



SOUTH LYON FIRE DEPARTMENT

Manual of Procedures 303

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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I. SCOPE

The South Lyon Fire Department 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."

In the course of providing non-transporting Emergency Medical Services, personnel are likely to face the possibility of exposure to bloodborne or other bodily fluid-borne pathogens and the risk of communicable diseases. This procedure addresses the proper response to and protection from this risk. This procedure applies to all instances in which personnel may be or is exposed to bodily fluids, which include, but are not limited to, blood, tears, saliva, vomit, urine, feces, cerebral-spinal fluid, semen, and any other fluids which emanate from a patient.

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:

- A. Determination of employee exposure
- B. Implementation of various methods of exposure control, including:
 - i. Universal precautions
 - ii. Engineering and work practice controls
 - iii. Standard operating procedures
 - iv. Personal protective equipment
- C. Housekeeping
- D. Hepatitis B vaccination
- E. Post-exposure evaluation and follow-up
- F. Communication of hazards to employees and training
- G. Recordkeeping
- H. Procedures for evaluating circumstances surrounding an exposure incident
- I. The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.



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II. HIGHLY CONTAGIOUS DISEASE

SLFD is part of the Oakland County Medical Control Authority (OCMCA). The OCMCA has a *Highly Contagious Disease Incident Protocol*. The purpose of this protocol is to provide guidance to Oakland County Emergency Response personnel when dealing with a patient that is suspected or known to have any Highly Contagious Disease e.g. Ebola.

The main tenant is to provide for a safe and appropriate response while maintaining the safety of all responders. It is important to remember that these patients are not emergent and a coordinated and considered response is of the utmost importance. The Highly Contagious Disease Management Team (HCDMT) is a resource for all agencies within the County to help coordinate and plan the response to a patient that has screened positive for a highly contagious disease. This team is not intended to take control away from the local jurisdiction, but to supplement and provide another level of expertise and assistance to ensure a safe and effective response to protect our responders.

When SLFD, HVA, or Novi Regional Dispatch receives a request for EMS and has a positive screening for a potential highly contagious disease, patient the following will occur: The local PSAP/Dispatch center will then contact Oakland County dispatch (via phone at 248-858-4911) and request the Command Sergeant have the Highly Contagious Disease Management Team (HCDMT) notified by an IRIS page.

SLFD will follow the procedures outlined in the *Highly Contagious Disease Incident Protocol*. SLFD has additional personnel protective equipment that can be utilized in these situations.

III. PROGRAM ADMINISTRATION

The EMS Officer is responsible for the implementation of the ECP. The EMS Officer will maintain, review, and update the ECP at least annually, 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 EMS Officer 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. EMS Officer will ensure that adequate supplies of the equipment are available in the appropriate sizes.

The EMS Officer will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and MIOSHA records are maintained.

The EMS Officer will be responsible for training, documentation of training, and making the written ECP available to employees, MIOSHA, and NIOSH representatives.



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IV. EMPLOYEE EXPOSURE DETERMINATION

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

- A. Firefighter
- B. Fire Inspector
- C. Sergeant
- D. Lieutenant
- E. Captain
- F. Deputy Chief
- G. Fire Chief

V. METHODS OF IMPLEMENTATION AND CONTROL

A. Universal Precautions

All employees 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 this policy is online and in a binder in the radio room of the fire station.

The EMS Officer 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. Engineering Controls and Work Practices

Engineering and work practice controls and PPE are key components to a comprehensive infection prevention program. They maximize protection against infectious diseases and sharps-related injuries for both EMS system responders and the public. The term engineering controls addresses redesign of equipment to ensure employee risk reduction, procedures that serve to reduce exposure such as cleaning equipment or areas that have been contaminated, and the use of barrier techniques to reduce direct contact with blood and other potentially infectious materials.

- Hand washing is the single most important means of preventing the spread of disease (see example of proper hand hygiene at the end of this section).
- Risk of exposure to infectious diseases and sharps-related injuries can be greatly reduced and eliminated by introducing and adhering to best practices and the
- Needlestick Safety and Prevention Act of 2000 for engineering and workplace controls.



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- The word “personal” in PPE means EMS system responders are responsible to wear PPE for their own personal safety. Fire officers are responsible to ensure their employees are adhering to policies.
- Effective environmental cleaning, disinfection, and disposal of contaminated materials or equipment will reduce the risk of infectious disease transmission.
- The use of Standard Precautions and utilizing PPE for all patient contact is recommended to minimize infectious disease transmission to EMS system responders.
- Sharps disposal containers are inspected and maintained or replaced by the EMS Officer annually or whenever necessary to prevent overfilling.
- SLFD identifies the need for changes in engineering control and work practices through review of MIOSHA records and employee interviews.
- SLFD evaluates new procedures or new products by utilizing in training and field testing.
- The following staff are involved in this process: EMS Officer, command staff, and firefighters (per 325.0007 (h)). The EMS Officer will ensure effective implementation of these recommendations.

SLFD provides the following engineering controls:

- Hand washing facilities
- Availability of alcohol-based hand cleansers or towelettes for on-scene use
- Disinfectant wipes for equipment
- Needleless systems
- Puncture-resistant, leak-proof, color coded, conveniently located sharps containers that are available on response apparatus
- Leak-proof, properly labeled, and conveniently located contaminated-waste receptacles
- Single-use devices in place of reusable devices

D. Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is coordinated/provided by the EMS Officer in the use of the appropriate PPE for the tasks or procedures employees will perform. All employees are required to utilize proper personal protective equipment (PPE) when responding to any incident with an EMS component. At a minimum, this protective equipment shall include nitrile gloves on every such incident. Additionally, if required by the type of risk and/or potential contamination or route of transmission of pathogens, further PPE, including N95 masks and/or gowns, shall be worn as necessary. This procedure addresses the considerations for PPE usage.

Gloves

The Department provides nitrile gloves in sizes small, medium, large, and extra-large, which are available for members in each EMS apparatus. Additionally, all EMS jump kits and all apparatus, including non-EMS units, carry latex gloves. Members are



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required to don gloves on every EMS related incident prior to providing any patient care or initiating any patient contact.

N95 Masks

The Department provides N95 Masks for use in situations involving the potential of airborne pathogen contamination. All licensed healthcare providers are annually fit tested with N95 masks.

Gowns and Biohazard Wear

The Department provides gowns and other items of biohazard wear (hairnets, booties, etc.) in kit form in each EMS apparatus. These are to be worn anytime that there is a potential of exposure to blood or bodily fluids beyond the hands and areas protected by gloves. Biohazard wear is single use only and shall be disposed of in accordance with this procedure. This would include, but not be limited to, incidents where:

- Patients are heavily bleeding or incontinent of other fluids and must be carried, lifted, or manipulated.
- Patients with arterial bleeding.
- Patients with soiled clothing due to incontinence.
- Patients with active vomiting.

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 given to HVA for disposal at emergency room.
- 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.
- 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.
- The procedure for handling used PPE is as follows: All used PPE shall be disposed of in a biohazard bag. Contaminated turnout gear shall be pretreated and washed via normal turnout gear washing procedures.



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E. Housekeeping

Decontamination will be accomplished by utilizing the following materials: CaviCide, Envirocide, bleach and water, or Clorox Medical Equipment wipes. If a bleach and water solution between 1:100 and 1:10 is used, it must be prepared on an as needed basis. Bleach loses its disinfectant quality when stored in water.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or OPIM materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

Regulated waste is placed in 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.

The procedure for handling sharps disposal containers is using one hand and placing in a sharps container.

The procedure for handling other regulated waste is wear disposable gloves and place in to a biohazard bag.

Sharps disposal containers are available on all basic life support apparatus. Full sharps disposal container shall be given to HVA for disposal.

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



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F. Medical Waste

Infectious waste

Waste that has the possibility of causing infections to humans. It can include human or animal tissue (blood or other body parts), blood-soaked bandages, discarded surgical gloves, cultures, stocks, or swabs to inoculate cultures. Many waste stream in this category, including human or animal tissue, can also be labeled as pathological waste, which requires specific treatment methods. Pathological waste is either known or suspected to contain pathogens.

Hazardous waste

Waste that has the possibility to affect humans in non-infectious ways, but which meets federal guidelines for hazardous waste under the Resource Conservation and Recovery Act (RCRA). [Hazardous waste](#) includes chemicals, both medical and industrial. Some hazardous waste can also be considered infectious waste, depending on its origin and exposure to human or animal tissue prior to discard. Old drugs, including [chemotherapy agents](#), are sometimes hazardous. Although not RCRA waste, sharps are hazardous in that they can cause injuries. Among waste managers, sharps are objects that can puncture or lacerate the skin; they include needles and syringes, discarded surgical instruments such as scalpels and lancets, culture dishes and other glassware.

Radioactive waste

Radioactive waste can be generated from nuclear medicine treatments, cancer therapies and medical equipment that uses radioactive isotopes. Pathological waste that is contaminated with radioactive material is usually treated as [radioactive waste](#) rather than infectious waste. Most hospitals generate radioactive waste and even some doctors' offices and veterinary offices if they offer brachytherapy.

General waste (Municipal Solid Waste)

About 85% of waste generated at medical facilities is no different from general household or office waste, and includes paper, plastics, liquids and any other materials that do not fit into the previous three categories. Waste professionals refer to this as *municipal solid waste*, and it is usually disposed of in landfills.

G. Disposal

All contaminated, disposable equipment shall be placed in a red, biohazard bag. Whenever practical, biohazard bag(s) shall be placed on the Huron Valley Ambulance (HVA) rig while on scene. The HVA crew will dispose of the biohazard bag(s) at the receiving hospital facility. If the bag(s) cannot be placed on the ambulance, the bag(s) will be transported back to the Huron Valley Ambulance quarters, which is attached to the South Lyon FD station. The biohazard bag(s) will be placed into the hard, red



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biohazard container in the HVA apparatus bay. HVA maintains a contract with a vendor for biohazard disposal.

H. Laundry

Contaminated articles, besides turnout gear, will be laundered by Parkside Cleaners on Pontiac Trail.

Turnout gear shall be laundered via normal turnout gear procedures and will be performed by the person assigned the turnout gear.

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 biohazard bags for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry: disposable gloves, safety glasses.

I. Labels

Any PPE that is in need of laundering shall be placed in a red biohazard with the date, person's name who is assigned the PPE, and the type of contamination. The EMS Officer will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the EMS Officer if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

VI. EMS APPARATUS AND EQUIPMENT CLEANING AND DISINFECTION

In a recent study published in the American Journal of Infection Control, several Chicago-area ambulances tested positive for *Staphylococcus aureus*, a bacteria that causes serious infections and is resistant to certain types of antibiotics. At least one *Staphylococcus aureus* sample was found in 69% of the ambulances tested. Of samples detected, 77% showed resistance to at least one commonly used antibiotic, and 12% of samples were identified as one of the 'superbugs' known as methicillin-resistant *S. aureus* (MRSA). This study found that the meticulous application of existing cleaning techniques in ambulances is necessary to prevent the further spread of these harmful pathogens (disease causing germs) in the prehospital environment (Rago et al., 2012).

Compliance with best practices for cleaning and disinfecting EMS vehicles and patient care equipment is an important factor in preventing the spread of infections. EMS providers and their patients have an increased risk for spreading infections without clear policies and an understanding of these procedures (Fleming, 2009).

Items or surfaces that have been exposed to the patient's skin, blood, or body fluids are considered contaminated. Disease causing microorganisms or germs can live on objects for extended periods of time. Contaminated objects can cause disease and spread infection (Siegel et al., 2007). In order to prevent the spread of infections in the prehospital



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environment, it is essential that patient care items (i.e. items that come in contact with skin and/or mucous membranes) and environmental surfaces are cleaned and disinfected after each patient (Fleming, 2009).

Patient care items and surfaces that can contribute to the spread of infection include:

- Stethoscopes
- Blood pressure cuffs
- Monitors – CO, O₂
- Backboards and immobilization devices
- Radios
- Shelves
- Door handles

Cleaning is defined as the physical removal of foreign and organic materials such as blood, body fluids, and disease causing microorganisms or germs from a surface or object. Cleaning physically removes, but does not kill, germs. Cleaning is accomplished by using water, detergents, and a scrubbing action. The key to cleaning is the use of friction to remove debris and reduce presence of germs (PIDAC, 2009).

Disinfection is the process used to kill and prevent the growth of germs on objects and surfaces. Disinfection is accomplished through the use of chemical products regulated by the U.S. Environmental Protection Agency (EPA). Disinfectants should only be used after items have been thoroughly cleaned.

Cleaning and disinfection is a two-step process. Following cleaning, the disinfectant should be applied or reapplied and allowed to remain on the surface for the full contact time (PIDAC, 2009). Contact time, or kill time, is the length of time that the disinfectant must remain on the surface or object, as specified by the manufacturer (Rutala et al., 2008).

Recommendations for EMS Equipment Cleaning & Disinfection

Objects and surfaces must be cleaned thoroughly before effective disinfection can take place

(PIDAC, 2009). The following routine cleaning and disinfection methods should be employed throughout the vehicle (Hill, 2009):

- Visible soil, blood, and other items should be removed from the item or surface before the disinfectant is applied.
- Cleaning and disinfection should be done as soon as possible after the items and surfaces have been used. Disinfectants should be used according to the manufacturer's instructions. Adhere to any safety precautions or other recommendations as directed (e.g., allowing adequate ventilation in confined areas and proper disposal). Gloves must be worn while using disinfectants. Immediately perform hand hygiene per CDC guidelines after removing gloves.
- Contaminated reusable patient care devices and equipment should be placed in clearly marked biohazard bags for appropriate cleaning and disinfection.
- Disposable equipment and contaminated linens should be appropriately bagged and disposed of at the receiving hospital, per the hospital policies.



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- Non-patient-care areas of the vehicle, such as the driver's compartment, may become indirectly contaminated. Personnel should be particularly vigilant to avoid contaminating environmental surfaces not directly related to patient care (e.g., steering wheels, light switches, gear shifts, etc.). If the surfaces in the driver's compartment become contaminated, clean and disinfect according to the vehicle manufacturer's recommendations.

Special Precautions and Recommendations

Routine cleaning and disinfection may not be adequate to remove some germs, particularly *Clostridium difficile* and Norovirus, from contaminated surfaces.

- A. *Clostridium difficile* – Specialized cleaning and disinfection practices are required to remove *C. difficile* from surfaces and patient care items. *C. difficile* is a spore-forming bacteria that causes severe diarrhea. This bacteria is resistant to germicidal chemicals and can persist in the environment for months.

EMS services that frequently respond to patients at nursing homes and long term care facilities are at an increased risk for exposure to *C. difficile* (Sehulster et al., 2003).

- B. Norovirus – Noroviruses are a group of viruses that cause acute gastroenteritis in humans. Noroviruses are extremely contagious and easily transmitted by direct person-to-person contact; by transfer of the virus after touching contaminated materials and surfaces; or via droplets from vomitus. Noroviruses can survive in the environment for at least 12 days (PIDAC, 2009).

It is recommended that only standard bleach, normal dilution 1:10 with water, is used to disinfect objects and surfaces contaminated by *C. difficile* and the Norovirus.

Standard bleach is available in ready to use wipes or sprays (Sehulster et al., 2003; PIDAC, 2009).

VII. TUBERCULOSIS SCREENING

Tuberculosis (TB) is caused by a bacteria that primarily attacks the lungs. TB is spread through the air from one person to another. TB bacteria are put into the air when a person with active TB coughs, sneezes, or speaks. People nearby can breathe in this bacteria and become infected. TB can be fatal without proper treatment. TB is the second most common cause of death from infectious disease in the world after HIV/AIDS (CDC, 2012).

EMS personnel are at increased risk for exposure to TB. All SLFD staff are part of a comprehensive TB screening program. Since SLFD staff will, or possibly will be, exposed to individuals with TB, the following screening and education procedures should be applied.

- All SLFD staff receive baseline TB screening and respirator fit testing upon hire.
- After the baseline screening for TB, SLFD staff receive TB screening when exposed to a person with active TB (at the time of exposure and 10-12 weeks after exposure).



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VIII. HEPATITIS B VACCINATION

The EMS Officer 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. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at St. John Providence Health System Occupational Health Partners 47601 Grand River Ave., Suite B223, Novi, MI 48374

Vaccination will be provided by
St. John Providence Health System Occupational Health Partners
47601 Grand River Ave., Suite B223, Novi, MI 48374

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.

IX. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur

- A. Contact the EMS Officer or Fire Chief
- B. An immediately available confidential medical evaluation and follow-up will be conducted by St. John Providence Health System Occupational Health Partners.
- C. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed by St. John Providence Health System Occupational Health Partners.
- D. Document the routes of exposure and how the exposure occurred.
- E. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- F. 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.
- G. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- H. 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).



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- I. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- J. 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.

X. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The EMS Officer 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 bloodborne infectious diseases standard.

The EMS Officer ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- 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.
- 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.

XI. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

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

- Engineering controls in use at the time
- Work practices followed
- Description of the device being used protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (residence, roadway, ambulance, etc.)
- Procedure being performed when the incident occurred
- Employee's training

If it is determined that revisions need to be made, EMS Officer 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.

XII. FLU SHOTS

Flu shots are offered annually to all SLFD employees by St. John Providence Health System Occupational Health Partners at no cost to the employee.



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XIII. EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens and/or medical waste receive training conducted by the EMS Officer annually.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- Copy and explanation of the standard.
- Explanation of our ECP and how to obtain a copy.
- Explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- Explanation of the use and limitations of engineering controls, work practices, and PPE
- Explanation of and supervised practice with the types, uses, location, removal, handling, decontamination, and disposal of PPE.
- 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.
- 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
- Explanation of the signs and labels and/or color coding required by the standard and used at this facility.
- Opportunity for interactive questions and answers with the person conducting the training session.
- Training materials for this facility are available from the EMS Officer.

XIV. RECORDKEEPING

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years by the EMS Officer.

The training records include:

- Dates of the training sessions
- Contents or a summary of the training sessions
- Names and qualifications of persons conducting the training
- 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 EMS Officer.



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XV. 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 Fire Chief is responsible for maintenance of the required medical records. These confidential records are kept at the fire station in secured stored 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 the Fire Chief.

XVI. 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 Fire Chief.

XVII. SHARPS INJURY LOG

Sharps injury log is established and maintained for recording percutaneous injuries from contaminated sharps. *MIOSHA Part 11. Recording & Reporting of Occupational Injuries & Illnesses 300 Log of Work Related Injuries and Illnesses* will be used to record this information. The Fire Chief is responsible for the maintenance of the sharps injury log.

The log includes:

- Type and brand of device involved in the injury
- Department or work area where the exposure occurred
- Explanation of how the incident occurred.
- The log is recorded and maintained to protect the confidentiality of the injured employee.

Approved by
/s/ Chief Robert Vogel



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APPENDIX A

SHARPS INJURY AND NEEDLESTICK PREVENTION: USE OF SAFER DEVICES, ENGINEERING CONTROLS AND WORK PRACTICE CONTROLS

The following devices and engineering controls are implemented:

SLFD utilizes automatically retractable needles to check patient's glucose levels. SLFD also utilizes non-retractable needles for the administration of EPI. These are the only needle devices carried on all basic life support apparatus.

The following work practices are being used to reduce exposure:

Needles are never reused. Due to the automatic nature of the retracting needle for glucose measurement, there is never a need to recap. The needle used for epi is never recapped and disposed of immediately after use in the sharps container carried on all apparatus.