

WAC 296-305-02501 Emergency medical protection. (1) Firefighters who perform emergency medical care or otherwise may be exposed to blood or other body fluids must be provided with emergency medical face protection devices, and emergency medical garments that meet the applicable requirements of the 1999 edition of NFPA 1999, Standard on Protective Clothing for Emergency Medical Operations.

Note: Prior to purchase, fire departments should request the technical data package required in the 2003 edition of NAPA 1999, in order to compare glove and garment performance data. Departments reviewing these packages should ensure a relative ranking of the performance data before they purchase in order to provide the best performance of the EMS personal protective clothing.

(2) Firefighters must don emergency medical gloves and eye protection prior to initiating any emergency patient care.

(3) Firefighters must don emergency medical garments prior to any patient care during which splashes of body fluids can occur such as situations involving spurting blood or childbirth.

Note: Firefighter turnout gear and gloves with vapor barriers may be used in lieu of emergency medical gloves and garments.

(4) Contaminated emergency medical garments, emergency medical face and eye protection, gloves, devices, and emergency medical gloves must be cleaned and disinfected, or disposed of, in accordance with chapter 296-823 WAC, Occupational exposure to bloodborne pathogens.

(5) Fire departments must establish a designated infection (exposure) control officer who must ensure that an adequate infection control plan is developed and all personnel are trained and supervised on the plan.

(6) The infection control officer must be responsible for establishing personnel exposure protocols so that a process for dealing with exposures is in writing and available to all personnel.

(7) The infection control officer or their designee will function as a liaison between area hospitals and fire department members to provide notification that a communicable disease exposure is suspected or has been determined by hospital medical personnel. The department infection control officer will institute the established exposure protocols immediately after report of an exposure. The infection control officer must follow the confidentiality requirements of chapter 246-100 WAC and the medical protocol requirements of chapter 296-802 WAC.

(8) Fire departments must have a written infection control plan which clearly explains the intent, benefits, and purpose of the plan. The written document must cover the standards of exposure control such as establishing the infection control officer and all members affected; education and training; documentation and record keeping; cleaning/disinfection of personnel and equipment; and exposure protocols.

(9) Policy statements and standard operating procedure guidelines must provide general guidance and specific regulation of daily activities. Procedures must include delegation of specific roles and responsibilities, such as regulation of infection control, as well as procedural guidelines for all required tasks and functions.

(10) Fire departments must establish a records system for members health and training.

(11) Firefighters must be trained in the proper use of P.E., exposure protection, post exposure protocols, disease modes of transmission as it related to infectious diseases.

(12) Infectious disease programs must have a process for monitoring firefighters compliance with established guidelines and a means for correcting noncompliance.

(13) Fire department members must be required to annually review the infectious disease plan, updates, protocols, and equipment used in the program.

(14) Fire departments must comply with chapter 296-823 WAC, Occupational exposure to bloodborne pathogens, in its entirety.

(15) Tuberculosis (TB) exposure and respiratory protection requirements.

(a) Firefighters must wear a particulate respirator (PR) when entering areas occupied by individuals with suspected or confirmed TB, when performing high risk procedures on such individuals or when transporting individuals with suspected or confirmed TB in a closed vehicle.

(b) A NIOSH-approved, 95% efficient particulate air respirator is the minimum acceptable level of respiratory protection.

(i) Fit tests are required.

(ii) Fit tests must be done in accordance with chapter 296-842 WAC.

(c) Employee tuberculosis screening must be provided in accordance with current U.S. Centers for Disease Control and Prevention guidelines.

Note: If possible, the rear windows of a vehicle transporting patients with confirmed, suspected, or active tuberculosis should be kept open, and the heater or air conditioner set on a noncirculating cycle.

[Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, and 49.17.060. WSR 18-22-116, § 296-305-02501, filed 11/6/18, effective 12/7/18. Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, 49.17.060 and 29 C.F.R. 1910.156, Fire brigades. WSR 13-05-070, § 296-305-02501, filed 2/19/13, effective 1/1/14. Statutory Authority: RCW 49.17.010, 49.17.040, 49.17.050, 49.17.060. WSR 05-03-093, § 296-305-02501, filed 1/18/05, effective 3/1/05; WSR 04-10-026, § 296-305-02501, filed 4/27/04, effective 8/1/04; WSR 03-09-110, § 296-305-02501, filed 4/22/03, effective 8/1/03. Statutory Authority: RCW 49.17.010, [49.17].040 and [49.17].050. WSR 99-10-071, § 296-305-02501, filed 5/4/99, effective 9/1/99. Statutory Authority: RCW 49.17.010, [49.17].050 and [49.17].060. WSR 96-11-067, § 296-305-02501, filed 5/10/96, effective 1/1/97.]