

**SUBJECT:** EXPOSURE CONTROL 4007.4  
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**REVISED:** 10/19/2018 - CAPT. QUARNSTROM  
**SEE ALSO:** REGION 6 EMS PROTOCOLS  
APPENDIX S3 EXPOSURE CONTROL PLAN

#### PURPOSE

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To supplement established guidelines and to clarify CFD policies concerning infectious disease control.

#### TRAINING

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1. All CFD personnel who have been deemed at risk for exposure will receive initial and annual training on:
  - a. Personal protective equipment utilized at the CFD.
  - b. Epidemiology and pathophysiology of infectious diseases that threaten the well being of EMS responders.
  - c. The need for universal precautions.
  - d. Proper reporting of exposures.
  - e. Accepted practices for decontaminating equipment and personnel.
  - f. Proper disposal of contaminated waste.
  - g. Resource hospital Exposure Control Plan.

#### PERSONAL PROTECTIVE EQUIPMENT

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1. Gloves: Are to be worn whenever patient contact is expected.
2. Eye Protection: Should be worn when procedures or patient conditions increase the potential for splattering or spraying of infectious materials.
3. Gown: Should be worn when procedures or patient conditions increase the potential for splattering or spraying of infectious materials.
4. Respiratory Protection: N95 Masks shall be worn when the presence of an airborne pathogen is suspected or confirmed. N95 masks shall be kept on all frontline apparatus. It is the responsibility of the employee to maintain the equipment issued. All other protective equipment will be carried on the apparatus

#### Exposures

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1. Exposures to blood-borne or airborne pathogens should be reported to the employee's supervisor immediately. If the supervisor and the employee determine the exposure warrants medical attention, the supervisor should send the employee to seek medical attention. Cases can be seen at Occupational Medicine during business hours or the Emergency Department in afterhours cases.
2. If the employee and the supervisor are unsure if the exposure warrants immediate medical attention, the supervisor should contact

Carle Occupational Medicine during normal business hours or the emergency department after hours. Request that the Project Medical Director (PMD) be paged and give a brief description of the circumstances of the exposure. Direction for treatment will be given by the PMD as soon as possible.

3. The supervisor should ensure that the Employee Injury Report Form is filled out.
4. The exposure shall also be entered as a Fire Service Casualty in the associated NFIRS report.

#### DECONTAMINATION OF EQUIPMENT / PERSONNEL

1. Equipment: Only non-disposable equipment should be decontaminated. This should be accomplished using the decon outline attached to this document.
  - a. Members performing decon should be dressed in splash protective equipment.
  - b. Members should use the decon solution provided for EMS decon
    - i. (all non-disposable equipment should be cleaned after each use prior to returning it to service).
  - c. Contaminated equipment should be bagged in a biohazard bag prior to transport to Station #1 for decon.
2. Personnel: Members who have been contaminated while providing EMS care should follow these guidelines:
  - a. Avoid secondary contamination of trauma bags and other EMS equipment.
  - b. Do not mount apparatus while wearing contaminated clothing or bunker gear (Tyvek suits are available on all apparatus). If necessary, put a Tyvek suit on over contaminated clothing.
  - c. If personnel accompany the patient to the hospital, decon showers may be available at the hospital. If not, contaminated personnel should be transported to Station #1 for decon.
  - d. During the decon process, contaminated clothing should be washed in the decon washer at Station #1.
  - e. Once personnel are undressed, they should proceed to the decon shower at Station #1.

#### LATENT NOTIFICATION OF EXPOSURE

1. The following provisions have been made to ensure that personnel will be notified of exposure or confirmation of exposure:
  - a. The infection control nurse at CRMC will contact the Training/Safety Officer at CFD that a confirmed exposure has occurred.
  - b. The nurse will advise personnel if treatment is required.

#### CLEAN-UP OF BODILY FLUIDS

1. In keeping with the hazardous materials practices at CFD, personnel will not clean up blood or other bodily fluids.

- a. Private Property: No clean-up should take place on private property.
- b. Public Property:
  - i. In public areas where leaving the biohazard would present a chance of secondary contamination to people or local wildlife, personnel are encouraged to neutralize biohazards with approved products available on each apparatus.
  - ii. Once the product has been neutralized it can safely be washed down.