

Effective Date: December 1, 2002

*GEORGETOWN-SCOTT COUNTY EMERGENCY MEDICAL SERVICES*

**EXPOSURE AND INFECTION CONTROL PLAN**

**Purpose:** To provide a comprehensive infection control program, in accordance with the Bloodborne Pathogens Standard 29 CFR 1910.1030, as adopted by 803 KAR 2:320. This program was implemented to identify possible hazards to the employee and to maximize his/her protection against communicable diseases, and the public he/she serves.

**Scope:** This guideline applies to all employees of **GSCEMS** (both full and part-time), who provide care and transportation to the sick and injured. This policy applies to all occupational exposure to blood or other potentially infectious materials as outlined in the definitions section of the **GSCEMS** Exposure and Infectious Control Plan.

**Overview:** **GSCEMS** recognizes that exposure to communicable disease is an occupational health hazard inherent in the emergency medical services field. Communicable disease transmission is possible during any aspect of emergency and non-emergency response, post-response clean up, and in station response preparedness operations. The health and welfare of each and every member of **GSCEMS** is a joint concern of both the employee and the administrative staff of this service. While each member is ultimately responsible for his or her own health, the administrative staff of **GSCEMS** recognizes a responsibility to provide as safe a workplace as possible. It is the goal of **GSCEMS** to provide all members with the knowledge and best available protection from occupationally acquired communicable diseases.

**Definitions:** For purposes of this policy, the following shall apply:

- **ASSISTANT DIRECTOR** means the Assistant Director of Emergency Medical Services for GEORGETOWN-SCOTT COUNTY EMS.
- **BLOOD** means human blood, human blood components, and products made from human blood.
- **BLOODBORNE PATHOGENS** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- **CLINICAL LABORATORY** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- **CONTAMINATED** means the presence or the reasonably anticipated presence of blood or other infectious materials on an item or surface.
- **CONTAMINATED LAUNDRY** means laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- **CONTAMINATED SHARPS** means any contaminated object that can penetrate the skin including, but not limited to IV catheters, needles, scalpels, broken glass, broken blood tubes and used syringes.
- **DECONTAMINATION** means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- **DIRECTOR** means the Director of Emergency Medical Services of GEORGETOWN-SCOTT COUNTY EMS.
- **ENGINEERING CONTROLS** means controls that isolate or remove the bloodborne pathogens hazard from the workplace.
- **EXPOSURE INCIDENT** means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- **GSCEMS** means Georgetown-Scott County Emergency Medical Services.
- **HANDWASHING FACILITIES** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machine.
- **HBV** means hepatitis B virus.
- **HIV** means human immunodeficiency virus.
- **LICENSED HEALTHCARE PROFESSIONAL** means the contracted Business Healthcare Provider, whose legally permitted scope of practice allows him or her to independently perform the activities involved in exposure evaluations as required by GEORGETOWN-SCOTT COUNTY EMS and the Kentucky Occupational Safety and Health regulation.
- **OCCUPATIONAL EXPOSURE** means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- **OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM)** means:
  1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
  2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
  3. HIV-containing cell or tissue cultures, organ cultures, HIV or HBV containing culture medium or other solutions; and blood, organs or other tissues from experimental animals infected with HIV or HBV.

- **PARENTERAL** means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- **PERSONAL PROTECTIVE EQUIPMENT (PPE)** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- **REGULATED WASTE** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- **SOURCE INDIVIDUAL** means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- **STERILIZE** means the use of a chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- **SUPERVISOR** means administrative personnel responsible for overseeing the individual shift or departments within GSCEMS.
- **UNIVERSAL PRECAUTIONS** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.
- **WORK PRACTICE CONTROLS** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting the recapping of needles by a two handed technique).

## **Implementation Outline and Methods of Compliance**

### **Roles and Responsibilities**

#### **1. *Director of GSCEMS***

The Director of GSCEMS is ultimately responsible for promoting the safety and welfare of all the staff of GSCEMS. The Director of GSCEMS will serve as Oversight for the Occupational Exposure Control Program (Exposure Program).

#### **2. *Assistant Director of GSCEMS***

The Assistant Director of GSCEMS will serve as the Program Administrator (PA) for the GSCEMS Exposure Program. The roles of the PA will be to:

- a. Develop and implement an OSHA approved Bloodborne Pathogens and Occupational Exposure program; to be evaluated and updated annually.
- b. Evaluate any occupational exposure to blood or other potentially infectious materials and maintain a confidential database of each occurrence.
- c. Coordinate communications between the GSCEMS, area hospitals, the GSCEMS designated Health Professional and the GSCEMS Medical Director concerning occupational exposure.
- d. Develop and implement immunization programs; to include both pre and post-exposures and any records associated with these programs.
- e. Assists Training Committee in development and implementation of Exposure and Infection Control training program.

#### **3. *Supervisory Personnel***

The Supervisory Personnel of GSCEMS shall serve as the GSCEMS Health/Safety Officers. The Health/Safety Officer shall serve as the initial point of contact for GSCEMS duty related occupational exposures to blood or other potentially infectious materials. The Health/Safety Officer will:

- a. Conduct onsite inspections of on-scene, at hospital or receiving facility and GSCEMS station operations, to ensure compliance with the GSCEMS Exposure and Infection Control policies.
- b. Notify the PA of any conditions, which indicate that a health or safety hazard exists, and requires investigation and/or actions(s) to be taken.
- c. Conduct initial accident/exposure investigation and presents initial findings to the PA in writing, at the close of the shift or the next administrative workday.
- d. Keep abreast of current developments in the field of infection control, making recommendations and assisting with annual evaluation of the GSCEMS Infection Control Plan.

**4. *Health Care Professional:***

The GSCEMS designated Health Care Professional shall be the agent(s) utilized by GSCEMS for purposes of employee health and safety maintenance. The emphasis for the GSCEMS Health Care Professional will be to ensure that employees of the GSCEMS are physically and mentally capable of performing the duties associated with their job. The Health Care Professional will:

- a. Administer pre-hire and annual physical exams to all employees of GSCEMS; providing specific recommendations to individual employees, to include prophylactic HBV immunization, to promote positive health and welfare.
- b. Administer post-exposure evaluations, treatment and follow-up examinations, in accordance with 29 CFR 1910.1030, paragraph (f).
- c. Provide technical assistance and guidance to the Exposure and Infection Control Program.
- d. Maintain patient/employee confidentiality of all medical and exposure records.

**5. *Employees***

The GSCEMS employee is ultimately responsible for his/her own health and safety while working for GSCEMS. To reduce the risk for exposure to blood or other potentially infectious materials, the employee of GSCEMS will:

- a. Recognize the inherent risk for exposure to blood or other potentially infectious materials and will utilize the appropriate Personal Protective Equipment.
- b. Report any suspected occupational exposure to blood or other potentially infectious materials through the GSCEMS chain of command.
- c. Disclose any diagnosis of communicable disease (occupational or non-occupational) to the on duty Health/Safety Officer or the PA.

**Exposure Determination:**

Pursuant to 29 CFR 1910.1030, OSHA requires employers to perform an occupational exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. Employee exposure determination is made without regard to the use of personal protective equipment. An employee is considered to have an exposure when there is specific contact with the eyes, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that result from the performance of an employees duties. The following is a list of the job classifications within the departments of GSCEMS in which all employees may be expected to incur such occupational exposure, regardless of frequency.

## **Job Classifications with related Occupational Exposure**

1. Director of GSCEMS
2. Assistant Director of GSCEMS
3. EMS Supervisory Personnel
4. Billing/Clerical Personnel
5. EMT-Paramedic Personnel
6. EMT Personnel
7. Student riders or observers

## **Job Classifications with some Occupational Exposure**

OHSA requires a listing of job classifications in which some employees may have Occupational exposure. *GSCEMS maintains no position that would be classified under this category of exposure.*

## **Tasks and Procedures in which occupational exposure occurs**

In accordance with the provisions of paragraph (c)(2)(i)(B) of CFR 29 1910.1030, the Following is a list of the tasks and/or procedures that may predispose GSCEMS employees to blood or other potentially infectious materials:

1. Provision of medical assessment, care and/or transportation of the sick and injured to or from the Scene/Patient Residence, Treatment Facility, Regular or Skilled Nursing Facilities, Doctor's Office or other specialty facility providing medical and/or diagnostic treatment capabilities.
2. Indirect and involuntary exposure while interfacing with other health care providers or facilities.
3. Handling, cleaning or disposal of medical equipment contaminated or suspected to be contaminated with blood or other potentially infectious materials.
4. EMS Unit inspections, cleaning and restocking prior to or after an EMS call.

## **Methods of Compliance**

Universal precautions will be observed at this service in order to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

## **Engineering and Work Practice Controls**

The engineering and work practice controls listed below shall be utilized by all employees of GSCEMS to eliminate or minimize the risk of exposure to blood or other potentially infectious materials. Where occupational exposure remains after institution of these controls, GSCEMS employees shall utilize the Personal Protective Equipment issued by GSCEMS to reduce the employee's risk of exposure.

## **Engineering Controls**

At GSCEMS, the following engineering controls shall be utilized to minimize the risk of exposure to blood or other potentially infectious materials.

1. **Sharps containers-** Each GSCEMS unit shall be equipped with sharps containers that are accessible from all areas in the patient care compartment. All invasive, parenteral therapy and related medical waste that contains blood or other potentially infectious material (i.e. syringes, needles, lancets, angiocaths, glass or other sharp objects), shall be placed in one of the sharps containers.

2. **Portable Sharps containers-** In addition to the fixed sharps containers located in the EMS units, GSCEMS shall provide a portable sharps container to be located in each ALS kit. All sharps, as designated previously, generated while treating a patient at a scene shall be placed in one the GSCEMS specified portable sharps containers.
3. **Biohazard Medical Waste Container-** Each GSCEMS unit shall be equipped with one or more (to be specified by the PA) biohazard medical waste container and liner. All biohazard medical waste containers shall be utilized for the storage of non-sharps medical waste that contains blood or other potentially infectious material (e.g. blood soaked gauze, bandages with potentially infectious materials, suction tubing etc..)
4. **Main Biohazard Waste Container-** Located in the back supply closet of GSCEMS is a large Biohazard Medical Waste Disposal unit. This unit shall be utilized for the containment of all full or unusable biohazard medical waste and sharps containers.

**NEVER DISPOSE OF MEDICAL WASTE IN ANY REGULAR GARBAGE CONTAINER!**  
**Failure to comply with this policy can cause injury to other staff members not expecting to find contaminated waste in the regular garbage. Failure to comply will result in disciplinary action and possible legal actions as outlined in the GSCEMS Employee Handbook and OSHA 29 CFR 1910.1030.**

#### **Use and Maintenance of Engineering Controls**

The engineering controls listed above shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness. The schedule for reviewing these controls is as follows:

- a. All medical waste containers, both sharps and non-sharps, shall be examined on a daily basis. All biohazard medical waste containers shall be emptied prior to shift change and as necessary throughout the course of the shift. All sharps containers (portable and wall mount), shall be examined during the morning unit inspection and after each run and will be replaced in the manner described below (paragraph b).
- b. Once a medical waste container is three quarters full or becomes unable to store any more waste materials (i.e. damage to the container), the waste will be sealed in its appropriate container and will be disposed of in a large multi-use biohazard container, located in the back supply closet. A new medical waste container shall be installed to replace the disposed of container.
- c. The main biohazard waste container unit shall be inspected by the on duty shift supervisor on a daily basis throughout the course of his or her shift. When the large biohazard and medical waste container becomes full, it will be sealed and transported by the shift supervisor or his/her designee to the hospital waste management department for disposal and replacement. The present location for drop off of the main biohazard waste will be the loading dock of Georgetown Community Hospital. The replacement unit will be returned to the original specified location in the supply closet. At no time should the main biohazard waste container unit be dropped off and replaced without the expressed consent of the waste management personnel of Georgetown Community Hospital. The overseeing waste management coordinator for Georgetown Community Hospital shall be the Director of Environmental Services or his designee.

All sharps waste containers shall be puncture resistant, labeled or color coded, leak proof on the sides and bottom and in accordance with the standard set forth in 29 CFR 1910.1030.

## **Work Practice Controls**

At GSCEMS, the following work practice controls are in effect to minimize the risk of exposure to blood or other potentially infectious materials:

1. *Hand washing*- in an effort to promote a positive and healthy environment for the patients and employees of GSCEMS and to reduce the risk of contamination from exposure to blood or other potentially infectious materials, hand-washing facilities will be provided for all GSCEMS employees. When the provision of hand washing facilities is not feasible or readily accessible, the employees of GSCEMS shall utilize the antiseptic hand cleaner that is provided by GSCEMS. The antiseptic hand cleaner shall be located in every ambulance in both the crew compartment and patient compartment. Employees shall wash their hands (the entire skin surface to the mid forearm) and any other skin surface with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or potentially infectious material, and in conjunction with the removal of PPE. If antiseptic hand cleaners are used, hands shall be washed with soap and water as soon as feasible. Hand washing should be performed for a minimum of 30 seconds. Hand washing facilities can be found in the patient triage and treatment rooms of most receiving treatment facilities. GSCEMS employees are encouraged to make themselves familiar with the location of these facilities, in all work areas. Hand washing facilities at GSCEMS are located in the employee restroom areas as well as the washbay/decontamination area.
2. *Sharps*- contaminated needles and other contaminated sharps shall not be bent, recapped or removed except as allowed by the provisions listed below and as accepted by GSCEMS.

### **Angiocatheters/Needles**

- a. Recapping of contaminated needles and other contaminated sharps are permissible only when it is a required medical procedure (i.e. multidose syringe injections), and it is more beneficial to reuse the same equipment for multiple uses rather than starting with new sterile equipment with each treatment procedure.
- b. Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed scoop technique.
- c. Sharps that will be reused for a specific treatment procedure shall be secured in an area out of harms way during the interim period.

Immediately or as soon as possible after use, contaminated reusable sharps shall be disposed of in an approved sharps waste container (refer to sharps engineering controls).

3. *Veinipuncture for Laboratory Specimens*  
GSCEMS will no longer draw blood for the purpose of hospital laboratory specimens. Personnel can still determine glucose levels via lancet or withdrawing a small amount of blood from the angiocatheter.
4. *Contaminated Equipment and Work Environment*- During the course of caring for a patient, reasonable potential exists for the equipment and patient compartment work area to become contaminated by blood or other potentially infectious materials. In order to provide a safe and healthy treatment environment for the patients and employees of GSCEMS, the equipment and the patient compartment of the unit(s) involved on an EMS call shall be cleaned and disinfected after each and every call.

The following work practices shall be adhered to when cleaning the equipment and units of GSCEMS.

- a) Throughout the cleaning and disinfecting process GSCEMS employees shall utilize universal precautions and shall wear the appropriate PPE to minimize the risk of exposure and contamination by blood or other potentially infectious materials.
  - b) In order to ensure a clean and healthy work environment and equipment, GSCEMS employees shall use the cleaner disinfectant(s) supplied by GSCEMS.
  - c) Any equipment that is to be cleaned and disinfected, shall be cleaned in the designated areas of either GSCEMS Headquarters or any receiving facilities that GSCEMS transports patients to or from. Under no circumstances shall equipment be cleaned in the kitchen or bathroom facilities or in any other living area of either the receiving facilities or stations of GSCEMS.
5. *Soiled Linen*- All linen used in the care and transport of the sick and injured patient is considered to be soiled with blood or other potentially infectious materials and shall be replaced with fresh laundered linen after each call. Soiled linens shall be discarded and replaced at the receiving facility unless specifically prohibited by the receiving facility. When discarding linens, GSCEMS employees shall utilize universal precautions and shall wear the appropriate PPE to minimize the risk of exposure and contamination by blood or other potentially infectious materials. At no time shall soiled linens be allowed to accumulate in the storage areas of GSCEMS units. The off going GSCEMS shift personnel shall exchange at the hospital, all soiled linens that are not immediately disposed of and replaced, prior to the change of the shift
6. *Soiled Uniforms*- Uniforms worn by GSCEMS employees are not considered to be part of the PPE provided by GSCEMS, therefore universal precautions along with the PPE provided shall be utilized. If during the course of treatment and/or transport of a patient, the uniform of an employee of GSCEMS becomes soiled with blood or other potentially infectious materials, the following procedures shall be followed.
- a) All soiled and/or contaminated uniforms shall be removed immediately or as soon after the run as feasible. In order to maintain readiness, each employee shall maintain at least one spare uniform in his/her locker (provided by GSCEMS).
  - b) All soiled and/or contaminated uniforms shall be placed in a red biohazard bag and taken to Georgetown Fire and Rescue Station 3 for washing and decontamination. If it is determined that the uniform is beyond laundering, decontamination and repair (e.g. the uniform integrity has been disrupted), the uniform and biohazard bag shall be disposed of in the Main Biohazard Waste Container located in the back supply closet. Documentation of the disposal of a GSCEMS employee uniform shall be placed in the shift supervisor's report and in the exposure incident report form. Documentation should correlate with the guidelines for Exposure Incident Reporting
  - c) All soiled and/or contaminated uniforms shall be laundered in a two step process, utilizing the Georgetown Fire and Rescue special laundering facilities located at station 3 and the GSCEMS designated dry cleaning facility.

## **Uniform Cleaning and Decontamination**

To effectively launder/decontaminate the soiled/contaminated uniforms the following wash procedure shall be used:

- a) Follow the machine instructions for initial start-up of the gear/uniform washing machine.
- b) To load gear/uniform washing machine:
  1. Utilizing universal precautions, remove contaminated clothing from biohazard bag and place in machine.
  2. Discard of biohazard bag in appropriate biohazard waste container.
- c) To launder/decontaminate soiled/contaminated uniforms use setting number 9 (use wash cycle setting control on machine).
- d) Detergents and sanitizing agents will be dispensed automatically.

**Never attempt to open the washing machine until the wash cycle has completed and the machine has safely stopped, as severe and possibly fatal injury could result. If you are unfamiliar with the machine, see the GSCEMS supervisor or fire station supervisor for assistance.**

## **Uniform Dry Cleaning**

The cleaned and decontaminated uniform shall be taken to the GSCEMS designated dry cleaning facility for final laundering and pressing.

**At no time, should a uniform that is believed to be contaminated with blood or other potentially infectious materials be taken to the GSCEMS designated dry cleaning facility prior to uniform cleaning and decontamination.**

7. *Personal Protective Equipment (PPE)*- In order to reduce the potential for exposure to blood or other potentially infectious materials, GSCEMS shall provide PPE, *at no cost to the employee*. Employees shall utilize the appropriate PPE at all times while providing care and transportation of a patient or during the process of making the unit ready for the next call. Any declination to wear the appropriate PPE shall be documented by the Health/Safety Officer and investigated by the PA to determine whether changes can be instituted to prevent such occurrences in the future. All investigations will be documented and a report shall be submitted to the Director of GSCEMS for review and consideration.

The following is a non-inclusive list of the Personal Protective Equipment provided by GSCEMS for employees determined to be at risk for exposure to blood or other potentially infectious materials.

- a. Disposable latex and non-latex gloves (in a variety of sizes)
- b. Disposable PFR (N95 or higher) masks
- c. Eye protection (goggles or safety glasses)
- d. Disposable infection control gowns, bonnets and shoe covers
- e. Antiseptic hand cleaner assigned to each vehicle
- f. BVM and pocket mask with one-way valve assigned to each vehicle

PPE's will be deemed appropriate and considered for approval by GSCEMS only if they do not permit blood or other potentially infectious materials to pass through to or reach the employee's clothes, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

All GSCEMS employees shall familiarize themselves with the designated GSCEMS PPE and their respective locations throughout the units. PPE that have been distributed to employees will be kept in a way so as to maintain the effectiveness and ready accessibility to the employee. Any and all defective PPE should be brought to the on duty Health/Safety Officer for replacement and documentation in the supervisor's log. Replacement and/or repair will be at no cost to the employee.

### **Occupational Exposure Incident Reporting and Follow-Up**

In the event an employee has an exposure by blood or other potentially infectious materials, the following procedure is to be followed:

- 1) Immediately following an exposure:
  - a) Needle sticks and cuts should be washed with soap and water.
  - b) Splashes to the nose, mouth or skin should be flushed with water.
  - c) Eye should be irrigated with water, saline or sterile solutions.
- 2) The exposed employee is to report the incident immediately or as soon as feasible to the on duty Health/Safety Officer (refer to the exposure incident report form).
- 3) The on duty Health/Safety Officer shall gather the following pertinent information:
  - a) Events leading up to, the mechanism and any treatment rendered to the exposed employee prior to notification of the Health/Safety Officer and or PA.
  - b) The source individual's name, address and consent (if possible) to test his or her blood. If consent is not obtained, GSCEMS shall establish that legally required consent cannot be obtained and the exposure shall be treated as an unknown (the employee's blood is the only sample available for testing). When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing need not be performed.
- 4) The exposed employee shall be referred to the designated GSCEMS Health Care Professional, or his/her designee, for the initial post-exposure examination and serological testing as well as any recommended prophylactic medical treatment in accordance with the current recommendations of the U.S. Public Health Service (as soon as possible). Subsequent post-exposure follow up examinations shall be conducted at six (6) weeks, twelve (12) weeks and at six (6) months following the initial post-exposure examination.

If the exposed employee consents to baseline blood collection, but does not consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

The GSCEMS Health Care Professional will make available to the exposed employee the results of the employee and source individual's serological results as well as applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The GSCEMS Health Care Professional's written opinion and recommendations shall be made available to the employee within 15 days of the completion of the evaluation.

**All records of the exposure incident and medical evaluations and opinions shall be kept on file in the GSCEMS Director's office according to the guidelines outlined in the GSCEMS Employee Handbook and the OSHA publication 29 CFR 1910.1030.**

- 5) A written report from the on duty Health/Safety Officer and the exposed employee shall be submitted to the PA immediately or as soon as feasible Following the exposure incident.
- 6) The PA will conduct a formal accident/exposure investigation; the results will be available for review by the Director of GSCEMS and all other employees involved.

### **Employee Health Maintenance**

In accordance with the GSCEMS Employee Handbook, each employee shall submit to an annual physical exam to ensure the employee's health and safety, as well as fitness for duty. The designated GSCEMS Health Care Professional will provide a statement of physical fitness to the PA and Director of GSCEMS.

During the pre-employment physical exam and on a bi-annual basis thereafter, each employee shall be fit tested for N95 TB respirator by the designated GSCEMS Health Care Professional.

Hepatitis Vaccination shall be made available to all employees within 10 working days of the date of initial assignment to a shift, unless the employee has previously received the complete hepatitis B vaccination series; antibody-testing reveals that the employee is immune or the vaccine is contraindicated for medical reasons. Participation in a prescreening program is not a prerequisite for receiving the hepatitis B vaccination series. All employees have the right to decline the hepatitis B vaccination series. All employees refusing the hepatitis B vaccination series must sign the hepatitis B vaccination declination form provided at the time of his/her pre-hire as well as the annual fitness for duty exams. Employees, who initially decline the vaccine, may later receive the vaccination at no cost.

**The designated GSCEMS Health Care Professional will administer the Hepatitis B vaccination series.**

### **Training**

As required by 29 CFR 1910.1030 and 902 KAR 20:117, all employees with the potential for occupational exposure to blood or other potentially infectious materials are required to complete an OSHA Bloodborne Pathogen Training program. The Bloodborne Pathogen Training program shall be offered at no cost to the employee, as follows:

1. Unless documentation verifies current status, all new employees during their orientation period.
2. Within 90 days of the effective date of the standard; and
3. On an annual basis thereafter. Any employees who have received training on bloodborne pathogen and infection control previously, shall receive training with respect to the provisions of the standard, which are new or were not discussed during their original course.
4. Additional training shall be provided when changes such as modifications of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. Any additional training may be limited to addressing the new exposures created.
5. Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used.

The Bloodborne Pathogen and Infection Control Training Program for GSCEMS employees shall contain at a minimum the following:

1. An accessible copy of the regulatory text of this standard and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogen.
4. The Exposure Control Plan, i.e. points of the plan, roles and responsibilities and how the plan will be implemented, etc.
5. A list of the tasks and procedures, which might cause exposure to blood or other potentially infectious materials while on duty.
6. An explanation of the use and limitations of the control methods that will prevent or reduce exposure; including appropriate engineering controls, work practices and PPE.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
8. An explanation of the basis for selection of PPE.
9. Information on the Hepatitis B vaccine, including information on it's efficacy, safety, method of administration, benefits of being vaccinated and that the vaccine and vaccination will be offered to all employees in accordance with this plan at no cost.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
12. Information on the Post Exposure Evaluation and follow-up process following an exposure incident.
13. An explanation of the signs and labeling that will be utilized to designate a biohazard potential.
14. An opportunity for interactive questions and answers with the PA, Health/Safety Officer or the designated training personnel responsible for conducting the course.

### **Record Keeping**

All Medical and Training records shall be maintained by GSCEMS in the offices of the PA and Director of EMS, in accordance with 29 CFR 1910.1020. These records shall include:

#### *Medical Records*

1. Employee's name and social security number.
2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required.
3. A copy of all results of examinations, medical testing and follow-up procedures as well as a copy of the GSCEMS designated Health Care Professional's written opinion after an exposure evaluation.
4. A copy of the information provided to the GSCEMS designated Health Care Professional.

#### *Training Records*

1. Dates of any training sessions.
2. A summary or table of contents for the training session.
3. The name and qualifications of the person(s) conducting the training.
4. The name and job titles of all GSCEMS personnel attending the training sessions.

**All training records shall be maintained for a minimum of three (3) years from the date on which the training occurred.**

### **Confidentiality**

GSCEMS shall ensure that all medical records required in this policy are:

1. Kept confidential
2. Not disclosed or reported without the employee's expressed written consent to any person within or outside the department, except as required by 29 CFR 1910.1030 and the Right to Know Act (KRS 61.872-61.884).

### **Availability**

1. GSCEMS shall ensure that all training records required to be maintained by this policy shall be made available upon request to the Assistant Secretary and Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
2. GSCEMS training records required by this policy shall be provided upon request for examination and copying to employees, an employee representative and to the Assistant Secretary and Director of the National Institute for Occupational Safety and Health.
3. GSCEMS employee medical records required by this policy and 29 CFR 1910.1030, shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee and to the Assistant Secretary and Director of the National Institute for Occupational Safety and Health.

### **Transfer of Records**

GSCEMS shall comply with the requirements involving the transfer of employee records set forth in 29 CFR 1910.1020 (h). If GSCEMS ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, GSCEMS shall notify the Director of the National Institute for Occupational Safety and Health, at least three (3) months prior to their disposal and transmit them to the Director of the National Institute for Occupational Safety and Health, if required in the three (3) month period.

### **Personal Protective Equipment (PPE)**

The non-inclusive list addressed earlier shall be utilized, at a minimum, in the following situations:

1. Disposable latex gloves- to be worn for each patient contact.
2. Disposable latex free gloves- substitute for above if known allergy to latex.
3. Disposable PFR (HEPA filtration N95 or higher) masks- to be worn with any patient suspected of having active Tuberculosis (cough, fever, night sweats, hemoptysis etc.). Also to be worn during intubations and any time splashing of blood or OPIM is anticipated. Staff are to be fit tested to determine appropriate size. A self "fit check" should be done each time a mask is put on to ensure a proper seal.
4. Protective eyeglasses or goggles- to be worn during extrications in which breakage of glass could be anticipated. Also to be worn during intubations and any time splashing of blood or OPIM is anticipated.
5. Disposable infection control gowns, bonnets and shoe covers- to be worn any time splashing of blood or OPIM is anticipated.
6. Pocket masks- should be the minimum protection used when ventilating a patient. Every attempt should be made to utilize a BVM.
7. Safety helmets- should be worn whenever caring for a patient being extricated from a vehicle or whenever possibility of flying debris could cause injury.
8. Leather gloves- to be worn in the presence of glass or sharp metal.

**Storage of PPE**

Each employee shall be issued a PPE pack in which they keep at a minimum:

1. Extra gloves.
2. Protective eyeglasses or goggles.
3. Disposable PFR (HEPA filtration N95 or higher) masks. Masks should also be stored in a plastic bag and in a manner that will not damage them. Periodic inspection is also required.
4. Disposable infection control gown.

Employees are expected to have their PPE pack available on the unit he/she is assigned.

All other PPE should be available on each unit.

**Review and Revisions**

This document will be reviewed and if necessary, revised and updated at a minimum, on an annual basis. The scheduled revision month each year will be November.