

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100 SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	
DATE APPROVED:	11/05/2010	
APPROVED:	<i>Melvin P. Murray</i>	

Purpose: To implement universal precautions to be utilized on any patient contact to minimize potential risk of transmission of communicable disease from patient to healthcare worker or vice versa. This SOP was developed to comply with Cal-OSHA's Bloodborne Pathogens Standard 5193 and Aerosol Transmissible Disease Standard 5199.

Scope: The following criteria shall be adhered to by all personnel on all incidents involving exposure to fluids or substances capable of transmitting infectious agents or inhalation of airborne contaminants. Each employee will be expected to understand what constitutes an exposure to a communicable disease, how to protect themselves from an exposure to blood or other potentially infectious materials through following universal precautions and, how to report a possible exposure.

Procedure:

The Centers for Disease Control has developed the concept known as "universal precautions" as a strategy of minimizing the risk of exposure to blood borne pathogens and other potentially infectious materials OPIM. This concept stresses that all patients should be assumed to be infectious for HIV, Hepatitis B, and other blood borne pathogens and infectious wastes. Patients should be assumed to be infectious for TB, Meningitis, and other airborne pathogens when they are exhibiting signs and/or symptoms of respiratory disease.

In general, employees should select PPE appropriate to the potential spill, splash, or exposure to body fluids. No standard operating procedure or PPE ensemble can cover all situations. Common sense must be used. When in doubt, select maximum rather than minimum PPE.

1. Universal Precautions

a. PPE Selection

- i. All personnel shall wear disposable gloves during any patient contact on all medical incidents.
- ii. Masks and protective eyewear will be worn anytime contamination of mucous membranes (eyes, mouth, or nose) is likely to occur.

SCOTTS VALLEY FIRE PROTECTION DISTRICT



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100 SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

iii. Protective clothing such as a duty coat or brush coat to cover the forearms will also be worn when blood splash potential exists, or to cover open cuts, wounds, breaks or chapped skin of the responder.

b. Respiratory Protection

- i. Disposable or non-disposable masks shall conform to Cal OSHA Standard 5199.
- ii. An N-95 mask shall be used when treating patients who may be suffering from the following: pneumonia, viral or bacterial meningitis, influenza, whooping cough, epiglottitis, TB, chicken pox/shingles, novel or poorly understood respiratory infections, and most other respiratory illnesses.
- iii. A P-100 mask should be used when doing **high risk procedures***** on patients suffering from the following: pneumonia, viral or bacterial meningitis, influenza, whooping cough, epiglottitis, TB, chicken pox/shingles, novel or poorly understood respiratory infections and most other respiratory illnesses.

1. ***High Risk Procedures

- a. Nebulizer treatments using albuterol or normal saline
- b. When ventilating a patient with a BVM, or when intubating or placing a King Tube.
- c. When suctioning a patient orally or through the intubation tube.
- d. When performing cardiac arrest resuscitation.
- iv. A respirator that is at least as effective as an N95 filtering facepiece respirator shall be used when treating patients with a known or suspected aerosol transmissible disease such as; Hepatitis B,C, HIV, coughs or sneezing.
- v. A respirator that is at least as effective as a P100 filtering facepiece respirator shall be used on known or suspected TB patients, and when performing high hazard procedures such as, but not limited to, intubation, nebulization, or suctioning.
- vi. When feasible, responders should mask up patients with a simple face mask when they have symptoms of a respiratory-borne illness, as long as this will not interfere with patient care.

2. Equipment and Decontamination

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**




STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100 SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

- a. Disposable resuscitation equipment shall be utilized negating the need for mouth-to-mouth contact.
- b. Reusable equipment shall be disinfected prior to placing it back in service and disposable equipment shall be left with the ambulance for proper disposal at the hospital.
- c. Decontamination of equipment shall be done with a mixture of bleach in water solution (1:10). Contaminated clothing shall be removed and cleaned per manufacturer recommendations and per department SOP.
- d. Hands shall be washed upon returning to quarters using department approved hand cleaner/disinfectant for 30 seconds in designated areas. Other exposed skin areas or eyes shall be cleaned immediately with hot water and soap, or saline wash if the eyes are involved.
- e. Objects contaminated with body fluids shall be placed in an impervious bag and left with the ambulance.

3. Employee Immunizations

- a. All employees will be offered immunizations at no cost against Hepatitis B. (Cal OSHA Standard 5193 (f) at the time they are hired).
- b. The risk and benefits will be explained to all employees and informed consent or declination will be obtained prior to all immunizations referenced by CAL OSHA Standards 5193 and 5199.
- c. Effective September 1, 2010 and per Cal OSHA Standard 5199, all employees (referred to as susceptible health care workers with occupational exposure) will be offered vaccinations provided by a physician or other licensed health care professional at a reasonable time and place for the employee.
- d. Vaccines recommended by the California Department of Public Health or other standard include:
 - i. Mumps, measles and rubella (MMR)
 - ii. Varicella roster
 - iii. Tetanus, Diptheria and Accellular Pertussis (TDAP)
 - iv. Seasonal influenza vaccine
- e. A declination form must be signed for any employee declining a vaccine. If at a later date the employee decides to accept the vaccination the employer shall make the vaccine available in accordance with Cal OSHA Standard 5199, subsection (h)(5)(A).

SCOTTS VALLEY FIRE PROTECTION DISTRICT			
STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103	
	SECTION: 2100	SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN		

f. All employees will be given annual TB testing.

4. Exposures shall be defined as any of the following:

- a. Contact with blood or any other body fluid that universal precautions apply to through needle sticks, contact with an open wound or non-intact skin, or mucous membranes. These fluids include blood, amniotic fluid, semen and vaginal secretions, cerebrospinal fluid, pericardial fluid, peritoneal fluid, pleural fluid, and synovial fluid. Also included would be any body fluid or matter visibly contaminated with blood; i.e., vomitus, saliva, etc
- b. An event in which **all** of the following have occurred:
 - i. An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD.
 - ii. The exposure occurred without the benefit of applicable exposure controls required by this SOP.
 - iii. It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.
- c. Since HIV and HBV transmission has not been documented from exposure to other body fluids (feces, nasal secretions, sputum, sweat, tears, urine or vomitus), exposure to these does not constitute a reportable exposure unless blood is apparent in the fluids and enters a mucous membrane.
- d. Personnel must immediately alert their supervisor if one of the following occurs;
 - i. Perform mouth-to-mouth resuscitation
 - ii. Bitten by a human
 - iii. Blood or body fluids splash into eyes, nose, or mouth
 - iv. Abraded areas of skin come into contact with blood or body fluids
 - v. Stuck by a contaminated needle or sharp object
 - vi. Any other means of contamination occurs

5. Exposure Reporting

- a. Employee reports potential exposure to his/her supervisor as soon as possible.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100 SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

- b. Company Officer immediately reports situation to the on-duty Battalion Chief and the Battalion Chief may confer with the designated chief who is the department's designated officer for exposure reporting.
 - c. Workers' compensation paperwork is filled out and exposure is documented in Firehouse.
 - d. Employee completes a Scotts Valley Fire District Infectious Exposure Form.
 - e. The employer shall transport the employee to the admitting Emergency Department at the time the source patient is transported for evaluation.
 - f. The employer shall also provide the names and contact information of all their "on-scene" Emergency Responder Personnel in a timely manner.
 - g. If the source patient has been transported to a trauma center out of Santa Cruz County via ground or air ambulance, immediately contact the receiving hospital for their advice on their procedures.
 - h. Refer to Santa Cruz County BLS treatment protocol 4010 for procedures for obtaining HIV status.
 - i. If the employee consents to baseline blood testing and not HIV, the sample shall be preserved for 90 days. If within the 90 days of the exposure, the employee elects to have the baseline sample tested, such testing should be done as soon as feasible.
 - j. Until the employee is evaluated at the designated facility, he/she must prevent the possibility of infecting others with whom he/she is associated.
 - k. The employer shall provide counseling and evaluation of the reported illness.
 - l. SVFPD will provide the healthcare professional evaluating the employee a copy of this regulation, a description of the exposed employees duties, documentation of the route of exposure and all medical records relevant to the exposure.
 - m. SVFPD shall provide the employee with a written record of the healthcare professional's opinion within 15 days following the completion of the examination. The healthcare report shall be limited to the following: The employee has been informed of the results of the examination and the employee has been informed of any medical conditions resulting from the exposure. All other findings and diagnosis shall remain confidential and shall not be included in the report. The employee will need a return to work release.
 - n. The employer shall cover the cost of all testing required for the employee as well as tests performed on the source patient's blood as a result of the exposure report
6. Exposure Determinations, Response and Control

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100	SAFETY
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

- a. Exposure determination shall consist of all job classifications in which all employees in those job classifications have an exposure potential and a list of all tasks and procedures in which occupational exposure may occur. Those job classifications and tasks are as follows:
 - i. Job classifications: Firefighter, Engineer, Captain and Battalion Chief.
 - ii. Tasks: Providing medical aid to patients such as, but not limited to control of bleeding, administering IV's, conducting glucose tests, administering drugs using a needle, exposure to vomit or other potentially infectious materials, exposure to airborne pathogens, incidents involving trauma, aid provided to burn victims, childbirth deliveries, incidents involving patients in high risk groups such as clients of drug and alcohol treatment facilities, hospital or clinical institutions, developmentally disabled institutions, residents of hospice or nursing homes, human remains and individuals who sell or donate blood.

- b. Exposure Response shall consist of the completion of a Scotts Valley Fire District Infectious Exposure Form, a completed Scotts Valley Fire District Sharps Injury Log Addendum (if needed), and the maintenance of a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The on-duty Battalion Chief shall record the sharp exposure in the Scotts Valley Fire District Sharps Injury Log which shall be kept in a locked file cabinet in the BC's Office. The original Sharps Injury Log Addendum shall be maintained in a locked file cabinet and access shall be limited to confidential employees and the Fire Chief. A photo copy of the Sharps Injury Log Addendum should be included with the Workers Comp. paperwork. The Sharps Injury Log Addendum is attached to the Communicable Disease and Exposure Reporting SOP #2103. Each sharps injury shall be reported within 14 working days of the date the incident is reported to the Scotts Valley Fire Protection District. The information shall include the following, if known or reasonably available:
 - i. Date and time of the exposure incident.
 - ii. Type and brand of sharp involved in the exposure incident.
 - iii. Job classification of the exposed employee.
 - iv. Location where the incident occurred
 - v. Procedure that the exposed employee was performing when the incident occurred
 - vi. How the incident occurred
 - vii. The body part involved in the exposure incident.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100 SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

- viii. If the sharp had an engineered sharps injury protection, whether the protected mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism or after activation of the mechanism, if applicable.
 - ix. If the sharp had no engineered sharps injury protection, the injured employees opinion as to whether and how such a mechanism could have prevented the injury.
 - x. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.
- c. The exposure control plan is designed to eliminate or minimize exposure to bloodborne pathogens, airborne transmissible diseases and OPIM. The exposure control plan shall include the following:
- i. Exposure determination (see SOP 2103. 4.A)
 - ii. The schedule and implementation for methods of compliance, hepatitis B vaccination and post exposure evaluation and follow-up, communication of hazards to employees through training and record keeping.
 - iii. The procedure for evaluation of circumstance surrounding exposure as identified in the hepatitis B Vaccination and Bloodborne Pathogen post exposure evaluation and follow-up section of this SOP.
 - iv. The procedures for evaluating exposures. Scotts Valley Fire will document the routes of exposures and circumstances in which they occurred using the Sharps Injury Log Addendum.
 - v. An effective procedure for gathering information under the Sharps Log. Scotts Valley Fire Captains will assure that a Sharps Injury Log Addendum is filled out for any employee who experiences a sharps injury. The Sharps Injury Log Addendum will be included in the workers' compensation packet
 - vi. A periodic review of the Sharps Injury Log will be conducted to determine the types and brands of sharps involved in exposure incidents. The Safety Officer will conduct this review.
 - vii. The Safety Officer will periodically evaluate new technological engineering controls for the procedures performed by employees with respect to controlling exposures.
 - viii. The Scotts Valley Fire Administration will include line staff in reviewing and updating the exposure control plan. A copy of the plan is available to all employees electronically and in hard copy format. The Exposure

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100 SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

Control Plan will be reviewed annually and sooner if the following occurs:
Whenever new tasks, procedures and technology which affect occupational exposure are introduced, whenever new positions are added by the District and, whenever deficiencies regarding the plan are discovered.

- ix. The exposure control plan will be made available to OSHA and NIOSH upon request for examination and copying.

7. Methods of Compliance:

- a. Universal Precautions shall be observed to prevent contact with blood or OPIM In situations where it is difficult to determine which body fluids were involved in the exposure, all body fluids shall be considered infectious.
- b. Engineering and work practice controls shall be used to eliminate or minimize exposure. They should be examined, maintained and replaced as needed to assure their effectiveness.
- c. All procedures involving blood or OPIM shall be used as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- d. Needleless systems shall be used for withdrawal of body fluids after initial venous or arterial access if established, administration of medications and fluids and any other procedure involving the potential for an exposure incident for which a needle less system is available
- e. If needleless devices are not used, needles with engineered sharps injury protection shall be used for withdrawal of body fluids, accessing a vein or artery, administration of a medication or fluid and, any other procedure involving the potential exposure of a sharp. The following exceptions apply to the engineering control requirement: Market availability, patient safety, safety performance and availability of safety performance information.
- f. Prohibited practices include: Shearing, bending or breaking of contaminated needles, contaminated sharps shall not be stored or processed in a manner that requires employees to reach by hand into the containers where the sharps have been placed.
- g. Disposable sharps shall not be reused.
- h. Broken contaminated glassware shall not be picked up by hand.
- i. The containers of sharps shall not be accessed unless properly decontaminated.
- j. Sharps containers shall not be opened, emptied or cleaned manually or in any other manner, which would expose the employee to risk of a sharps injury.

SCOTTS VALLEY FIRE PROTECTION DISTRICT



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100 SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

- k. Mouth pipetting or suctioning of blood or OPIM is prohibited.
- l. Eating, drinking, smoking, applying cosmetics and handling contact lenses shall not be performed in an area where blood or OPIM exposure is likely to occur. Nor shall food or drink be stored in the same location as blood or OPIM.
- m. All procedures involving sharps shall be performed using effective patient handling to minimize exposure.
- n. As soon as possible place used sharps in an approved sharps shuttle.
- o. Sharps containers shall be made accessible to employees; they should not be overfilled and should remain upright. Furthermore the sharps containers shall be rigid, puncture resistant, leak proof, portable, labeled showing the biohazard waste designation.
- p. Disposal of sharps container requirements: Container shall be sealed, leak proof, properly labeled and color-coded, secondary containers shall be used if the outside of the primary container is contaminated. When containers are half full they shall be disposed at Dominican Hospital.
- q. Disposal of other bloodborne pathogen or OPIM wastes shall be stored in a leak proof container and disposed of no later than 1-week from the time that the waste was generated.
- r. All attempts shall be made to dispose of biowaste in the ambulance prior to transport. In situations where this is not possible, the waste shall be transported back to the station for storage and shall be disposed of as soon as possible by taking the waste to Dominican Hospital.
- s. Contaminated equipment shall be decontaminated before servicing, shipping or reuse.
- t. All employees exposed to bloodborne pathogens or other potentially infectious wastes shall flush the exposure site with soap and water as soon as feasible, or flush mucous with water. An appropriate antiseptic shall be used in cases when hand-washing facilities are not available.
- u. Contaminated clothing shall be washed by appropriate laundering facilities and shall be placed and transported in leak proof biohazard bags.
- v. All personal protective equipment will be provided to employees by SVFD. Employees are responsible for donning the appropriate ppe for all patient contact calls. ppe requirements for employees responding to medical calls may include: long pants and shirts, gloves, mask and safety glasses.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100	SAFETY
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

8. Communication of hazards to employees

- a. All biohazard waste must have an appropriate label affixed to each biohazard container. The label may display the biohazard symbol or have the legend read “ biohazard waste or sharps waste”
- b. Information and training shall be provided at the onset of employment and at least annually thereafter. Training shall also be provided when new equipment, procedures or tasks are introduced. The training program shall include: A copy of the standard, epidemiology and symptoms, modes of transmission, employer ‘s exposure control plan, risk identification, methods of compliance, decontamination and disposal, ppe, hepatitis b information, emergency information for exposures, post exposure evaluation, signs and labels and an interactive Q & A session.

9. Record Keeping

- a. All medical records shall be kept confidential and shall only be accessible by the Fire Chief or his designee.
- b. The District shall establish and maintain an accurate medical record for each employee with occupational exposure.
- c. Records shall include:
 - i. Employees name and any other employee identifier.
 - ii. Vaccination status for all vaccines required by this standard including any vaccine record provide by the employee, and any signed declination forms. EXCEPTION: As to seasonal influenza vaccine, only contain a declination form for the most recent seasonal influenza vaccine.
 - iii. A copy of all written opinions provided by a physician or other licensed health care professional in accordance with OSHA 5193 and 5199.
 - iv. A copy of the results of all TB assessments.
 - v. A copy of the information regarding an exposure incident that was provided to the physician or other licensed health care professional as it relates to the exposure incident.
- d. No record shall be disclosed without the employee’s written consent, or to comply with a subpoena for a court having jurisdiction.
- e. All medical records shall be kept for the duration of employment plus an additional 30 years.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100	SAFETY
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

- f. Training records shall include the dates of training, content of the material presented, names and qualifications of the person conducting the training and names and job titles of those in attendance.
- g. Note: All persons involved shall respect the confidentiality of both the patient and the employee. Exposure information is not public and shall not be released or discussed at any level.

True exposures require immediate reporting and follow-up care for the employee. If the exposure is determined by the hospital to be a threat to the employee's health, medical intervention and prophylactic care need to begin immediately. The best insurance for employee protection is avoiding exposures by taking the proper precautions in all incidents.

Refer to Santa Cruz County Policy on Communicable Disease.

Definitions:

"Aerosol transmissible disease (ATD) or aerosol transmissible pathogen (ATP)" means a disease or pathogen for which droplet or airborne precautions are required.

"Biological Cabinet" means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

- (1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.
- (2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.
- (3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means 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), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

SCOTTS VALLEY FIRE PROTECTION DISTRICT



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100 SAFETY	
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

“**Chief**” means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

“**Clinical Laboratory**” means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

“**Contaminated**” means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

“**Contaminated Laundry**” means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

“**Decontamination**” means 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. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“**Engineering Controls**” means controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“**Engineered Sharps Injury Protection**” means either:

- (1) A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms; or
- (2) A physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

“**Exposure Incident - Airborne**” means event in which all of the following have occurred:

- (1) An employee has been exposed to an individual who is a case or suspected case of a reportable ATD, or to a work area or to equipment that is reasonably expected to contain ATPs associated with a reportable ATD; and
- (2) The exposure occurred without the benefit of applicable exposure controls required by this section, and
- (3) It reasonably appears from the circumstances of the exposure that transmission of disease is sufficiently likely to require medical evaluation.

“**Exposure Incident - Bloodborne**” means 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.

“**Hand washing Facilities**” means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100	SAFETY
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

“**HBV**” means hepatitis B virus.

“**HCV**” means hepatitis C virus.

“**HIV**” means human immunodeficiency virus.

“**Licensed Healthcare Professional**” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“**Needle**” or “**Needle Device**” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“**Needleless System**” means a device that does not utilize needles for:

- (1) The withdrawal of body fluids after initial venous or arterial access is established;
- (2) The administration of medication or fluids; and
- (3) Any other procedure involving the potential for an exposure incident.

“**NIOSH**” means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

“**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.

“**One-Hand Technique**” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“**OPIM**” means other potentially infectious materials.

“**Other Potentially Infectious Materials**” means:

- (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, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
 - (A) Cell, tissue, or organ cultures from humans or experimental animals;
 - (B) Blood, organs, or other tissues from experimental animals; or
 - (C) Culture medium or other solutions.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100	SAFETY
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

“Parenteral Contact” means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn or used 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.

“Production Facility” means a facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

“Regulated Waste” means waste that is any of the following:

- (1) Liquid or semi-liquid blood or OPIM;
- (2) Contaminated items that:
 - (A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and
 - (B) Are capable of releasing these materials when handled or compressed.
- (3) Contaminated sharps.
- (4) Pathological and microbiological wastes containing blood or OPIM.
- (5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

“Research Laboratory” means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

“Sharp” means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

“Sharps Injury” means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needle sticks.

“Sharps Injury Log” means a written or electronic record satisfying the requirements of subsection (c)(2).

“Source Individual” means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical 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.

**SCOTTS VALLEY FIRE
PROTECTION DISTRICT**



STANDARD OPERATING PROCEDURES	ARTICLE: II	SOP: 2103
	SECTION: 2100	SAFETY
	SUBJECT: COMMUNICABLE DISEASE AND EXPOSURE CONTROL PLAN	

“Universal Precautions” is 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, HCV, and other bloodborne pathogens.

“Work Practice Controls” means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).