

22-007

10-19-22



Exposure Control Plan

October 2022

Version 2

Adopted 10/19/2022

Yaphank Fire District Board of Fire Commissioners

Statement

The purpose of this program is to protect employees and volunteers that come into contact with Infectious Bodily Fluids. In coherence with Statutes put in place by the state of New York, this Exposure Control Plan is in place reduce the risk of contact with Infectious Materials. This plan is in compliance with U.S code, Title 42, Chapter 6A, Subchapter XXIV, Part G and OSHA standard 29 CFR 1910.1030.

The plan will:

- 1) Set points to determine Employee Exposures
- 2) Demonstrate the processes in the case of an exposure.
- 3) The plan will set safety standards.
 - a) Universal Precautions
 - b) PPE Requirements
 - c) Engineered Work Practices
- 4) Set Immunization Standards
- 5) Explain the training plan

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I. Policy Authority

Designated Infection Control Officer (DICO)

The DICO is responsible for all of the following:

- 1) Implementation of this plan and annual review of the plan.
- 2) Ensure that all required PPE is available in the appropriate size.
- 3) Ensure that appropriate documentation is completed and maintained.
- 4) Ensure that annual Infection Control training is completed.
- 5) Be mostly available in the case of an exposure.
- 6) Remain up to date on trends and changes to infection control practices.

Designated Infection control Officer

Matthew T. Quinn

(631) 972-4864

Secondary Designated Infection Control Officer

The Secondary DICO

- 1) Evaluate the programs administration and implementation.
- 2) Can perform all responsibility of DICO.
- 3) Ensure that the program remains compliant.

Secondary Infection Control Officer:

GinaMarie Brett, FDEMSC, EMT-P, DICO-C

(631) 741-4001

II. Covered Job Classifications

All employees that are at risk of potential contact with Potentially Infectious Materials at any time throughout their job. This Infection control Policy must be made available to all employees for reference at all times. The employees under these classifications must be

provided an explanation of the plan during the initial hiring process. Any employee under this classification must be supplied a copy of the policy within 15 days of request.

Employee titles covered under this plan:

EMT-B

EMT-CC

EMT-P

Firefighter

Medical Director

Custodial

Mechanic

District Office

Department Member

III. Education

One of the most important aspect of Infection Control and prevention of the spread of disease is training. All employees noted under “covered the job classification” shall receive training about concepts of infection control. The training records must be maintained by the Infection Control Officer.

The training must be completed:

- 1) During orientation or at the time of employment.
- 2) The training must be completed annually thereafter.
- 3) A copy of this exposure control plan must be accessible to the employee.

The following concepts will be covered in the training regimen:

- 1) A general explanation of epidemiology and symptoms of bloodborne disease;
- 2) An understanding of how infections spread;
- 3) Understanding specific tasks to take to reduce the chance of spreading disease;
- 4) An explanation of the exposure control Plan;
- 5) An explanation of when PPE is required;
- 6) A display of safety equipment and an explanation of use;
- 7) Understanding of the benefits of Vaccines and availability of Hep B Vaccine;
- 8) A brief explanation of an exposure and post exposure process;
- 9) Who to contact in the instance of an exposure and procedure to follow;
- 10) An explanation of biohazard labels and waste disposal;
- 11) An opportunity to ask questions.

IV. Universal Precautions

All employees must utilize Universal Precautions:

- 1) All Blood or bodily fluids should be considered infectious.
- 2) Intentionally come into contact with blood, OPIM (Other Potentially Infectious Material) with bare skin.
- 3) Utilization of gloves any time that contact with blood or OPIM may be a risk.
- 4) Clean and sanitization of work space any time it contacts blood, or OPIM.
- 5) Washing of hands before and after patient contact or removal of gloves.

Hand Washing

Hand washing facilities are available to all of the designated job classifications. Antiseptic must be made available in the case that the department facilities cannot be accessed. In the case that antiseptic must be used, the area needs to be washed with soap and water as soon as feasible.

The employee must engage in washing as soon as feasible anytime that blood, or OPIM comes into contact with employees' skin. Employees must wash their hands as soon as possible after the removal of gloves. Handwashing must be completed after using the bathroom, and before and after preparing or handling food.

Workspace Regulation

Workspaces must be cleaned at least daily, and after any surfaces come into contact with blood or bodily fluids. The surfaces must be cleaned in an orderly fashion. The cleaning materials must be antiseptic. Food, or drink is not prohibited in any areas where contact with blood or OPIM is reasonably feasible. All procedures are completed in a manner to minimize any risk of contact with blood or bodily fluids. All attempts to minimize use of kitchens, living quarters, and cleaning areas for patient care equipment should be made. All employees must maintain additional clean uniforms to swap into in the case that their uniform becomes contaminated.

V. Personal Protective Equipment (PPE)

PPE is provided to all employees at no cost to the employee. Training of appropriate utilization of PPE is provided by the DICO.

The PPE is available and stocked on all response units, and available in all supply areas. PPE provided by **Yaphank Fire District** includes:

Gloves, Eye Protection, Gowns, Tyvek Suits, Face Masks, N95 respirators.

General PPE

- 1) All PPE must be fluid resistant.**
- 2) PPE must be removed as soon as feasible after it becomes contaminated.**

- 3) If bulk amounts of bodily fluids are present, PPE should be placed into an appropriately labeled biohazard bag.
- 4) Appropriate gloves must be donned when contact with bodily fluids can be anticipated. Gloves must be replaced if they are torn or punctured.
- 5) Garments saturated in blood must be removed as soon as feasible.

Gowns

- 1) Must be utilized when it is anticipated that body fluids may splatter onto the providers clothing.
- 2) Must be utilized in the treatment of patients with communicable disease including CoVID-19.

Masks

- 1) Must be utilized when it is anticipated that bodily fluids may come into contact with the provider's mouth.
- 2) Masks should be utilized any time that the patient has a known transmittable airborne or droplet disease including CoVID-19
- 3) Annual fit testing required for N-95 masks

Goggles/Protective Eyewear combined with masks

- 1) Eye protection with a solid side shield should be worn when splashes, spray, splatter, or droplets of blood have reasonable risk of coming into contact with employee's face.
- 2) Must utilize eye protection when patient has known transmittable disease including CoVID-19.

VI. Engineering Controls

Engineering controls and work practices will be utilized to minimize exposure occurrences within the organization. A list of the engineering controls that Yaphank Fire District utilizes throughout contact are listed as follows:

- 1) Utilization of rubber topped Vials,
- 2) Needleless systems – A Luer lock system will be utilized when possible,
- 3) Retractable safety catheters with Blood Control Technology,
- 4) Retractable safety Lancets,
- 5) Filter straws,
- 6) Viral filters with BVM and CPAP compatibility,
- 7) Daily disinfection of workspaces and frequently touched surfaces (including light switches, door handles and phones) throughout Fire House
- 8) Six-foot markers throughout station to maintain social distancing.

9) Face masks, hand sanitizer and gloves available at each entrance door to all fire stations

The sharps containers must be inspected daily for proper function and must be replaced when the “full” line is surpassed.

The District will continue to pursue improvement of engineering controls as new safety concepts come available. Frequent discussion on improvements for these practices between front line workers and management should be completed throughout the organization.

VII. Housekeeping

Regulations on Medical Waste

All medical waste must be placed into containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. Smaller amounts of blood or bodily fluids may be placed into these containers as well if the provider believes that the contents may be highly contaminated. Waste receptacles colored RED are located in the EMS office.

Contaminated sharps are discarded as soon as possible, but preferably immediately in containers that are puncture resistant, closable, labeled/color coded, and leak-proof on the sides or the bottoms. The containers must be kept on all response units. The containers should be kept within reaching distance from areas that procedures utilizing sharps are normally preformed. Portable sharps containers are located in the ALS drug bag for on scene sharp disposal.

Trashcans/bins that are to be reused are to be cleaned and decontaminated as soon as feasible after visible contamination.

Broken Glassware should be picked up utilizing mechanical means, such as a brush and dustpan. No attempts to remove any broken glass in patient compartment areas with hands should be performed.

VIII. Laundry

The following may be laundered at Yaphank Fire District:

- 1)** Towels/rags utilized during patient contact or cleaning of apparatus. (Linens with visible blood or OPIM are to be disposed of in red biohazard bag and placed in appropriate containers in clean room)
- 2)** Bunker gear/ turn out gear not contaminated with blood or OPIM.

Used stretcher sheets, blankets, pillowcases, or other linens utilized for patient care are to be left at hospital in appropriate receptacles. All reusable equipment (stretcher mattress, seatbelts, etc.) are to be cleaned prior to returning to service.

All District apparatus is to be cleaned after use i.e., wiping steering wheel, door handles, and frequently touched surfaces.

The CDC recommends the following process to prevent the spread of disease in the healthcare field:

- 1)** Handle contaminated laundry as little as possible, with minimal agitation.

- 2) Placement of contaminated laundry into leak-proof, labeled or color-coded containers prior to transport. Red bags with biohazard labels.
- 3) Utilization of gloves when contact with this laundry must be made.

IX. Hepatitis B Vaccine

The Designated infection control officer will provide training on the benefits of Hepatitis B vaccination annually at the BBP refresher.

All employees who are hired and fall under the “Job Classifications” are at risk for occupational exposures. The Hepatitis B vaccine is offered to all employees at no cost to the employee. The offer must be made by the employer within 10 days of initial assignment. Annual employee medical physicals shall offer the Hepatitis B vaccine if requested.

Vaccination is encouraged to the employee 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 the vaccination is contraindicated.

If an employee wishes to decline vaccination, the employee must be provided a declination form. Employees who initially decline vaccination may choose to obtain a vaccination at

no cost to the employee. The documentation of the declination will be kept within employee medical files at Yaphank Fire District.

X. Post exposure Evaluation

Should an exposure occur, contact your primary DICO Matthew T. Quinn at:

(631) 972-4864

The DICO will ensure that initial cleaning of the affected area has been performed. An immediate evaluation of the circumstances will be conducted by the DICO. The following activities will be performed:

- 1)** Routes of exposure must be documented,
- 2)** Circumstances leading up to the exposure,
- 3)** Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state law,
- 4)** After obtaining consent, unless law allows for testing without consent, the blood of the individual should be tested for HIV/HBV/HCV infectivity, unless the employer can establish that source testing is infeasible.
- 5)** If the source patient is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- 6)** The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- 7)** After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status,
- 8)** 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.

- 9) The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- 10) The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident.
- 11) The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

XI. Administrative Exposure Requirements

A written opinion is obtained from the healthcare professional who evaluates employees of this facility or organization after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

- 1) A copy of the Yaphank Fire District exposure control plan.
- 2) A description of the exposed employee's duties as they relate to the exposure incident.
- 3) Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- 4) Results of the source individual's blood tests (if available); and,
- 5) Medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

- 1) When the employee is sent to obtain the Hepatitis B vaccine, or
- 2) Whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

- 1) Whether the Hepatitis B vaccine is indicated.
- 2) Whether the employee has received the vaccine.
- 3) The evaluation following an exposure incident.
- 4) Whether the employee has been informed of the results of the evaluation.

- 5) Whether 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 (all other findings or diagnosis shall remain confidential and shall not be included in the written report); and,
- 6) Whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

XII. Exposure Documentation

Exposures

The DICO will review the circumstances of all exposure incidents to determine:

- 1) Engineering controls in use at the time
- 2) Work practices followed
- 3) A description of the device being used (including type and brand)
- 4) Protective equipment or clothing that was used at the time of the exposure incident
(*gloves, eye shields, etc.*)
- 5) Location of the incident (*ambulance, incident location, etc.*)
- 6) Procedure being performed when the incident occurred
- 7) Employee's training

Sharps Injury Log

All sharps injuries must be maintained in a sharps injury log. The information included in this log includes:

- 1) Date of the Injury,
- 2) The type and brand of the device involved
- 3) The department or work area that the injury occurred
- 4) 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 document.

XIII. Record Keeping

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept by Yaphank Fire District. The training records include:

- 1) the dates of the training sessions
- 2) the contents or a summary of the training sessions
- 3) the names and qualifications of persons conducting the training
- 4) 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.

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."

The DICO is responsible for maintenance of the required medical records. These confidential records are kept locked in the Record Room 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 within 15 working days.

Communicable Disease Continuous Plan:

Please refer to Yaphank Fire District's Health Emergency Plan for detailed outline of Exposure Control Plans during communicable disease outbreaks including, but not limited to, Novel Corona Virus (CoVID-19) and Influenza (All strains).

Adopted on this 19th day of October 2022 by the Board of Fire Commissioners

Re-adopted this 7th day of January 2025 by the Board of Fire Commissioners.

Attest:

Paulamarie Rosso-Thompson
District Secretary