



MECKLENBURG EMS AGENCY

Exposure Control Plan

Policy

MEDIC is committed to providing a safe and healthy 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 blood borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood Borne Pathogens."

The ECP is a key document to assist 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
 - Personal protective equipment
 - Housekeeping
- 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 Administrator

- *Risk and Safety* is responsible for the implementation of the ECP. Risk and Safety will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Phone number: 704-943-6095
- Those employees who have been 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 Agency 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. Assigned departments will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- *Occupational Health Nurse* will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained. Phone number: 704-943-6100



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- Occupational Health Nurse will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives. Phone number: 704-943-6100

Employee Exposure Determination

The following is a list of all job classifications in which **all** employees have occupational exposure: *(Please see the Hazard Assessments for more information)*

| <u>Job Title</u> | <u>Department/ Location</u> |
|--|-----------------------------|
| Special Operations, EMT, Paramedic, Operations Administration | Operations |
| Operation Support Technician, Support Services Administration | Support Services |
| (All) - Finance, Human Resources, IT, Professional Services, Public Relations, Revenue, Directors, Executive Assistant | Administration/Office Staff |
| Fleet Mechanic, Fleet Administration | Fleet Services |
| Controller, System Technology Specialist, Telecommunicator, Communications Administration | Communications |
| Facilities Supervisor, Facilities Technician | Support Services |
| Occupational Health Nurse | Human Resources |
| Warehouse Assistant, Purchasing Agent, Medical Equipment and Repair | Support Services |

Methods of Implementation and Control

- Universal Precautions
The practices in which medical personnel avoid contact with patients’ bodily fluids, by means of wearing nonporous articles such as medical gloves, goggles, safety glasses, and face shields.
- Exposure Control Plan
Employees covered by the blood borne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by accessing the Extranet. If requested, we will provide an employee with a copy of the ECP within 15 days of the request.

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

- Engineering Controls and Work Practices
Engineering controls and work practice controls are in place to prevent or minimize exposure to blood borne pathogens. The specific engineering controls and work practice controls include but are not limited to



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- Retractable needles
- Accessible sharps containers located throughout the building, unit, and in the crews equipment
- Blood borne pathogens training as required yearly

Sharps disposal containers are inspected and maintained/replaced by assigned employees/crewmembers as needed each day.

Note: Trash disposal of any kind is prohibited in sharps containers.

The Agency identifies the need for changes in engineering control and work practices through reviewing the ECP, committees and meetings or employee recognized concerns brought to risk and safety. Both front line workers and management officials are involved in this process.

- Personal Protective Equipment (PPE)
PPE is provided to our employees at no cost to them. Training is provided by the Supervisor, FTO's, Medical Services, OHN, and/or Risk and Safety. It will include the use of the appropriate PPE for the tasks or procedures the employees will perform.

The types of PPE available to employees are as follows:

- Gloves
- Surgical Masks
- Tyvek Suits
- Boots
- Face Shields
- Helmet
- Utility Gloves
- Safety Glasses
- N95 or other Respirator

PPE is located in Logistics and Special Operations

All employees using PPE must observe the following precautions:

- Wash hands with soap and water 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 garbage cans, marked laundry bins located in logistics, biohazard bins, and/or other approved locations. All blood soaked linens with need to be placed in a bio hazardous bag.
- 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.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.



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- 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.
- Housekeeping

The following will be cleaned and decontaminated according to the below schedule:

| Area | Schedule |
|------------|--|
| Ambulance | Daily after the shift or after a major contamination |
| Facilities | Cleaned nightly by a cleaning service |
| Posts | Cleaned weekly by a service |

(all contaminated work surfaces will be decontaminate after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.)

Decontamination by utilizing the following materials:

| Brand Name/ Chemical | Location |
|----------------------|-----------------------|
| Bleach Solution | Logistics - Ambulance |
| Sani-Wipes | Logistics - Ambulance |

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.

The procedure for handling **sharps disposal containers**: crews place sealed, full sharps containers in the large boxes lined with red bags located in the utility room.

The procedure for handling **other regulated waste**: regulated waste may be disposed of at the hospital in the proper-labeled bins in the hospitals dirty laundry rooms. Waste can also be disposed of in the bay in properly labeled bins available for all crewmembers.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available in every unit. A large Sharps container is located in the rear of every unit. A small container is located in the med bag and replacements are available in the sealed bins area on every unit.

Bins and pails are cleaned and decontaminated as soon as feasible after visible contamination.

Hepatitis B Vaccination

The Occupational Health Nurse will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.



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The hepatitis B vaccination series is available at no cost 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.

Post-Exposure Evaluation and Follow-Up

Should an exposure incident occur, follow the exposure plan within the packet for on the job injuries and contact the Occupational Health Nurse.

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the Exposure Incident Report will be completed to include the following:

- The routes of exposure
- How the exposure occurred
- The source individual
- 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).
- If source blood is not tested at ED - Employee will go to approved Workers Compensation clinic and they will collect exposed employee's blood as soon as feasible after exposure incident. The approved Workers Compensation clinic will provide the employee with a copy of their written opinion within 15 days after completion of the evaluation.

Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

Occupational Health Nurse will review the circumstances of all exposure incidents to determine:

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

Occupational Health Nurse will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log. If it is determined that revisions are needed, Risk and Safety 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.*)

Employee Training

All employees who have occupational exposure to blood borne pathogens receive training upon hire and annually thereafter.

Training will include – information on the epidemiology, symptoms, and transmission of blood borne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- Review of the standard and instructions on how to obtain a copy



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- A review of our ECP and how to obtain a copy
- Activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- Use and limitations of engineering controls, work practices, and PPE
- The types, uses, location, removal, handling, decontamination, and disposal of PPE
- 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
- The appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- 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
- The post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident

Recordkeeping

Training records are located in the LMS system for initial and annual training. Any in-person or follow-up training outside of initial and annual training will be documented via sign in sheet or training record. The Occupational Health Nurse scans the sign in sheet or training record into OnBase where it will remain for no less than 3 years.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- instructor name
- 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 Occupational Health Nurse.

- **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

Occupational Health Nurse is responsible for maintenance of the required medical records. These confidential records are kept in OnBase 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 to Occupational Health Nurse, MEDIC, 4425 Wilkinson Blvd, Charlotte, NC 28208



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- OSHA Recordkeeping
An exposure incident is evaluated by City Risk Management to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904).

- Sharps Injury Log
In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:
 - the date of the injury
 - the type and brand of the device involved
 - the department or work area where the incident occurred
 - an explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

HEPATITIS B VACCINATION CONSENT

I hereby request to be inoculated against Hepatitis B. I have been given an opportunity to ask questions about the inoculations and the risks involved. I understand that the adverse reactions are usually limited to localized redness or soreness. I further understand that I should not take the vaccine if active infection is present or an allergy to the compounds is known. No guarantee of immunity has been made to me concerning the results of this inoculation. I understand that I am responsible for following up with the Occupational Nurse for the vaccination series the dates I am provided during my first vaccine. In the event I am inoculated and thereafter contract Hepatitis B, I agree to release and hold Mecklenburg EMS Agency (Medic) harmless from all claims or actions arising out of my contracting Hepatitis B.

| Vaccine | Date Given | Dose | Route | Site | Manufacturer | Lot Number | Expiration Date | VIS Date | Employee Initials | Administrator Initials |
|---------|------------|------|-------|------|--------------|------------|-----------------|----------|-------------------|------------------------|
| #1 | | 1 CC | IM | | | | | | | |
| #2 | | 1 CC | IM | | | | | | | |
| #3 | | 1 CC | IM | | | | | | | |

Hepatitis B Titer Date _____

Negative _____

Positive _____

Employee Name _____ ID Number _____

Administrator _____ Date _____

Signature of Employee

Date

This form is to be signed by the employee after the first injection and initialed appropriately after each subsequent injection.

EMPLOYEE HEPATITIS B VACCINATION

Full Name: _____

HEPATITIS B VACCINE CONSENT

I hereby request to be inoculated against Hepatitis B. I have been given an opportunity to ask questions about the inoculations and the risks involved. I understand that the adverse reactions are usually limited to localized redness or soreness. I further understand that I should not take the vaccine if active infection is present or an allergy to the compounds is known. No guarantee of immunity has been made to me concerning the results of this inoculation. I understand that I am responsible for following up with the Occupational Nurse for the vaccination series the dates I am provided during my first vaccine. In the event I am inoculated and thereafter contract Hepatitis B, I agree to release and hold Mecklenburg EMS Agency (Medic) harmless from all claims or actions arising out of my contracting Hepatitis B.

I have previously completed the Hepatitis B vaccination series and will upload the documentation onto my Dashboard.

HEPATITIS B VACCINE DECLINATION

Mandatory – If you are not producing a HEP B vaccine record

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

I DECLINE Hepatitis B vaccination at this time

Employee Signature

Date Signed



Establishment/Facility Name: Mecklenburg EMS Agency

Sample Sharps Injury Log

Year 2_____

| Date | Case/ Report No. | Type of Device <small>(e.g., syringe, suture needle)</small> | Brand Name of Device | Work Area where injury occurred <small>(e.g., Geriatrics, Lab)</small> | Brief description of how incident occurred <small>[i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured]</small> |
|------|------------------------|---|-------------------------|--|--|
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29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.