

# JORDAN VALLEY EMS AUTHORITY POLICY

**POLICY #:202.2.1.2**

**SUBJECT: EXPOSURE CONTROL PLAN**

**SCOPE: ALL EMPLOYEES AND VOLUNTEERS**

**PURPOSE:**

The purpose of this policy is to provide guidelines for the prevention and mitigation of Blood borne pathogens exposures.

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**POLICY:**

The Authority is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with MIOSHA rules 325.70001 - .70018, "Occupational Exposure to Bloodborne Infectious Diseases."

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

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Standard operating procedures
  - Personal protective equipment
  - Housekeeping

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- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

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

## PROGRAM ADMINISTRATION:

The Authority is responsible for the implementation of the ECP. The Director or their designee will maintain, review, and update the ECP at least every year, and whenever necessary to include new or modified tasks and procedures.

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

The Director or their designee will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Director or their designee will ensure that adequate supplies of the equipment are available in the appropriate sizes.

The Director or their designee will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are maintained.

The Director or their designee will be responsible for training, documentation of training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives.

## I. EMPLOYEE EXPOSURE DETERMINATION:

The following is a list of all job classifications at our establishment that have been determined to be Category A:

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
Office Personnel	EMS Station
Emergency Medical Technician Basic	Field Operations
Paramedic	Field Operations
Director	Field Operations

*Part-time, temporary, contract and per diem employees are covered by the standard. How the provisions of the standard will be met for these employees should be described in the ECP.*

## II. METHODS OF IMPLEMENTATION AND CONTROL:

### A. Universal Precautions

All employees and volunteers will utilize universal precautions.

### B. Exposure Control Plan

Employees covered by the bloodborne infectious diseases standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting their immediate supervisor. If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

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The Director is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

## C. Standard Operating Procedures

Standard operating procedures (S.O.P.'s) provide specific guidance on controls and practices that shall be used when performing tasks involving occupational exposure to bloodborne pathogens. They will be based on the form found in Appendix A and will be utilized in employee training.

## D. Contingency Plans

Where circumstances can be foreseen in which recommended standard operating procedures could not be followed, the employer shall prepare contingency plans for employee protection, incident investigation and medical follow-up as part of the standard operating procedures. See Appendix B.

## E. Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed in Appendix A.

Sharps disposal containers are inspected and maintained or replaced by the EMS crew utilizing that ambulance daily or whenever necessary to prevent overfilling.

This facility identifies the need for changes in engineering control and work practices through periodic review of safety standards and review of employee injury reports and incidents

We evaluate new procedures or new products by discussions at monthly staff and department meetings and review of relevant literature.

The Director or their designee will ensure effective implementation of these recommendations.

## F. Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by the Director or their designee in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows or see Appendix A:

- Gloves
- Gowns and/or suits
- Face masks
- Eye protection (either separate on face masks)
- N95 masks

PPE is located in all ambulances and in the equipment supply room. Employees in need of PPE for stocking their ambulances can contact the on duty paramedic for further assistance

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in red biohazard bags and then placed in biohazard containers at the receiving facility.

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- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.

## G. Housekeeping

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

Medical waste is to be placed in a red biohazard bag and then placed in a biohazard container at the receiving facility.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are mounted in each ambulance and portable containers will be provided for placement in jump bags.

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

**Broken glassware** which may be contaminated is picked up using mechanical means, such as a brush and dust pan.

## H. Laundry

The following contaminated articles will be laundered by this Authority:

- Employee uniform items

Laundering will be performed by the EMS crew at the station as needed. Employees will launder their own uniforms to ensure that their uniform items are returned to them.

The following items (whether contaminated or needed laundered) will be left at the receiving hospital: Blankets, sheets, pillow cases, towels, wash cloths.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use red bags for this purpose. BAGS SHOULD BE: LABELED AS LAUNDRY SO NOT TO BE CONFUSED WITH DISPOSABLE ITEMS.
- At a minimum gloves should be worn while handling dirty laundry

## III. LABELS:

Most equipment that contains, or is used to contain biohazards by the Authority is commercially available and comes pre-labeled. The Authority will label any containers not being used with a label that fits the container appropriately. The Director or their designee will ensure that container labels are being used.

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## IV. HEPATITIS B VACCINATION:

### Administration

The Director or their designee will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a copy of the declination form (see Appendix C). Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employees personnel file.

Following hepatitis B vaccinations, the health care professional's Written Opinion will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

## V. POST-EXPOSURE EVALUATION AND FOLLOW-UP:

Should an exposure incident occur, the employee will follow all procedures outlined in the injury reporting policy (Policy 202.6.2). The employee will contact the on duty paramedic, who shall notify the Director.

An immediately available confidential medical evaluation and follow-up will be conducted by the facility that the patient involved in the exposure was transported to. If this facility is not a hospital, than Michigan Health Specialist or the emergency department of the hospital the employee sought care at will be utilized for initial and follow- up care.

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

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## VI. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP:

The Director or their designee ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of MIOSHA's blood borne infectious diseases standard.

The Director or their designee ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

If not done so directly by the evaluating healthcare provider, the Director or their designee provides the employee with a copy of the evaluating health care professional's confidential written opinion within 15 days after completion of the evaluation.

The written opinion obtained by the employer shall not reveal specific findings or diagnoses that are unrelated to the employee's ability to wear protective clothing and equipment or receive vaccinations. Such findings and diagnoses shall remain confidential.

## VII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT:

The Director or their designee will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

If it is determined that revisions need to be made, management will ensure that appropriate changes are made to this ECP. (*Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.*)

## VIII. EMPLOYEE TRAINING:

All employees who have occupational exposure to bloodborne pathogens receive training conducted by the Director or their designee, including the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the standard;
- an explanation of our ECP and how to obtain a copy;
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident ;
- an explanation of the use and limitations of engineering controls, work practices, and PPE;
- an explanation of and supervised practice with the types, uses, location, removal, handling, decontamination, and disposal of PPE ;

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- an explanation of the basis for PPE selection;
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge;
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the confidential medical evaluation and follow-up that will be made available;
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility; and
- an opportunity for interactive questions and answers with the person conducting the training session.

## IX. RECORDKEEPING:

### A. Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the administrative offices.

The training records include:

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

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

### B. Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with Part 432/R325.52101 - .52137, "Access to Employee Exposure and Medical Records."

The Director or their designee is responsible for maintenance of the required medical records. These **confidential** records are kept at the administrative offices for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent the EMS Director or Authority privacy officer. Release of all employee medical records will follow procedures for release of medical records and be compliant with HIPAA standards for protected healthcare information.

### C. MIOSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets MIOSHA's Recordkeeping Requirements (Part 11). This determination and the recording activities are done by the EMS Director.

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## **D. Sharps Injury Log**

A sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. The log includes:

- type and brand of device involved in the injury;
- department or work area where the exposure occurred; and
- explanation of how the incident occurred.

The log is recorded and maintained to protect the confidentiality of the injured employee. The Part 11. Recording & Reporting of Occupational Injuries & Illnesses 300 Log of Work Related Injuries and Illnesses may be used to record this information.

## **POLICY HISTORY:**

Implemented February 1, 2015

Reviewed



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## APPENDIX A: STANDARD OPERATING PROCEDURE FOR BLOODBORNE INFECTIOUS DISEASE CONTROL MEASURES

### Task/Procedure:

Exposure Potential:  
Personal Protective Equipment:  
Engineering Controls:  
Work Practice Controls:  
Management of Exposure Incidents:  
Contingency Plan:

### General Patient Assessment and Care

Moderate to High  
Gloves at a minimum  
Use of disposable items where possible  
Avoid contact with fluids  
Per policy  
Immediate hand cleaning or washing  
Additional medical care as needed

### Task/Procedure:

Exposure Potential:  
Personal Protective Equipment:  
  
Engineering Controls:  
Work Practice Controls:  
Management of Exposure Incidents:  
Contingency Plan:

### Bandaging and trauma Care

High  
Gloves at a minimum. Protective garments and face shields  
If splashing of fluids is possible  
Use of disposable items where possible  
Avoid contact with fluids  
Per policy  
Immediate hand cleaning or washing  
Additional medical care as needed

### Task/Procedure:

Exposure Potential:  
Personal Protective Equipment:  
  
Engineering Controls:  
  
Work Practice Controls:  
  
Management of Exposure Incidents:  
Contingency Plan:

### IV administration

High  
Gloves at a minimum. Protective garments and face shields  
If splashing of fluids is possible  
Use of disposable items where possible  
Use of safety IV catheters where possible  
Avoid contact with fluids  
Disposal of sharps in puncture resistant containers  
Per policy  
Immediate hand cleaning or washing  
Additional medical care as needed

### Task/Procedure:

Exposure Potential:  
Personal Protective Equipment:  
  
Engineering Controls:  
  
Work Practice Controls:  
Management of Exposure Incidents:  
Contingency Plan:

### Airway procedures including: Endotracheal intubation Insertion of basic air adjuncts Suctioning

High  
Gloves at a minimum. Protective garments and face shields  
If splashing of fluids is possible, eye protection  
Use of disposable items where possible  
Use of safety IV catheters where possible  
Avoid contact with fluids  
Per policy  
Immediate hand cleaning or washing  
Additional medical care as needed

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## APPENDIX B: ENGINEERING AND WORK PRACTICE CONTROLS FOR NEEDLESTICK PREVENTION

The following engineering controls have been implemented or are being considered:

1. Self-sheathing IV catheters
2. Sheathing needles
3. Puncture resistant containers
4. Medication and IV administration sets that are needleless
5. Self- retracting single use lancets from obtaining blood glucose levels

The following work practice controls are being used or considered:

1. Use of above listed engineering controls
2. Use of puncture resistant containers at the patients side when not in the ambulance
3. Immediate disposal of needles and other sharps in puncture restraint containers when operating in the ambulance
4. No recapping of needles
5. Discontinuing the practice of obtaining blood for blood glucose testing meters by removing it from IV catheter flash chambers
6. Ongoing training

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## APPENDIX C:

### HEPATITIS VACCINE DECLARATION / RELEASE EXAMPLE

\_\_\_\_\_  
Print Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
initials **I HAVE A PREVIOUS HISTORY OF VACCINATION**

I have previously been vaccinated for the Hepatitis B virus.

Location: \_\_\_\_\_ Date completes (last injection) \_\_\_\_\_

Address (if known) \_\_\_\_\_

\_\_\_ I can provide proof of vaccination \_\_\_ I have had the vaccine but I cannot locate my records.

\_\_\_\_\_  
initials **I HAVE NOT HAD THE HBV VACCINE AND REQUEST TO BE VACCINATED**

I certify that I have not previously been vaccinated and voluntarily request the vaccine series and hereby release Jordan Valley EMS Authority, its agents and/or employees, from any complications arising from the administration of the Hepatitis B Vaccination Series. After the initial dose and if I remain an employee of Jordan Valley EMS Authority, I must return at one month and six-months to complete the series of three injections in order to ensure full immunity. Please call the following healthcare facility to set-up an appointment to receive the Hepatitis B Vaccination Series. The healthcare facility will bill JVEMS Authority directly for the vaccination series. The vaccine is a three series set. Series two will occur at one month from the initial injection and series three will occur at six months from initial vaccination. I will be responsible to follow all instructions from the healthcare facility and will not be reminded by Jordan Valley EMS Authority.

EMPLOYEE REFERRED TO THE FOLLOWING FACILITY FOR VACCINATION

FACILITY \_\_\_\_\_ DATE REFERRED \_\_\_\_\_

\_\_\_\_\_  
initials **I HAVE NOT HAD THE HBV VACCINE AND DECLINE TO BE VACCINATED**

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

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date