




Bloodborne Pathogens





Bloodborne Pathogens

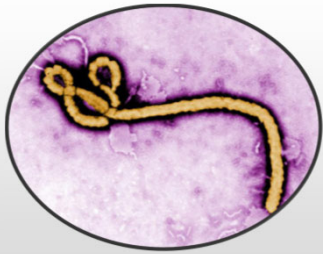
Occupational Exposure to Bloodborne Pathogens

OSHA standard 29 CFR 1910.1030

- Provides guidelines for employers to reduce significant risk of infection to members exposed to infected body fluids, tissue or equipment
- Exposure Control Plan (ECP)
- Mandates initial and annual refresher training
- Covered by the standard
 - Firefighters
 - Fire Police
 - Emergency Medical Technicians
 - Advanced Emergency Medical Technicians
 - Paramedics

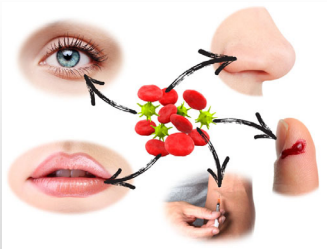
Occupational Exposure to Bloodborne Pathogens

OSHA standard 29 CFR 1910.1030



**What is a
“bloodborne
pathogen”?**

Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans.



BBP Transmission

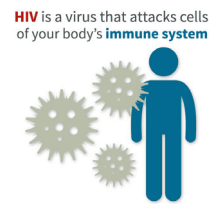
Mucous Membranes
Broken or non-intact skin
Injection

Common BBPs

- Human Immunodeficiency Virus (HIV)
- Hepatitis B
- Hepatitis C

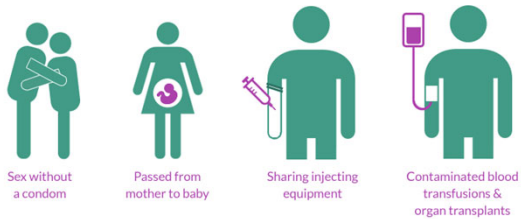
Human Immunodeficiency Virus

- Attacks the immune system
- No cure currently exists
- Acquired Immunodeficiency Disorder (AIDs)
- HIV is fragile outside the body



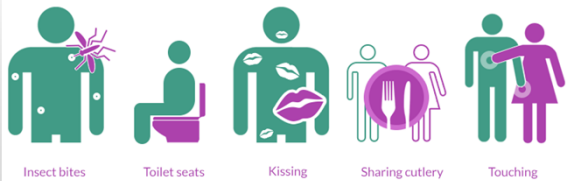
Human Immunodeficiency Virus

YOU CAN GET HIV VIA...



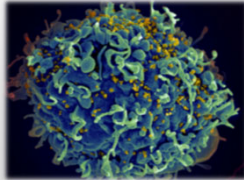
Human Immunodeficiency Virus

HIV IS NOT TRANSMITTED BY...



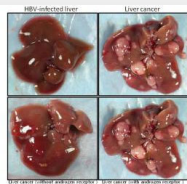
Human Immunodeficiency Virus

- Symptoms
 - 2 – 4 weeks after exposure
 - Some may not experience symptoms until later
- Flu-like symptoms
 - Fever/chills
 - Rash
 - Night sweats
 - Muscle aches
 - Sore throat
 - Fatigue
 - Swollen lymph nodes
 - Mouth sores



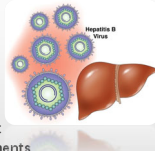
Hepatitis B

- Virus that attacks the liver
- Acute or Chronic
- Can cause Cirrhosis of the Liver and/or Liver Cancer
- 1 in 20 Americans
- Can live 7 days outside the body
- First responders at high risk



Hepatitis B

- Transmission
 - Birth
 - Sharing items such as razors or toothbrushes
 - Contact with blood or open sores of infected person
 - Sexual intercourse
 - Sharing needles, syringes or other drug injection equipment
 - Exposure to blood from needle sticks or other sharp instruments
- Symptoms
 - Fever, fatigue, loss of appetite, nausea, and/or vomiting
 - Jaundice (yellowing of the eyes or skin, dark urine, clay colored BM)
 - Pain in muscles, joints, and stomach



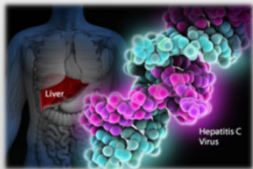
Hepatitis B Vaccine

- Recommended for health care and public safety workers at risk for exposure to blood or body fluids
- Made from parts of the Hepatitis B virus
- Usually given as 3 or 4 shots over a 6-month period
- 95% effective
- District must offer and pay for the vaccine
 - Even if you previously declined the vaccine



Hepatitis C

- Similar to Hepatitis B
- Most with Acute infections will develop Chronic infections
- Korean and Vietnam War Veterans
- No vaccine available
- A cure does exist



**Are YOU
protected?**



Prevention of BBPs




Biohazard Symbol

Used to label any container or area that stores or houses biohazardous materials that may contain BBPs

Red Bags, Sharps Containers, EMS Room

Universal Precautions

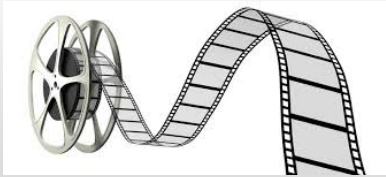
- The principle that ALL bodily fluids are potentially infected with BBPs



Personal Protective Equipment

- PPE – protective clothing, helmets, goggles, or other garments or equipment designed to protect the wearer's body from injury or infection.
- Jump suits, turn out gear, jackets
- Gloves
- Masks
- Goggles/face shields
- Tyvec Suits
- N95 respirators
- Infection Control Kits

Donning and Doffing of Gloves



Hand Washing

- Most effective way of reducing the transmission of pathogens
 - Do NOT need to have antibacterial soap
- Alcohol based hand sanitizers are an effective alternative to hand washing until soap and water is available.
 - Ambulance
 - EMS Room
- Proper technique is important

Hand Washing



Engineering Controls

- Eliminate or reduce exposure to a chemical or physical hazard through the use or substitution of engineered machinery or equipment.
- Safety needles and IV Catheters
- Sharps containers
 - Ambulance
 - EMS Room
- Needleless injection ports
- Red Bags



Disinfectants

- Sanizide & Caviwipes
- Approved by the EPA to kill HIV, and Hepatitis B and C
- 10% Bleach/Water solution



How to Safely Clean Up a Blood Spill



Laundry

- The District will launder or replace any contaminated clothing or gear.
- Carefully place in red bio-hazard bag and seal
- Place in laundry and notify EMS Chief
- DO NOT take contaminated items home
- DO NOT launder yourself
- Scrubs available in EMS room



Exposures

- STOP what you are doing and seek EMS
- Wash the area well with lots of soap and water
 - If mucous membranes, flush with large amounts of clean water or saline for at least 20 minutes
- Notify EMS Chief and/or District Health Officer immediately
- Have Hamburg page them if necessary
- Go to ECMC for post exposure follow-up and baseline testing
- Follow-up to be done at ECMC Occupational Health Office

Summary

- OSHA Standard 29 CFR 1910.1030 is the BloodBorne Pathogens standard.
- Bloodborne pathogens are micro-organisms that cause disease
- They are spread through mucous membranes, broken/non-intact skin, and injection
- Common BBPs are HIV, HBV, and HCV. A vaccine exists for HBV
- Handwashing is the most effective way of preventing transmission of any disease
- The district provides a variety of PPE to protect against BBPs.

Summary

- The District employs several engineering controls to prevent transmission of BBPs
- Laundry should be handled by the EMS Chief. Certain personal items that cannot be laundered will be replaced by the District.
- If an exposure occurs, stop what you are doing and seek EMS and notify the EMS Chief or District Medical Officer immediately

RESPIRATORY PROTECTION

Colden Fire District
OSHA 2021

OBJECTIVES

- Know current OSHA standards regarding respiratory protection
- Know the purpose and use of respirators
- Know different types of respirators
- Know the types of respirators used by the Colden Fire District
- Know the requirements for use of respiratory protection

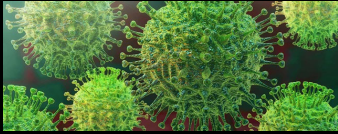


OSHA 1910.134

- General industry standard: protect health of employees from harmful dusts, fogs, fumes, mists, gases, smokes, sprays, or vapors
- Applies to all occupational airborne exposures to contaminated air when the employee is:
 - exposed to a hazardous level of an airborne contaminant
 - required by the employer to wear a respirator, or
 - permitted to wear a respirator
- Four major duties are imposed by the standard:
 - Use environmental controls where feasible to control the hazard;
 - Provide an appropriate respirator
 - Ensure the use of an appropriate respirator, and
 - Institute a respiratory protection program

RESPIRATOR PURPOSE

- A respirator protects the user from harmful inhalation of toxic atmosphere hazards such as:
 - Dusts, fogs, fumes, mists, gases, smokes, sprays, fibers or vapors
- The primary objective shall be to prevent contamination from toxic vapors



TYPES OF RESPIRATORS

- Two major types
 - Air purifying
 - Atmosphere supplying
- Must be approved by NIOSH



TYPES OF RESPIRATORS

- Air Purifying Respirators
 - Remove gases, vapors, aerosols (droplets and solid particles), or a combination of contaminants
 - Use filters, cartridges, or canisters
 - Do not supply oxygen
 - cannot be used in an atmosphere that is oxygen-deficient or immediately dangerous to life or health



TYPES OF RESPIRATORS

- Filtering Facepiece Respirator
 - One of the types carried by the Golden Fire District (N95 Masks)
 - Disposable
 - Covers the nose and mouth
 - Filters out particles such as dust, mist, and fumes
 - N, R, P series and 95, 99, 100 efficiency level
 - DOES NOT provide protection against gases and vapors
 - Fit testing required

TYPES OF RESPIRATORS

- N95 versus KN95?
 - Very similar
 - N95 is the United States standard
 - KN95 is the Chinese standard
 - Both filter approximately 95% of particulates
 - FDA approval versus NIOSH approval
 - Emergency use authorization
 - N95 has slightly better breathability

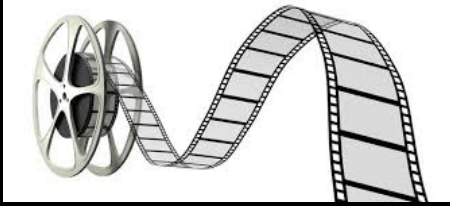


TYPES OF RESPIRATORS

- Counterfeit N95s
 - No markings at all on the facepiece
 - No approval number on the facepiece
 - Does not contain the NIOSH symbol/lettering on it
 - NIOSH spelled incorrectly
 - Presence of decorative fabric or add-ons
 - Claims for the approval of children
 - NIOSH does NOT certify respirators for children
 - Ear loops instead of headbands



DONNING AND DOFFING A N95



TYPES OF RESPIRATORS

- Atmosphere Supplying
 - Supplies the user with breathing air from other sources (compressors, compressed air) not ambient air
- For IDLH environments
 - Immediately Dangerous to Life or Health
- Open Circuit Self Contained Breathing Apparatus (SCBA) is used by the Colden Fire District for firefighting and certain HazMat situations
- More on SCBAs in hands on training at a later date.



SELECTION OF RESPIRATORS

- Selected based on respiratory hazards worker is exposed to
- Only NIOSH certified respirators should be used
- Selected from different models and sizes so it properly fits employee
- If exposure cannot be identified, the atmosphere should be considered IDLH
- For IDLH atmospheres:
 - Full face pressure demand SCBA with minimum service life of 30 minutes.
 - Supply on demand (SAR) with self contained air supply.
- For Non-IDLH atmospheres:
 - Employer provides a respirator that is adequate for the protection of employee health.

REQUIREMENTS

- Must be or will work in an environment that requires a respirator
 - Interior/Exterior firefighting
 - Medical scenarios
- Medical evaluation is required prior to using the respirator
- Medical evaluation questionnaire is mandatory
- Must be Fit Tested with same brand, model and size that will be used
 - Tested before first use
 - Note: Facial hair may not be permitted if employee will use a respirator that requires tight seal

SUMMARY

- OSHA 1910.134 is the standard for respiratory protection
- We are exposed to a variety of respiratory hazards including toxic fumes from fire and viruses
- The Colden Fire District provides two basic types of respirators and they are selected based on the potential hazards we face
 - N95
 - SCBA
- Medical evaluation and fit testing are required annually

The HIPAA Privacy Training Video *for EMS Field Providers*



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What is HIPAA?

- HIPAA stands for the “Health Insurance Portability and Accountability Act”
- HIPAA is a Federal law passed in 1996
- Specifies what is required to protect the security and privacy of personally identifiable health care information
- Applies to most health care providers, including ambulance services

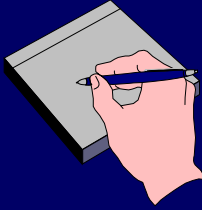
What is PHI?

- Protected Health Information (PHI)
 - Individually identifiable information
 - Dealing with past, present or future physical or mental health care or payment
- Protected Health Information (PHI)
 - Created by or received by a health care provider
 - Oral, written, photographic, electronic, digital, etc.

Protecting Patient Privacy



Sources of PHI



- Patient Care Reports
- Dispatch/Call Intake Records
- Incident Reports with Patient Information
- Billing Information
- Verbal Communications Between Health Care Providers
- Patient Records from Nursing Homes/Hospitals
- Physician Certification Statements

What Are Our Main Obligations?

- Follow "The Golden Rule"
- Respect the privacy of patient information as you would your own
- Do not share PHI with others not involved in the patient's care, except when permitted or required by HIPAA
- Keep disclosures to the "minimum amount necessary" to get the job done

The "Golden Rule" of HIPAA:

What You See Here
What You Hear Here
When You Leave Here
It Stays Here!

The Three Basic Permitted Uses of PHI

1. Treatment

- You may freely share PHI with other health care providers who also treat the patient
- Facilities may give PHI to the ambulance service and vice versa (e.g., transfers)
- The "minimum necessary" rule does not apply to treatment-related disclosures

2. Payment

3. Health Care Operations

- Includes Quality Assurance or Continuous Quality Improvement, Training and certain management functions
- The "minimum necessary rule" applies
 - Disclose the minimum amount needed to perform the function

Dispatch and Response

- Can the dispatch center transmit PHI over the radio?
 - YES! How else would you know where to respond?!
- Can you share PHI over the radio with other responding agencies?
 - YES! HIPAA does not prevent oral communications for treatment purposes!
- However, remember that the dispatch information you receive is still PHI!
- Be sure to document the nature of the dispatch!
 - Example: "dispatched by 911 for a patient with chest pains . . ."

On Scene

- Can you discuss the patient's condition with first responders or other on-scene providers?
- Can you discuss PHI with family members?
- What about talking to the media or to bystanders?
- You may engage in discussions necessary to treat the patient
- Take care to minimize "incidental disclosures"
- Use common sense approaches!

Enroute to the Hospital

- You are permitted to transmit PHI to the receiving facility
- May apprise the hospital of patient condition
- Take care to minimize incidental disclosures
- Use most secure transmission option

At the Hospital

- You may give your PCR to the hospital
 - The “minimum necessary” rule doesn’t apply
- You may give a verbal report to the hospital staff
 - Take care to minimize incidental disclosures
 - Sound-proof room not required!
- You may obtain a face sheet or billing information from the facility

After the Call

- Discussions in the station?
- Quality improvement activities?
- CISD?- Critical Incident Stress Debriefing

Law Enforcement Disclosures

- HIPAA greatly limits the disclosures that EMS personnel can make!
- EMS personnel are patient care advocates, not law enforcement tools.
- Permissible law enforcement disclosures are limited to specific situations

Examples

- After an accident call, police officer stops by the station and asks for a copy of your PCR for the patient you transported to the hospital.
 - If his/her purpose for requesting the PCR is not related to Treatment, Payment or Healthcare Operations, the PCR will not be given without subpoena.
- A police officer asks you if the patient at an accident scene appears to have been drinking
 - It's the officers duty to unveil if the patient has been drinking; field sobriety/breathalyzer test.
 - EMT should only point the obvious (ie: booze containers on scene; patient admitted to have been drinking)

Incidental Disclosures

- PHI can be verbally disclosed for treatment
- Must take reasonable steps to minimize incidental disclosures
 - Be careful of bystanders when discussing PHI.
- Examples
 - Give report to ER nurse away from the crowd
 - Use softer volume when speaking
 - Use most secure type of transmission available

Patient Signature Requirements

- “Notice of Privacy Practices” (NPP)
 - Written document
- Two obligations
 - Furnish to patient
 - Obtain signed acknowledgment in non-emergency

	Emergencies	Non-Emergencies
Notice of Privacy Practices (NPP)	<i>Provide as soon as practical after the emergency</i>	<i>Provide at or before the time of service</i>
Acknowledgement	<i>No need to obtain it or attempt to obtain it</i>	<i>Must attempt to obtain it and document good faith efforts to obtain it and why it was not obtained</i>

Our “Notice of Privacy Practices”

A Closer Look At Patient Rights

Patient Refusals

- These still involve PHI
- Furnish notice and obtain signed acknowledgment when possible
- Document reason why if not possible
- Can include acknowledgment directly on the refusal form

Mass Casualty Incidents

- You are permitted to disclose PHI to a public or private entity involved in disaster relief efforts
 - Example: American Red Cross
- Purposes
 - Notify a family member or other personal representative
 - Of location, condition or death of patient

Patient Access

- Patients have the right to inspect and copy their medical records
- Requests should be directed through management (Privacy Officer) of your ambulance service

Amending PHI

- Patients have a right to request amendment of their PHI
- Requests must go through the ambulance service
- Not required to amend if information is complete and accurate
- Changes should be made by the original author

Safeguarding *Written* PHI

- PCRs should not be left unattended in the open
- PCRs should be maintained in a locked cabinet with limited, role-based access
- Must also safeguard written notes, call intake records, physician certifications, etc. that contain PHI
- Trip sheets and other PHI should not be posted or used as "examples" unless identifying information is removed

Safeguarding *Electronic* PHI

- Implement password protection to computers or networks where PHI is maintained
- Include confidentiality statements on e-mails and fax cover sheets
- Keep fax machines which receive PHI in a secure location and ensure others to whom you fax PHI do the same
- Use encryption technology for the electronic transmission of PHI

Safeguarding *Verbal* PHI

- Use most secure method available to communicate with dispatch, hospital, etc.
 - Example: cell phone vs. VHF radio
- Conduct conversations about PHI with other treatment providers in most secure location available.
- Use appropriate voice volume
- No inappropriate banter about specific patients

Service Policies

- Policy on Confidentiality of Patient Information
- Policy on Security, Access, Use and Disclosure of Protected Health Information
- Other policies that the law requires that the Service have in place and enforce

Key Points for Privacy Policies

- "Role Based" Access
- Disclosure of PHI to Others
- Incidental Disclosures
- Handling Company Requests for PHI
- Verbal Security
- Physical Security
- Penalties for violation
- Privacy Officer role and responsibilities
- Staff member questions on privacy issues
- Complaints from patients

Welcome to 2021 SOG updates

Feb 2021

Self Review SOGs

SOG # 1.04 – Code of Conduct

EFFECTIVE: Nov. 2019

SUPERSEDED: Dec. 2019

As a basic condition of membership, all members have an obligation to conduct their official duties in a manner that serves the public interest, upholds the public trust, and protects the District's resources. To this end, all members have the responsibility to:

- Perform their duties to the very best of their abilities in a manner that is efficient, cost effective, and meets the needs of the public.
- Demonstrate integrity, honesty, and ethical behavior in the conduct of all District business.
- Ensure that personal interest do not come into conflict with official duties, and avoid actual conflicts of interest and the appearance of conflicts of interest.
- Ensure that all District resources, including funds, equipment, vehicles, and other property, are used in strict compliance with District policies and solely for the benefit of the District and the community.
- Conduct all dealings with the public, government employees, and other organizations in a manner that presents a courteous, professional, and service-oriented image of the District.
- Treat the public and other members fairly and equitably, without regard to age, color, disability, ethnicity, national origin, political affiliation, race, religion, gender, sexual orientation, or any other factor unrelated to the District's business.
- Avoid any behavior that could be considered misconduct violating the meaning and direction in Section 2005.1 of the General Municipal Law (<http://codebooks.legis.state.ny.us/legislation/GMLA/2005/1>)

Officers shall set an example for the members of the District, and have a responsibility to ensure that activities and decisions pertaining to the community services, personnel actions, and the management of public funds are consistent with the District's policies and practices.

SOG # 1.08 – Code of Ethics

EFFECTIVE: Dec. 2019

SUPERSEDED: Dec. 2019

Section 1 - Purpose

Officers and employees of the Golden Fire District, and the members of the Golden Fire Company, hold their positions in service and benefit the public, and act for obtaining unremunerated personal or private gain as the conduct and performance of their official powers and duties. The Board of Fire Commissioners recognizes that, in fulfillment of the fundamental principles, there is a need for clear and reasonable standards of ethical conduct. The Code of Ethics establishes these standards.

Section 2 - Definitions:

- "Employee" means a paid employee of the Fire District including, but not limited to, the District's Training Officers, Secretary, Records Manager, and Cleaners.
- "Family member" means a parent, legal guardian, sibling, spouse, child, uncle, aunt, first cousin, or household member.
- "Fire District" means the Golden Fire District.
- "Person" means a direct or indirect monetary, financial or other material benefit, but does not include any benefit arising from the provision or receipt of fire protection or other emergency services provided by the members of the Fire District.
- "Member of the Golden Fire Company" or "Fire Company member" means a volunteer member of the Golden Fire Company.
- "Volunteer" means a person serving in a paid or volunteer office of the Fire District.

Section 3 - Applicability:

This Code of Ethics applies to the officers and employees of the Fire District, and to the members of the Golden Fire Company. The provisions of this Code of Ethics shall apply to activities of all persons, including officers of the Fire District, training officers, officers or representatives of the Board of Fire Commissioners, and all policies and procedures of the Board of Fire Commissioners and the Chief of the Golden Fire Company.

Section 4 - Appearance of Impropriety:

No officer or employee of the Fire District and no member of the Golden Fire Company shall cause an appearance of impropriety. By giving the appearance that he or she will receive or provide favor or official action on the basis of family, private business or social relationships, or any consideration other than the welfare of the Fire District.

Review continued

SOG # 1.09 – Sexual Harassment Statement

EFFECTIVE: Dec. 2019

SUPERSEDED: Dec. 2019

Introduction

Golden Fire District is committed to maintaining a workplace free from sexual harassment. Sexual harassment is a form of workplace discrimination. All employees are required to work in a manner that prevents sexual harassment in the workplace. This policy is an expression of Golden Fire District's commitment to a discrimination-free and harassment-free workplace. Sexual harassment is against the law and all personnel have a legal right to a workplace free from sexual harassment and employees are urged to report sexual harassment by filing a complaint internally with Golden Fire District Chief who shall follow this with an investigation.

Golden Fire District believes that you should be afforded the opportunity to work in an environment free of sexual harassment. Sexual harassment is a form of misconduct that undermines the employment relationship. No employee, either male or female, should be subjected verbally or physically to unreciprocated and unwelcome sexual overtures or conduct.

Sexual harassment refers to behavior that is not welcome, that is personally offensive, that creates hostile and/or abusive work environment, and/or interferes with work effectiveness that will not be tolerated by anyone.

In the remainder of this document, the term "employee" refers to all personnel involved with Golden Fire District.

Any employee or individual covered by this policy who engages in sexual harassment or retaliation will be subject to internal and/or disciplinary action (e.g., counseling, suspension, termination).

No person covered by this SOG shall be subject to adverse action because the employee reports an incident of sexual harassment, provides information, or otherwise assists in any investigation of a sexual harassment complaint.

Definition

Golden Fire District has adopted, and has agreed to enforce, the definition of sexual harassment set forth by the Equal Employment Opportunity Commission (EEOC). The EEOC defines sexual harassment as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- * Submission to such conduct is made either explicitly or implicitly a term or condition of employment.

SOG # 1.17 – Work Place Violence

EFFECTIVE: Dec. 2019

SUPERSEDED: Dec. 2019

Policy

The Golden Fire District is committed to providing a safe work environment and recognizes that workplace violence is a health and safety issue. All incidents and alleged incidents of workplace violence will be taken on and investigated in a timely manner. It is the intent of this policy to ensure that all personnel have a legal right to a workplace free from workplace violence and employees are urged to report workplace violence by filing a complaint internally with Golden Fire District Chief who shall follow this with an investigation.

Scope

This SOG applies to all employees and volunteers of the Golden Fire District. This SOG covers incidents of violence, as defined below.

Violence

Violence includes acts of physical violence, abuse or threat or physical, verbal, intimidation, or other threatening behavior that results in the work place, property, or person.

Retaliation

Retaliation is any action taken by an employer or supervisor in response to a complaint or report of workplace violence that results in the work place, property, or person.

Harassment

Harassment is an offensive, cruel, intimidating, insulting or humiliating behavior that includes physical violence or the threat of physical violence. It can be physical or verbal, direct or indirect such as gossip. Harassment is considered harassment if it is a repeated or continuing pattern of behavior.

Harassment is a form of violence that is not addressed under human rights legislation or criminal codes.

Policy application

This SOG applies to all employees and volunteers of the Golden Fire District. This SOG covers incidents of violence, as defined below.

Prevention

SOG 2.06 Service Award Program

Special Situations:

Work Conflicts: No Points will be awarded. Membership however will remain active for one (1) year from the date when work issues or job changes happened due to "unforeseen" work place changes. Request needs resubmission every 90 days for District review and approval. Mandatory commitments are required to be maintained.

SOG # 1.22 Colden Fire District Personal Cell Phone Usage

USE OF "I am Responding" app from "ERIE County"

May use on private cell phone

May NOT use app or cell phone while driving any vehicle on "District or Company Time".

ERG 2020 may be used on private cell phones

May use on private cell to allow other first responders to know response issues and or times

The use of cell phones for personal or during District Time is never permitted in the following circumstances:

- While driving or riding in fire apparatus and or any vehicle during District Time
- While at incident scenes, (unless directly related to bringing resolution to the emergency) public events

During designated training activities or meetings

SOG #4.03 Driver Qualifications

Basic Requirements:

a. Valid Driver's license with no violations.

b. Must be 21 years or older.

Members age 18 – 21yrs old can drive Fire/EMS vehicles in non-emergent situations (drills, driver training, returning from hospitals after calls, etc. once cleared by CFD driver training officer and with a qualified driver)

Social Media – NEW

- Gives guidance on how district personnel will use social media for official business.
- Gives guidance on personal use of social media with regards to district matters.
- Use common sense
- Has been reviewed by the District's attorney for legality
 - "...a review of the SOG shows that it is very comprehensive. It protects the District and does not violate the Constitutional First Amendment free speech rights of the firefighters."

