

**MAYER FIRE DISTRICT
SAFETY and LOSS PREVENTION
POLICY AND PROCEDURES MANUAL**
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TAB 100 - SAFETY

110 GENERAL SAFETY

110.1 Employee Responsibility

Employees are required as a condition of employment, to develop and exercise safe work habits in the course of their work to prevent injuries to themselves and fellow workers. In addition, they will:

- Promptly report to their supervisor all accidents, near misses and injuries occurring during the course of the duty day.
- Cooperate with and assist in investigation of accidents.
- Promptly report to their supervisor all unsafe actions, practices or conditions they observe.
- Keep work areas clean and orderly at all times.
- Not engage in horseplay.
- Obey all safety rules and follow published work instructions.
- Wear protective clothing/equipment as directed.
- Inspect all equipment/apparatus prior to use and report any unsafe conditions to their immediate supervisor.
- Prior to moving any vehicle, a "walk around" will be accomplished to assure that nothing is in the way of the vehicle.

110.2 Supervisor Responsibility

Supervisors are responsible for the safe actions of employees and the safe performance of apparatus, machines and equipment within their operating areas. In addition, they will:

- Aggressively enforce the safety procedures that apply to the work they supervise.
- Provide adequate training for their personnel.
- Ensure that all employees are instructed and understand the use and need for protective equipment for specific assignment/duties.
- Promptly report and investigate accidents and assure that recommended corrective actions are completed.
- Assure that all necessary safety equipment and protective devices for each assignment/duty are available, and are used and properly maintained.

110.3 Incident Safety Officer

An Incident Safety Officer shall be established on all emergency scenes to assure the safest working environment possible. Depending on the incident, the ranking employee may fill this role in addition to other duties. For example, a Captain on a single unit response may perform safety duties in addition to other responsibilities, or a paramedic on a medical call can assure all safety precautions are being taken.

110.4 Job Safety Training

No Supervisor shall assume that newly hired, newly assigned or reassigned personnel clearly know all the job safety procedures. They must be trained.

110.5 Physical Examinations

All newly hired/rehired sworn personnel are required to take a physical examination prior to employment. Subsequent physical examinations may be required for:

An injured/ill employee who has recently received medical attention.

If doubt exists as to an employee's physical well being following absenteeism due to illness, injury or any other reason.

When an incumbent occupies a critical occupation which requires a re-examination on a periodic interval.

On an annual basis.

110.6 Injury or Serious Illness

In the event of a response due to an injury or illness to an off duty employee, the family of an employee, fire board member, or family of a fire board member, it shall be the responsibility of the on duty Captain to promptly notify the Fire Chief or his designated representative.

110.7 Disability, Loss of Life, or Multiple Injuries

The Fire Chief, and on duty Battalion Chief, shall be notified immediately of any disability, loss of life or multiple injuries.

110.8 Industrial Injuries

All on the job injuries will be reported promptly to the employee's supervisor and the Fire Chief through the proper chain of command.

Emergency Injuries

Serious injuries requiring immediate emergency medical treatment shall be handled promptly by Fire Department paramedics and if necessary, transported to the closest appropriate medical facility.

Non-Emergency Injuries Requiring Physicians Care

The supervisor will make arrangements for any immediate care needed by the employee, i.e. basic first aid, etc. All injuries shall be documented on the "Supervisor's Report of Industrial Injury Form" and forwarded to the Fire Chief through the chain of command.

110.9 Hazardous Materials Exposure

Any exposure to any toxic substance should be documented on the "Fire Department Exposure Report Form" and forwarded to the Fire Chief through the chain of command.

110.10 Safety Committee

The Safety Committees for the Mayer Fire Department will consist of staff members. Safety will be a standing staff meeting agenda item and all accidents, incidents and injuries will be reviewed each month.

110.11 Medications

An employee taking strong or multiple medications that could cause dizziness, blackouts, drowsiness, double vision, impaired judgment, other abnormal reactions, or in any way interfere with job performance shall not attempt to work.

120 PERSONAL PROTECTIVE EQUIPMENT

The Fire Department's policy is to reduce the risk of injury or illness resulting from exposure to toxic or harmful physical agents. In order to protect the health and safety of the members of the Fire Department, the following are required:

All personnel shall wear the appropriate protective clothing provided by their respective Fire Department to protect them from the hazards to which they are likely to be exposed.

121 FULL PROTECTIVE STRUCTURAL FIREFIGHTING CLOTHING

Defined as: structural firefighting helmet with eye protection, turnout coat, turnout pants, structural firefighting boots, gloves, suspenders and protective hood.

Full protective clothing shall be worn by firefighting personnel while engaged in emergency incidents that pose a threat to their personal safety.

EXCEPTION: Apparatus drivers, support operations and command personnel will be exempt from wearing full protective clothing unless they are assigned to functions that may have them working in a "hot zone".

Full protective clothing shall be worn at all times when involved in or exposed to the dangers of structural firefighting or in the hazardous area at an emergency scene.

Personnel shall wear full protective clothing while performing drills normally associated with any hazardous operation.

During overhaul operations, full protective clothing shall be worn until the I.C. or Safety Officer determines it is safe to remove these items.

Gloves shall be worn when engaged in firefighting, overhaul, working with ladders, using power equipment, or any other situation where injury to the hand is likely to occur. Latex gloves should be worn under firefighting gloves whenever there is a possibility of coming in contact with a patient's body fluids (auto accidents).

The helmet face shield, safety goggles, and other eye protection devices shall be used at any time the need for eye protection is warranted such as when operating hand tools or power equipment.

No member shall cause a delay in any firefighting operation by not being fully dressed and prepared to engage in firefighting activities in a safe manner.

When in quarters, all members shall dress in appropriate protective clothing prior to responding.

When not in quarters, the apparatus driver shall proceed to the scene. Personnel shall dress appropriately at the scene prior to entering any hazardous areas. While the apparatus is moving, all seatbelts will be used.

122 SCBA PROCEDURES

The purpose of this policy is to reduce the risk of injury or illness resulting from exposure to toxic or harmful physical agents. In order to protect the health and safety of the department members, the use of SCBA is required.

All personnel shall utilize the provided SCBA when encountering a contaminated atmosphere or when the atmosphere is likely to become contaminated. Do not remove the SCBA until the atmosphere has been determined to be safe to operate in. The determination as to removal of breathing apparatus will be made by company or sector officers.

Company officers shall assign a specific SCBA to each crew member who will be responsible for the proper use and operation of that SCBA. To insure this, each member will check his assigned breathing apparatus at the beginning of each shift, after each time it is used and at any other time it is necessary to maintain the equipment in a ready state of condition. It is the responsibility of the engineer to check any unassigned SCBA to insure that the proper complement is always maintained. If an SCBA is functioning improperly, it shall be reported to the Battalion Chief as soon as possible and a replacement obtained.

123 PERSONAL ALERT SAFETY SYSTEM (PASS) DEVICES

All personnel operating in an area where an SCBA is required shall properly activate and utilize the PASS device attached to the SCBA harness.

The PASS device shall remain on the auto position as long as the firefighter utilizing the device remains in a hazardous area.

Each PASS device shall be tested at least weekly and prior to each use, and shall be maintained in accordance with the manufacturer's instructions.

124 FULL PROTECTIVE WILDLAND CLOTHING

Defined as: brush helmet and goggles, fireshirt, fire-rated pants, lace-up boots, gloves, and fire shelter.

Full protective wildland clothing shall be worn at all times when involved in or exposed to the hazards of wildland firefighting.

On-duty personnel involved in wildland firefighting shall wear available fire shelters assigned to their apparatus.

WARNING: Firefighters shall avoid wearing clothing that is considered unsafe due to poor thermal stability or poor flame resistant characteristics under their protective garments. This practice could cause injury to the firefighter despite appropriate protective garments being worn.

125 HEARING PROTECTION

The Mayer Fire Department will comply with all hearing protection guidelines defined by OSHA.

Determining the need to provide hearing protection for employees can be challenging. Employee exposure to excessive noise depends upon a number of factors, including:

- The loudness of the noise as measured in decibels (dB).
- The duration of each employee's exposure to the noise.
- Whether employees move between work areas with different noise levels.
- Whether noise is generated from one or multiple sources.

Refer to OSHA Publication 3074 (2002), "Hearing Conservation" or refer to the OSHA standard at 29 CFR 1910.95, Occupational Noise Exposure, section (c).

Some types of hearing protection include:

Single-use earplugs are made of waxed cotton, foam, silicone rubber or fiberglass wool. They are self-forming and, when properly inserted, they work as well as most molded earplugs.

Pre-formed or molded earplugs must be individually fitted by a professional and can be disposable or reusable. Reusable plugs should be cleaned after each use.

Earmuffs require a perfect seal around the ear. Glasses, facial hair, long hair or facial movements such as chewing may reduce the protective value of earmuffs.

130 GENERAL

A large percentage of personnel injuries occur while participating in routine activities at or around the station. Most of these injuries could be prevented by observing proper safety practices and adopting a safety conscious attitude.

131 FLOORS

Efforts should be made to keep apparatus floors free from slippery substances and obstructions. Water, oil, hydraulic fluid, etc., should be mopped up whenever accumulations appear, especially on the traffic areas around and between apparatus. Station floors also must be free of slippery substances. Traffic route areas, hallways, etc., should be clear of unnecessary obstacles and obstructions.

132 POWER EQUIPMENT

Safety precautions shall be observed when using power lawn equipment (mowers, trimmers, edgers, etc.) and are as follows:

The blade guard on the power edgers and trimmers shall be serviceable and in the proper position for the intended use before operating.

Mowers will not be pulled backward when running, if at all possible. If you must, due to landscape configuration, be extra careful.

Safety goggles will be available and shall be utilized to provide eye protection from rocks, twigs and other propelled objects when operating mowers, edgers, bench grinders, etc.

When trimming or pruning certain trees and bushes, gloves may be necessary to provide adequate hand protection. If gloves are needed, they shall be worn.

Do not use defective equipment such as ladders with broken rungs, power equipment without the proper safety protection, etc. Repair or replace before use.

133 MEALS

It is recognized that frequently, while meals are on the stove, calls are received at or before meal times, which naturally necessitate the units to respond immediately. The person cooking for that day will ensure that the oven, stove, etc. is turned off prior to departing the station.

134 DOORS

Automatic apparatus doors are provided on each station and will operate either by wall switch on the inside of the apparatus wall or by the hand held transmitter. Particular attention will be paid when entering/exiting the station on the apparatus. Allow enough time for the door to remain open so that the apparatus can safely clear.

135 LIFTING/PULLING

Utilize the following proper lifting techniques when lifting moderate to heavy objects:

Use your legs to lift with by bending your knees.

Keep your back straight.

Do not twist your body while lifting.

Reposition your feet to avoid twisting.

To lift heavy objects, get your body as close to the object as possible.

Use back supports when available.

Heavy objects should ideally be stored at approximately waist level.

Do not attempt to lift or carry more than you can easily handle; if necessary, get help.

140 SAFE EQUIPMENT OPERATIONS

141 POWER SAWS

When operating power equipment under emergency conditions, accident potential is high due to adverse operating conditions. A slight miscalculation or sudden unplanned move can result in a serious accident. Performance skill coupled with the use of common sense and the strict adherence to safety procedures can prevent accidents.

141.1 Personnel Protection

Full protective clothing shall be worn by those members operating and by those members in close proximity to, the operation of power saws.

The use of turnout boots and pants shall be at the discretion of the company officer, except when operating on the fire ground.

Eye protection must be worn.

To prevent accidents caused by moving belts, gears, chains blades, etc., it is imperative that operators have their clothing completely buttoned and close fitting.

141.2 Operating Procedures

Carry circular saws with the engine stopped, the blade forward and muffler away from your body.

Always carry the chain saw with the engine stopped, the guide bar and saw chain to the rear and the muffler away from your body; with one hand encircling handle bar, other hand on trigger handle (finger off trigger), placing power block between chain and person; or using the over-the-shoulder method (with cover on and engine off). It is recommended to utilize sawyer pad on pack when using the over-the-shoulder method.

Keep both hands on the control handles when operating the saw. Use a firm grip with thumbs and fingers encircling the saw handle.

Make sure of your footing before operating the saw. The saw shall always be shut down when unattended.

Have a plan of action before putting the saw into operation. Your plan should include:

Location and sequence of cuts and openings.

Wind direction. Consider its effect on exposures and personnel.

When pre-planning escape routes, your plan should provide for at least two means of egress, if possible.

Whenever possible, an officer should be present to supervise cutting operations and to assure compliance with safety procedures.

Always place the safety guard in the proper position to provide protection for the use intended before operating the saw.

Power saw operations are safest when cutting on horizontal surfaces near ground level or vertical surfaces at waist level or below.

Operating a power saw above chest height is extremely hazardous and should not be attempted as a normal course of action. This type of operation shall be conducted only under the direct order and/or under the supervision of an officer.

The officer ordering this operation shall weigh heavily the value gained against the extreme hazard to personnel.

The use of a power saw from ladders is not recommended if there are alternatives. The exception would be using a roof ladder on a pitched roof while ventilating.

When operating close to highly combustible or flammable materials, use care to prevent ignition from sparks. A charged line or suitable extinguisher should be readily available. Do not operate saws in suspected flammable/explosive atmospheres.

Side pressure or twisting of the blade when operating a rescue saw should be avoided. The saw should never be forced. If too much pressure is applied to the blade, the hazard of blade breakage (carbide tipped) or blade shattering (aluminum oxide or silicon carbide disc) is increased. A blade that breaks or shatters during cutting operations may cause serious injury to the operator or to others in the area.

The saw cut should be only as deep as necessary. Deep cuts may weaken supporting beams and lead to collapse. The experienced operator will know when he has reached a beam by the sound and feel of the saw.

If conditions permit, scrape gravel and debris from the path to be cut in order to reduce the danger of injury from flying chips and loose materials.

When using a circular saw to open metal buildings, doors, etc., where conditions permit, utilize methods to eliminate the hazards of sharp edges. Consider making your cut in either an X design or a triangular design with the points bent inward.

141.3 Fueling and Maintenance Precautions

Observe all safety regulations on the safe handling of fuel. When necessary to refuel, comply with the following:

The saw should never be refueled while the engine is running.

If fuel is spilled while refueling, wipe off saw before starting.

Do not operate the saw if there is a fuel leak. Send it in for servicing.

Do not restart the saw in a small, enclosed space after refueling.

Always keep equipment in good, clean, serviceable condition.

Examine the rescue saw cutting wheel for nicks or defects after each use.

Care must be taken to assure that the abrasive saw blades do not become contaminated with petroleum based products. Such contamination may dissolve the resin, which is used to bond the blade, causing the blade to shatter when used. New blades should be stored in plastic bags to insure cleanliness.

142 HYDRAULIC RESCUE TOOLS

Full protective clothing should be worn by those members operating and by those members in close proximity to, the operation of a Hydraulic Rescue Tool.

The hydraulic fluid used to operate the tool can cause severe burns to the eyes. Eye protection (safety glasses or goggles) by all members in the area of operation is mandatory in the event of a hose or coupling failure where fluid may be expelled.

Efforts shall be taken to protect the trapped and injured from further injuries, as a result of the hazards of the operation, such as sparks, propelled objects and flying objects.

The Hydraulic rescue tool engine should be kept downwind and away from the injured and the work area when possible.

143 AIRBAGS

Un-deployed air bags cause a great safety concern to all members operating in or near motor vehicle accidents. Full protective clothing should be worn by those members operating, and in close proximity to, the operation of Air Bags.

144 HELICOPTERS

144.1 General Information

On occasion fire suppression personnel may be in a position to work in or around helicopters on E.M.S., forest fires, and airport incidents. It is important to ensure your safety and the safety of others that these items are followed closely:

1. Don't smoke in or around the helicopter.
2. Don't touch the bubble or any moving parts. The bubble is only plastic.
3. Ensure that your seat belt is inside before closing the door.
4. Never approach or leave the helicopter uphill.
5. Always approach from the downhill side.
6. Keep the landing area clean. The helicopter's downwash will lift and move an amazing variety of items.
7. Don't slam the doors but close them gently and don't let them swing in the wind.
8. Protect yourself.
9. Fasten your seat belt and leave it fastened until the pilot signals to get out.
10. Ask the pilot about emergency exits and escape procedures.
11. Dress for the operating environment.
12. Keep well clear of landing or taking off, especially with external loads.
13. Shield your eyes near a helicopter when it is landing or taking off.
14. Front passengers will unload other passengers at an unmanaged spot.
15. Only approach a helicopter after receiving permission from the pilot and or crew.
16. ALWAYS avoid blind areas where the pilot cannot see you. Don't even get close to the tail rotor.
17. Never throw any object in the vicinity of the helicopter.
18. Carry tools and other long objects horizontally below waist level, not upright or over the shoulder.
19. Hold onto your hat or it could be blown into the helicopter blades.
20. Appoint a tail guard/safety officer during LZ operations

145 RAPID INTERVENTION CREWS

This policy is intended to increase the overall level of safety for Fire Department personnel operating at emergency incidents. It should be integrated with guidelines that are already in effect such as the requirement for a backup rescue team for hazardous materials entry. The objective of a R.I.C. is to have a fully equipped rescue team on site, in a ready state to immediately react to rescue injured or trapped firefighters. This policy is an overview, related guidelines are Accountability and Incident Command guidelines in the ESOG manual. **For complete instruction on R.I.C. see operating guidelines in the ESOG manual.**

145.1 Definition of R.I.C.

A Rapid Intervention Crew is a team of two or more trained personnel responsible for tracking and initiating rescue of interior firefighting teams.

145.2 Implementation

Upon the attack of an interior offensive operation into a hot zone, an Initial RIC Team (IRIC) will be established based on OSHA guidelines. As soon as staffing allows for it a full RIC Team should be put into place.

145.3 Exceptions

Interior operations may commence without an I.R.I.C. / R.I.C. in place if a known hazard exists requiring the rescue of trapped occupants.

Interior operations can commence prior to the arrival of I.R.I.C. / R.I.C. teams if the fire is still in the incipient stage.

The incident is a defensive operation from the onset.

The incident has been stabilized or controlled and an IDLH no longer exists.

If entry is made under the above conditions, written documentation of circumstances found upon arrival will be sent to the Fire Chief.

146 SELF SURVIVAL

The following are basic guidelines for firefighters to follow if they become lost or trapped in a building:

146.1 Self Survival Responsibilities

The rescue of trapped or lost firefighters in a burning building is especially time sensitive. Individual firefighters must not delay reporting to the Incident Commander (I.C.) if they become lost, trapped, or in need of assistance. Company Officers must not delay the reporting of lost firefighters or inability to complete accountability reports (PAR). Command or division/group officers should always assume that the missing firefighter is lost in the building until he or she can be accounted for. Command should re-structure the strategy and action plan to include a priority rescue effort.

Each crew entering the hazard zone must have a portable radio. Minimum crew size is two and crew members must stay intact. Crews must have an assignment and must be working under the supervision of the I.C. or his subordinates.

146.2 Call for Help IMMEDIATELY

Firefighters who find themselves lost or trapped must immediately announce “MAY DAY” on the portable radio to inform the I.C. of their situation while they continue to attempt to find their way out. Firefighters should not delay notification of distress. Notifications should occur as soon as a firefighter thinks he is in trouble.

Lost firefighters should be prepared to give the I.C. information as to who they are, how many firefighters are with him, where they think they are/were operating in, description of building structures surrounding them, contents, sounds of nearby crews or any other information that might direct rescue crews (RIC) to their location.

146.3 MAY DAY Radio Message

The radio message MAY DAY will be used by a lost or trapped firefighter to report their status as being in trouble and needing rescue. Any member may use “MAY DAY” to report a lost firefighter. Any report of “MAY DAY” will receive the highest priority. The term “MAY DAY” will be reserved ONLY to report lost or trapped firefighters. The term “Emergency Traffic” will be used to report other emergencies.

146.4 Activate Pass Device

As soon as a firefighter recognizes he is lost or trapped, the PASS device must be manually activated to sound the audible tone. The device must remain on until rescued. If the device interferes with communicating critical radio messages, the device may be deactivated temporarily.

146.5 Additional Tactics

Stay intact as a crew.

Attempt to stay with the hose line or life line and follow it out.

Attempt to reach an exterior wall, hallway or doorway.

Stay calm and conserve air.

Assume a horizontal position.

Point your lit flashlight at the ceiling.

Attempt tapping noises to assist rescuers in locating you.

150 DRIVER’S SAFETY – RESPONDING TO ALARMS

150.1 Report of Response

As soon as the apparatus radio becomes operational after the receipt of an alarm, the responding personnel shall indicate that the unit is responding, using the most current radio order model as documented in Tab 302 of the Mayer Fire District ESOG Manual:

When the dispatch involves more than one company from a multi-company station, all companies leaving the station will (individually) report that they are responding to the call.

When multiple units are dispatched, the first unit on the dispatch will respond first, the second unit on dispatch shall respond next, and so on until all units have

responded in order of dispatch. The Duty Chief, if dispatched, will respond last after all other dispatched units have reported enroute. At this time, the last unit going responding will ask for additional from the alarm room.

150.2 Response Procedures

Apparatus responding to alarms shall respond either Emergency (Code-3, warning lights and siren) or Non-Emergency (Code-2, normal traffic). When traffic is light, Non-Emergency response is recommended. In remote areas, light traffic areas, or late hours of nighttime, continuous siren use may be optional at the discretion of the officer or operator; but shall be exercised with the utmost due regard for the safety of all persons. Bumper or grill mounted warning lights will be used as a safety device only, to increase and enhance visibility at the scene. When the posted speed limit cannot be maintained, the officer or operator has the option to reduce to Code 2 until they can again maintain the speed limit. All water tenders shall respond Code 2, unless specifically requested to respond Code 3; with the exception of tenders which do not have full light/siren packages (these tenders may only ever respond Code-2).

150.3 Passing Apparatus

Apparatus responding to an alarm will not pass another responding apparatus enroute. The only exception to this is a Chief Officer responding in a staff car, or an ALS unit may pass another responding apparatus after first notifying the apparatus officer or operator by radio.

150.4 Warning Devices

All appropriate warning devices should be operated continuously during responses, except in the vicinity of a hospital or similar institution, when responding to a standby call for a bomb threat, staging for law enforcement when responding to violent incidents, or when requested to shut down on approach by the calling party. This is to include sirens, lights and air horns.

150.5 Emergencies Discovered Enroute

Another emergency discovered while enroute to an emergency call shall be reported to Dispatch. Urgency of response shall determine whether the unit should continue response. The officer shall instruct Alarm to dispatch another unit if remaining on the second scene.

150.6 Privately Operated Vehicles

Privately operated vehicles are not to be considered emergency vehicles. Personnel driving their own vehicles must obey all applicable traffic laws.

Should a privately owned vehicle be driven for approved department business, the owner of the vehicle shall incur all responsibility for any damage and liabilities that may occur by doing so.

Although it is strongly discouraged, should a POV be used, the vehicle owner shall have proof of vehicle insurance and shall incur all liabilities for any issues that may arise by using their POV. Mayer Fire will be responsible only for reimbursing for mileage expenses as approved.

150.7 Vehicle Accident

When a Fire Department vehicle is involved in an accident, dispatch should be notified immediately, reporting:

- Vehicle involved
- Injuries and/or damage
- Assistance needed
- Advise a Chief Officer

The vehicle involved will generally not be moved before police and fire investigations. Exceptions will depend upon the urgency of the alarm and the seriousness of the accident. The vehicle may generally proceed when all of the following conditions are satisfied:

The company members and apparatus are in a safe condition and able to proceed.

No other driver, passenger or pedestrian is injured.

A member of the company is left at the scene, if appropriate.

If the company proceeds, it should return to the scene after the emergency to immediately complete a report with narrative and diagram.

A Chief Officer shall respond to the scene and notify the District's insurance carrier as soon as possible.

150.8 Two Units Approaching a Common Intersection

When the potential exists for units to approach a common intersection, radio notification must be made. Example: "Engine 22 is approaching Cordes Lakes on Stagecoach." Right-of-way shall be given to the unit proceeding in a straight line, or as resolved by the responding units.

150.9 Snow Chains

Keep tire chains tight and check them after every run.

Do not exceed 35 mph with tire chains.

Replace chains when one or more cross-links become 3/4 worn.

Tie up loose ends and consider removing them before going on a call on dry or wet roads.

150.10 Emergency Vehicle Operation

Pursuant to Arizona Revised Statute (A.R.S.) 28-624. "Authorized emergency vehicles", the operator of an authorized emergency vehicle, when responding Code-3 to an emergency, as defined in Tab 150.2 of this manual:

May exceed the *prima facie* (face value, posted) speed limits so long as life and property are not endangered and operation is reasonable and prudent.

Shall proceed past a red or stop signal or stop sign only after a complete stop and all lanes are cleared for safe operation.

May disregard regulations governing direction of movement or turning in specified directions.

Under wet, icy, foggy, or any other hazardous weather or road conditions, should react pessimistically to the conditions encountered and in no case exceed the posted speed limit.

The above exemptions shall apply only when the authorized emergency vehicle is responding Code-3 with emergency equipment operating as defined in A.R.S. 28-624 mentioned in the beginning of this tab.

The above exemptions shall not relieve the operator of an authorized emergency vehicle from the responsibility of driving with due regard for the safety of all persons, nor shall the vehicle operator be protected from the consequences of a reckless disregard for the safety of others.

150.11 Off-District Response

The Fire Department will not respond its apparatus and personnel to emergencies outside of its legally adopted boundaries, UNLESS:

Requested by an agency with which the Department has an Automatic Aid, Mutual Aid, or a Contractual Agreement and response should be based on adopted response guidelines or approved by a chief level officer.

The emergency is a traffic accident with injuries, within 5 miles of the Mayer Fire District's or Central Yavapai Fire District's boundaries and not within another fire department's jurisdiction.

A disastrous situation warrants assistance from the Department, in the opinion of the Chief, or the officer in charge.

150.12 General

Seat belts shall be worn by all personnel, at all times, when any vehicle is in operation. The only exception is crew members delivering patient care in the back of an ambulance or other vehicle utilized for patient transport; where seat belt use would inhibit the ability to deliver **critically beneficial** patient care. In this case the personnel giving care must be in contact with the operator, so that the operator knows there is a higher level of personnel vulnerability, and shall operate the vehicle appropriately and in accordance with speed limits listed in Tab 150.101 of this manual. Whenever possible, after delivering care, personnel should re-secure their seat belts.

Anytime a vehicle is backing, there will be a **spotter** at the rear of the vehicle. The spotter must be visible to the driver/operator throughout the process. The only

exception will be a unit staffed by a single employee. If a single employee is operating an apparatus with no spotter available, the employee shall make a walk around the apparatus prior to backing it up, to identify hazards; and shall sound an audible signal prior to reversing the apparatus.

In some instances, and on vehicles where warning devices cannot be utilized, **hand signals** will still be used.

Cell phone use of any kind, to include texting functions, while operating any department vehicle, shall be forbidden. The only exceptions shall be use of hands-free devices, or if a single occupant is operating the vehicle, and use of the cell phone is critical to the task at hand; and is used while exercising due regard for the safety of all persons. Additionally, no driver of an ambulance transporting a patient is permitted to use a cell phone of any kind during the transport.

Vehicle operators are responsible for the safety and proper operation of their apparatus at all times. When parking or pumping an engine or water tender, personnel will follow these **minimum requirements**:

Set the transmission gear to 'Neutral' or 'Park', as indicated.

Completely set the parking brake; this shall be done prior to engaging the pump gear.

Chock apparatus; this shall be done prior to engaging the pump gear.

Department apparatus will be chocked any time the vehicle is out of the station, including when the apparatus is parked on either the front or rear ramp at the station.

Chock Placement and Removal:

Chocks should be placed in such a manner to prevent the apparatus from moving. If vehicles carry two chocks, the chocks shall be placed fore and aft of the tire any time the wheels are chocked. If only one chock is on the vehicle, the chock shall be placed in the most likely direction the vehicle would move if un-chocked.

When the vehicle operator removes the chocks, he should take the opportunity to check compartments, obstructions, and general position and condition of the vehicle.

Officers or senior crewmembers should encourage the vehicle operator to **walk completely around** the vehicle as part of a normal routine prior to moving the vehicle. In doing this, employees may prevent damage to apparatus, equipment; and injury to personnel and bystanders.

Operators of ambulances and staff vehicles will take whatever precautions are appropriate for the situation and terrain (i.e. grades, idling, etc.) such as chocking wheels and setting parking brake.

District personnel involved in a vehicle accident while operating a vehicle owned by The Mayer Fire District will document the accident on the District's "VEHICLE ACCIDENT REPORT". See Mayer Fire Department Vehicle Maintenance Policy Manual for further details.

152 VEHICLE ACCIDENTS, DISTRICT VEHICLES

Procedures regarding motor vehicle accidents involving vehicles owned by the Mayer Fire District will be followed as defined in the Mayer Fire Department "Loss Prevention" portion of this manual. In addition, immediately following a motor vehicle accident, the driver of the District vehicle shall administer first aid to the injured, report the incident to his supervisor by radio, and request an investigation of the accident by the law enforcement agency having jurisdiction. Do not discuss the incident with anyone except the law enforcement agency having jurisdiction and department supervisors. The accident must be documented.

160 SAFE PARKING AT INCIDENTS

160.1 Overview

This procedure identifies parking practices for Fire Department apparatus that will provide maximum protection and safety for personnel operating in or near moving vehicle traffic. It also identifies several approaches for individual practices to keep firefighters safe while exposed to vehicle traffic.

IT SHALL BE THE POLICY OF THE FIRE DEPARTMENT TO POSITION APPARATUS AT THE SCENE OF EMERGENCIES IN A MANNER THAT BEST PROTECTS THE WORK AREA AND PERSONNEL FROM VEHICLE TRAFFIC AND OTHER HAZARDS.

All personnel should understand and appreciate the high risk that firefighters are exposed to when operating on or near moving vehicle traffic. We should always operate from a defensive posture. Always consider moving vehicles as a threat to your safety. Nighttime operations are particularly hazardous. Visibility is reduced, and multiple emergency flashing lights tend to confuse motorists. Studies have shown that multiple headlights of emergency apparatus (coming from different angles at the scene) tend to blind civilian drivers as they approach.

160.2 Benchmarks

Emergency personnel are at great risk while operating in or around moving traffic environments. There are approaches that can be undertaken to protect yourself and crews:

Never, ever, trust the traffic

Engage in proper protective parking

Always wear orange, high visibility reflective traffic vests

Reduce motorist vision impairment

Use traffic cones and flares

Listed below are benchmarks for safe performance when operating on or near moving vehicle traffic.

Always maintain an acute awareness of the high risk of working in or around a moving traffic environment.

Never, ever, trust moving traffic.

Always look before you step!

Always keep an eye on the traffic!

Always position apparatus to protect the scene, patients, emergency personnel, and provide a protected work area. Where possible, angle apparatus at 45 degrees away from curbside. This will direct motorists around the scene. Apparatus positioning must also allow for adequate parking space for other fire apparatus (if needed), and a safe work area for emergency personnel. Allow enough distance to prevent a moving vehicle from knocking fire apparatus into the work areas.

At intersections, or where the incident may be near the middle of the street, two or more sides of the incident may need to be protected. Block all exposed sides. Where apparatus is in limited numbers, prioritize the blocking from the most critical to the least critical.

For first arriving engine companies where a charged hoseline may be needed, angle the engine so that the pump panel is "down stream," on the opposite side of on-coming traffic. This will protect the pump operator.

The initial company officer (or command) must assess the parking needs of later arriving fire apparatus and specifically direct the parking and placement of these vehicles as they arrive to provide protective blocking of the scene. This officer must operate as an initial safety officer.

During daytime operations, leave all emergency lights on to provide warning to drivers.

For NIGHTTIME operations, turn OFF fire apparatus headlights. This will help reduce the blinding effect to approaching vehicle traffic. Other emergency lighting should be reduced to yellow lights and emergency flashers where possible.

Crews should exit the curbside or non-traffic side of the vehicle whenever possible.

Always look before stepping out of apparatus, or into any traffic areas. When walking around fire apparatus parked adjacent to moving traffic, keep an eye on traffic and walk as close to fire apparatus as possible. Wear the orange safety vest any time you are operating on or near vehicle traffic. When parking apparatus to protect the scene, be sure to protect the work area also. The area must be protected so patients can be extricated, treated, and moved about the scene safely.

Once enough fire apparatus have "blocked" the scene, park or stage unneeded vehicles off the street whenever possible. Bring in rescue companies one or two at a time and park them in safe locations at the scene. This may be "down stream" from other parked apparatus, or the rescue maybe backed at an angle into a protected loading area to prevent working in or near passing traffic. At residential

medical emergencies, park rescues in driveways for safe loading where possible.

Place traffic cones at the scene to direct traffic. This should be initiated by the first company arriving on the scene and expanded, if needed, as later arriving companies arrive on the scene. Always place and retrieve cones while facing on-coming traffic.

Placing flares, where safe to do so, adjacent to and in combination with traffic cones for nighttime operations greatly enhances scene safety. Place flares to direct traffic where safe and appropriate to do so. Call for a police response when needed. Provide specific direction to the police officer as to exactly what your traffic control needs are. Ensure the police are parking to protect themselves and the scene.

Traffic cones should be placed farther apart, with the last cone approximately 150 feet "upstream," to allow adequate warning to drivers. Place and retrieve cones while facing the traffic.

160.3 Highway Operations

Divided highway emergencies pose a particular high risk to emergency personnel. Speeds are higher, traffic volume is significant, and civilian motorists have little opportunity to slow, stop or change lanes.

The Department of Public Safety will also have a desire to keep the highway flowing. Where need arises, the highway can be completely shut down. This, however, rarely occurs.

For highway emergencies, we will continue to block the scene with the first apparatus on the scene to provide a safe work area. Other companies may be used to provide additional blocking if needed.

The initial company officer, or command, must thoroughly assess the need for apparatus on the highway and their specific positions. Companies should be directed to specific parking locations to protect the work area, patients, and emergency personnel.

Other apparatus should be parked downstream when possible. This provides a safe parking area.

Staging of rescue companies off the highway may be required. Rescues should be brought into the scene one or two at a time. A safe loading area must be established.

Command should establish a liaison with the Department of Public Safety as soon as possible to jointly provide a safe parking and work area and to quickly resolve the incident.

The termination of the incident must be managed with the same aggressiveness as initial equipment. Crews, apparatus, and equipment must be removed from the

highway promptly, to reduce exposure to moving traffic.

170 BLOOD BORNE PATHOGENS and EXPOSURE CONTROL PLAN

171 PURPOSE

It is the goal of the Mayer Fire Department to adequately protect all of its members from the risk of transmission of communicable diseases, not only during emergency incidents, but in all work environments. We recognize the potential for exposure of our members in the performance of their duties. In the emergency care setting, the infectious disease status of patients is frequently unknown. For that reason **ALL** patients must be considered infectious and universal precautions against exposure to blood and body fluids **MUST** be taken with **ALL** patients. The Fire Department will provide the appropriate protective clothing in sizes to fit all personnel. Such clothing and equipment shall be accessible to those employees needing them. The Department will also provide appropriate training in the use of such equipment, as well as providing instruction on infectious diseases and methods to prevent infection. Copies of the OSHA standard on infectious disease control (CFR, Title 29, part 1910.1030) are available for study at all Mayer Fire Department stations. Also available is the Center for Disease Control (CDC) recommendations titled "Guidelines for Preventing the Transmission of Tuberculosis in Health-Care Settings, with Special Focus on HIV-Related Issues". Guidelines for respiratory protective equipment are contained in CFR, Title 29, 1910.134, which is also on file.

These procedures are designed to prevent infection from occurring in both patients and Fire District personnel. This goes beyond simple protective measures, such as donning gloves, or washing hands. Infection control is a comprehensive, proactive approach to managing the risks associated with all communicable diseases.

172 DEFINITIONS

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).

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

Contaminated Laundry – laundry that has been soiled with blood or other potentially infectious materials.

Contaminated Sharps - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, and broken glass.

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.

ECP – Exposure Control Plan

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.

Operational Personnel – personnel who provide EMS and firefighting services on behalf of the Fire District.

Other Potentially Infectious Materials(OPIM) - semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any bodily fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; and any unfixed tissue or organ (other than intact skin) from a human (living or dead).

PPE – Personal Protective Equipment

Staff Personnel – personnel who provide administrative services to the Fire District.

173 DEPARTMENT RESPONSIBILITIES

To minimize the risk of exposure, the Mayer Fire Department will provide gloves, face masks, gowns and eye protection, along with the necessary cleaning and disinfecting supplies. The Department will also provide initial training and continuing education in preventative health care practices, so that personnel possess a basic awareness of infectious diseases, understand the risks and severity of different types of exposures, and so that they will exhibit proper skills in infection control. Standard prophylactic medical treatment will be given to exposed members and necessary immunizations will be made available to protect personnel from potentially infectious diseases.

173.1 PROGRAM ADMINISTRATION

The EMS Coordinator is responsible for the implementation of the ECP and will maintain, review and update the ECP as needed, at least annually. The plan must also be updated whenever necessary to include new or modified tasks and procedures. Those employees who are determined to have occupational exposure to blood or OPIM must comply with the procedures and work practices outlined in the ECP.

The EMS Supply Coordinator will maintain and provide all necessary PPE , engineering controls (i.e. sharps containers, etc.), labels and red bags required by the standard. PPE must be available in appropriate sizes.

The EMS Coordinator, in conjunction with the administrative staff, shall insure

that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The EMS Coordinator will be responsible for training, documentation of training and making the written ECP available to employees, OSHA and NIOSH representatives.

173.2 EMPLOYEE EXPOSURE DETERMINATION

All operational and staff personnel are considered to have occupational exposure. Part-time, temporary, contract and per diem employees are covered by the standard and must meet the requirements of the ECP.

173.3 SAFETY COMMITTEE

A safety committee consisting of both management and line personnel shall be established. The committee shall meet at least annually and shall address any new PPE, procedures or equipment that may improve employee safety in regard to bloodborne pathogens. Written recommendations shall be forwarded to the Fire Chief.

174 MEMBER ROLES AND RESPONSIBILITIES

174.1 Chief

The tasks of managing the Department Occupational Health & Safety and Infection Control Programs are delegated to appropriate staff officers and committees as noted below.

174.2 Department Infection Control Officer

The EMS Coordinator shall serve as the Department Infection Control Officer. The Department Infection Control Officer will:

Serve as the Department "designated officer" (DO) as required by the Ryan White Comprehensive AIDS Resources Act of 1990.

In conjunction with the Infection Control/Safety Committee, develop criteria for determine adequate stocking levels for each station and response vehicle. The purchase of infection control personal protective equipment and

Evaluate possible member exposures to communicable diseases and coordinate communications between the Department, area hospitals, and the County Health Department.

Collect quality assurance data on the Department Infection Control Program and present this data to the Infection Control/Safety Committee at regular meetings.

Notify the Department Chief if quality assurance data indicates a safety hazard requiring immediate attention.

Conduct spot inspections of on-scene and station operations to ensure

compliance with Department infection control policy. Coordinate the immunization program.

Maintain a confidential database of exposures and treatment given. Provide technical expertise to the Training Division in development of the infection control curriculum.

Keep abreast of new developments in the field of infection control and make appropriate recommendations to the Infection Control Committee.

Responsible for the development and delivery of a comprehensive infection control educational program that complies with OSHA Regulation 29 CFR Part 1910.1030.

174.3 Department Supervisors

Chief Officers and Company Officers will:

- Support and enforce compliance with the Infection Control Program.
- Correct any unsafe acts, and refer members for remedial infection control training if required.
- Mandate safe operating practices on-scene and in-station.
- In the absence of the DO, access necessary confidential medical files and direct Department members who have suffered an exposure to the appropriate medical facilities.

174.4 Members

- ASSUME ULTIMATE RESPONSIBILITY FOR HIS/HER OWN HEALTH AND SAFETY.
- Always use appropriate personal protective equipment (PPE) as the situation dictates.
- Report any suspected occupational exposure to communicable disease to their company officer.
- If a suspected exposure occurs, complete the REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS (Appendix A).

175 HEPATITIS VIRUS EXPOSURE MANAGEMENT

According to OSHA Regulations all EMS and Fire personnel are considered to be occupationally exposed to the Hepatitis B Virus (HBV) and to the Hepatitis C Virus (HCV). EMS and Fire personnel shall be offered Hepatitis B Virus (HBV) vaccination free of charge. Innaculation shall be offered within 10 days of the employee starting work and innoculation status is to be noted on the employee checklist. Vaccination shall be done according to recommended medical practice and proper testing shall be done to insure that the vaccine has been effective. In the event a member does not develop antibodies to the virus, that employee shall be notified by the D.O., in writing, of the possible dangers of continued patient treatment activities. The D.O. shall also place a copy of the notification in the member's medical file. When an exposure occurs, an

examination of the circumstances will determine whether further medical treatment is indicated. All employees with occupational exposure to Hepatitis B are required to sign a form stating whether they wish to be vaccinated against the virus. If an employee has been vaccinated elsewhere, copies of the vaccination records shall be placed in the employee's confidential medical file. **IF ANY EMPLOYEES OPT NOT TO HAVE THE VACCINE, THEY MAY CHANGE THEIR MINDS AT ANY TIME AND STILL HAVE THE VACCINE PROVIDED FREE OF CHARGE.**

Exposure to Hepatitis A and other types of Hepatitis will be treated according to current recommendations from the base hospital infection control officers.

176 TUBERCULOSIS TESTING

The Mayer Fire Department shall conduct tuberculosis testing on an annual basis as spelled out in the OSHA guidelines based upon CDC recommendations found in the Federal Register, Vol. 58, No. 195. Such testing is mandatory and shall be provided without cost to the member. Members who are found to have active tuberculosis shall be removed from active duty until such time as their tuberculosis is no longer infectious.

177 CONFIDENTIALITY

Infectious exposure forms and medical records shall remain confidential and **SHALL NOT** be released without the expressed written consent of the employee. Medical records shall be kept in a locked, secure area, separate from other employment records. Medical records may only be accessed by the Fire Chief or the Infection Control Officer. An exception to this policy would be in the event of an emergency requiring immediate access to an employee's medical file in order to provide medical treatment to that employee. In that case, a Chief Officer or Captain may access the files, followed by a verbal and written report to the Fire Chief and Infection Control Officer. If an infectious exposure places other personnel at risk, appropriate steps will be taken to remove the risk without disclosing the employee's confidential medical record. To reduce the number of personnel handling the forms utilized to report exposures, forms should be hand delivered to the D.O. or sent in an envelope marked "Confidential". Such records are to be retained by the Department for a period of 30 years after employment ceases. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Fire Chief.

GENERAL INFORMATION REGARDING INFECTIOUS DISEASES

178 INFECTIOUS DISEASES TRANSMISSION

Infectious substances are transmitted via an infected person's blood or body fluids which include, but are not limited to: urine, feces, vomitus, saliva, tears, mucus, cerebrospinal fluid, semen, vaginal secretions and placental fluids. Generally, the skin is a barrier against exposure to infectious substances. However, if the skin has open sores, cuts or abrasions, this protective barrier becomes a route for transmitting infection. Airborne respiratory secretions from a cough, or sneeze, also increase the risk of an exposure to some diseases, such as tuberculosis. Contact with blood, or body fluids visibly contaminated with blood, poses the greatest risk of transmitting certain

diseases, such as Hepatitis B Virus and AIDS/HIV. The following list describes some diseases which may also be considered an occupational hazard when providing pre-hospital care services.

<u>INFECTION</u>	<u>MODE OF TRANSMISSION</u>	<u>RISK IN EMT SETTING</u>
AIDS/HIV	blood to blood or mucous membranes	low
HEPATITIS A	fecal to oral	low
HEPATITIS B	blood or body fluids to blood or mucous membranes	high
HEPATITIS C	blood or body fluids to blood or mucous membranes	high
MEASLES	respiratory droplets to mucous membranes	very high
MENINGITIS	respiratory secretions or oral to fecal	low (unless mouth to mouth)
TUBERCULOSIS	airborne	high (unless patient is on medication)

TUBERCULOSIS

Since 1985, the rate of new T.B. cases in the general U.S. population has increased 18%, reversing a 30 year downward trend. In 1990, 25,500 new cases of T.B. were reported in the U.S.

Drug resistant strains of the T.B. bacteria have become a serious concern with cases of multi-drug resistant T.B. showing up in more than 40 states. When organisms are resistant to both of the commonly used drugs, the treatment period increases from 6 months to 18-24 months and the cure rate decreases from 100% to 60%, or less. Health care workers have died from drug resistant T.B., even though they were being treated for the disease.

The bacteria is airborne in droplets of 1 to 5 microns in size. The small size means that ordinary filter masks are NOT EFFECTIVE in filtering out the disease organisms. They are spread when an infected patient, with active T.B. coughs, sings, sneezes, speaks or spits. Health care workers who must be in a confined space (i.e. ambulances) must take the proper precautions in order to reduce their risk of contracting the disease. These precautions consist of wearing a properly fitted high efficiency filter mask, properly exhausting the air in the patient treatment area and properly disinfecting apparatus and equipment after a possible exposure. It is also recommended to put a surgical mask or oxygen mask on the

patient, if at all possible.

179 PROTECTIVE MEASURES

This portion of the procedure outlines protective measures Fire Department personnel **MUST** take when treating patients. These precautions **MUST** be taken even if the patient does not have symptoms of a disease. It will be the employee's responsibility to initiate protective measures. All other personnel also have a responsibility to see to it that other personnel are taking proper precautions.

180 PERSONAL PROTECTIVE MEASURES

* Observe UNIVERSAL PRECAUTIONS for all patients:

1. Use gloves on all patients.
2. If a sharp needs to be re-sheathed, only the one handed method taught by the Department is to be used.
3. Only EMT certified personnel, or personnel working under the direct supervision of EMT certified personnel, are to handle sharps and other contaminated materials.
4. Wear provided eye protection (goggles, specialized safety glasses or face shields) whenever there is any chance of body fluids spattering.
 - a. while suctioning or intubating
 - b. during delivery of children
 - c. during any mouth to mouth, or mouth to mask resuscitation
 - d. with patients who are spitting or coughing up fluids
 - e. any other situation where fluid contact with eyes is likely
5. Gowns shall be worn when fluid spattering is likely.
6. Masks, or mask/eye shield devices, are to be worn if fluid spattering is likely.
7. Have patients turn head, or cover mouth/nose when coughing or sneezing.
8. Minimize number of treatment personnel.
9. Avoid direct contact with body fluids.
10. **DO NOT** wipe eyes, nose or mouth before washing hands.
11. **DO NOT** eat or drink anything before washing hands.
12. Members with extensive skin lesions, or severe dermatitis on exposed skin areas, **SHALL NOT** engage in direct patient contact, nor shall they handle medical waste or patient care equipment.
13. If any exposure to blood or body fluids occurs, personnel are to immediately wash and disinfect the area with water and soap, or with disinfecting agents until such washing can be done.
14. Should it become necessary to violate any of these precautions, a review of the incident will be conducted by the DO.
15. Specimens of blood or other potentially infectious materials shall be placed in leak proof containers. If such containers should leak, they **MUST** be placed in a second non-permeable containe
16. In treating potential tuberculosis patients, high efficiency respirators (as described in CFR 29 1910.134) must be worn. Whenever possible, the patient should also be fitted with a surgical mask or oxygen mask to limit the spread of the tuberculosis bacteria. The

- Department shall fit each EMS member with a high efficiency (HEPA) respirator, recording the size and type on the "Mask Fit" form. Damaged, or torn, masks shall be replaced immediately
17. During treatment of any patient suspected of having a disease mechanism that involves air born spread of infection, ventilation systems in the ambulance are to be set to exhaust compartment air, rather than re-circulate it.

180.1 Selection and Use of Personal Protective Equipment

Members should select PPE appropriate to the potential for spill, splash, or exposure to body fluids. No standard operating procedures or PPE ensemble can cover all situations. Common sense must be used. Supervisors shall ensure that members use appropriate PPE.

Disposable gloves will be worn during any patient contact when a potential exists for contact with blood, body fluids, mucous membranes, non-intact skin, or other infectious material, when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Gloves will be replaced as soon as possible when soiled, torn, or punctured. Wash hands after glove removal. Disposable latex gloves will not be reused or washed and disinfected for reuse.

Where possible, gloves should be changed between patients in multiple casualty situations.

Structural firefighting gloves will be worn over disposable latex gloves in situations where sharp or rough edges are likely to be encountered.

Heavy-duty utility gloves may be used for the handling, cleaning, decontamination, or disinfecting of potentially contaminated patient care equipment. They should be washed, disinfected, and allowed to dry before reuse. They are to be replaced as soon as they become worn or otherwise ineffective.

Facial protection will be used in any situation where splash contact with the face is possible. Facial protection may be afforded by using both a face mask and eye protection, or by using a full-face shield. When treating a patient with a suspected or known airborne transmissible disease, face masks or particulate respirators will be used. If PPE or other garments become saturated or penetrated by potentially infectious material, they should be removed immediately or as soon as feasible.

All PPE should be removed as soon as practical and placed in the appropriate area or storage container for laundering, storage, decontamination or disposal.

HEPA (disposable) respirators should NOT be reused!!!!

If it is determined an individual has a positive diagnosis of TB, all respiratory

protection masks shall be disposed of using infectious control guidelines. Equipment such as blood pressure cuff, EKG electrode cables, backboard, etc. can be cleaned with an ordinary commercial disinfectant in the same manner that equipment is decontaminated and prepared for reuse on any other type of emergency response.

180.2 Scene Operations

Universal precautions shall be observed to prevent contact with blood or potentially infectious materials. 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.

The minimum number of members required to complete the task safely will be used for all on-scene operations. Members not immediately needed will remain a safe distance from operations where a communicable disease exposure is possible or anticipated. Used needles and other sharps shall be disposed of in approved sharps containers. Needles will not be bent, broken, or separated from disposable syringes. Needles and other sharps shall not be recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure. Such recapping or needle removal must be accomplished through the use of a one-handed technique.

The most common occupational blood exposure occurs when needles are recapped. Sharps containers will be easily accessible on-scene.

Disposable resuscitation equipment will be used when possible. Personal protective equipment will be removed after leaving the work area, and as soon as possible if contaminated. After use, all PPE will be placed in leak proof bags, color-coded and marked as a biohazard, and transported back to the station for proper disposal. Hand washing is the most important infection control procedure.

Whenever possible, members will wash hands:

After removing PPE.

After each patient contact.

After handling potentially infectious materials.

After cleaning or decontaminating equipment.

After using the bathroom.

Before eating.

Before and after handling or preparing food.

Hand washing with soap and water will be performed for at least 30 seconds. If soap and water is not available at the scene, a waterless hand wash may be used, provided that a soap and water wash is performed immediately upon return to quarters or the hospital.

Eating, drinking, smoking, handling contact lenses, or applying cosmetics or lip balm is prohibited at the scene of medical operations.

180.3 Hand Protection

Gloves must be worn when making contact with any patient. Spare gloves

should be kept nearby in case gloves need to be replaced. Contaminated gloves **MUST** be discarded into red hazardous waste bags provided by the District. If personnel are unable to properly wash their hands before treating another patient, fresh gloves are to be donned. WHEN FIREFIGHTING PERSONNEL ARE CALLED UPON TO HELP WITH PATIENT TREATMENT OR EXTRICATION, MEDICAL GLOVES ARE TO BE WORN. IF FIREFIGHTING GLOVES ARE BEING USED, MEDICAL GLOVES ARE TO BE WORN UNDERNEATH.

181 SPECIAL PRECAUTIONS FOR TUBERCULOSIS PATIENTS

Identifying the risk is the key to protecting yourself from exposure to tuberculosis. Precautions are to be taken whenever the following risk elements are present:

1. Anytime you are working on a patient known to have active T.B.
2. Anytime you are working around a patient not known to have active T.B. with more than one of the following symptoms:
 - a. productive cough for more than two weeks
 - b. coughing up blood
 - c. unexplained weight loss
 - d. unexplained loss of appetite
 - e. lethargy/weakness
 - f. night sweats
 - g. unexplained fever

182 CLEANING AND DISINFECTING

182.1 HAND WASHING

The Center for Disease Control states that "hand washing before and after contact with patients is the single most important means of preventing the spread of infection." Washing your hands after each patient is a must. Use the patient's own washroom, or public facilities, when possible. Use the soap and disinfectant dispensers on fire department apparatus when other facilities are not available. Such cleansing **MUST BE** followed by handwashing at the earliest opportunity. Mayer Fire Department recommends that hand washing take a minimum of 30 seconds to properly rid the hands of contaminants picked up while handling patients. Vigorous scrubbing is essential. The following is one suggested method to wash hands:

1. Wet hands 2 or 3 inches above wrists (or as high as necessary to remove contaminants).
2. Apply hand cleaning agent. Various agents and soaps are available for station use.
3. Rub hands to work up a lather.
4. Using a rotating motion, apply friction to all surfaces of hands and wrists, including backs of hands, between fingers and around and under nails. Interlace fingers and rub up and down; continue for at least 30 seconds.
5. Holding hands downward, rinse thoroughly, allowing water to drop off fingertips.

6. Repeat procedure.
7. Dry hands thoroughly with a paper towel.
8. Turn off faucet using clean paper towel to avoid contaminating your hands on a dirty faucet handle.

182.2 STATION ENVIRONMENT

All stations will designate separate areas (if possible) for:

- Equipment decontamination and disinfecting.
- Storage of clean patient care equipment and personal protective equipment.
- Storage of biohazard waste.
- Infection control

Under no circumstances will kitchens, bathrooms, or living areas be used for decontamination or storage of patient care equipment or infectious waste.

Decontamination areas will be marked with biohazard signs and will be equipped with:

- A sink constructed of nonporous materials.
- Proper lighting and adequate ventilation.
- Adequate counter areas constructed of nonporous materials.
- Adequate rack space to allow air-drying of equipment.
- Appropriate containers for disposal of biohazard waste.
- Facilities for the safe storage, use, and disposal of cleansing and disinfecting solutions.
- Appropriate PPE to use with disinfecting solutions.

Material safety data sheets (MSDS) for cleansing and disinfecting solutions. All personnel using these solutions will be familiar with the MSDS and will use the recommended PPE.

Contaminated sharps will be stored in closed puncture-resistant containers (sharps boxes) with appropriate biohazard markings and color-coding.

Appropriate biohazard markings and color-coding.

All regulated waste shall be disposed of in accordance with applicable Yavapai County Health Department or Arizona Department of Environmental Quality regulations.

Fire Department will provide cleaning or disposal of contaminated PPE or clothing.

Appropriate procedures will be established for this service.

All members will maintain extra clean work uniforms in the station, so that potentially contaminated uniforms can be exchanged upon return to quarters.

Under no circumstances will any kitchen facility be used for the purpose of

cleaning, sterilizing, disinfecting, storing, or disposal of any infectious material or waste.

182.3 CLEANING AND DISINFECTING EQUIPMENT

According to the Center for Disease Control (CDC), 5 to 10% of all patients who enter a hospital come down with a hospital acquired infection. This means that we must take the proper precautions to keep from infecting patients that we treat. It is imperative that EMS personnel properly clean and disinfect reusable equipment to avoid contaminating patients and other personnel. Cleaning removes all foreign materials from the equipment, while disinfecting eliminates pathogenic microorganisms, with the exception of bacterial spores. Equipment for invasive procedures requiring sterilization are provided by the District or receiving hospital. This equipment is single use only and will be disposed of as hazardous waste. Equipment that has been contaminated by blood or body fluids shall be decontaminated through cleaning and disinfection, or disposed of as hazardous waste. **ALL** cleaning and disinfecting **SHALL** be done in areas designated for that purpose.

1. Environmental surfaces which have become soiled with blood, or body fluids, **MUST** be cleaned and disinfected using a 10% solution of bleach (1 part bleach to 9 parts water) or other disinfectant provided by the Department. Wear gloves and use disposable paper towels to remove contaminants. After removal of visible material, disinfect with the bleach mixture or other disinfectant such as Cavicide. Use clean paper towels to wipe disinfectant solution on the affected area and allow to air dry. Dispose of used paper towels as hazardous waste. Such surfaces include apparatus floors, seats and counter tops.
2. Reusable medical equipment that does not enter the body, or contact broken skin **MUST** be cleaned with soap and hot water to remove all foreign materials after patient contact. If the equipment is contaminated with blood, or body fluids, it must be disinfected after cleaning. Disinfection shall be accomplished by complete immersion in a 1 to 65 solution of bleach (equivalent to 1 quart of bleach in a 15 gallon tub of water) or a broad spectrum disinfectant, such as Cavicide for at least 10 minutes. Items too large to be immersed, such as backboards, shall be disinfected by spraying with a 10% solution of bleach or Cavicide. After soaking for a minimum of 10 minutes, rinse with water and allow to air dry. This process will render inactivate microorganisms such as HIV, HBV, M. tuberculosis and all others.
3. Equipment that will contact mucous membranes, or broken skin, shall be cleaned by scrubbing with soap and hot water to remove foreign matter. Disinfection shall be accomplished by soaking the equipment in Cavicide, or an equivalent solution for 20 minutes, followed by a clean water rinse and air drying. Non-porous containers or sinks shall be used to soak and capture runoff from scrubbing and rinsing the equipment.
4. BLS equipment will be checked daily for cleanliness and readiness. Items that come in contact with patients shall be given special attention in order to have them as clean as possible. Such cleaning shall include the process listed above as needed.

5. ALS equipment shall be checked daily for cleanliness and readiness by the assigned ALS personnel. Personnel shall utilize the necessary cleaning and disinfecting procedures.

182.4 UNIFORM DISINFECTION AND PROTECTIVE CLOTHING

Clothing which has been contaminated by blood, or body fluids, shall be disinfected as follows:

1. Contaminated clothing, including turnouts, shall be changed as soon as possible and washed in detergent and hot water as recommended by the manufacturer. Contaminated clothing is to be handled using gloves and should be put in a red hazardous materials bag until it is washed.
2. Contaminated leather gloves are to be disposed of as hazardous waste.
3. Uniform clothing shall be washed at District facilities. Clothing is to be brought to station 23 in a red bio-hazard bag and washed in the decontamination area located in the engine room.
4. Boots and shoes shall be washed with soap and water to remove contaminants. They should be washed at the earliest opportunity to prevent tracking contaminants. As soon as possible, they should be sprayed with Cavicide and allowed to air dry. Rough leather shoes that have been contaminated with blood, or body fluids, shall be disposed of as hazardous waste.
5. If there is a question as to whether clothing has been contaminated, the D.O., or Officer, shall make the determination.
6. Protective gear shall be cleaned in accordance with the manufacturer's recommendations. Small stains from body fluids may be spot cleaned, then disinfected. Protective clothing should be washed using detergent and **NON-CHLORINE** bleach. A double rinse cycle should be used and garments are to be hung up to dry.
7. Contaminated clothing SHALL NOT BE WASHED OR CLEANED IN THE SAME FACILITIES THAT NON-CONTAMINATED CLOTHING IS WASHED OR CLEANED. Without performing an empty rinse cycle between washes.
8. After washing clothing, the washer shall be run on rinse cycle with a half cup of bleach added to the water.

183 MEDICAL WASTE DISPOSAL

Medical waste is produced during EMS operations. Proper disposal depends upon whether such waste is contaminated, liquid, solid or sharp. Medical waste contaminated, or suspected of being contaminated, by body fluids or blood shall be placed into red bio-hazard bags and disposed of into hazardous waste containers at the hospital. If this is not possible, such waste is to be disposed of in bio-hazard

waste containers in the fire stations. High efficiency respirators worn during the treatment of a patient are to be disposed of as hazardous waste. Disposable equipment used on patients shall be treated as hazardous waste. Uncontaminated materials, such as packaging, wrappers, etc. can be disposed of into regular trash containers.

Liquid waste shall be flushed into the septic system utilizing drains designated for this purpose. Regular sinks **ARE NOT** to be used to dump contaminated liquids. Body fluids in public areas are to be flushed with water into storm drains or sewers. Commercial products designed to absorb body fluids may also be used to clean up body fluid spills. Extremely soiled, bloody blankets shall be disposed of as hazardous waste, preferably at the hospital. Extremely soiled sheets should be left with the patient at the hospital, or disposed of as hazardous waste.

Medical sharps shall be placed into sharps containers at the scene. Sharps containers that are three quarters full sharps shall be placed into red bags and placed into the hazardous waste containers at the hospital or at the fire stations. If a sharps container is not available, use the Zorro technique to re-sheathe the sharp until it can be put in a sharps container:

1. Hold the sharp with one hand.
2. Place the sheath on the ground, or a flat surface.
3. Keep the second hand clear and slide the sharp back into the sheath.
4. All personnel at the scene should be made aware of the sharps location until they are properly disposed of in a sharps container.
5. Personnel carrying sharps from the scene to a sharps container **SHALL NOT** carry other equipment, **NOR** shall they place sharps into pockets while carrying them.

184 INFECTION CONTROL TRAINING

All members providing emergency services will be required to complete:

Initial infection control training at the time of assignment to tasks where occupational exposure may occur.

Refresher infection control training at least annually thereafter.

Additional training shall be provided when changes such as modification of tasks or procedures or implementation of new tasks or procedures affect the employee's occupational exposure.

Training will be in compliance with NFPA Standard 1581 and OSHA Regulation 29 CFR Part 1910.1030 and shall include:

- An accessible copy of 29 CFR Part 1910.1030 and an explanation of its contents.
- A general explanation of the epidemiology and symptoms of bloodborne diseases.
- An explanation of the Department exposure control plan and how the employee

- can obtain a copy.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
 - Information on the hepatitis B vaccine, including information on its efficacy, safety, and the benefits of being vaccinated, notification that the vaccine and vaccination will be provided at no charge.
 - Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
 - Information on the post-exposure evaluation and follow-up that the Department is required to provide following an exposure incident.
 - An explanation of the signs and labels and/or color-coding required for biohazard materials; information on the proper storage and disposal of biohazard materials.
 - Opportunity for interactive questions and answers.

Infection control instructors shall be knowledgeable in all of the program elements listed above, particularly as they relate to emergency services provided by this Department.

Written records of all training sessions will be maintained for three years after the date on which the training occurs. Employee training records are provided upon request of the employee or the employee's authorized representative within 15 working days of the request. Such requests should be addressed to the EMS Coordinator.

Training records will include:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

185 EXPOSURE REPORTING PROCEDURES

Mayer Fire Department members who are exposed to blood or body fluids during the performance of their duties **MUST** report the exposure in order to protect themselves and the public. When Department members are exposed to infectious contaminants, diseases or hazardous materials, industrial injury reports are to be filled out and the Designated Officer (D.O.), or assistant, is to be notified immediately. The EMS Coordinator shall serve as the District's D.O. and shall work closely with Administration to document and follow through on all activities related to infectious disease control. All career paramedics shall serve as assistant D.O.s. If the D.O., or assistant, can not be reached, the Duty Chief is to be notified. During this contact, the details of the incident are to be communicated.

Details of the incident should include the following (see "Infectious Exposure" form):

1. Alarm number and time of exposure.
2. How the exposure occurred.
3. What body fluids or materials were involved.
4. What was the source of the contamination.
5. Whether or not the employee's skin was intact.
6. What specific part of the employee's body was exposed.
7. If a patient was the source of the contamination, the hospital that the patient went to.
8. The condition of the patient, plus medical history, if available.

If the exposure results in an injury that requires immediate medical treatment and transport to a medical facility, notification may be done concurrently.

Following the report of a possible exposure, the D.O., or assistant, will begin investigating the patient for possible communicable diseases to determine the need for treatment of the exposed individual. The base hospital's infection control specialist will be contacted via the Emergency Department Charge Nurse in order to begin any necessary medical consultation. Initiation of the documentation process is the employee's and company officer's responsibility. State compensation forms and infectious exposure forms are to be filled out at the time of the exposure. In addition, the D.O., or assistant, shall fill out the MFD's "Infectious Exposure" form at the time the exposure is reported. The D.O. shall also make requests for patient information in compliance of the Ryan White Law utilizing the proper information request form. The Department will maintain a record of exposures and treatment in each employee's confidential medical file.

A. AIDS/HIV SIGNIFICANT EXPOSURE

In order to receive Worker's Compensation benefits, the Industrial Commission of Arizona requires the following procedures, in accordance with A.R.S. 23-1043.02, whenever a significant exposure occurs:

1. Employee must report, in writing, to his employer within ten calendar days of a possible HIV exposure.
2. Employee must have blood drawn within ten calendar days of the exposure.
3. Employee must have blood tested for HIV by antibody testing within thirty days after the exposure and test results must be negative.
4. Employee must be tested, or diagnosed, as HIV positive within eighteen months after the exposure.
5. Employee must file a Worker's Compensation Claim within one year of diagnosis, or positive blood test, if the employee wishes to receive benefits under the Worker's Compensation System.

The D.O. will follow up with the exposed employee to insure that testing occurs in accordance with A.R.S. 23-1043.02. In addition, TESTING WILL ALSO BE DONE

IN ACCORDANCE WITH THE GUIDELINES SET FORTH BY OUR BASE HOSPITAL.

B. MEDICAL EXPOSURE SEVERITY RATING

Evaluating the significance of an exposure depends upon the proper documentation of the circumstances of the exposure and the D.O.'s, or assistant's, use of the severity rating system. Four categories define exposure levels that personnel may face when treating patients. The rating system assumes that the exposed employee can immediately clean the exposed area of the body. If unable to do so, the severity of the exposure may be upgraded. For the purposes of this rating system, exposure can occur by contact with blood or body fluids which include, but are not limited to urine, feces, vomitus, saliva, tears, mucus, cerebrospinal fluid, semen, vaginal secretions and placental fluids.

1. **HIGH** exposure occurs when blood or body fluids contact an employee through skin puncture, open wound, broken skin (chapped, abraded, weeping or dermatitic) or non-intact mucous membrane. The most common example is a needle stick.
2. **MODERATE** exposure occurs whenever body fluids contact an employee's mucous membranes. Performing mouth to mouth resuscitation, or a patient coughing/sneezing on an employee are two examples. However, a patient with active tuberculosis, not on medication, who is coughing presents a **HIGH** risk of exposure to anyone in the same room.
3. **MINIMAL** exposure occurs when blood or body fluids contact an employee's intact skin or a patient's intact skin contacts the employee's mucous membranes. For example, a bloody child is handed to personnel who have not yet donned gloves or a combative patient grabs an employee's mouth.
4. **IMPROBABLE** exposure occurs when a patient's intact skin contacts an employee's intact skin. This represents a very low risk of exposure and is most commonly the case. This type of exposure does not require documentation.

ALL HIGH, MODERATE or MINIMAL exposures **MUST** be documented by the employee on the Infectious Disease Exposure Form. **IMPROBABLE** exposures need not be documented. The employee, however, may choose to do so and have such documentation entered into his medical file. The D.O., or assistant, working in conjunction with the base hospital's infection control specialists, shall insure that a member who has sustained a reportable exposure receives any necessary treatment and/or counseling within 48 hours of the exposure.

185.1 EXCEPTIONS TO THE RATING SCALE

There are a few exceptions to the rating scale. One example is measles. Simply entering a room that an infectious measles patient has vacated within the last hour, represents a HIGH infection risk. Cases of active tuberculosis, confirmed or suspected, represent another exception. When a doubt exists, the D.O., or assistant, shall contact the base hospital infectious disease control specialist, pre-hospital care coordinator or base hospital medical director, for

advice on rating the exposure.

186 NEEDLE STICK DOCUMENTATION

All needle sticks with contaminated needles MUST be recorded in the "Sharps Injury Log". This is a separate OSHA injury log kept by the District's Safety Officer. Every incident must include at least the following:

- The date of the injury
- The type and brand of the device involved
- The department or area where the incident occurred
- An explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the exposure control program and shall be maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it MUST have personal identifiers removed from the report.

187 RELATED FORMS

The following forms will be made available for use at each fire station in order to comply with the procedures identified in this manual.

- Supervisor's Report of Industrial Injury
- Report of Significant Work Exposure to Bodily Fluids
- Respirator Training Record
- Mayer Fire District Infectious Exposure Form
- HBV Vaccination Form

TAB 200 - LOSS PREVENTION MANUAL

210 SCOPE

The Mayer Fire Department is committed to controlling losses in order to provide a safe environment for its citizens and employees. In keeping with the Mayer Fire Department's mission statement, we encourage each employee to take ownership and do your utmost to minimize loss of resources. The challenges of minimizing loss means you must:

- Follow safe work practices.
- Report any unsafe conditions to your supervisor or risk management.
- Use safety equipment and protective clothing as needed
- Observe building, property and personal security procedures.
- Cooperate with investigating authorities.
- Maintain good housekeeping habits at all times in order to reduce injuries.
- Know how to locate and operate all emergency equipment in your work areas.
- Use care when using Department equipment.

The Mayer Fire Department provides coverage to District board members, volunteers, and employees for property, liability and worker's compensation losses. The Fire Chief is available to assist you with questions regarding insurance, worker's compensation, loss control, safety, OSHA compliance or assistance in assessing and reducing risk throughout the District.

Coverage is provided for the following:

- All buildings and personal property owned by the District.
- All officers, agents, volunteers and employees of the District against liability for acts or omissions while acting within the scope of duties.
- Worker's compensation coverage for District employees and volunteers injured in the course and scope of their employment.

211 LIABILITY COVERAGE AND LIMITATIONS

The Mayer Fire Department provides liability coverage for all public officials, employees and volunteers, while performing duties for the Department within the scope of employment, and board members acting within their authority.

211.1 Volunteers

Volunteers acting under the direction of an authorized Department employee receive the same coverage as employees. Volunteers may be covered for worker's compensation if they are acting under the control and direction of an authorized Department employee.

211.2 Automobile Coverage

Employees who drive Department or private vehicles while performing their job duties are required to have a valid Arizona driver's license and an acceptable driving record. Automobile coverage provided is as follows:

Driver's License Checks - In an effort to enhance safety, a driver's license history will be obtained on each new hire that may drive in the course of employment, and periodically thereafter.

District Vehicles - coverage is provided to Department employees when driving Department vehicles within the course and scope of employment.

Private Vehicles - Employees and volunteers who drive private vehicles within the course and scope of employment should carry a minimum of \$100/300 Combined Single Limits. Employees and volunteers are covered through their own private insurance carrier when driving their own vehicles for employment purposes. The Department pays a mileage reimbursement per the Mayer Fire Department's travel policy.

Leased/Rented Vehicles - Collision damage waivers should not be purchased. In the event that an accident should occur while driving a leased/rented car on official Department business, all claims will be handled through the risk management division. Liability insurance coverage, if offered at no charge by the rental agency, should be accepted.

220 PROPERTY COVERAGE AND LIMITATIONS

221 Personal Property Damage or Loss

The Department cannot insure or guarantee the security of your personal property on the premises. However, in some circumstances, reimbursement may be made

for personal belongings lost or damaged in a work-related accident. If this occurs, it must be immediately reported to your supervisor or department secretary. They can assist you with completing the necessary report and request for reimbursement.

222 Defense of Liability Lawsuits

Lawsuits involving the Department are defended by either the District Attorney's office or outside counsel (depending on the nature of the litigation). It is important that employees cooperate fully with counsel to ensure the best legal defense possible.

223 Charges of Discrimination

A copy of all charges filed with the Equal Employment Opportunity Commission (EEOC) or the Arizona Civil Rights Division of the Attorney General's Office, are to be forwarded to the District Attorney. The District Attorney handles responses to EEOC claims.

224 Claims Procedures

All claims for damages shall be presented to the Mayer Fire Department within one hundred eighty (180) days, or coverage may not be provided. When necessary, the department suffering the loss may be required to obtain competitive bids for replacement or repair of property. Self-insured losses to real property (buildings and permanent structures) are valued at a replacement cost basis. Losses to Department-owned personal property may be valued on a replacement cost less depreciation basis.

225 Vehicle Accident Procedure

If in POV, call 911 immediately. If in a department vehicle notify the dispatch center over the unit radio. Advise dispatch center on severity of accident, type of injuries and resources needed. **HAVE A CHIEF OFFICER DISPATCHED IMMEDIATELY.**

If able, render first aid.

If possible, do not move vehicles, don't discuss the accident with anyone except Police or a Chief level officer; and report the accident immediately to your supervisor and complete an accident report.

Most accidents involving Department vehicles will be reviewed by the Mayer Fire Department Fire Chief or his/her designee.

226 Loss Control

Risk Management activities incorporate loss prevention principles as a means of reducing accidents, human suffering and controlling costs. The Mayer Fire Department's loss prevention programs are broad in scope, and include insurance procurement, claims management, hazard identification and safety and incentive programs. Fire Department Officers may serve as loss prevention consultants. The following is a list of loss prevention programs they may be provided.

Inspections - All major District buildings are inspected periodically. Other District

owned buildings, well-sites, parks and multi-use paths are inspected by staff, loss control consultants or volunteers. If an employee has a specific safety concern, an inspection can be performed by Fire Department staff upon request.

Hazard Identification - Employees have a duty to promptly report any potential hazard. In addition, citizens often call to report hazardous conditions. Fire Department staff will work to eliminate or minimize hazards throughout the District.

Peer Review Committee - The Peer Review Committee can be formed to provide an unbiased system for reviewing equipment accidents and recommending corrective measures. The Incident Review Board is overseen by the Fire Chief and/or a Department Safety Officer. Peer Review can meet as needed to review accidents and industrial injuries, interview employees and recommend corrective measures.

Indemnification and Hold Harmless Agreements - The Mayer Fire Department, in conjunction with the District Attorney, can coordinate waivers or hold harmless agreements for employees who are coordinating activities involving citizens, children or family members. Hold harmless agreements are not a guarantee against lawsuits; however, agreements help deter claims, and serve as another means of financing losses and expenses.

Safety Meetings and Safety Committees - The Mayer Fire Department will have a safety committee and will conduct safety meetings as needed to identify hazards and provide safety information to affected employees. The Safety Committee will be chaired by the designated Safety Officer and will be made up of department officer's.

227 Worker's Compensation

The Fire Department's primary worker's compensation responsibilities are as follows:

- Assist employees injured in the course of employment.
- Fund worker's compensation benefits.
- Manage claims administration.
- Evaluate and initiate cost-containment programs.
- Coordinate the temporary modified-duty program.
- Provide loss control and claim data to District departments.
- Assist defense counsel and pursue recoveries from parties that contributed or caused injury to covered persons.

Who is Covered

Worker's Compensation benefits are provided pursuant to Title 23 of the Arizona Revised Statutes. The statute covers Department employees and volunteers and is the exclusive remedy for Department employees injured in the course and scope of their employment. Any questions regarding the scope of worker's compensation coverage should be directed to the Fire Chief.

227.1 Reporting the Industrial Injury

All incidents of work-related injuries must be documented on a "Supervisor's

Report of Injury" form. Supervisors should contact fire administration immediately upon report of any injury that requires medical treatment.

Any fatality must be reported immediately to the Fire Chief and State OSHA office.

All injuries classified more serious than first aid must be recorded in Fire District's OSHA log.

All injured employees should seek medical care through the appropriate medical care provider.

227.2 Compensation

As established by Arizona State Statute, wage loss benefits may be payable up to percent of the injured worker's average monthly wage, to the allowable maximum per month. Should you have questions regarding a worker's compensation case, contact the Fire Chief.

228 IN THE EVENT OF AN EMPLOYEE INJURY

228.1 Procedures for Obtaining Treatment

Contingent upon the severity of injury, follow the appropriate procedure(s):

Minor injury - administer first aid or call 911 for assistance. The Department paramedics are always happy to assist. Paramedics should be the first line of treatment unless it is clear a doctor or the emergency room is the appropriate provider.

Injury requiring doctor's treatment - if possible, verbal authorization for medical treatment should be received from the supervisor prior to treatment. Employees are to report to the closest designated Department medical provider. Your supervisor will have these names. If an injury occurs after hours and immediate medical attention is needed, go to the nearest hospital emergency room.

Serious injury - arrange to have the employee transported to the nearest hospital emergency room immediately and contact the on duty Chief.

228.2 Procedures for Reporting On-the-Job Injuries

Supervisors are required to call the on duty Chief immediately upon notification of an injury, complete the "Supervisor's Report of Accident" form and forward it to Fire Administration within 24 hours. If the injured employee is released for temporary modified duty, the supervisor shall be responsible for assigning work within the limitations set by the physician. Employees are prohibited from changing treatment to another physician without the permission of the Industrial Commission of Arizona (ARS 231071).

230 OSHA Compliance

The Occupational Safety and Health Administration (OSHA) is an arm of the U.S. Department of Labor created to encourage employers and employees to reduce workplace hazards and to implement new, or improve existing, safety and health programs. OSHA allows individual states to develop and operate their own job

safety and health plans. The Arizona Division of Occupational Safety and Health (ADOSH) is our state-approved plan.

Mayer Fire Department employees are required by law to abide by OSHA general industry standards. The District structure for ADOSH compliance is as follows:

Department employees must abide by OSHA standards as a condition of employment.

Fire Department Chief Officers can assist Shift Captains in developing and monitoring Department programs which provide employees with a framework for OSHA compliance.

Supervisors are responsible for ensuring that: a) that their workplace is free from any recognized hazards and b) their employees receive initial and refresher training to comply with OSHA standards.

Fire Department staff will provide the following services to ensure compliance with OSHA standards:

Consultation - Department staff can research specific procedures within and provide an opinion as to whether the procedures comply with OSHA standards.

Orientations - The Fire Chief or his/her designee will provide an introductory presentation at new employee orientations to stress the importance of safety in the workplace, safe work practices, accident and injury procedures and OSHA compliance.

OSHA Compliance Audits - The Fire Chief will periodically arrange audits for Department OSHA programs to ensure that they remain in compliance with current standards.

OSHA Inspections - The Fire Chief should be notified of any OSHA inspections.

Ergonomic Evaluations and Training - Ergonomics is a way of thinking about the design of tools and equipment, the layout of workplaces and the overall organization of work. Fire Department staff can facilitate workstation evaluations and training upon request. The goals of the Department's ergonomics program are to reduce operator discomfort, increase productivity and comply with OSHA guidelines.

Record Maintenance - The Fire Department Administration staff is responsible for maintaining and filing accident/injury (200 logs), medical records (e.g., worker's compensation files, post exposure) and supplementary information to comply with OSHA standards.

Training - Providing the training necessary to comply with OSHA standards is an integral part of the Department's OSHA compliance program. Chief Officers will assist supervisors by providing access to OSHA/safety training sessions throughout the year. Training sessions are open to all full-time, part-time, contract

employees and volunteers.

Emergency Response (CFR 1910.120) - This standard applies to workers employed in cleaning up operations at EPA -licensed waste treatment, storage and disposal facilities; as well as workers responding to emergencies involving hazardous materials. Specifications include site evaluation and control; a site-specific program; information and training program; personal protective equipment; and an emergency response plan.

Bloodborne Pathogen Standard (CFR 1910.1030) - The standard pertains to all employees who can reasonably anticipate contact with blood or other potentially infectious materials. Specific topics covered in training include epidemiology and symptoms of HBV and HIV, modes of transmission, infection control programs, personal protective equipment, HBV vaccine procedures, post-exposures and big-hazard precautions. Annual re-training is required for all employees included in this program.

Confined Spaces (CFR 1910.146) - This standard applies to all employees who enter confined spaces within the course and scope of work. A confined space is defined as a space which is large enough so that an employee can enter and perform assigned work; has limited means of entry or exit and is not designed for continuous employee occupancy. Examples of confined spaces include meter & pump vaults, manholes, and lift stations. Annual re-training is required for all employees included in this program.

Lockout/Tagout (CFR 1910.147) - The standard applies to all employees who work in, on, or around energized equipment within the course and scope of employment. Specific topics covered include types of energized equipment, hazard recognition, a written program, and lockout/tagout devices and procedures. Training is required prior to job assignment or if new energized equipment is purchased.

Hazard Communication (CFR 1910.1200) -This standard applies to all employees who work with or around hazardous chemicals. The standard is designed to inform employees of the appropriate methods to work safely with hazardous chemicals. Specific topics include definition of hazardous chemicals, written program hazard evaluation, MSDS, labeling and record keeping requirements and site-specific training. Training is required for all new employees or for existing employees if a new chemical is introduced into the workplace.

Respiratory Protection (CPR 1910.134) - This standard applies to all employees who are exposed to dust, fumes, mist, gases, sprays or oxygen deficient atmospheres within the scope and course of employment. Specific topics covered in training include respiratory hazards in the workplace, description of oxygen deficient environments, operating capabilities and limitations of respirators, fit-testing and emergency procedures. Annual physicals and training is required for all employees included in this program.

Personal Protective Equipment (PPE) (CFR 1910.132) - This standard applies to employees assigned to work with hazardous wastes (treatment, storage and

disposal facilities) and emergency response personnel. Specific topics covered include use of PPE, safe work practices, medical surveillance requirements, site-specific safety and health plans. Annual re-training is required for all employees included in this program.

Process Safety Management (CFR 1910.119) - This standard applies to employees who are exposed to "highly hazardous chemicals" in the course and scope of employment. Specific topics covered include overview of chemical processes, specific safety and health hazards, standard operating procedures and emergency operations. Refresher training shall be provided at least every 3 years or if there is a change in the chemical process.

Occupational Noise Exposure (CFR 1910.95) - This standard applies to all employees who are exposed to noise levels at or above an 8-hour, time-weighted average of 85 decibels. Specific topics covered in training include, an explanation of the standard causes of hearing loss, hearing conservation, selection and use of hearing protection, medical evaluation and follow-up procedures. Annual refresher training and testing is required. A good rule of thumb to observe: If you cannot hold a normal conversation near operating machinery, hearing protection is required.

Asbestos Awareness (CFR 1910.1001, 1926.1100) - The standards apply to all employees who can reasonably anticipate exposure to asbestos-containing materials within the course and scope of work. The training program includes the following components: health effects of asbestos exposure, locations of ACM/PACM in buildings, recognition of ACM and PACM damage and deterioration, housekeeping requirements, discussion of the District's written program and applicable OSHA standards. Annual re-training is required for all employees included in this program.

MAYER FIRE DEPARTMENT

SAFETY COMMITMENT

All employees of Mayer Fire Department regardless of their position are charged with the duties of promoting and maintaining a safe workplace. This responsibility is to yourselves, your fellow firefighters, your customers, as well as others in and around the fire district. It is the goal of this policy to:

Promote Safety Awareness
Prevent Accidents and Injuries
Reduce Damage to Property and Equipment
Increase Productivity

All employees are required as a condition of employment, to comply with all federal, state, municipal and district health and safety standards. These include, but are not limited to requirements defined by Occupational Health and Safety Act (OSHA), the State Department of Labor (Safety Division), and all health and safety related policies, rules and regulations required by agencies and affiliates of Mayer Fire District. As a condition of employment, employees may be required to participate in safety training, specifies job training, physical ability screening, hazardous training and exposure screening and monitoring and substance abuse testing.

This policy and related guidelines are to be used as source of information and education for all employees to encourage safe work habits and prevent avoidable accidents. All injury and vehicle accidents are required to have immediate substance testing. This policy will be amended from time to time as changes and conditions warrant. All employees are required to familiarize themselves with changes and conditions that affect the department safety program. To maintain optimal fitness and health of all firefighters it shall be policy of Mayer Fire Department to require one hour, per shift, of physical training. Strength training will prevent injuries, improve job-related performance skills, and enhance quality of life. Your active participation and contribution to Mayer Fire Department safety awareness program will assure greater success in firefighter safety.

A copy of the safety awareness policy has been placed at each station for review by all employees. All employees will follow current and future rules and guidelines of the safety policy. I understand that willful safety violations could result in disciplinary actions. I understand that I may be held responsible for damages to equipment, property and vehicles if any damage is caused by an unsafe act on my part.

The following acts will be considered grounds for disciplinary action up to, and including immediate dismissal:

- 1) Any act of complete disregard of a safety rule or directive.
- 2) Failure or refusal to wear required safety or protective equipment or clothing.
- 3) Failure to report an accident or injury involving yourself or fellow worker.
- 4) Failure to report property or equipment damage or failure to report missing equipment.
- 5) Reporting to work while under the influence of drugs or alcohol, or using drugs or alcohol at work.
- 6) Removal, defeating, defacing, destroying, or altering any department equipment.

Penalties for Safety Violations

- 1st Offense: Verbal warning from Fire Chief, Battalion Chief, or Captain, record placed in personnel file.
- 2nd Offense: Written warning, placed in employee's personnel record.
- 3rd Offense: Written warning, suspension without pay at Fire Chief's discretion.
- 4th Offense: Written warning, suspension without pay up and/or dismissal at Fire Chief's discretion.

Any suspicion of drug or alcohol use on duty will require immediate substance testing and suspension with pay. If substance testing has a positive outcome, or employee refuses to take drug screening, the employee will be placed on suspension without pay ,and will be given a date for a dismissal hearing.

I agree to uphold these conditions for as long as I am an employee with Mayer Fire District.

Print Name _____
Last _____ First _____ MI _____

Signature _____ Date _____

-

Chief _____ Date _____

Mayer Fire Department
Personnel Injury, Illness and Chemical Exposure Investigation Report

(This form is to be completed in addition to the Supervisor's Report of Industrial Injury)

Date of Occurrence: _____ Time of Occurrence: _____

Location of Occurrence: _____

Incident dispatch number (if occurred during an incident): _____

Name of Injured, Ill, or Exposed Employee
Name: _____ DOB: _____ Employee #: _____
Home Address: _____
Phone number: _____ Age: _____ Sex: _____ SSN: _____

Nature of Injury, Illness, or Chemical Exposure

Parts of Body Affected

Thoroughly describe the events leading up to the injury, illness or chemical exposure, including cause, actions being performed, and equipment being used.

Employees Signature: _____ Date: _____

Supervisor's Investigation Report

Was the employee following proper protocols / department policy? Yes / No

Explain: _____

Was the employee wearing proper personal protective clothing? Yes / No

Explain: _____

Was an outside source to blame for the incident? Yes / No

Explain: _____

Name of chemical exposed to: _____

Was the employee provided with first aid or medical treatment? Yes / No

Explain: _____

Was the employee transported to a medical facility? Yes / No

Facility transported to: _____
Unit / Organization transporting: _____

Supervisor's explanation of events leading to injury, illness, or chemical exposure

Supervisor's name: _____ Rank: _____
Supervisor's signature: _____ Date: _____

Safety Officer's Investigative Comments

What acts, failures to act, and/or conditions directly contributed to this incident?

Could this incident have been prevented? Yes / No

Explain: _____

What action has been, or will be, taken to prevent future similar incidents?

Safety Officer's name: _____ Rank: _____

Safety Officer's signature: _____ Date: _____

Safety Committee's Review

Date the incident was reviewed by the Safety Committee: _____

Safety Committee's findings, comments, and recommendations:

Fire Chief's Signature: _____ Date: _____