

## **Physicians' Guidance Regarding Medical Clearance For A Volunteer Fire Fighter/EMT**

Firefighting and emergency medical response remain the most dangerous occupations in the United States. Research has repeatedly shown the need for high levels of fitness to perform safely in the fire rescue service. The individual's long hours shift work, sporadic high intensity work, strong emotional involvement, and exposure to human suffering places the job among the most stressful occupations in the world. High levels of stress, intense physical demands, and long term exposure to chemicals and infectious disease contribute to heart disease, lung disease, and cancer-the three leading causes of death and occupational disease disability.

This information is provided as a courtesy to physicians who may be asked to complete a physical for a potential volunteer firefighter or emergency medical technician. This information is based on the National Fire Protection Association (NFPA) *Standard 1582: Standard on Comprehensive Occupational Medical Program for Fire Departments, 2007 Edition*. The department will be happy to provide a complete copy of the Standard if requested.

### Essential Job Functions

The fire department shall evaluate the following 13 essential job task against the types and levels of emergency services provided to the local community by the fire department, the types of structures and occupancies comprising the community, and the configuration of the fire department to determine the essential job tasks of the fire department members and candidates:

1. \*Performing fire-fighting tasks (e.g., hoseline operations, extensive crawling, lifting and carrying heavy objects, ventilating roofs or walls using power or hand tools, forcible entry), rescue operations, and other emergency response actions under stressful conditions while wearing personal protective ensembles and self-contained breathing apparatus (SCBA), including working in extremely hot or cold environments for prolonged time periods
2. Wearing an SCBA, which includes a demand valve-type positive-pressure facepiece or HEPA filter masks, which requires the ability to tolerate increased respiratory workloads
3. Exposure to toxic fumes, irritants, particulates, biological (infectious) and nonbiological hazards, and/or heated gases, despite the use of personal protective ensembles and SCBA

4. Depending on the local jurisdiction, climbing six or more flights of stairs while wearing fire protective ensemble weighing at least 50 lb (22.6 kg) or more and carrying equipment/tools weighing an additional 20 to 40 lb (9 to 18 kg)
5. Wearing fire protective ensemble that is encapsulating and insulated, which will result in significant fluid loss that frequently progresses to clinical dehydration and can elevate core temperature to levels exceeding 102.2°F (39°C)
6. Searching, finding, and rescue-dragging or carrying victims ranging from newborns up to adults weighing over 200 lb (90 kg) to safety despite hazardous conditions and low visibility
7. Advancing water-filled hoselines up to 2 1/2 in. (65 mm) in diameter from fire apparatus to occupancy [approximately 150 ft (50 m)], which can involve negotiating multiple flights of stairs, ladders, and other obstacles
8. Climbing ladders, operating from heights, walking or crawling in the dark along narrow and uneven surfaces, and operating in proximity to electrical power lines and/or other hazards
9. Unpredictable emergency requirements for prolonged periods of extreme physical exertion without benefit of warm-up, scheduled rest periods, meals, access to medication(s), or hydration
10. Operating fire apparatus or other vehicles in an emergency mod with emergency lights and sirens
11. Critical, time-sensitive, complex problem solving during physical exertion in stressful, hazardous environments, including hot, dark, tightly enclosed spaces, that is further aggravated by fatigue, flashing lights, sirens, and other distractions
12. Ability to communicate (give and comprehend verbal orders) while wearing personal protective ensembles and SCBA under conditions of high background noise, poor visibility, and drenching from hoselines and/or fixed protection systems (sprinklers)
13. Functioning as an integral component of a team, where sudden incapacitation of a member can result in mission failure or in risk of injury or death to civilians or other team members

The fire department shall consider the physical, physiological, intellectual, and psychological demands of the occupation when evaluating the candidate's or member's ability to perform the essential job tasks.

Medical requirements for candidates and members shall be correlated with the essential job tasks as determined above.

### Medical Evaluation

A medical evaluation of a candidate shall be conducted prior to the candidate being placed in training programs or fire department emergency response activities.

The medical evaluation of a candidate shall include a medical history, examination, and any laboratory tests required to detect physical or medical condition(s) that could adversely affect his/her ability to safely perform the essential job tasks outlined above.

If a candidate presents with a condition that temporarily interferes with his/her ability to safely perform essential job tasks, the pre-placement medical evaluation shall be postponed until the candidate has recovered from that condition.



# FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1

## ANTI VIOLENCE POLICY

### I. Policy

Franklin Township Fire District No. 1 is committed to preventing workplace violence and providing a safe work environment. Franklin Township Fire District No. 1 prohibits and does not tolerate violent acts or threats of violence against employees, volunteers, visitors, guests, community members or other individuals within its facilities or during any Franklin Township Fire District No. 1 related activity.

### II. Definitions

Violence may be described as verbal or physical threats, intimidation, and/or aggressive physical contact. Prohibited conduct includes, but is not limited to the following:

- a) Intimidation, harassment, assault, stalking, or other conduct that causes a person to reasonably believe that he or she is under a threat of bodily injury or death.
- b) Threatening, attempting, or inflicting injury or damage to another person (member), member's family or property.
- c) Possessing a dangerous weapon such as a firearm, explosive, or hazardous device, or using an object as a weapon on Franklin Township Fire District No. 1 property or during any Franklin Township Fire District No. 1-related activity. *This definition, in regard to possession of a firearm only, shall not apply to sworn law enforcement officers who are permitted to carry a firearm as part of their job related duties as empowered by the State of New Jersey.*
- d) Using obscene or abusive language or gestures in a threatening manner. Because of the potential for misunderstanding, joking about any of the above conduct is also prohibited. Members are also expected to refrain from fighting, "horseplay" or other conduct that may be dangerous to others.

### **III. Restraining Orders**

Any member who obtains a restraining order against any person should immediately notify Franklin Township Fire District No. 1 management. Management shall be defined as either the Chief or President of the affected Department or Departments and a representative of the Board of Fire Commissioners of Franklin Fire District No.1.

Franklin Township Fire District No. 1 has made a commitment to provide a safe workplace and can only do so if it receives information concerning individuals who have been ordered to maintain a distance from its facilities and/or members.

### **IV. Warning Signs of Potential Violence**

There are often signs serving as a warning that violence in the workplace may occur. Please review the following list of early warning signs that an individual may act out violently, keeping in mind that demonstration of one or many of the actions on the below list do not automatically point to certain violence. However, activities should be noted and Franklin Township Fire District No. 1 will assist in detecting and defusing a potential workplace incident.

- a) Increase in use of alcohol or using drugs.
- b) History of violent or aggressive behavior or frequent physical fighting off or on duty.
- c) Displaying a loss of control, (i.e., loss of temper on a frequent basis, frequently for unsubstantiated reasons, or over minor issues).
- d) Either joking or making serious direct or veiled threats.
- e) Physically, verbally or emotionally intimidating others or instilling fear, for example via harassing phone calls, emails and/or stalking.
- f) Being obsessed with one's job and having no known outside interests.
- g) Being a loner and/or expressing a strong desire for a personal or romantic relationship with a coworker. Under these circumstances, the co-worker may feel threatened and report the unwanted attention.
- h) Obsession with weapons or militia, particularly if this is new behavior for a member.
- i) Feeling constantly disrespected, demonstrating a "me versus the world" attitude. Experiencing difficulty with authority, for example, feeling discriminated against, harassed,

or intentionally targeted. Does not accept criticism well and commonly harbors resentment.

j) Expressing desperation, significant frustration or depression over recent professional, personal, or financial problems.

k) Fascination with other recent incidents of violence and approval of the use of violence.

l) Disregard for safety, thus presenting a risk to self and others.

m) Demonstrates a lack of conscience and/or abuse towards other persons or animals.

n) Vandalism or property damage.

o) Failing to acknowledge the feelings or rights of others.

p) Having been a victim of violence or bullying.

## **V. What to Do**

What to Do If you witness a potentially violent situation, or are dealing with a threatening or violent person, do not place yourself in danger or try to intercede. You should not attempt to challenge or disarm the individual. If possible, escape the scene and immediately contact local law enforcement authorities.

Tips proven to be effective in this type of situation are as follows:

a) Try to remain calm.

b) Keep a distance of 4-6 feet.

c) Do not touch the threatening or violent individual.

d) Make constant eye contact, but do not try to “stare down” the threatening or violent person.

e) Actively listen and respond to the individual.

f) Ask the person making the threats or acting violently for solutions.

g) If a supervisor or other appropriate authority can be safely notified of the need for assistance without endangering your safety or that of others, do so. Otherwise, cooperate and follow the instructions given. Please see reporting procedures below.

## **VI. Reporting Procedure**

All threats of (or actual) violence, both direct and indirect, MUST be reported as soon as possible to your immediate supervisor or any other member of Franklin Township Fire District No. 1 management.

Members are encouraged to contact the appropriate law enforcement authorities without first informing their immediate supervisor if they reasonably believe that imminent danger to their own safety or that of others exists members shall then immediately report to their supervisor or others in the chain of command.

A reportable incident can be an act or threat from Franklin Township Fire District No. 1 members, as well as others from the public and includes those threats or acts that may be perceived, actually experienced, or witnessed.

When reporting an act or threat of violence, you should be as specific and detailed as possible.

Members must also report all threats or violent acts they witness or experience while on duty away from Franklin Township Fire District No. 1 premises or during any Franklin Township Fire District No. 1-related activity, or which related to the member or legitimate business interest of Franklin Township Fire District No. 1.

The identity of the individual making a report will be protected as much as is practical. In order to maintain workplace safety and the integrity of its investigation, Franklin Township Fire District No. 1 may suspend members suspected or violence or threats of violence pending investigation.

In no instance will a member be disciplined, retaliated against or discharged for good faith reporting of any reasonably perceived act or threat of violence. Anyone reasonably believed to have engaged in retaliation of any kind will be subject to disciplinary action up to and including termination of employment with Franklin Township Fire District No. 1 or membership, and prosecution for any criminal behavior linked to retaliatory activity. False or intentionally misleading reports are unacceptable and will be handled through Franklin Township Fire District No. 1 personnel procedures regarding disciplinary measures up to and including employment termination or revocation of membership.

All acts or threats of violence will be thoroughly investigated and disciplinary action and/or legal prosecution to the fullest extent possible will be pursued against members, and nonmembers for violating this policy.





# FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 ANTI HARASSMENT POLICY

## **I. Policy**

The Commissioners of Fire District No.1 are committed to providing a work environment free from all forms of illegal discrimination including that which is based upon a person's sex. Accordingly, any practice or activity which constitutes harassment including sexual harassment is strictly forbidden within the work places and shall, if substantiated in accordance with this policy, result in disciplinary actions.

Harassment may include, but is not limited to, the following (for illustrative purposes only):

- Verbal* (sexual comments or insults)
- Physical* (sexually suggestive or unwelcome touching or obscene gestures)
- Visual* (sexual cartoons, sexually suggestive or lewd pictures or photographs)

Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- a) Submission to such conduct is made either explicitly or implicitly a term or condition of a person's employment; or
- b) Submission to or rejection of such conduct by a person is used as a basis for employment decisions affecting that person; or
- c) Such conduct has the purpose or effect; of unreasonably interfering with a person's work performance; or
- d) Such conduct creates an intimidating, hostile or offensive work environment.

Franklin Township Fire District No. 1 will take all allegations of sexual harassment seriously and determine what constitutes sexual harassment based on a review of the facts and circumstances of each situation. Franklin Township Fire District No. 1 will make every effort to ensure that those named in the report, or are too closely associated with those involved in the report, will not be part of the investigative team. Franklin Township Fire District No. 1 reserves the right and provides notice that third parties may be used to investigate harassment claims. Even conduct that is intended to be “innocent” may still constitute sexual harassment if it falls within the terms of this policy. If any member expresses concern that your behavior may be violated this policy, please respect his/her concerns. Regardless of your intent, how others interpret your behavior is important. This policy is not meant to interfere with or discourage friendships among members. However, members must be sensitive to acts or conduct that may be considered offensive by other members. Franklin Township Fire District No. 1 prohibits retaliation made against any member who lodges a good faith complaint of sexual harassment, or who participates in any related investigation.

Franklin Township Fire District No. 1 recognizes that making false accusations of harassment in bad faith can have serious consequences for those who are wrongly accused. Franklin Township Fire District No. 1 prohibits deliberately making false and/or malicious harassments allegations, as well as deliberately providing false information during an investigation. Anyone who violates this rule is subject to disciplinary action, up to and including termination of employment with Franklin Township Fire District No. 1 and revocation of individual Department or Company membership.

## **II. Sanctions**

The Commissioners consider sexual harassment a serious violation of the work policy of Fire District No. 1 and, if proven, shall be grounds for the imposition of discipline, up to and including termination of membership.

### **III. Procedure for Filing a Complaint**

Any employee who believes that he or she is the victim of harassment must report the incident. The incident should be reported within forty-eight (48) hours after the event. All complaints of harassment shall be filed with either an immediate supervisor, or Commissioner. If you feel uncomfortable doing so or your direct supervisor is the source of the complaint, condones or ignores the harassment, immediately report to your supervisor's supervisor. If neither of these alternatives is satisfactory to you, then you should immediately direct your reports to the Chief, President or any Franklin Township Fire District No. 1 Commissioner. You are not required to directly confront the person who is the source of your report before notifying any of those individuals listed. Nevertheless, you are required to make a reasonable effort to make the harassment known to the Organization.

The incident will be investigated. If you do not report harassment, it cannot be investigated. Therefore, your cooperation is critical. If you are unwilling, for unique and specific reasons, to report the incident to either your immediate supervisor, the incident should be reported to a Commissioner. Generally, all incidents should be reported to your immediate supervisor. No person filing a Complaint under this policy or who legitimately assists another in the prosecution of any such complaint shall be subjected to retribution or retaliation of any kind for doing so.

- a) Complaints filed under this policy shall be promptly and thoroughly investigated by a designee of the Commissioner.
- b) Upon completion of the investigation, the designee shall prepare a comprehensive report addressing all allegations in the complaint and objectively documenting all relevant factual findings of the investigation.
- c) The investigative report shall be presented to the Commissioner upon completion and within fifteen (15) days after receipt of the complaint. This time requirement may be extended by the Commissioner in writing, upon request of the investigator and good cause shown for such an extension.

#### IV. Hearing

a) Upon receipt of the completed investigative report, the Commissioner shall conduct an administrative hearing at which the report shall be presented and considered. Hearings shall be conducted before a court reporter empowered to take testimony under oath. The court reporter shall require all witnesses to provide testimony under oath and Commissioner shall prepare a verbatim transcription/recording of the proceedings which shall serve as the official record of the hearing.

b) The accused employee shall be notified, in writing, at least ten (10) days before the hearing of the complaint and underlying allegations. The accused employee may request one (1) postponement of the hearing upon receipt of the notice in order to obtain legal counsel, however, the delay occasioned by such request shall not exceed thirty (30) days from the date of receipt of the notice by the accused employee.

c) The accused employee shall be entitled to attend the hearing and testify in his or her own behalf, and shall be entitled to confront and cross-examine the employee who filed the complaint. In the event that the complainant elects not to attend the administrative hearing and upon objection from the accused to the complainant's absence, the complaint may be dismissed at the Commissioner's option, and the accused deemed innocent of the allegations or the Commissioners may elect to go forward with the complaint.

d) The accused employee shall be entitled to call witnesses in his or her own behalf and to introduce evidence which bears upon the issues presented by the complaint and investigative report.

e) At the conclusion of the hearing, or within five (5) days thereafter, the Commissioner shall make findings concerning the incident. If the accused employee is found to have committed act(s) of harassment the Commissioners shall set the penalty for the offense.

f) A finding of harassment must be supported by substantial, credible evidence that:

1. The facts alleged by the complainant are true; and
2. Those facts constitute sexual harassment within the meaning of this policy;  
and
3. The accused is the person who committed the acts amounting to sexual harassment.

**V. Responsibility**

Each supervisor has a responsibility to maintain the work place free of sexual harassment. This duty includes discussing this policy with all employees and assuring them that they are not to endure insulting, degrading or exploitative sexual treatment.

**VI. False Accusations**

Due to the serious and private nature of this offense, false accusations of sexual harassment are, and will be treated as, a disciplinary offense and will result, in the same level of punishment as that applied to one who engages in such behavior.

**Acknowledgement Receipt and Understanding of AntiHarassment Policy**

I acknowledge that I have received and read the anti-harassment policy and have had it explained to me. I also acknowledge that I understand that no employee, member, or third party, up to and including a Board member has the authority to commit sexual harassment. I understand that it is my responsibility to abide by all rules contained in the policy. I also understand how to report incidents of harassment as set forth in the anti-harassment policy, including not retaliating against any employee/member exercising his or her rights under the policy.

Employee's/Member's Printed Employee's/Member's Signature

Name

Date

# Blood Borne Pathogen Post Exposure Letter

To Whom It May Concern:

\_\_\_\_\_ is an employee of Franklin Township Fire District # 1. He/She has been involved in an accident that may have put this individual at risk for blood borne pathogen exposure. Please evaluate this individual to determine risk of HIV/HBV exposure and to provide appropriate care and follow up, such as Hepatitis B or HIV prophylaxis. In accordance with 29 CFR Part 1910.1030(f)(5), please forward the Healthcare Professional's Written Opinion within 15 days of the completion of evaluation to:

Franklin Township Fire District #1  
Infection Control Officer  
PO Box 475  
Pittstown, NJ 08867

As indicated in the federal standard, the Healthcare Professional's Written Opinion will contain only the following information:

1. The Healthcare Professional's Written Opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
2. That the employee has been informed of the results of the evaluation.
3. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

To facilitate the reporting requirement, a form has been provided to fill in the Healthcare Professional's Written Opinion information.

All bills may be forwarded to:

Thank you with your assistance with this matter.

Franklin Township Fire District #1  
Infection Control Officer  
PO Box 475  
Pittstown, NJ 08867

Sincerely,

Infection Control Officer  
Franklin Township Fire District

# Quakertown Fire Company

## Blood Borne Pathogen Post Exposure Form

Healthcare Professional's Written Opinion

Quakertown Fire Company Employee Name: \_\_\_\_\_

Date of incident: \_\_\_\_\_

Healthcare Professional / Medical Facility contact information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was individual assessed as having a blood borne pathogen exposure risk? \_\_\_\_\_

Was Hepatitis B vaccination indicated for the employee? \_\_\_\_\_



Was Hepatitis B Immune Globulin given? \_\_\_\_\_

Was Hepatitis B vaccine series started? \_\_\_\_\_

Was the employee informed of the results of the evaluation? \_\_\_\_\_

Was the employee told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment? \_\_\_\_\_

Healthcare Professional Signature: \_\_\_\_\_

Date of evaluation: \_\_\_\_\_

Note: All other findings or diagnoses not relating with this exposure shall remain confidential and shall not be included in the written report.

## Post-exposure Consent for Testing: Source patient\*

### Testing for HIV, HBV, and HCV Infectivity

This form should be reviewed and signed by the source patient and provided to the health care provider responsible for the post-exposure evaluation.

### Exposed Individual's Information

Name (Please Print): \_\_\_\_\_

Contact Number: \_\_\_\_\_

Exposure Date: \_\_\_\_\_

### Source Patient Statement of Understanding

I \_\_\_\_\_ understand that my consent is required by law for HIV, hepatitis B (HBV), and hepatitis C(HCV) infectivity testing if someone is exposed to my blood or bodily fluids. I understand that a member of the Franklin Township Fire District #1 /Quakertown Fire Company has been accidentally exposed to my blood or bodily fluids and that testing for HIV, HBV, and HCV infectivity is being requested. I understand that I am not required to give my consent, but if I do, my blood will be tested for these viruses at no expense to me. I have been informed that the test to detect whether or not I have HIV antibodies is not completely reliable. This test can produce a false positive result when an HIV antibody is not present and that follow-up tests may be required. I understand that the results of these tests will be kept confidential and will only be released to medical personnel directly responsible for my care and treatment, to the health care provider responsible for the exposed Franklin Township Fire District #1 / Quakertown Fire Company member to ensure appropriate medical evaluation and care, and to others only as required by law.

Source Patient to INITIAL selection for consent or refusal

### Consent or Refusal

#### I CONSENTto:

HIV Testing \_\_\_\_\_  
Hepatitis B Testing \_\_\_\_\_  
Hepatitis C Testing \_\_\_\_\_

#### I REFUSE consent to:

HIV Testing \_\_\_\_\_  
Hepatitis B Testing \_\_\_\_\_  
Hepatitis C Testing \_\_\_\_\_

### Source Individual Identification

Source patient's printed name: \_\_\_\_\_

Source patient's signature: \_\_\_\_\_

Relationship (if signed by someone other than the source patient): \_\_\_\_\_

Date signed: \_\_\_\_\_

\*Source patient is the person whose blood or bodily fluids provided the source of this exposure

**Franklin Township Fire District # 1**  
**Post Exposure Evaluation**  
**Including Sharps Injury Log**

Date of the exposure \_\_\_\_\_ HCCC Incident # (if applicable) \_\_\_\_\_

Time of the exposure \_\_\_\_\_ EMS Charts PRID # (if applicable) \_\_\_\_\_

Name of exposed employee \_\_\_\_\_

Area where incident occurred \_\_\_\_\_

Job classification of exposed employee \_\_\_\_\_

**I. Details of exposure**

1) Route(s) of exposure: (check all that apply)

Eye    Mouth    Intact skin    Non-intact skin    Injection    Other

Other Details \_\_\_\_\_

2) Exposure from:

Splash /splatter /spray /touching /etc.    Contaminated sharps/item/device

Other \_\_\_\_\_

3) Type and amount of fluid, blood, or OPIM (other potentially infectious materials) involved:

\_\_\_\_\_

4) Was the exposure parenteral (via injection):  Yes    No (skip to question 5)

– Was fluid injected?    Yes    No

– Approximate depth of injury (in millimeters) \_\_\_\_\_

5) Was the exposure via skin or mucous membrane  Yes    No (skip to question 6)

– Estimated volume of material (in milliliters) \_\_\_\_\_

– Duration of contact \_\_\_\_\_

– Condition of skin (chapped, abraded, or intact) \_\_\_\_\_

6) Other relevant information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) Personal Protective Equipment (PPE) Utilized:

---

---

---

---

---

---

---

---

**II. Description of the exposure incident**

(i.e., **how** it occurred, **body part[s]** affected, **procedure[s]** being performed, **sharps or other devices** used, **safety features** on sharps or devices):

---

---

---

---

---

---

---

---

---

---

---

---

**III. Description of sharps or other devices involved** (including **type**, **brand**, and **safety feature[s]**):

---

---

Sharps were not involved (Please skip this section - numbers 1-3)

1) Safety feature(s) on sharps/devices:

Activated (safety feature is engaged)    Deactivated    Defective    Device did not have  
a safety device

2) Comments on safety feature (usefulness, ineffectiveness, or suggested improvements):

---

---

---

3) Could the exposure have been prevented by using additional or different controls (engineering, administrative, or work practice)? **Yes No**

If yes, provide some detail about extra preventative measures: \_\_\_\_\_

---

---

---

---

---

---

---

---

Has the exposed employee sought medical attention? Yes No

If **yes**, where was the medical attention sought? \_\_\_\_\_

Has the exposed employee given consent to test his/her blood for bloodborne pathogens?

**Yes**  **No**

Employee:

Infection Control Officer:

\_\_\_\_\_  
Name and Member ID#

\_\_\_\_\_  
Name and Member ID#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Date Received

# FRANKLIN TOWNSHIP FIRE DISTRICT # 1

## INFECTION CONTROL PLAN

### EXPOSURE CONTROL PLAN

In order to comply with the Occupational Safety and Health Administration's (OSHA) 29 CFR 1910.1030, the QFC Exposure Control Plan shall be implemented and followed by all employees.

### Introduction

OSHA Standard 29 CFR 1910.1030, *Blood borne Pathogens*, issued under the authority of the Occupational Safety and Health Act, defines standards to prevent occupational exposure of employees to blood or other potentially infectious materials. The Franklin Township Fire District # 1 (FTFD # 1) to address these requirements have developed this Exposure Control Plan (ECP).

This ECP is available to all employees for review. A copy of 29 CFR 1910.1030 is included in Appendix E-2

### Scope and Applicability

This *Exposure Control Plan* establishes work practices, engineering controls, and procedures for the use of Personal Protective Equipment to be used by all employees to minimize potential exposure to blood and other potentially infectious materials. This plan is applicable to all paid employees, per diem paid employees, of FTFD # 1 and volunteer members of the Quakertown Fire Company (QFC) who provide active riding, Fire / ambulance duty or CFR / QRU response and thereby have potential occupational exposure to blood and other potentially infectious materials.

The terms of this ECP constitute standard practices and procedures to be exercised by *all* members.

Engineering and work practice controls defined in this plan are considered applicable *at the scene of a call, during transportation of patient(s), and during cleanup and restoration of emergency vehicles.*

This plan is *not* applicable to personnel who are not employees of FTFD #1 or QFC (as defined herein) but who may assist in the delivery of patient care on-scene, on-board an emergency vehicle, or at the receiving medical facility. Examples of such personnel include police, fire fighters, paramedics, nurses, midwives, physician assistants, physicians, by-standers, and parents/guardians of minors being treated/transported. Such personnel are considered to be covered by ECPs established by their individual employers.

All employees and members of FTFD #1 or QFC to whom this plan is applicable are required to review this plan, to attend relevant training sessions, to provide necessary signed certifications relevant to this plan and 29 CFR 1910.1030, and to practice the standards defined herein. All employees and members should provide signatures on Form A when they have personally reviewed this plan.

### Administration

Responsibility and authority for the administration and monitoring of this plan is assigned to the Line Officers of QFC. However, since this plan and related services, equipment, and programs thereof are provided as a service to individual members, it is considered the ultimate

responsibility of *individual members and employees to implement, practice, and enforce the standards defined in this Plan.*

### **Definition of Employer and Employee**

For purposes of this ECP, the "Employer" is defined as The Franklin Township Fire District # 1 , as administered by officers selected by the fire company as a collective entity.

For purposes of this ECP, the "Employee" means regular paid members, per diem paid members, and volunteer members who provide active duty. For purposes of this ECP, the term "QFC member" is synonymous with "employee."

QFC is a volunteer organization. Paid employees of FTFD # 1 / QFC in addition to their normal scheduled functions will provide Fire / EMS and QRU services, and thus the terms of 29 CFR 1910.1030 are fully applicable to these individuals. Volunteer members are not paid employees of QFC, and thus the applicability of certain OSHA regulations is not explicit. However, QFC recognizes that providing Fire / EMS services, as well as QRU services contains inherent hazards with regard to blood borne pathogens not only for individual members but also for other members present on a call, and thus, for purposes of this ECP, all volunteer riding members (as defined below) are considered "employees."

### **Exposure Determination**

#### Job Classifications that Have Occupational Exposure

Job classifications at FTFD #1 /QFC that have occupational exposure as defined by 29 CFR 1910.1030 include:

1. Paid Administrator
2. Paid Care Taker
3. Volunteer FF
4. Volunteer FF / CFR
5. Volunteer FF / EMT
6. Volunteer FF / Paramedic
7. Volunteer EMT
8. Volunteer Paramedic

Volunteer Riding Members include all members who provide any extent of Fire / EMS or QRU services for FTFD #1 or QFC, including regular riding members, members responding to a "scramble call," members exempt from night duty but who provide riding duty on a volunteer, paid, or "scramble call" basis, and members on leave who may provide occasional Fire, EMS or QRU services.

Members desiring to respond directly to the scene of a call in their personal vehicles are encouraged to take advantage of the opportunity to request and stock personal supplies of Personal Protective Equipment.

#### Jobs Classifications that Have No Occupational Exposure

Members or associate members of FTFD #1 / QFC who provide purely administrative duties or who provide no Fire / EMS or QRU services have no occupational exposure, and thereby exempt from the requirements of this Plan.

Housekeeping and support staff is considered contractors engaged by FTFD #1 / QFC and are therefore not considered employees. These personnel do not perform any duties that may result in occupational exposure to blood and other potential infectious materials.

#### Tasks and Procedures that Have Occupational Exposure

Tasks and procedures that have potential occupational exposure to blood and other infectious materials include:

1. Emergency vehicle preparation.
2. On-scene assessment of emergency calls.
3. Treatment and care of patients.
4. Movement and transportation of patients.
5. Transfer of patient to appropriate medical facility personnel.
6. Cleanup and restocking of emergency vehicles and equipment.

Occupational exposure includes contact with potentially infectious materials such as blood, semen, vaginal secretions, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

#### Methods of Compliance

##### General

All employees are required to practice Universal Precautions where there is potential exposure to blood, body fluids or other infectious materials. In circumstances where differentiation between body fluid types is difficult or impossible, body fluids shall be considered potentially infectious materials. Universal Precautions are defined in Appendix E-1.

All emergency operations shall be performed in a manner that limits splashing, spraying, or aerosolization of blood and other potentially infectious materials.

#### Engineering and Work Practice Controls

##### General

All employees to minimize exposure to blood, body fluids, or infectious materials shall use engineering and work practice controls. These controls do not preclude the need for the use of Personal Protective Equipment.

As part of its regular vehicle-check duties, each duty crew is required to inspect engineering control devices for proper operation and/or availability. Malfunctioning or defective equipment shall be immediately reported to the Line Officers for prompt repair and/or replacement.

##### Hand washing

Hand washing shall be performed immediately after the delivery of patient care. If possible, hand washing shall be performed:

1. After each patient contact.
2. After handling potentially infected materials.



3. After removing gloves or other Personal Protective Equipment.
4. After transferring patient to receiving medical facility.
5. After cleanup/decontamination of emergency vehicles and equipment.
6. Before and after eating or handling food.

The use of anti-bacterial soap shall be preferred over ordinary bar or liquid soap for hand washing.

The following systems are made available by FTFD #1 / QFC for hand washing:

1. Antibacterial soap in all bathrooms.
2. Antibacterial soap in health care facilities (hospitals).
3. Waterless antibacterial soap and towlettes (on-board emergency vehicles).

Where waterless soap or towlettes are used, follow-up hand washing using antibacterial soap and running water shall be performed as soon as possible.

### Contaminated Needles and Sharps

As part of their regular duties, FTFD #1 / QFC employees shall *not* handle contaminated needles or sharps.

In general, contaminated needles and sharps are to be handled only by professional health care personnel assisting on a call, such as paramedics and nurses. FTFD #1 / QFC employees are not permitted to recap, shear, dispose, or otherwise handle potentially contaminated needles or sharps. FTFD #1 / QFC employees must encourage assisting health care personnel to use appropriate sharps disposal containers. Contaminated sharps and needles must *never* be placed on countertops of emergency vehicles, punctured into seats/cushions of an emergency vehicle, or thrown on-scene or inside emergency vehicles.

Appropriately labeled puncture-and-leak-proof contaminated sharps containers are stocked on-board emergency vehicles for emergency use. FTFD #1 / QFC employees are permitted to provide these containers to paramedics and nurses performing vascular access procedures, but are expressly *discouraged* from handling these containers once they are used. Sharps containers are to be disposed of in appropriate medical waste receptacles *immediately upon arrival at the receiving medical facility*. Except for transporting to the receiving medical facility, **sharps containers holding contaminated equipment are *not* to be stored on-board emergency vehicles nor in the Fire House.**

In the event that needles or sharps should be found in an emergency vehicle, the following steps shall be taken:

1. If possible, the health care professional generating the sharp shall be identified and verbally requested to remove the sharp or needle from the emergency vehicle. If the relevant individual should refuse to remove the sharp or needle, the Line Officers shall be immediately notified, and an Incident Report shall be filed. The Line Officers shall report the incident to the supervising agency of the health care professional.
2. In the event that the individual generating the needle or sharp cannot be found:
  - a. Appropriate Personal Protective Equipment shall be donned.

b. An appropriate method for picking up the sharp or needle shall be employed that does not result in breaking, cutting, shearing, or bending of the object. The sharp shall *not* be recapped.

c. The sharp or needle shall be placed in an appropriate sharps container and properly disposed of as soon as possible.

#### Eating, Drinking, Smoking, and Personal Hygiene

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are *prohibited* in all emergency vehicles and in fire house clean-up areas.

Food and drinks may be transported in the driver's cab of ambulances provided that such areas are appropriately decontaminated prior to and after consumption of food or drink. Food or drinks may *not* be transported in the patient care areas of an ambulances. Food or drinks may *not* be stored fire house utility clean-up areas. Consumption of food or drink in emergency vehicle cabs is expressly *discouraged*. Food or drinks shall *not* be consumed in patient care areas of ambulances.

#### Handling of Specimens

Due to the potential for test tubes and specimen containers to break, cause injury, and thereby cause potential exposure, FTFD #1 /QFC employees are *not* permitted to handle containers of blood, urine, or other body fluid specimens.

Where the transportation of blood, urine, or other specimens is necessary, FTFD # 1 / QFC employees shall encourage assisting health care personnel (such as paramedics and nurses) to use a secondary sealed container such as a zip-lock bag. Secondary containers shall be transparent or clearly labeled as containing a biohazardous material. FTFD #1 /QFC employees shall ensure that specimen containers are transported in a safe manner on board emergency vehicles (for example, placed in paramedics' bags or taped to IV solution bags).

#### Decontamination of Equipment

All patient care equipment used by FTFD #1 / QFC personnel which is or may be potentially contaminated by blood or other body fluids shall be decontaminated or replaced as soon as possible after use and prior to being placed back in service.

Patient care equipment includes, but is not limited to:

1. Stretchers.
2. BLS Bag and Bag Contents.
3. Backboards and Head Immobilization Devices.
4. KED's and Cervical Collars.
5. Respiratory equipment such as Airways, Oxygen Masks and Cannulas, and BVM's.
6. Stairchairs and Reeves Stretchers.
7. Splints.
8. Sheets, Pillows, and Blankets.
9. Suction Equipment.
10. MAST Trousers.
11. Stethoscopes and Blood Pressure Cuffs.

12. Emergency Vehicles, including Cabs, Countertops, Floors, Seats, Walls, and Benches.
13. Personal Protective Equipment.

Proper decontamination includes the following:

1. Emptying infectious residual fluid into *medical waste containers* at the receiving medical facility. Residual fluids shall *not* be poured down sink drains or into toilets. When possible, bleach shall be added to any residual fluid prior to disposal. When possible, a solidifying emulsion shall be added to the infectious fluid and the *entire apparatus* containing infectious fluid shall be disposed in medical waste containers and replaced.
2. Washing and scrubbing with soap and hot water - all *blood/fluid residues must be removed*. Where blood or body fluid residue cannot be removed, *the apparatus shall be disposed of and replaced*.
3. Soaking for 20 minutes in a 10% solution of bleach.
4. Air-dry on a drying rack.

The use of anti-bacterial spray cleaning solution is an acceptable substitute for soap and water solution but must always be followed by a bleach treatment. Where bleach soaking is impractical, spraying with a 10% bleach solution is acceptable. *Turnout gear shall not be sprayed with or soaked in bleach. (Bleach can impair the fire-retardant nature of turnout gear).*

All equipment shall be *air-dried* prior to being placed back in service. (Infectious agents can grow in crevices and cracks that remain wet.) Towel drying may be used to remove excess water but shall be followed by air-drying. Wet equipment may be transported back to the fire house for air-drying provided that appropriate washing and bleach-treatment have been performed.

When available, contaminated equipment shall be exchanged with the receiving medical facility for new equipment. All laundry shall be considered contaminated and shall be exchanged with the receiving medical facility for new linen.

Decontamination shall be performed *at the receiving medical facility at the completion of a call*. Contaminated equipment shall *not* be placed back in emergency vehicles nor transported back to the fire house. In the unlikely event that decontamination of equipment or vehicles should be necessary at the fire house, decontamination shall be performed in designated utility areas *only*. Decontamination shall *never* be performed in bathrooms, the kitchen, the meeting room, the bunk room, or the lounge.

Since all equipment is considered contaminated prior to decontamination, employees shall use appropriate Personal Protective Equipment during decontamination procedures.

## **Personal Protective Equipment**

### Provision

FTFD #1 / QFC provides a wide variety of Personal Protective Equipment (PPE) for use by all employees. Individual employees are responsible for selecting PPE that is appropriate for the level of potential exposure to blood or other body fluids. PPE is considered appropriate if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.

The FTFD #1 / QFC uniform is considered a basic level of PPE. All FTFD #1 / QFC employees are required to wear a uniform to respond to an assignment. Acceptable uniform includes any of the following:

1. FTFD #1 /QFC uniform shirt (buttoned) and pants (zipped).
2. FTFD #1 / QFC jacket (buttoned or zipped closed).
3. FTFD # 1 / QFC jump suit (buttoned or zipped closed).
4. FTFD #1 / QFC turnout gear (fastened closed).

Response to a call in street clothes without one of the above uniform combinations *is expressly discouraged*.

Supplemental PPE provided by FTFD #1 / QFC on board ambulances includes the following:

1. Nitrile (non-latex) gloves, regular and heavy grade, in various sizes.
2. Surgical masks with splash visor.
3. Goggles.
4. Tyvek suits.
5. Rubber boots.
6. Infection Control Kits – Contains protective gowns, gloves, masks, scrub caps, shoe covers. (One kit containing two sets in each ambulance.)

## Use

PPE shall be used where there is potential for spill, splash, or exposure to body fluids. Appropriate PPE cannot be defined for every specific emergency call; FTFD / QFC employees are responsible for selecting and using PPE that is appropriate for the level of potential exposure encountered during an emergency call. It is the responsibility of the Team Leader in charge of a call to ensure that appropriate levels of PPE are used.

During decontamination procedures, the Material Safety Data Sheet for cleaning solutions may be consulted for selecting appropriate PPE.

PPE that becomes soiled, torn, punctured, or otherwise damaged shall be replaced as soon as practical. Disposable PPE is *not* to be reused and must be properly and promptly discarded in *medical waste* containers. When possible, PPE should be changed between patients in a multiple casualty situation. When possible, hands should be washed immediately after removing gloves.

As is the case with most emergency health care settings, individual members reserve the right to decline using PPE when, under rare and extraordinary circumstances, it is the employee's judgment that the delay necessary for donning PPE will prevent the delivery of necessary health care to a patient or will pose an increased hazard to the safety of workers or co-workers.

## Accessibility

All PPE is readily accessible to employees. Each member is issued an individual FTFD #1 / QFC uniform and is expected to wear it on calls. Gloves, face masks, and shields are readily accessible in BLS Bags and in the patient compartment of ambulances. Gowns, Tyvek suits, goggles, and Infection Control Kits are readily accessible in the patient care areas of ambulances.

Employees may request personal supplies of PPE to stock in uniforms or personal vehicles. Employees are encouraged to keep extra gloves in uniform pockets. Pocket valve-mask devices are provided to each individual employee.

Employees may request special PPE such as hypoallergenic gloves.

#### Cleaning, Laundering, and Disposal

Disposable PPE that becomes contaminated shall be immediately disposed of in appropriate medical waste containers at the receiving medical facility.

In the event that a uniform should become contaminated, the uniform shall be removed immediately and placed in a contaminated laundry bag. In the event of a situation that prohibits immediate changing of clothes, it is acceptable to delay removal of contaminated uniforms until returning to the fire house. Contaminated laundry shall be transported in sealed medical laundry bags to an appropriate medical laundry facility. Employees are *not* permitted to bring contaminated clothing home. Employees are expected to keep extra uniforms or clothes at the Squad Building in case of the need to change.

Medical laundry facilities in the vicinity of FTFD # 1 /QFC include:

Tirpok Cleaners  
Old Highway 22.  
Clinton, NJ 08809

Turnout gear shall *not* be decontaminated with bleach. Turnout gear will be sent to a gear cleaner.

#### Repair and Replacement

All PPE is repaired or replaced at no cost to the employee. Uniforms that need repair or replacement should be brought to the attention of the uniform officer. Other PPE should be replaced as part of routine emergency vehicle cleanup and restocking.

#### Housekeeping

##### General

All emergency vehicles, equipment, and service areas shall be kept clean and sanitary. Contaminated trash shall be disposed of in appropriate containers at receiving health care facilities. Vehicle interior surfaces shall be kept clean and free of blood or other body fluid residues. Waste containers inside vehicles shall be emptied on a daily basis and shall be replaced if full.

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

##### Equipment and Working Surfaces

After exposure to blood or other potentially infectious materials, all equipment and working surfaces shall be cleaned and decontaminated in accordance with procedures outlined. Decontamination shall be performed as part of the regular vehicle-check if prior decontamination is questionable.

All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected as part of the regular vehicle check and decontaminated as necessary.

## Regulated Waste

No regulated medical waste is to be stored on emergency vehicles or in the fire house. All regulated medical waste shall be disposed of in appropriate containers at the receiving medical facility.

FTFD # 1 / QFC employees shall not handle contaminated sharps or needles. Properly labeled, puncture-resistant sharps containers are provided on vehicles as a courtesy to paramedics and nurses and, if used, shall be disposed of immediately at the receiving medical facility. Sharps containers shall not be re-used.

Red medical waste bags are placed in the BLS Bag and in emergency vehicles. All trash generated during a call should be considered contaminated and placed in medical waste bags. If necessary, double bagging shall be used when danger of puncturing the bag is present. No trash should be left on-scene or in emergency vehicles. Medical waste bags shall be closed and transported as soon as possible to the receiving health care-facility for proper disposal in medical waste containers. Appropriate PPE shall be used when handling medical waste.

## Laundry

Contaminated linen shall be exchanged with the receiving medical facility for clean linen. Universal Precautions shall be used in handling potentially contaminated laundry. Contaminated items shall not be sorted or rinsed.

Contaminated uniforms are addressed in above stated Section.

## **Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up**

### Hepatitis B Vaccination

All FTFD # 1 / QFC employees are offered Hepatitis B (HBV) vaccination at no charge.

The HBV vaccine is not required if: (as proven by documentation to be kept on file)

1. The employee has previously received the vaccine and can provide written documentation of such vaccination.
2. The employee is immune as proved by antibody testing.
3. The vaccine is contraindicated for medical reasons.
4. The employee provides a signed declination of vaccination.

Signed certification of this factor should be provided on Form B.

AFTFD # 1 /QFC employee may request initiation of the HBV vaccine at any time, even if he/she initially declined vaccination. It is the responsibility of the individual employee to contact aFTFD # 1 / QFC-designated medical facility to make appointments for the vaccination series, to follow-up with each scheduled appointment, and to inform the FTFD #1 Administrator of the completion of the HBV vaccination series. Alternate vaccination providers may be utilized only with advance approval by the FTFD #1 Administrator.

Upon completion of the HBV vaccination series, appropriate employee and FTFD # 1 administrator signatures should be provided on Form A. A copy of this form should be kept in the employee's medical record.

Presently, the designated provider for HBV vaccination is:

**Annandale Family Practice**

The FTFD #1 administrator must be informed prior to initiating the HBV vaccination series.

Should an employee terminate his/her employment/membership with FTFD # 1 / QFC prior to the completion of the HBV vaccination series, FTFD # 1 / QFC will not consider itself obligated to pay for the completion of the vaccination series.

#### Post-Exposure Evaluation and Follow-Up

An exposure incident is a specific eye, mouth, 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 as defined in this ECP.

In the event that an employee should become involved in an exposure incident, the following steps should be taken:

1. On-scene steps should be taken to minimize the impact of the exposure.
2. QFC Line Officers and the FTFD # 1 administrator should be immediately notified.
3. The employee should report to an appropriate medical facility for treatment and evaluation. In order to ensure the quality of post-exposure treatment and evaluation, the Line Officers reserve the right to direct the employee to a particular medical facility. As of this writing, the preferred facilities for post-exposure treatment and evaluation are (in descending order):
  - a. Hunterdon Medical Center Emergency Room.
  - b. Emergency Room at nearest available alternate hospital.
4. The medical facility should be informed that an exposure incident has occurred and that appropriate treatment, evaluation, and reporting by a health care professional pursuant to 29 CFR 1910.1030 is required. The evaluating health care professional should be provided with a copy of 29 CFR 1910.1030 (Appendix E-2), available documentation concerning the relevant incident, and a copy of (Form C), *Letter to the Evaluating Health Care Professional*. It is preferred that this evaluation be performed by a licensed physician with knowledge in the field of infectious diseases.
5. The post-exposure evaluation will include a baseline assessment and/or blood testing. If the employee refuses HIV serologic testing, the blood sample shall be preserved for at least 90 days to permit testing at a later date if consent should later be granted.
6. The Ryan White Act of 2009 with Part-G (Appendix E-3), and list of diseases from the CDC (Appendix E-4) requires receiving medical facilities to inform emergency transport personnel if a transported patient is diagnosed with a communicable disease. Additionally, 29 CFR 1910.1030 requires employers to attempt to identify the source individual in an exposure incident and to request permission to obtain HIV or HBV testing.

In the event of an exposure incident, the crew involved on the call shall attempt to identify the source individual (patient) and inform the staff of the receiving medical facility that blood testing of that individual for HBV and HIV infectivity is requested pursuant to the Ryan White Act of 1990 and OSHA Standard 29 CFR 1910.1030.

The Designated Infection Control Officer (DICO) shall follow-up with a formal written request to the medical facility for consent from the source individual to allow HBV/HIV testing (Form D). If the source individual's consent cannot be obtained, written refusal shall be obtained (Form D). The results of such testing shall be documented and provided to the health care professional evaluating the exposed employee. Results of testing on the source individual shall be provided to the employee.

7. The employee shall complete a *confidential* Incident Report. (Form E, *Post-Exposure Questionnaire*, may be substituted.) Documentation shall be made of the type(s) and route(s) of exposure and the circumstances under which the exposure incident occurred. The Incident Report shall be hand-delivered to the DICO and filed in the employee's medical record.
8. A professional written opinion will be obtained from the health care professional performing the post-exposure evaluation of the employee. The written report will conform to the limitations and requirements of 29 CFR 1910.1030 and shall be provided to the employee. This report will be obtained within 15 days of completion of the evaluation. This report will be considered confidential.
  - a. Pursuant to 29 CFR 1910.1030, the health care professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
  - b. Pursuant to 29 CFR 1910.1030, the health care professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
    - i. That the employee has been informed of the results of the evaluation.
    - ii. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment.
  - c. Pursuant to 29 CFR 1910.1030, all other findings or diagnoses shall remain confidential and shall not be included in the written report.
9. Counseling and evaluation of reported illnesses shall be provided to the employee as requested.
10. Records of the initial evaluation and follow-up evaluations will be kept in the employee's medical file, separate from his/her personnel file. All medical records are confidential and are accessible to the DICO, Chief, President, and Secretary only.

## **Communication of Hazards**

### Labels and Signs

Containers used to store, transport, or ship blood or other potentially infectious materials shall be labeled with fluorescent red Biohazard labels or by other acceptable means (such as through the use of red Biohazard bags).

As discussed in Section 4.3, biohazardous materials are not permitted to be stored at the fire house or in emergency vehicles. Biohazardous materials are permitted in emergency vehicles only for transport for disposal at the receiving medical facility.

### Information and Training

All employees receive annual training on blood borne pathogens and the standards established in this Exposure Control Plan. If a formal training session is not readily available, new members will be briefed on an individual basis concerning the elements of this Plan. Refresher training will be appropriately modified to concentrate on topics that may have changed since the previous training session.

Blood borne Pathogen training will typically consist of:

1. Explanation of the standards of 29 CFR 1910.1030.
2. General discussion of epidemiology and symptoms of blood borne diseases.
3. An explanation of the modes of transmission of blood borne pathogens.
4. An explanation of this Exposure Control Plan and the means by which the employee can



obtain a copy of the written plan.

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

6. An explanation of the use and limitation of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and Personal Protective Equipment.

7. Information on the types, proper use, location, removal, handling, decontamination, and disposal of Personal Protective Equipment.

8. Information on Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and benefits of being vaccinated, and that the vaccine will be offered free of charge.

9. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

10. An explanation of the procedure to follow if an exposure incident occurs, including the follow-up that the employer is required to provide for the employee following an exposure incident.

11. An explanation of the signs, labels, and/or color coding required by 29 CFR 1910.1030.

12. An opportunity for interactive questions and answers with the person conducting the training session.

The scope of a training session may be modified at the discretion of the Line Officers, and the DICO. A typical training session will include the general discussion of Universal Precautions and Blood borne Pathogens (presented by a health care professional) and a presentation of the specific elements of this Exposure Control Plan (presented DICO of QFC).

#### Material Safety Data Sheets

Material Safety Data Sheets (MSDS's) are retained on file for all hazardous substances used by employees. All MSDS's are readily accessible for employee reference.

#### Record keeping

##### Medical Records

Medical records will be maintained for each employee in accordance with 29 CFR 1910.1030. This medical record shall be kept separately from the employee's personnel file and is considered *confidential*, accessible only to the FTFD # 1 administrator, DICO, Chief, President, and Secretary. Medical records are not disclosed or reported without the employee's express written consent to any person inside or outside the workplace except as required by 29 CFR 1910.1030 or as may be otherwise required by law.

The employee's medical record will include:

1. The name and social security number of the employee.
2. A copy of the employee's Hepatitis B vaccination certification, as well as copies from medical records relevant to the vaccination.
3. Copies of all examinations, medical testing, and follow-up procedures as required by 29 CFR 1910.1030.
4. Copies of follow-up investigations and health care professional evaluations related to an exposure incident.

Medical records will be maintained for the duration of employment plus 30 years.

## Training Records

Training records shall include the following information:

1. The dates of the training session.
2. The contents or a summary of the training sessions.
3. The names and qualifications of persons conducting the training session.
4. The names and job titles (riding status) of all persons attending the training session.

Training records will be maintained for at least three (3) years.

## Availability

All records maintained pursuant to 29 CFR 1910.1030 are made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health or the Director of the National Institute for Occupational Safety and Health.

Employee medical records relevant to 29 CFR 1910.1030 are made available upon request only to individual employees or their representatives as authorized in writing, or to the Assistant Secretary of Labor for Occupational Safety and Health or the Director of the National Institute for Occupational Safety and Health.

## Transfer of Records

If this employer should cease to do business, all records relevant to 29 CFR 1910.1030 will be transferred to the office of the Director of the National Institute for Occupational Safety and Health.



# FRANKLIN TOWNSHIP FIRE DISTRICT No. 1

## HUNTERDON COUNTY

P.O. BOX 475, 67 Quakertown Road  
Pittstown, New Jersey 08867  
Phone (908) 735-8704 Fax (908) 735-6413

**Joseph Milcarek, President**  
**Charles Patkochis, Treasurer**  
**Floyd Holsinger, Asst Secretary & Treasurer**

**Michael Homulak, Vice President**  
**Bill Enea, Secretary**

### MEDICAL CLEARANCE FORM

Fire Fighter / EMT Name : \_\_\_\_\_

**To be completed by physician's office:**

Date of Examination: \_\_\_\_\_

I have reviewed the accompanying "Physicians' Guidance Regarding Medical Clearance". I have examined the above individual, reviewed his / her medical history, the OSHA respirator medical evaluation questionnaire and make the following recommendations for his / her participation as a volunteer fire fighter / EMT with the Franklin Township Fire District # 1 of Hunterdon County.

- Full Participation
- No Participation
- Limited Participation
- Additional Follow Up

If not full participation, please provide limitations: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physicians Signature

Date

Physicians Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Approved by Fire District Physician: \_\_\_\_\_ Date: \_\_\_\_\_

# FRANKLIN TOWNSHIP FIRE DISTRICT # 1

## MEDICAL EXAMINATION

1. Review the OSHA Respiratory Questionnaire
2. Substance Abuse Screening (drug testing) as per the Franklin Township Fire District # 1 of Hunterdon County policy. (new applicants only )
3. Immunizations, screening to protect against Hepatitis, Tuberculosis.
4. Hands on Physical:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Pulse Rate: \_\_\_\_\_

Respiratory Rate: \_\_\_\_\_ Temperature: \_\_\_\_\_

Head, Eyes, Nose, Throat: \_\_\_\_\_ Vision Screening: \_\_\_\_\_

Audiology Screening: \_\_\_\_\_ Neck general evaluation: \_\_\_\_\_

Hernia Evaluation: \_\_\_\_\_ Lymph Nodes: \_\_\_\_\_

Neurological: \_\_\_\_\_ Motor, Sensory, Reflexes: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_ General Range of Motion: \_\_\_\_\_

Skin Exam: \_\_\_\_\_ Body Composition: \_\_\_\_\_

Cardiovascular EKG: ( provide copy ) \_\_\_\_\_

Pulmonary Function Test / Spirometry: (provide copy) \_\_\_\_\_

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Date of Examination

Approved by Fire District Physician: \_\_\_\_\_ Date: \_\_\_\_\_

**FRANKLIN TOWNSHIP FIRE DISTRICT # 1**  
**HEPATITIS "B" VACCINE CONSENT FORM**

Name: \_\_\_\_\_

SS# \_\_\_\_\_ Title: \_\_\_\_\_

I understand that due to occupational exposure to blood or other potentially infectious material, 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, if I decline a hepatitis B vaccination at this time and 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.

With this understanding, I choose:

To be Vaccinated     Not to be Vaccinated     I have been vaccinated and do not need current vaccination.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# **FRANKLIN TOWNSHIP FIRE DISTRICT # 1 OF HUNTERDON COUNTY**

## **PHYSICAL SOG**

The Franklin Township Fire District # 1 of Hunterdon County has identified the job of being a volunteer fire fighter or EMT is both physically and emotionally demanding. With this the fire district requires every member of the Quakertown Fire Company obtain an annual physical. This physical shall be completed every 365 calendar day from there previous physical. Any member who does not comply with the required annual physical will not be permitted to respond to fire calls with the Quakertown Fire Company.

The fire district will provide the funding for the members of the Quakertown fire company to obtain a physical from the official Doctor for the Franklin Township Fire District #1. This is Dr. Theresa Sacchieri of the Annandale Family Practice located at 56 Payne Rd, Suite 21 Lebanon, NJ 908-238-0100. All completed physicals performed by a physician other then the official fire district physician will be reviewed and checked by the official physician of the fire district.

Those members of the Quakertown Fire Company that perform only Emergency Medical Technicians functions are not required to obtain a EKG test during there annual physical.

The junior fire fighters of the Quakertown Fire Company will be permitted to submit a copy of there high school sports physical to the fire district physician for review. The junior fire fighters are not required to obtain an EKG or pulmonary function test.

The members can obtain the physical in one of the following three (3) methods stated below.

1. To have the physical conducted by the fire district physician the member is to contact the office of Annandale Family practice and schedule an appointment. The member is required to bring to the visit the following forms. Those forms that need to be completed by the member needs to be completed prior to the visit.

A. Form FTFD # 1 Medical Clearance

B. Form FTFD # 2 Physician's Guidance Regarding Medical Clearance as a Volunteer Fire Fighter / EMT.

C. Form FTFD # OSHA Respirator Medical Evaluation Questionnaire

D. Form FTFD # 4 Medical Examination Form

The Annandale Family practice will complete the required forms and forward them to the Franklin Township Fire District # 1 along with the bill for the services provided.

# FRANKLIN TOWNSHIP FIRE DISTRICT # 1 OF HUNTERDON COUNTY

## PHYSICAL SOG

2. If a member wishes to obtain a physical by there own physician they are permitted to but, the Franklin Township Fire District # 1 will not pay for the services. The Fire District will reimburse the member for there personal medical insurance co payment only. The original bill along with a completed Franklin Township Fire District # 1 voucher must be submitted to the fire district for payment. The member is required to submit the following forms to there physician to be completed. The completed forms are to be submitted to the Franklin Township fire District Administrator, who will forward the forms to the official fire district physician for review.

A. Form FTFD # 1 Medical Clearance

B. Form FTFD # 2 Physician's Guidance Regarding Medical Clearance as a Volunteer Fire Fighter / EMT.

C. Form FTFD # OSHA Respirator Medical Evaluation Questionnaire

D. Form FTFD # 4 Medical Examination Form

3. The member can obtain a physical from the Captain Buscio Foundation this physical is conducted by the Deborah Heart and Lung Hospital. There is no cost to the member to obtain the physical. If the member elects to obtain there physical through this foundation they can obtain information on scheduling through the following web site [www.njfmba.org](http://www.njfmba.org), click the link " A gift from Captain Buscio" or call Deborah for an appointment 1-800-555-1990. The member will need to have the following forms completed and returned to the Fire District Administrator, who will forward the forms to the official fire district physician for review.

A. Form FTFD # 1 Medical Clearance

B. Form FTFD # 2 Physician's Guidance Regarding Medical Clearance as a Volunteer Fire Fighter / EMT.

C. Form FTFD # OSHA Respirator Medical Evaluation Questionnaire

D. Form FTFD # 4 Medical Examination Form

Any member who does not complete the annual physical will not be permitted to conduct any Fire or EMS activities.

# **Franklin Township Fire District No. 1. Hunterdon County, NJ**

## **POLICY REGARDING PREGNANT FIREFIGHTERS**

---

### **STATEMENT OF PURPOSE:**

The goal of the Franklin Township Board of Fire Commissioners, District No 1., is to ensure the safety of the public and our firefighters and EMT's at all times.

Franklin Township Fire District No. 1 is fortunate to have female firefighters and EMT's among its ranks. These firefighters have served with distinction and their continued bravery and contributions to the fire district are a source of pride for the entire community.

It is natural that there may come a time when a female firefighter or EMT will become pregnant. Due to the unusually strenuous and hazardous nature of firefighting and EMS work, it is a reality that at some point during a pregnancy, due to medical and practical considerations, a firefighter or EMT will be unable to carry out the duties that are required to fight fires or provide EMS care and the firefighter or EMT may have to withdraw from active firefighting / EMS duties.

The goal of the Franklin Township Fire District No. 1 is to allow a pregnant firefighter or EMT to remain active within the fire district, but to give said firefighter or EMT the option to temporarily transfer to less hazardous duty. It is the recommendation of the Board of Fire Commissioners that a pregnant firefighter or EMT will limit her activity to non-hazardous duty within the department, however, this is merely a recommendation and not a directive.

To ensure the safety of the public, the firefighter or EMT herself, and her colleagues, the Board of Fire Commissioners adopts the following policy:



## NOTIFICATION:

1. A firefighter or EMT, upon learning of her pregnancy, shall:
  - a. Immediately report her condition to her station chief.
2. Upon being advised by a firefighter or EMT of her pregnancy, the station chief shall report the matter to the Fire District Administrator who shall inform the Fire Commissioner

## FIRE FIGHTER or EMT'S OPTIONS:

1. A pregnant firefighter or EMT shall have the following options regarding her duties during the course of her pregnancy:
  - a. The firefighter or EMT shall be allowed to take a leave from her duties for the duration of her pregnancy and reasonable time thereafter as health conditions dictate; or
  - b. The firefighter or EMT shall be allowed to limit her activity to "non-hazardous" duties during the course of her pregnancy and reasonable time thereafter as health conditions dictate. "Non-hazardous" duties are those duties that do not pose any risk to the pregnant firefighter or EMT, including, but not limited to, training, public education, prevention, policy development and communication. "Non-hazardous" duties shall not include active participating in the fighting of fires or on-site inspections of fire scenes; or providing EMS care.

2. If the firefighter or EMT chooses to continue active firefighting or provide EMS care during the course of her pregnancy, she must provide the Fire District Administrator with a written report from her treating physician certifying that she is able to continue with the strenuous and hazardous duties of firefighting or EMS care. This requirement shall be the same as that for other non-duty related disabilities. Said certification must be made following every exam of the firefighter or EMT by the physician and shall be mailed directly to the Administrator with a copy going to the firefighter or EMT. Said certification form shall be a standard form drafted by the Fire Commissioners and shall be available at all fire houses. The Fire Commissioners retain the authority to transfer any pregnant firefighter who does not supply said certification from her doctor to "non-hazardous" duty status.

SENIORITY RANK AND BENEFITS

1. Regardless of which option the pregnant firefighter or EMT chooses, during the course of her pregnancy she will maintain her seniority, rank and all other benefits as if on "regular active duty." Furthermore, she shall not be passed up for any possible promotion due to her pregnancy,

IT IS NOT MANDATORY THAT A PREGNANT FIREFIGHTER or EMT CHOOSE TO TRANSFER TO NON-HAZARDOUS DUTY OR CONTINUE ON REGULAR ACTIVE DUTY IN ORDER TO MAINTAIN HER SENIORITY, RANK AND BENEFITS.

GRIEVANCES:

1. If any pregnant firefighter or EMT is of the opinion that she is being discriminated against due to her pregnancy, she shall immediately report said incident and the matter shall be handled in accordance with the Franklin Township Fire District No. 1 Policy on Sexual Discrimination/ Harassment.

Medical considerations of firefighting or EMS and pregnancy:

The job of firefighting or EMS care presents many potential hazards to healthy reproduction. It poses physical hazards such as drastic temperature variation, extreme and unpredictable physical exertion demands, and psychological stress. Firefighters or EMT's may also be exposed to biological or radiation hazards. Additionally, the fire environment may produce a wide range of chemical agents, including irritant and asphyxiant gases and other toxins.

Human reproductive health as it is affected by the work environment is a relatively new area of study. The clearest connection between an environmental agent and adverse reproductive outcomes for both men and women is in the case of ionizing radiation, which is not a common hazard for most firefighters. Prolonged exposure to high ambient temperatures, however, may also have a detrimental effect on fertility and pregnancy. High heat exposure *has* been related to infertility in men and may be linked to neural defects in the babies of exposed mothers.

Chemical agents in the fire environment are numerous and unpredictable. The toxic effects of fire smoke have been tentatively linked to a number of physical problems, including respiratory disease, coronary artery disease and malignancies. Many chemical agents in the fire environment may also adversely affect reproduction. Carbon monoxide, carbon dioxide, hydrogen cyanide, acrolein and other aldehydes, sulfur dioxide, hydrogen chloride, nitrogen dioxide and benzene are all commonly produced in fire environments. Research shows that all of these compounds may have detrimental effects on reproduction. Pregnant women and their fetuses are especially affected by carbon monoxide exposures.

Although much more study is needed, existing research suggests that both men and women are vulnerable to reproductive toxicity in the firefighting environment. In addition, the potential hazards to developing fetuses pose special concerns for pregnant firefighters.

*Source: "Reproductive Hazards of Firefighting I and II" Melissa MaDiarmid, et al, American Journal of Industrial Medicine. 19:433-472 (1991).*

PREGNANCY FORM

- A. I, \_\_\_\_\_ hereby certify that \_\_\_\_\_ is able to continue with all the hazardous duties of firefighting or EMS care without restriction.
  
- B. I, hereby certify that \_\_\_\_\_ is able to continue with all the hazardous duties of firefighting or EMS care with the following restrictions:
  
- C. I, hereby certify that \_\_\_\_\_ is not able to continue with the hazardous duties of firefighting or EMS care.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## FRANKLIN TOWNSHIP FIRE DISTRICT # 1 SOCIAL MEDIA POLICY

The FRANKLIN TOWNSHIP FIRE DISTRICT # 1 acknowledges that use of technology by emergency service organizations provides several useful benefits including training and the acquisition of useful information for the betterment of the organization and its members. It also allows for the dissemination of information to the public for recruitment, safety education and public relations purposes. As such, the FRANKLIN TOWNSHIP FIRE DISTRICT # 1 embraces the usage of instant technology to that end.

This policy establishes the Franklin Township Fire District's social media and instant technology use procedures and protocols, which are intended to mitigate associated risks from the use of this technology where possible. To comply with Senate and General Assembly of the State of New Jersey bill S-199

This policy applies to all employees of the Franklin Township Fire District #1, volunteer members of the Quakertown Fire Company, consultants and contractors performing business on behalf of the Franklin Township Fire District #1.

For the purposes of this policy, the term instant technology is defined as resources including, but not limited to, instant messaging, texting, paging and social networking sites such as Facebook, Myspace, LinkedIn, Twitter, YouTube and any other information sharing services, websites and/or blogs weather currently available or developed n the future.

All Department/District social media pages shall be approved by the Fire Chief/Board of Fire Commissioners or their designees. All social media content shall adhere to all applicable laws, regulations and policies including the records management and retention requirements set by law and regulation.

The Internet and other information sharing devices are global entities with no control of users or content. Therefore, available resources may contain material of a controversial nature. The Franklin Township Fire District # 1 is not responsible for information found on these sources.

The Fire District understands the value of such technology, but also understands the concerns and issues raised when information is released that violates privacy concerns or portrays this organization to the public in an illegal or negative manner (intentional or unintentional). Therefore, no information, videos or pictures gathered while on Franklin Township Fire District #1/ Quakertown Fire Company business (this includes emergency calls, meetings, drills, details, trainings or anything obtained on organization property or at organization functions) may be shared or posted in any format without the approval and written consent of the Fire District's Public Information Officer.

Under this restriction, members and employees are prohibited from disseminating or transmitting in any fashion photographs or images of individuals receiving emergency medical assistance. Any such transmission may violate New Jersey Sates Laws and/or the HIPPA privacy rights of such individuals and may result in a criminal and/or civil proceeding being commenced against members and employees violating this provision of the policy.

This policy is not intended to limit your right to freedom of speech or expression; but as we are a public entity, it has been put in place to protect the rights of this organization, its members and the public we are sworn to protect. Members and employees are advised that their speech directly or by means of instant technology either on or off duty and in the course of their official duties that has a connection to their professional duties and responsibilities may not be protected speech under the First Amendment. Speech that impairs or impedes the performance of the Fire Department/Fire District, undermines discipline and harmony among co-workers or negatively affects the public perception of the department/District may be sanctioned.

As a basic concept constitutional concept of law, a public employee may comment on a matter of public concern. However, airing personal workplace grievances does not raise a matter of public concern.

In that regard, members and employees must follow the following guidelines when discussing the Fire Districts/Fire Department on Social media Websites:

- Do not make any disparaging or false statements or use profane language.
- Do not make any statements or other forms of speech that ridicule, malign, disparage or otherwise express bias against any race, religion or protected class of individual.
- Make clear that you are expressing your personal opinion and not that of the Fire District/Fire Department.
- Do not share confidential or proprietary information.
- Do not violate Fire District/Fire Department policies including the Code of Ethics.
- Do not display Department or District logos, uniforms or similar identifying items without prior written permission.
- Do no post personal photographs or provide similar means of personal recognition that may cause you to be identified as a firefighter, officer or employee of the Department or District without prior written permission.
- Do no publish any materials that could reasonably be considered to represent the views or positions of the Department or District without authorization.

The Franklin Township Fire District #1 owns the right to all data and files in any owned computer, network, cell phone or other information system. The Franklin Township Fire District #1 also reserves the right to monitor electronic mail messages (including personal/private/instant messaging systems) and their content, as well as any and all use of the Internet and of computer equipment used to create, view, or access e-mail and Internet content. Members and employees must be aware that the electronic messages sent and received using Franklin Township Fire District #1 equipment are not private and are subject to viewing, downloading, inspection, release, and archiving by District and Department Officers at all times. The Franklin Township Fire District #1 has the right to inspect any and all files stored in private areas of the network or on individual computers or storage media in order to assure compliance with policy and state and federal laws.

Inappropriate use of the Internet and instant technology while on Franklin Township Fire District #1/ Quakertown Fire Company business may result in disciplinary actions, up to and including termination as an employee of the Fire District or volunteer member of the Fire Department.

Franklin Township Fire District #1/ Quakertown Fire Company computer equipment is to be used for fire district/department business and purposes in a professional and businesslike manner.



# **FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY**

## **SUBSTANCE ABUSE POLICY**

### INTRODUCTION

The Board of Fire Commissioners recognize that it bears the responsibility of ensuring that its fire-fighting force is fully capable of protecting the health, safety and welfare of the citizens within Franklin Township Fire District No. 1.

The Board also recognizes that the nature of fire-fighting or EMS care are such that the impairment of any volunteer fire / EMS service member seriously endangers the lives, safety and welfare of the public and other members.

The Board also recognizes that the unlawful manufacture, distribution, dispensation, possession or use of a controlled, dangerous substance and that the unlawful possession, use or abuse of alcohol can seriously impact upon a fire / EMS service member's ability to fulfill duties and obligations owed by that member to the community and other members.

The Board also recognizes that substance abuse seriously impacts upon the health of the person and, therefore, encourages its members to seek out the availability of counseling and rehabilitation programs.

Therefore, the Board of Fire Commissioners has compelling interest in making certain that all volunteer fire / EMS service members are free from abuse problems involving controlled, dangerous substance and alcohol.

# FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY

## SUBSTANCE ABUSE POLICY

The Board of Fire Commissioners is committed to providing a drug-free, healthful, safe and secure work environment for all of its fire-fighters or EMT's and to provide further that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance and the unlawful possession, use or abuse of alcohol is absolutely prohibited.

### II, DEFINITIONS

For the purposes of this policy, the following definitions shall apply: Controlled Dangerous Substance includes the definition found at N.J.S.A 24:21-2 and includes any substance other than alcohol that has mind-or function-altering effect, and volatile substances which produce the physiological and psychological effects of a controlled, dangerous substance through deliberate inhalation or ingestion, Controlled Dangerous Substance includes, but is not limited to amphetamines, cannabinoids, cocaine, phencyclidine (PCP), hallucinogens, methaqualone, opiates, barbiturates, benzodiazepines, synthetic narcotics, designer drugs or a metabolite of any of the substances herein. Substance Abuse shall mean the consumption or use of any controlled dangerous substance as defined herein for the purposes other than for the treatment of sickness or injury as prescribed or administered by a person duly authorized to practice medicine and the misuse, abuse or unlawful use of alcohol.

# FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY

## SUBSTANCE ABUSE POLICY

Probable Cause requires the concurrence of a Commissioner, Fire Chief or desk or line officer in conjunction with the or by the sole advice of the Board's physician. "Probable Cause" is based upon the facts, circumstances, physical evidence, physical signs and symptoms or a pattern of behavior that indicates that a member has violated this policy by the unlawful manufacture, distribution, dispensation, possession or the use of a controlled substance and the unlawful possession, or abuse of alcohol when responding to an alarm or while performing as a fire-fighter, EMT or fire police. "Probable Cause" may be based upon, but not limited to, reports that a member has violated this policy during the performance of his/her duties as a fire-fighter, EMT or fire police, the odor of alcohol or marijuana on a member, unusual behavior such as slurred speech or lack of coordination, possession of paraphernalia used in connection with any drug, or involvement in an accident which resulted or could have resulted in bodily injury or damage to property or which Involved a piece of fire apparatus responding to a fire. Substance Abuse Test any chemical, biological, or physical instrumental analysis administered for the purpose of determining the presence or absence of a drug or its metabolites or for the purpose of determining the presence of any alcohol. Prescription Medication a drug prescribed for use by a duly licensed physician, dentist or other medical practitioner licensed to practice medicine and issue prescriptions for a drug that is authorized for general distribution and use in the treatment of human diseases, ailments or injuries pursuant to the "Federal Food, Drug and Cosmetic Act," 62 Stat. 1040 (21 U.S.C., SEC 301, et seq.)

# **FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY**

## **SUBSTANCE ABUSE POLICY**

### **III. SUBSTANCE ABUSE TESTING**

In order to ensure that the above-stated policy is followed, Franklin Township Fire District No. 1 hereby implements a substance abuse testing procedure. Substance abuse testing will take place under the following circumstances:

1. Entry-level substance abuse testing for persons applying for a position in the volunteer fire or EMS service. The testing will be done as part of the pre-employment physical.

2. When probable cause exists that a member has violated the policy of Franklin Township Fire District No. 1 by unlawfully manufacturing, distributing, dispensing, possessing or using a controlled, dangerous substance or by unlawfully possessing, using or abusing alcohol, that person shall be required to consent to a substance abuse test immediately.

### **IV. SUBSTANCE ABUSE TREATMENT**

Further, in support of the policy to promote a drug-free work environment, Franklin Township Fire District No. 1 encourages its member to seek assistance through counseling and rehabilitation and/or to request assistance with any substance abuse problem before disciplinary action is necessary.

# **FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY**

## **SUBSTANCE ABUSE POLICY**

### **V. ENTRY-LEVEL TESTING**

All applicants for a fire-fighting position within Franklin Township Fire District No. 1 shall be notified on their application form and by receipt of a copy of this policy that a substance abuse screening test will be performed as part of their application's physical exam. Applicants for a fire-fighting or EMS position shall be required to sign a substance abuse test consent form. Failure to sign said consent form and/or submit a urine sample for testing shall disqualify the applicant from consideration for volunteer fire or EMS service. This signed substance abuse test form will act as a consent to undergo substance abuse testing consistent with this policy and will constitute and acknowledgment by the applicant that any detection of controlled, dangerous substances in his/her body will result in the denial of his/her application for a position in the volunteer fire service.

A urine sample is the standard method used in testing for the presence of these and/or other related drugs, amphetamines (uppers, bennies, speed), barbiturates (downers, reds, candy, etc.), benzodiazepines (tranquilizers), cocaine (snow, crack, blake, coke, etc.), ethchlorvynol, methaqualone (SOPARS), opiates (heroin, codeine, methadone, morphine, smack, horse), phencyclidine (PCP, angel dust), propoxyphene, marijuana (THC) and alcohol.

The initial analytical test to be utilized shall be the enzyme immunoassay technology (EMIT) and all such tests shown positive shall be confirmed by gas chromatography/mass spectrometry (GC/MS).

# **FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY**

## **SUBSTANCE ABUSE POLICY**

The substance abuse test will be administered by the physician for Franklin Township Fire District No. 1 as part of the entry-level application and will be performed by urinalyses. A urine specimen will be taken from each applicant. Urine specimens from female applicants will be taken in the presence of a female attending official and urine specimens from male applicants will be taken in the presence of a male attending official.

Proper chain of custody documentations shall be prepared to ensure the integrity of the testing procedure and to protect the rights of the applicant.

In the case of a positive test, applicants may elect to have the same sample tested at a State of New Jersey approved laboratory of their choice, at their own expense within three (3) days of notification of the initial test result. The applicant must arrange for the laboratory to pick up the sample directly from the office of the Board's physician.

Prior to the applicant being tested, the applicant will be informed of his/her opportunity to submit medical documentation that may verify his/her use of a prescription medication. Such verification, however, will not preclude the administration of the drug test.

Any applicant who refuses to submit to a drug test will be denied a position in the volunteer fire service. Similarly, any applicant who submits to the required drug test and whose urine specimen shows the presence of a controlled, dangerous substance will be denied a position in the volunteer fire or EMS service.

# **FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY**

## **SUBSTANCE ABUSE POLICY**

### **VI. PROBABLE CAUSE TESTING**

The testing of members for controlled, dangerous substances or alcohol shall be administered only upon probable cause. Random testing is prohibited and requests for employee consent to be tested in the absence of probable cause is prohibited.

When the two superiors concur that probable cause exists for the testing of a member, that member shall be required to consent to a substance abuse test. If the member refuses to consent to the test he will be instructed in writing to appear at the office of the Board's physician or other designated testing facility at the designated time not more than three hours from the time of the request to consent to testing. Members subject to testing will not be allowed to drive, but will be transported to and from the collection site, and home if required. If requested, members shall be allowed to have a representative of their choice as an observer at the collection site.

Probable cause testing, including chain of custody safeguards, shall be conducted in the same manner as entry-level testing.

In the case of a positive test, applicants may elect to have the same sample tested at a State of New Jersey approved laboratory of their choice, at their own expense within three (3) days of notification of the initial test result. The applicant must arrange for the laboratory to pick up the sample directly for the office of the Board's physician.

**SUBSTANCE ABUSE POLICY**

Prior to the applicant being tested, the applicant will be informed of his/her opportunity to submit medical documentation that may verify his/her use of a prescription medication. Such verification, however, will not preclude the administration of the drug test.

A positive test may result in discipline or discharge. The failure to submit to testing may result in discipline or discharge. The Board may also require the member of participate in counseling or a rehabilitation program as part of his continued service for the Franklin Township Fire District No. 1. The expense for said counseling shall be paid by the member or his/her insurance carrier. If,

in the event no insurance is available then, in that event, the Board shall have the sole discretion to determine to what extent, if any, it shall contribute to said expense. The Board will decide the nature of the discipline after a hearing. Pending the determination of the Board the member will be suspended for active status. Prior to the hearing the member will be given written notice of the probable cause. At the hearing the member may be represented by an attorney. If, in the event, a member is determined to have had a second offense under this policy, he/she shall be expelled from the service.



**FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY**

**SUBSTANCE ABUSE POLICY**

VII. CONFIDENTIALITY

The Board of Fire Commissioners will not release to any person, other than the applicant, medical personnel, supervising personnel or other personnel of the volunteer fire service on a need to know basis, any information related to the drug test unless:

- 1           The applicant has expressly granted permission in writing for the Board of Fire Commissioners to release such information; and/or
- 2           The Board of Fire Commissioners is legally mandated to release such information.

# FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY

## SUBSTANCE ABUSE POLICY

### SUBSTANCE ABUSE Test Consent

I voluntarily give my consent for any agent or other authorized designee of the Board of Fire Commissioners to collect urine and/or blood for drug screening to determine alcoholic content and/or the presence of drugs.

I understand that proper chain of custody determination shall be prepared to ensure the integrity of the testing procedure and to protect my rights. This process is designed to comply with medical and legal requirements.

I hereby authorize the agent or authorized designee to disclose the test results to the Board of Fire commissioners and/or its representatives. I understand that the results of this testing may affect my application for a firefighting or EMS position with the Franklin Township Fire District No. 1.

Medication History: In order to ensure accuracy in this screening, it is essential to advise of your use of any prescription drugs, non-prescription drugs, over-the-counter medications, or any other chemical substance you have taken within the last month. Check which of the following, if any, you have taken in the last thirty (30) days:

	Yes	No
1. Allergy Medication	_____	_____
2. Asthma Medication	_____	_____
3. Cold Medication	_____	_____
4. Cough Medication	_____	_____
5. Depression Medication	_____	_____
6. Diet Pills	_____	_____
7. Mood Elevators	_____	_____
8. Muscle Relaxers	_____	_____
9. Heart Medication	_____	_____
10. Nausea, Vomiting, or Diarrhea Medication	_____	_____
11. Pain Medication	_____	_____
12. Seizure Medication	_____	_____
13. Sinus Medication	_____	_____
14. Sleeping Pills	_____	_____
15. Stomach, Colon or Digestive Medication	_____	_____
16. Tranquilizers	_____	_____

Please list in the space below any medications checked "yes" above, or other medications not listed. If you are not taking any medications, drugs, or other chemical substance, please write "none."

---

---

**FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY**

**SUBSTANCE ABUSE POLICY**

**SUBSTANCE ABUSE Test Consent**

If you elect not to sign the Substance Abuse Test Consent and refuse to comply with the screening procedure, your application for a fire-fighting or EMS position may not be considered. If you are a current volunteer fire-fighter, EMT, failure to sign this consent form upon two (2) of your superiors concurring that a probable cause exists, will subject you to a possible disciplinary action up to and including discharge. The Board of Fire Commissioners may also require that you participate in counseling or a rehabilitation program.

I have read and fully understand the above consent.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

WITNESS:

\_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

Type of request: Urine  Blood  Both

Reason:      Entry-Level Testing \_\_\_\_\_  
                 Accident  
                 Probable Cause  
                 Return to Duty \_\_\_\_\_

**FRANKLIN TOWNSHIP FIRE DISTRICT NO. 1 HUNTERDON COUNTY**

**SUBSTANCE ABUSE POLICY**

**SUBSTANCE ABUSE Applicant Consent**

The undersigned, an applicant for membership in the Quakertown volunteer fire department, which is within the jurisdiction of the commissioners of fire district no. 1, Franklin Township, understands and agrees that his/her physical and mental condition is a material factor in the determination of whether he/she can perform firematic, EMS duties, and he/she consents to the conduct of a physical examination by the physician for fire district no. 1. He/she further authorizes the release of any medical records or information from any physician, hospital, health-care provider or facility to the physician for the Franklin Township Fire District # 1 (and will execute a separate authorization upon request) and represents that the medical or surgical history which he/she presents to physician for the Franklin Township Fire District # 1 will be accurate and complete, recognizing that the physician for the Franklin Township Fire District # 1 and the commissioners will rely thereupon. If so directed by the physician for the Franklin Township Fire District # 1, he/she shall report for a psychological or neurological examination, all of these examinations being prerequisite to his/her consideration for approval as a fire-fighter or EMT and member of Quakertown volunteer fire department.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_