



Roosevelt Fire District Policies and Procedures

Section: Policy	Policy: Bloodborne Pathogens
---------------------------	--

Purpose: To identify, protect and eliminate any exposure to employees from body fluids as a result of patient care.

Scope: All employees.

Requirements: Every employee will receive training on Infectious Disease Program during orientation and annually thereafter. Each employee will practice Body Substance Isolation/ Universal Precautions when caring for patients, performing housekeeping duties and disinfecting equipment.

Policy: Avoiding exposure to Blood or Airborne pathogens is essential to the health and wellbeing of each employee. To achieve this goal ALL employees will know, understand, and practice the guidelines established by the CDC (Center for Disease Control), the Medical Director and the Roosevelt Fire District.

Areas that do or potentially can expose an employee to the body fluids of another will have barrier devices available for use.

After performing activities that could expose an employee to the body fluids of another, employees will wash their hands according to CDC guidelines and/or company training.

Any exposure to the fluids of another individual will be reported to the supervisor and Risk Manager. The supervisor will complete the Exposure Form and submit it to the Safety Manager. A determination will be made on the level of exposure and appropriate action will be taken.

The infectious control officer will track all exposures for frequency and severity.

All clothes, linen, and bandaging material will be disposed of, or cleaned properly , according to training, local, state, and CDC guidelines

This Policy will also comply with the OSHA Standard on Bloodborne Pathogens, 29CFR 1 91 0.10 30.

Board approved: 02/11/19

Last Revision 1/20



Roosevelt Fire District

POST OFFICE BOX No. 394
HYDE PARK, NEW YORK
(845) 229-8850
OFFICE OF THE CHIEF

COMMUNICABLE DISEASES EXPOSURE FORM

NAME: _____ ID# _____ DATE of INCIDENT: ___/___/___

INCIDENT DATE: ___/___/___ INCIDENT# _____ TYPE of CALL: **FIRE or EMS**

LOCATION of CALL: _____

TYPE of EXPOSURE: _____ Needle Stick
_____ Body/Blood fluid exposure or splash into mucous membranes or open skin
_____ Skin break occurred by contaminated sharp object
_____ Exposure to potential airborne pathogen
_____ Other: describe _____

Describe the details of the exposure:

Was PPE being used? YES / NO was there a PPE Failure? YES / NO
Describe type of protection worn and/or nature of failure of PPE:

Patient Name (if known) _____ Transported? (YES/NO) To: _____

Form completed: ___ / ___ / ___ Referred to Chief: ___ / ___ / ___

Member Signature: _____ Date: ___ / ___ / ___

CHIEF or DESIGNEE Completes Below this line:

Potential Exposure Confirmed: YES/NO if no, was member counseled on reasons why no exposure occurred.
(YES/NO) Describe why yes or no: _____

Pt Referred for Medical Care: YES/NO Where: _____

CHIEF SIGNATURE _____ Date ___ / ___ / ___

INFECTION CONTROL OFFICER SIGNATURE: _____ Date ___ / ___ / ___

