SECTION XI - EMERGENCY MEDICAL SERVICES

11.0 General

This SOP shall supercede any pre-existing SOPs "generally" dealing with responses by the fire department to emergency medical incidents and shall supercede and cancel Directive 03-01 issued January 7, 2003.

11.1 Fire Department Response to Emergency Medical Incidents:
As a matter of protocol with the county dispatch center, the fire department will be dispatched to known cardiac arrest calls within Washington Township. In an effort to ..."minimize loss of life, pain and suffering... as a result of fire or other emergency"... as stated in the department's mission statement, the fire department will play a role in cardiac arrest calls in a manner as described herein.

The fire department will be dispatched to known cardiac arrest calls as defined by the dispatcher on duty or by another trained first responder on location who has determined a cardiac arrest has occurred.

During special circumstances, such as during snow storms, hurricanes, severe weather events, as determined by the Washington Township EOP, or as directed by the District Fire Chief or his designee, the fire department may be assigned to respond to other emergency medical calls as well.

11.1.1 The fire department's role at a cardiac arrest call should the FD be the first to arrive shall include the following:

- Assess the patient and begin appropriate level of care within scope of training including use of AED.
- Assist primary BLS or ALS EMS provider upon arrival.

11.1.2 Additional fire department duties at a cardiac arrest call may include:

- Carrying the patient while primary EMS providers are working the code.
- Getting additional equipment from the ambulance.
- Driving the ambulance or medic car to the hospital.
- If certified in CPR, may assist in working the code as directed.
- Assist primary EMS providers as requested.
- Follow ambulance to Emergency Department to help with unloading as requested.

11.1.3 The fire department SHALL respond and operate in these types of calls as follows:

- Respond and operate on EMS Channel 7 or as otherwise directed.
- Respond with a minimum of a 3 man qualified crew unless directed otherwise.
- Only one major fire department apparatus (Engine, Rescue, Utility, Ladder) need respond to this type of call unless otherwise directed. *(Note: Occasionally a second apparatus may sign on responding to the incident unaware that another has already responded. Should this occur, the ranking officer shall determine the first due apparatus with an adequate and qualified crew and recall the other apparatus.)*

11.1.4 Standard fire department responses to other emergency medical calls shall be determined by the nature of the event and the commanding officer in charge of the fire department in conjunction with the primary EMS provider. Responses of this nature are usually for a limited time period and shall be coordinated with all other affected agencies including the dispatch center. Although these types of responses are typically for a limited time period, the following protocol shall be utilized:

- Dispatch will normally be done by utilizing the district duty tone to alert crews in stations. If there are no crews in the stations, the normal company tone may be used for dispatch.
- Respond and operate on EMS Channel 7 or as otherwise directed.
- Respond with a minimum of a 3 man qualified crew unless directed otherwise.
- Only one major fire department apparatus (Engine, Rescue, Utility, Ladder) need respond to this type of call unless otherwise directed.
- The primary mission during these types of response will be to assist the primary EMS provider during the unusual event, unless the FD unit is the first to arrive. If FD is first to arrive, the crew shall provide patient care in accordance with level of training and capability of the crew.

SECTION XI - FIRE DEPARTMENT EMS OPERATIONS

11.2 Exposure Control Procedure (ECP) for Bloodborne Pathogens

11.2.1 Purpose

The Washington Township Fire Department is committed to providing a safe and healthful work environment for the entire organization. In pursuit of this endeavor, the following exposure control procedure (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the fire department in implementing and ensuring compliance with the standard, thereby protecting our fire fighters and other employees. This ECP includes:

- Determination of exposure;
- Implementation of various methods of exposure control, including:
  - Universal precautions,
  - Engineering and work practice controls,
  - Personal protective equipment, and
  - Housekeeping
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to fire fighters and other employees and training;
- Record keeping; and
- Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

11.2.2 Administrative Duties

The commanding officer of an incident and the chief officers of the Washington Township Fire Department are responsible for the implementation of the ECP. The district training officer, ***CAPT. PAT DOLGOS***, will maintain, review, and update the ECP as necessary to include new or modified tasks and procedures. The contact location / phone number is; WTFD Training Division 856-863-4019.

Those fire fighters and other employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) shall comply with the procedures and work practices outlined in this ECP.

The Washington Township Board of Fire Commissioners shall maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Washington Township Board of Fire Commissioners or its designee shall ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. The contact location / phone number for the Washington Township Board of Fire Commissioners is; 856-863-4000.

The Fire District Business Administrator, ***TONI STONE***, shall be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. The contact location / phone number for the Business Administrator is; 856-863-4003.

The District Training Officer shall be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. The contact location / phone number for WTFD Training / Safety Division is; 856-863-4019.

11.2.3 Employee Exposure Determination

All job titles and other employees of the Washington Township Fire District have potential occupational exposure. Specifically excluded from potential exposure are contractors and sub-contractors hired by the fire district to perform specific work outside the realm of Bloodborne Pathogen exposure.

Part-time, temporary, contract, and per diem employees are covered by the standard, however the provisions of the standard will only be met for these employees as described in this ECP, if applicable.

11.2.4 Methods of Implementation and Control

Universal Precautions: All fire fighters and other employees shall utilize universal precautions as necessary.

Exposure Control Plan: All employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the District Training Officer. If requested, the fire district will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

The District Training Officer is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and

procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

The review and update of this procedure must also:

☐ Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

☐ Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The Washington Township Board of Fire Commissioners or their designee document all devices considered.

The following table lists the safer devices The Washington Township Board of Fire Commissioners has identified as candidates in our last annual review, which took place January 2005:

Device:	Methods used to evaluate device:	Decision whether or not to implement:	Justification for decision:
No change from previous year			

The established Washington Township Fire Department Safety Committee solicits input from non-managerial employees responsible for direct patient care in the identification, evaluation, and selection of effective engineering and work practice controls. Only those employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps need be contacted. Our solicitation method involves the following: Training Forums, Electronic Mail. WTFD Safety Committee documents all solicitation in the ECP.

The following table lists the engineering and work practice controls identified during solicitation in our last annual review, which took place January 2005:

Engineering or work practice control:	Employee solicited:	Decision whether or not to implement:
Hand Washing	Safety Committee	Will provide areas designated to wash hands

Engineering and Work Practice Controls: Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

"None"

Sharps disposal containers are inspected and maintained or replaced by ***WTBOFC*** every ***3 MONTHS*** or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through; Quarterly Safety Committee meetings, Annual injury / exposure reports, and training assessments. The fire district evaluates the need for new procedures or new products through; WTFD Safety Committee discussions, WTFD Chief Officer meetings, Career staff meetings, and Volunteer Company Officer meetings. These various components of WTFD, in conjunction with the District Fire Chief, make recommendations to the Washington Township Board of Fire Commissioners for final implementation.

Personal Protective Equipment (PPE): PPE is provided to fire fighters and other employees at no cost to them. Training is provided by the District Training Officer in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows; gloves (all sizes), eye protection, exposure gowns, face shields, and CPR masks. PPE is located in all medical kits on apparatus and personal issued turnout gear and may be obtained from the warehouse supplies at the Washington Township Fire District Headquarters.

All employees using PPE must observe the following precautions:

- Ensure all equipment is used per the manufacturer's guidelines and check for damage.

The procedure for handling used PPE is as follows:

- As per manufacture guidelines and department SOPs.

Housekeeping: Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling sharps disposal containers is:

- N/A

The procedure for handling other regulated waste is:

- Consult with the District Fire Chief.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available at:

- N/A

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

Laundry: The following contaminated articles will be laundered by this department; work uniforms and firefighter bunker gear. Should the WTFD decide to send the articles to a third party contractor, the articles shall be properly bagged and labeled for shipping.

Labels: The following labeling method(s) is used in this facility:

Equipment to be labeled:	**Label type (size, color, etc.):**
Gear	Large Red Biohazard bags with tag

Responsible fire officers and District Business Administrator shall ensure warning labels are affixed and red bags are used as required, if regulated waste or contaminated equipment is brought into the facility. Fire fighters and other employees are to notify their supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

11.2.5 Hepatitis B Vaccination

The WTFD Training Division shall provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series,

2. Antibody testing reveals that the employee is immune, or

3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept with the designated District Medical Review Officer. The Medical Review Officer is a contracted service to the Washington Township Fire District.

Vaccination will be provided by ***INTERSTATE MOBILE CARE*** (3rd party contractor) at an examination site. Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

11.2.6 Post-exposure Evaluation and Follow-Up

Should an exposure incident occur, the immediate supervisor, fire officer in charge, or District Training Officer shall be contacted. The District Training Officer can be reached at 856-863-4019 or 856-297-4343 (24 hours).

An immediately available confidential medical evaluation and follow-up will be conducted by District Medical Review Officer or for emergency situations: Kennedy Health Systems, Washington Division. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities shall be performed:

- Post Training if required

Administration of Post-Exposure Evaluation and Follow-up: The District Business Administrator or the District Training Officer shall ensure that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. The District Business Administrator or the District Fire Chief shall ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- Record of Incident and any other documentation relative to the incident.
- District Business Administrator provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident: WTFD Safety Committee and Training Division will review the circumstances of all exposure incidents to determine:

- Whether or not proper PPE was used and what training recommendations will be implemented to avoid future similar incidents.
- If it is determined that revisions need to be made, the District Training Officer shall ensure that appropriate changes are made to this ECP.

11.2.7 Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training conducted by the District Training Division. WTFD instructor(s) has (have) the following qualifications: Nationally Recognized train-the-trainer course completed, NJ Level I Instructor, First Responder or EMT certified, CPR Instructor.

All employees who have occupational exposure to bloodborne pathogens shall receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- Specific PPE, Department SOPs and reporting procedures

Training materials for this facility are available at WTFD Headquarters (Training Division).

11.2.8 Record keeping

Training Records: Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the WTFD Training Division office. The training records include:

- Review of 29 CFR 1910.1030 standard, Epidemiology & symptoms of Bloodborne diseases, modes of transmission, Department exposure control plan, use and limitations of exposure control methods, recognizing potential exposure, PPE, selection of PPE, HBV immunization program, emergencies involving blood or OPIMs, exposure follow-up and evaluation, post-exposure follow-up, & signs and labels.

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the District Training Officer.

Medical Records: Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The District Business Administrator in conjunction with the District Medical Review Officer is responsible for maintenance of the required medical records. A copy of the confidential exposure record shall be kept with the District Business Administrator in a sealed file for the duration of employment plus 30 years. Additionally, the exposure record and other required medical records shall be kept on file with the District Medical Review Officer.

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 District Business Administrator.

OSHA Record keeping: An exposure incident is evaluated to determine if the case meets OSHA's Record keeping Requirements (29 CFR 1904). The determination and the recording activities shall be done by the District Business Administrator.

11.2.9 Hepatitis B Vaccine Declination (Mandatory)

"I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me."

Signed: _____ *(employee signature)*

Date: _____

11.3 SEMI-AUTOMATED EXTERNAL DEFIBRILLATORS (SAED)

There has been a significant increase in Cardiac Arrest incidents involving Firefighters over the past few years. Not only do we need to concern ourselves at Incidents, but we must face the reality of a Cardiac arrest that can occur at training sessions or at the firehouse. This Procedure establishes the use of the Semi-Automated External Defibrillators (SAED) for Fire Department Personnel of the Washington Township Fire Department to promote firefighter safety and also to provide a SAED to a patient who has suffered from cardiac arrest in order to increase the chances of survival.

11.3.1 Qualifications

11.3.1.1 Firefighters who wish to become certified in the use of the SAED must have a current Cardio-Pulmonary Resuscitation Certification (CPR). Acceptable courses include:

- BLS Health Care Provider (AHA)
- Professional CPR (ARC)
- CPR Pro (ASH! or National Safety Council)
- Heart Saver AED (AHA)
- AED (American Safety and Health Institute)

The New Jersey Board of Health has accepted all of the aforementioned courses.

11.3.1.2 Must meet the Medical Director's protocols and procedures

11.3.1.3 Certification in NJ First Responder or Emergency Medical Technician is preferred, however, is not required.

11.3.1.4 Those certified in the use of the SAED must perform "in-house" continuing education every sixty (60) days, which shall be no less than thirty (30) minutes duration. The Company Training Officer must maintain a record of the training.

11.3.2 Responsibilities

11.3.2.1 Firefighters who are certified to operate the SAED shall ensure that the device is in ready condition at all times. This will include preferred daily checks to ensure operable condition and that adequate supplies are with the device.

11.3.2.2 Firefighters are responsible for knowing the importance of "Early Arrival" of the SAED during a cardiac arrest situation.

11.3.2.3 Each Fire Company shall delegate at least two firefighters to oversee SAED uses and procedures, at least one being a line officer.

11.3.2.4 All Firefighters are to ensure all medical precautions are in place prior to using the SAED.

11.3.2.5 Resuscitation equipment must also be used in conjunction with the SAED. (Oxygen, Bag Valve Mask, etc.)

11.3.2.6 Career Staff shall conduct daily checks of the SAED.

11.3.2.7 The SAED shall be stored inside an area that would be considered safe from damage or excessive movement, in a dry cool place and in an area where solvents or other chemicals cannot be expose the device.

11.3.2.8 Under no circumstances shall the SAED be removed from the assigned location unless that person has authorization from the Company Chief.

11.3.3 Protocol for the use of the SAED

11.3.3.1 Upon arrival at a scene, the Firefighter shall immediately assess the scene and patient. He/She shall update the communications center ASAP of the situation found and medical treatment being performed.

11.3.3.2 Should a patient be found in "Cardiac Arrest" (Pulseless and breathless), the SAED shall be connected as per training, treatment protocols, and manufacturers information. Once the SAED in connected to the patient, the Fire Department is responsible for the reporting and documentation procedures (State Form).

11.3.3.3 Medical care shall be turned over to the highest level of provider care (i.e. EMT, Paramedic, Nurse, Doctor, etc.)

11.3.3.4 Upon arrival of the Squad and/or medics, the firefighter shall give a detailed report, detailing patient information and condition and actions taken.

11.3.3.5 Patient information must be obtained for reporting purposes. This can be accomplished by conversing with the BLS or ALS personnel.

11.3.3.6 The SAED **will not** be attached to a patient under the following circumstances:

1. Patient with a pulse
2. Hazardous or Flammable environments
3. Patient less than 90 pounds
4. Patient in Water
5. Obvious signs of death (as per training)
6. Confirmed DNR order

11.3.4 Reporting Procedures

11.3.4.1 Each Fire Company shall assign two firefighters to oversee the Company SAED Program. At least one of the members must be a line officer.

11.3.4.2 In the event a firefighter uses the SAED on a patient, he/she must notify one of the SAED officers and complete an Incident report detailing the event. The Data card will then be removed so the SAED officer can print out the SAED information. This will be conducted by personnel who are trained with the Software. The report must be forwarded to the following, within 24 hours:

1. The receiving Hospital where the patient was transported to
2. The AED / Medical Director Coordinator at the Hospital
3. Fire District Office
4. Chief of Company

11.3.4.3 In the event the computer is not functioning or no SAED officers are available, the firefighter shall contact the Ambulance Squad for assistance in completing the report.

11.3.5 Equipment

11.3.5.1 The SAED utilized by the Washington Township Fire Department is the Laerdal Heartstart FR2 SAED.