinders will equalize and the equalized pressure will be reflected on the “Bottle Pressure” gauge.
- C. Push the drawer back into the shield box, engaging the latch appropriately.
- D. Fill Rate: All cylinders will be filled at a rate not to exceed 500 psi per minute.
- E. Compare the “Bottle Pressure” with the “Bank 1 – 4” gauges. The cascade operation will start with the lowest number Bank that has a pressure higher than the Bottle Pressure.
- F. Open the “Fill Valve” fully. Assuming Bank 1 is the starting point; slowly open the “Bank 1” valve, the cylinders will begin to fill. Use the Bank Valve to control flow rate (See FIG. 2).
- G. When the “Bank 1” pressure is equal to the “Bottle Pressure”, close the “Bank 1” Valve. During filling operations, never allow more than one Bank Valve to be open at any one time.
- H. Slowly open the “Bank 2” Valve and complete the fill, or fill until the Bank 2 and Bottle Pressure gauges are equalized.
- I. Repeat this procedure progressing through each of the cascade banks as necessary until the cylinders have reached their rated pressure.
- J. Close all valves. Open the SCFS drawer. Close fill-line valves and cylinder valves. Slowly open bleeder valves.
- K. Disconnect fill hoses and remove the cylinders. Close the bleeder valves. With a line-valve slightly open, close the drawer and latch. Slowly open

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History: Effective: 01/01/07 Revised: 07/06 Original 11/00

- L. the “Fill Valve” and bleed pressure off the system. Open the drawer, make sure all valves are closed and close the drawer.
- M. Turn the regulator counter-clockwise until no resistance (See FIG. 2).

AIR COMPRESSOR

Compressor Safety Rules

- A. Hearing Protection is required in the compressor room while the compressor is running.
- B. This compressor may/will start automatically. The Main breaker will be maintained in the “OFF” position when not in use. To activate, simply turn main breaker to “ON” position. Be sure to return to “OFF” when filling of system is complete.
- C. Never attempt any internal adjustment. There are no user-serviceable or adjustable parts inside the compressor.
- D. The compressor air intake. Do not use the compressor if the intake area is contaminated with vehicle emissions, dust, smoke or any other contaminant.
- E. Never attempt to override an alarm condition. Should the compressor fail to start, or stops running, and an alarm condition exists, notify the Shift Commander immediately.

COMPRESSOR OPERATING GUIDELINES

- A. This compressor requires minimal maintenance and will be done by a third party Agency. In house individuals with maintenance training may perform basic maintenance as long as there is no void in warranty.

SQUAD BANK FILLING PROCEDURE

It shall be the responsibility of each shift to keep the cascade cylinders “topped off”. Cascade cylinders shall be filled when any cylinder falls below 3000 psi or if two or more cylinders become equalized. At no time shall there be more than one cylinder at 3000 psi.

- A. Make sure all SCFS valves are in the closed position. Low cascade cylinder valves (not the “Bank” Valves) should be open (if multiple low cylinders exist fill the highest pressure cylinder independently). The pressure of each cascade cylinder will be reflected on the corresponding Bank Gauges (See FIG. 10)

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History: Effective: 01/01/07 Revised: 07/06 Original 11/00

- B. Turn on the power switch on to the compressor and take fill hose to S-57. Remove the dust cap to Fill Valve and screw on hose connection. ****CAUTION** – If hose is not screwed on completely, air transfer will NOT take place. Open the Bank Valve. With the valve open, turn the SCFS regulator clockwise until the rated pressure of the cylinders to be filled is reached. This will be reflected on the “Outlet Pressure” gauge.
- C. Turn “FILL” petcock to “BANK” and turn “BACK FILL” knob on.
- D. Open valve on hose regulator.
- E. Open the most appropriate bank(s) to be filled. At this point you can walk away while the system fills. The system will automatically shut down at 6000psi.
- F. In the event a call comes in during the filling process, simply turn off the hose regulator and the “FILL” petcock and Banks, disconnect the hose and place to the side and run the call. The compressor will automatically shut down.
- G. To terminate the filling process, simply reverse the procedure.
- H. Turn off the compressor. Follow the compressor shut-down procedure:

SCBA SPECIFICATIONS

SCBA SYSTEMS

East Lake Tarpon Special Fire Control District will only use breathing apparatus, masks, cylinders and all other related equipment that meet the standards as outlined in NFPA.

CARBON CYLINDERS 4500 PSI

The cylinder shall be in accordance with DOT specifications and have a working pressure of 4500 psig. The cylinder shall be lightweight, composite type cylinder consisting of an aluminum alloy inner shell, with a total overwrap of carbon fiber, fiberglass and an epoxy resin. The 45-minute duration cylinder shall have a water capacity of 418 cubic inches and a free gas capacity off 66 SCF.

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History: Effective: 01/01/07 Revised: 07/06 Original 11/00

INSPECTION & MAINTENANCE

GENERAL INSPECTION

- A. All Air Packs will be inspected every morning and anytime personnel are assigned to a new unit during the shift:
1. Visually inspect complete SCBA for signs of damaged or excessively worn components.
 2. Check cylinder for large dents, gouges, insure that hydrostatic date is within three years for composite cylinders and five years for steel cylinders. Cylinders which show signs of exposure to high heat or flame (paint turned brown or black, gauge lens melted, or rubber bumper distorted) shall be red-tagged and removed from service until tested and, if necessary, repaired.
 3. Check that the cylinder is full (4500psi) and top off the cylinder if the pressure is lower than 4000 psi.
 4. Insure that all straps are fully extended and that SCBA is properly secured in its bracket.
- B. Report any SCBA that needs repair to the Lieutenant and follow the maintenance procedure.

FACE PIECE INSPECTION

- A. Perform a visual inspection for signs of cracking, damage, excessive heat or wear. Apply light pressure to the head straps during their inspection.
- B. Don face piece. Hold the palm of your hand over the inlet connection and inhale. Hold your breath for at least 10 seconds. The face piece should collapse and stay collapsed against your face. If it does not, readjust the face piece and test again. ***If this does not correct the leak, do not use the face piece.*** An alternate method of performing the negative pressure check is to attach the mask-mounted regulator with the cylinder valve off and the SCBA bled off.
- C. Test the exhalation valve, take a deep breath and hold it. Block the inlet connection with the palm of your hand and exhale. If the exhalation valve is stuck, you may feel a heavy rush of air around the face piece. Note: You may need to exhale sharply to open the valve. If this does not release the valve, ***do not*** use the face piece.

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- D. Connect the mask-mounted regulator and inhale. If you do not receive a sufficient flow of air, determine if the problem is with the face piece or the SCBA. Remove the defective component from service.
- E. Perform a positive pressure check. With the mask-mounted regulator attached and working, place one index finger into the seal area and slightly pull the seal away from the skin. You should experience a rush of air through the broken seal area. If you do not, ***remove the SCBA from service.***

SCBA INSPECTION

The person assigned a particular SCBA is responsible to perform the entire inspection of that SCBA. The apparatus driver is responsible for the complete inspection of unassigned SCBA. The Lt. is responsible for ensuring that all SCBA are inspected at the beginning of the shift and anytime an SCBA is re-assigned.

MAINTENANCE

SCBA repair and maintenance shall only be performed by personnel who are manufacturer-certified to do so. All SCBA needing repair / maintenance shall be red-tagged "OUT OF SERVICE", entered in the log book, and forwarded to the Shift Commander with appropriate paperwork.

USEAGE

- B. Self-contained Breathing Apparatus are *required* to be used by personnel working in areas where:
 - 1. The atmosphere is, or is suspected of being hazardous, or oxygen levels are <19.5% or > 23.5%;
 - 2. The atmosphere may rapidly become hazardous or oxygen concentration levels may become <19.5% or >23.5%;
 - 3. Flammable gas, vapor or mist in excess of 10% of its Lower Explosive Limit (LEL) is present.
 - 4. Airborne combustible dust at or above its LEL is present;
 - 5. Atmospheric concentration of any substance at or exceeding its Permissible Exposure Limit (PEL) is present;

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6. Any other atmospheric condition that is Immediately Dangerous to Life or Health (IDLH)

1. The required use of SCBA means that the user must have the face piece in place, breathing air from the SCBA only. Wearing SCBA without the face piece in place does not satisfy this requirement.
2. A hazardous atmosphere would be suspected in overhaul areas and above the fire floor in a building. Personnel working in those areas are required to use their SCBA unless the safety of the atmosphere is established by testing and maintained by effective ventilation. Atmospheres that have been determined "safe" may not remain so, any operation that "opens up" or disturbs debris can be expected to create a suspect atmosphere and will therefore be an SCBA-required operation.
3. Areas where the atmosphere can rapidly become hazardous could include rooftop areas during ventilation operations and areas where an explosion or container rupture could be anticipated.

IT IS THE POLICY OF THE EAST LAKE TARPON SPECIAL FIRE CONTROL DISTRICT THAT PERSONNEL SHOULD NOT EXPOSE THEIR UNPROTECTED RESPIRATORY SYSTEM TO PRODUCTS OF COMBUSTION UNDER ANY CIRCUMSTANCES.

General:

- A. Do not wear eyeglasses under the face piece. The temples or sidebars on eyeglasses will prevent an airtight seal. If you must wear glasses, install the spectacle kit. Failure to follow this precaution may cause inhalation of contaminated air.
- B. Do not allow the Nomex hood or facial hair to interfere with the seal. The face piece should make direct contact with skin and insure an airtight seal.
- C. Use of contact lenses shall be permitted during full face piece respiratory protection use, provided that the member has previously demonstrated successful long-term contact lens use.

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LOW AIR ALARM

Upon activation of the low-air alarm, the firefighter shall notify the Company Officer / team members immediately. The C.O. or team leader will make the determination to exit as a group or to split the team; however under no circumstances will there be less than two firefighters together in a hazardous atmosphere. It is the policy of the East Lake Tarpon Special Fire Control District that the low-air alarm signifies the need for immediate exit from the hazardous environment.

SCBA FAILURE

BUDDY BREATHING

The practice of buddy breathing is not endorsed in any way. The practice of passing a face piece back and forth between two users is considered unsafe because highly toxic air contaminants can enter the face piece during the exchange of the face piece. It is considered a better idea to move to fresh air with the assistance of another fire fighter who is wearing their complete SCBA, than to try to share one air supply.

REGULATOR FAILURE

If the regulator were to fail, operate the bypass. **Activate PASS and notify team members.** Gasp the red knob and turn it ¼ turn counter-clockwise until it locks. Listen for air flow. Take a breath, close bypass, repeat. To maximize remaining air supply, coordinate the opening of the bypass with each breath, turn bypass off between breaths. Move to a safe atmosphere immediately.

AIR DEPLETION

- Activate PASS and notify team members.
- Call for help
- Keep mask in place
- Place glove over MMR opening on mask
- Filter breath through the glove.
- EXIT IMMEDIATELY

****WARNING**** Filter breathing is not effective in an oxygen deficient atmosphere and may not be effective, or only marginally effective, in a toxic atmosphere. Filter breathing represents a “last resort” technique.

HIGH PRESSURE HOSE FAILURE

- Activate PASS and notify team members.
- Call for help
- Turn off cylinder

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- Remove SCBA backpack
- Disconnect high-pressure fitting from the cylinder
- Using the thumb and first finger on one hand, make a seal between the cylinder threads and your lips
- Slightly crack the cylinder valve and take a breath.
- EXIT IMMEDIATELY

****WARNING**** Breathing directly from high pressure cylinders is extremely dangerous and represents a "last resort" technique. Always use hand-seal as described above.

FACE PIECE FAILURE

- Activate PASS and notify team members.
- Call for help
- Remove mask
- Place MMR regulator in mouth and breath directly off the regulator
- EXIT IMMEDIATELY

ACCIDENTAL SUBMERSION

- A. SCBA is not SCUBA and is not intended for underwater use. Some fire fighters may routinely work near bodies of water. They may accidentally find themselves in a submersion situation. If this happens:
1. As you fall, quickly place your hands in position to hold the mask to your face. Try to hit the water in a manner that minimizes impact to the face piece.
 2. Remain calm.
 3. Keep face piece in place to avoid breathing in water.
 4. Breathe normally. If the regulator "free-flows", reach back and "gate down" the cylinder valve until just enough air is available for each breath.
 5. Do not try to quickly swim or walk out of the water.
 6. Draw knees up to chest to trap air in boots. Air trapped in clothing provides buoyancy and excessive movement can cause this air to escape.
 7. Attempt to float in a horizontal position, face up. Then, keeping arms below the water surface, use a gentle backstroke to move to the water's edge. Remaining in a vertical position may force air from the clothing and cause the fire fighter to lose buoyancy.

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History: Effective: 01/01/07 Revised: 07/06 Original 11/00

RESPIRATORY PROTECTION PLAN: REVIEW AND REVISION

- A. Annually, the Training Officer will cause this plan to be formally reviewed, and make revisions as necessary.
- B. Revisions may be made at any time. In the case of revision, a new plan will be forwarded to all personnel for formal review and sign-off.