

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **INTRODUCTION**

Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV), and Hepatitis C (HCV) warrant serious concerns for workers occupationally exposed to blood and certain other body fluids that contain Bloodborne pathogens. It is estimated that more than 5.6 million workers in health care and public safety occupations could be potentially exposed. In recognition of these potential hazards, the Occupational Safety and Health Administration (OSHA) has implemented a regulation [Bloodborne Pathogens 29 Code of Federal Regulations (CFR) 1910.1030] to help protect workers from these health hazards.

The major intent of this regulation is to prevent the transmission of Bloodborne diseases within potentially exposed workplace occupations. The standard is expected to reduce and prevent employee exposure to the Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and other Bloodborne diseases. The Occupational Safety and Health Administration (OSHA) estimates the standard could prevent more than 200 deaths and about 9,000 infections per year from HBV alone. The standard requires that employers follow universal precautions, which means that all blood or other potentially infectious material must be treated as being infectious for HIV, HBV and HCV. Each employer must determine the application of universal precautions by performing an employee exposure evaluation. If employee exposure is recognized, as defined by the standard, then the standard mandates a number of requirements. One of the major requirements is the development of an Exposure Control Plan, which mandates engineering controls, work practices, personal protective equipment, HBV vaccinations and training. The standard also mandates practices and procedures for housekeeping, medical evaluations, hazard communication, and recordkeeping.

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **INTRODUCTION**

Private sector employers who have additional questions concerning this standard or desire a free on-site consultation visit may contact the nearest New York State Department of Labor On-Site Consultation Program Office. A list of locations is provided below:

|                      |                |
|----------------------|----------------|
| <b>Albany</b>        | (518) 457-2810 |
| <b>Binghamton</b>    | (607) 721-8211 |
| <b>Buffalo</b>       | (716) 847-7166 |
| <b>Garden City</b>   | (516) 228-3960 |
| <b>New York City</b> | (212) 352-6130 |
| <b>Rochester</b>     | (585) 258-4570 |
| <b>Syracuse</b>      | (315) 479-3205 |
| <b>Utica</b>         | (315) 793-2319 |
| <b>White Plains</b>  | (914) 997-9511 |

For Public Sector Employers, you may contact the following State Labor Department Public Employee Safety and Health District Office:

|                      |                |
|----------------------|----------------|
| <b>Albany</b>        | (518) 457-5508 |
| <b>Binghamton</b>    | (607) 721-8211 |
| <b>Buffalo</b>       | (716) 847-7133 |
| <b>Garden City</b>   | (516) 228-3970 |
| <b>New York City</b> | (212) 352-6116 |
| <b>Rochester</b>     | (716) 258-4570 |
| <b>Syracuse</b>      | (315) 479-3212 |
| <b>Utica</b>         | (315) 793-2316 |
| <b>White Plains</b>  | (914) 997-9528 |

# **OSWEGO TOWN FIRE DISTRICT**

## **EXPOSURE CONTROL PLAN**

### **POLICY**

The Oswego Town Fire Department is committed to provide 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 OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

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:

- I.** Employee exposure determination
- II** The procedures for evaluating the circumstances surrounding an exposure incident, and
- II** The schedule and method for implementing the specific sections of the standard, including:
  - Methods of compliance
  - Hepatitis B vaccination and post-exposure follow-up
  - Training and communication of hazards to employees
  - Recordkeeping

Exposure Control Plan developed:

Signature or Initials Greg Herrmann      Date : 10/2005

Reviewed/Revised Dates:

Signature or Initials \_\_\_\_\_ Date \_\_\_\_\_

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **PROGRAM ADMINISTRATION**

- Fire Chief is (are) responsible for the implementation of the ECP. EMS Coordinator will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.
- Those employees who are reasonably anticipated to have contact with or exposure to blood or other potentially infected materials are required to comply with the procedures and work practices outlined in this ECP.
- EMS Coordinator will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.
- Fire Chief will be responsible for ensuring that all medical actions required are performed and that appropriate medical records are maintained.
- EMS Coordinator will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.
- Fire Chief will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels, and red bags as required by the standard. Fire Chief will ensure that adequate supplies of the aforementioned equipment are available.
- EMS Coordinator will be responsible for the consideration and implementation of appropriate commercially available and effective safer medical devices to eliminate or control occupational exposure (To be performed at least annually)

**Note to Employer:** The names or job titles of the Program Administrators can be used to simplify compliance. In a small business the responsibilities for the program may be held by one individual. In this case these items can be combined.

# OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN

## I. EMPLOYEE EXPOSURE DETERMINATION

**Note to Employer:** You are not required to complete both sections that follow; you may complete only the section that applies.

- A. As part of the exposure determination section of our ECP, the following is a list of **all** job classifications at our establishment in which all employees have occupational exposure:

EMT – Emergency Medical Technician or higher

Firefighter

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- B. The following is a list of job classifications in which **some** employees at our establishment have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these individuals.

Janitorial/Cleaning personnel

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All exposure determinations for A and B were made without regard to the use of Personal Protective Equipment (PPE).

**Note to Employer:** Examples of category B would include custodians who occasionally clean contaminated equipment and laundries where some workers are assigned the task of handling contaminated laundry. Firms are also required to notify contract employers (i.e., plumber, etc.) of potential contact with blood or other potentially infectious materials so they can take appropriate precautions. Refer to Appendix A for definition of "occupational exposure".

If needed, additional job classification lists and task sheets for Section A and B are provided in the Appendix Section. (see Appendix A-1 and A-2)

**Note to Employer:** "Good Samaritan" acts which result in exposure to blood or other potentially infectious materials from assisting a fellow employee (i.e., assisting a co-worker with a nosebleed, giving CPR or first aid) are not included in the Bloodborne Standard. OSHA, however, encourages

# **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

employers to offer Post-Exposure Evaluation and Follow-up in such cases.

## **II. EFFECTIVE DATES-CODE OF FEDERAL REGULATIONS**

|                          |                                                                                                                                    |               |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------|---------------|
| -                        | Bloodborne Pathogens Standard (Including Universal Precautions)                                                                    | March 6, 1992 |
| -                        | Exposure Control Plan                                                                                                              | May 5, 1992   |
| -                        | Recordkeeping                                                                                                                      | June 4, 1992  |
| -                        | Information and Training                                                                                                           | June 4, 1992  |
| -                        | Methods of Compliance (Except Universal Precautions)                                                                               | July 6, 1992  |
| -                        | Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up                                                                 | July 6, 1992  |
| -                        | Labels and Signs                                                                                                                   | July 6, 1992  |
| <input type="checkbox"/> | Bloodborne Pathogens Standard Revised<br>Occupational Exposure to Bloodborne Pathogens; Needle stick and<br>other Sharps Injuries; |               |
| <input type="checkbox"/> | Final Rule - January 18, 2001<br>Effective date of revisions - April 18, 2001                                                      |               |

The methods of implementation of these elements of the Code are discussed in the subsequent pages of this Exposure Control Plan.

## **III. METHODS OF IMPLEMENTATION AND CONTROL**

### **1.0 Universal Precautions**

**1.1** As of March 6, 1992, all employees will utilize Universal Precautions. Universal Precautions is an infection control method which requires employees to assume that all human blood and specified human body fluids are infectious for HIV, HBV HCV and other Bloodborne pathogens (see Appendix A) and must be treated accordingly.

### **2.0 Exposure Control Plan (ECP)**

**2.1** Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training sessions. It will also be reviewed in their annual refresher training. All employees will have an opportunity to review this Plan at any time during their work shifts by contacting the fire chief. Employees seeking copies of the Plan may contact the fire chief. A copy of the Plan will be made available free of charge and within 15 days of the request.

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

- 2.2** The fire chief will also be responsible for reviewing and updating the ECP annually or sooner 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.
- 2.3** The annual exposure control plan update will also include the following elements:
1. Any new technologies (e.g. engineering controls or work procedures) that reduce or eliminate exposure.
  2. Documentation of how the employer considered and implemented the use of available safe medical devices, including:
    1. A list of devices or procedures that were considered;
    2. A description of the method(s) used to evaluate each device or procedure;
    3. A summary of the results of each evaluation.
    4. A statement of the reasons why each particular device or procedure was selected or rejected.
  3. Documentation on how employer solicited employee involvement in the identification, evaluation, and collection of effective engineering and work practice controls. Such input will be solicited from non-managerial employees who are responsible for direct patient care and are potentially exposed to injuries from contaminated sharps.

### **3.0 Engineering Controls and Work Practices**

In the control of occupational exposure to Bloodborne pathogens, the use of effective engineering controls, to include safer medical devices, work practices, administrative controls and personal protective equipment, is emphasized.

- 3.1** Engineering controls and work practice controls will be used to prevent or minimize exposure to Bloodborne pathogens. The specific engineering controls and work practice controls we will use and where they will be used are listed below:
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## OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN

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New technology for needles and sharps will be evaluated and implemented whenever possible to further prevent accidental needle sticks and cuts. Our engineering controls (i.e. sharps containers, etc.) Will be inspected and maintained or replaced by EMS coordinator every 12 months.

**Note to Employer:** State a defined schedule and the person responsible for examining the effectiveness of the engineering controls used. A time period must also be stated for the inspection of sharps containers to ensure that the containers are not overloaded. It is recommended that a margin of safety be incorporated when determining this inspection interval.

Examples of engineering controls include, but are not limited to:

- self-sheathing needles
- puncture-resistant disposal containers for contaminated sharps, orthodontia wire, or broken glass
- mechanical needle recapping devices
- bio-safety cabinets
- ventilated laboratory hoods
- needleless injection system
- needleless IV access systems
- retractable scalpels

Examples of work practice controls include, but are not limited to:

- providing readily accessible hand washing facilities
- washing hands immediately or as soon as feasible after removal of gloves
- at non-fixed sites (i.e., emergency scenes, mobile blood collection sites) which lack hand washing facilities, providing interim hand washing measures, such as antiseptic towelettes and paper towels. Employees can later wash their hands with soap and water as soon as feasible
- washing body parts as soon as possible after skin contact with blood or other potentially infectious materials occurs
- prohibiting the recapping or bending of needles
- shearing or breaking contaminated needles in prohibited
- labeling
- equipment decontamination

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

- prohibiting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a likelihood of occupational exposure
- prohibiting food and drink from being kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present
- requiring that all procedures involving blood or other potentially infectious materials shall be performed in such a manner so as to minimize splashing, splattering, and generation of droplets of these substances.
- placing specimens of blood or other potentially infectious materials in a container which prevents leakage during collection, handling, processing, storage, transport or shipping
- examining equipment which may become contaminated with blood or other potentially infectious materials prior to servicing or shipping and decontaminating such equipment as necessary. Items will be labeled per the standard if not completely decontaminated

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

**4.1** Personal protective equipment must also be used if occupational exposure remains after instituting engineering and work practice controls, or if controls are not feasible. Training will be provided by the training officer in the use of the appropriate personal protective equipment for employees' specific job classifications and tasks/procedures they will perform.

Additional training will be provided, whenever necessary, such as if an employee takes a new position or if new duties are added to their current position.

Appropriate personal protective equipment is required for the following tasks; the specific equipment to be used is listed after the task:

| <b>TASK</b> | <b>EQUIPMENT</b> | <b>HOW/WHEN PROVIDED?</b> | <b>WHO PROVIDES PPE?</b> |
|-------------|------------------|---------------------------|--------------------------|
|             |                  |                           |                          |
|             |                  |                           |                          |
|             |                  |                           |                          |
|             |                  |                           |                          |

## OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN

**Note to Employer:** The employer should decide how to make PPE "readily accessible" for employees' use. Specify in writing what will be issued, how, when and who will provide the PPE. For large firms which might have numerous tasks present, a summary of the tasks and required PPE can be used. The important part to remember is that it is imperative that employees wear appropriated protective body coverings such as gowns, aprons, caps, and boots when occupational exposure is anticipated. The type and characteristics will depend upon the task and degree of exposure anticipated.

PPE items include:

- gloves
- gowns
- laboratory coats
- face shields
- masks
- eye protection (splash-proof goggles, safety glasses with side shields)
- resuscitation bags and mouthpieces

**Note to Employer:** Employers with first aid responders are reminded to have quick access to kits having impervious gloves, resuscitation bags or mouthpieces, eye protection, aprons, disinfectant towelettes for hand washing, and red bags or biohazard-labeled bags. Appropriate@PPE includes non-latex gloves available to those employees who prefer them.

**4.2** As a general rule, all employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
- Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

**Note to Employer:** Designate areas or containers which are to be used to store or discard contaminated PPE. Indicate their location.

**Red bags are available on both rescue trucks in addition to a red bag garbage pail at the fire**

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

**station.**

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- Wear appropriate gloves when it can be reasonably anticipated that you may have contact with blood or other potentially infectious materials 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.
- Following any contact of body areas with blood or any other infectious materials, you must wash your hands and any other exposed skin with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with water.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised. Discard utility gloves when they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse or before disposal.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or a chin-length face shield when splashes, sprays, splatters, or droplets of blood or other potentially infectious materials pose a hazard to the eye, nose, or mouth.
- If a garment is penetrated by blood and other potentially infectious materials, the garment(s) must be removed immediately or as soon as feasible. If a pullover scrub (as opposed to scrubs with snap closures) becomes minimally contaminated, employees should be trained to remove the pull-over scrub in such a way as to avoid contact with the outer surface; e.g., rolling up the garment as it is pulled toward the head for removal. However, if the amount of blood exposure is such that the blood penetrates the scrub and contaminates the inner surface, not only is it impossible to remove the scrub without exposure to blood, but the penetration itself would constitute exposure. It may be prudent to train employees to cut such a contaminated scrub to aid removal and prevent exposure to the face.
- Repair and/or replacement of PPE will be at no cost to employees.

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

**Note to Employer:** Employers shall ensure that employees use appropriate PPE unless the employer shows that the employee, temporarily and briefly, declined to use PPE based on the employee=s professional judgement that its use would have prevented the delivery of healthcare or public safety services or posed an increased hazard to the safety of the worker. The circumstances must be investigated and documented to determine whether changes can be instituted.

Refer to Appendix I for additional information on PPE.

### **5.0 Training**

- 5.1** All employees who have or are reasonably anticipated to have occupational exposure to Bloodborne pathogens will receive training conducted by the training officer. Training will be provided at the time of initial assignment to tasks where occupational exposure may occur.

Infection Control Officer or designee will provide training on the epidemiology of Bloodborne pathogen diseases. Fact Sheets, located in the Appendix Section will be used to inform employees of the epidemiology, symptoms, and transmission of Bloodborne diseases. In addition, the training program will cover, at a minimum, the following elements:

- A copy and explanation of the standard
- Epidemiology and symptoms of Bloodborne pathogens
- Modes of transmission
- Our Exposure Control Plan and how to obtain a copy
- Methods to recognize exposure tasks and other activities that may involve exposure to blood
- Use and limitations of Engineering Controls, Work Practices, and PPE
- PPE - types, use, location, removal, handling, decontamination, and disposal
- PPE - the basis for selection
- Hepatitis B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefits, and method of administration. (See Appendix O)
- Emergency procedures - for blood and other potentially infectious materials
- Exposure incident procedures
- Post-exposure evaluation and follow-up
- Signs and labels - and/or color coding
- Questions and answer session

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

**Note to Employer:** The person conducting the training shall be knowledgeable in the above listed elements as they relate to the workplace that the training will address. The training materials, such as overheads, pictures, work sheets, pamphlets, etc., can be made part of the ECP.

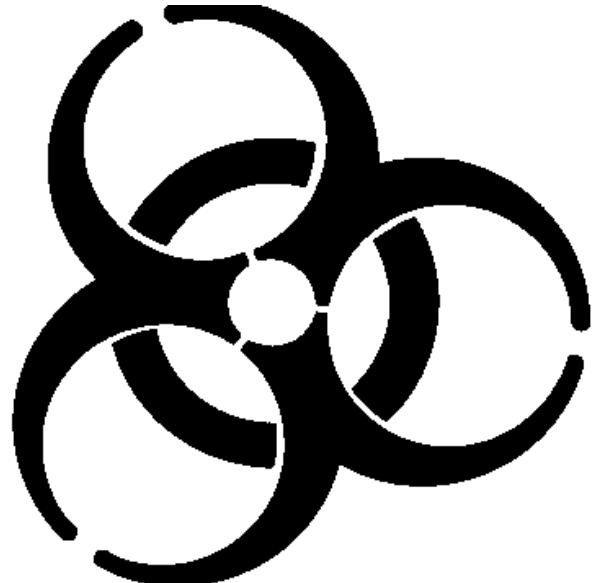
Annual training for all employees shall be provided within one year of their previous training. An Employee Education and Training Record (see Appendix B) will be completed for each employee upon completion of training. This document will be kept with the employee's records at Oswego Town Fire Station.

# **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

## **TRAINING PROGRAM ELEMENTS**

### **Highlights of Training Program Elements**

- Contents of standard
- Epidemiology of Bloodborne diseases
- Exposure Control Plan
- Job duties with exposure
- Types of control
- Protective equipment
- Hepatitis B vaccination program
- Emergency procedures
- Post-exposure procedures
- Signs/labels/(color coding)
- Question and answer session



## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **6.0 Hepatitis B Vaccination**

**6.1** Oswego Town Fire Department will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration and availability. A general overview of these considerations is given in Appendix L for review. The Hepatitis B vaccination series will be made available at no cost within 10 days of initial assignment to employees who have occupational exposure to blood or other potentially infectious materials unless:

- the employee has previously received the series
- antibody testing reveals that the employee is immune
- medical reasons prevent taking the vaccination
- the employee chooses not to participate
- employees are first aid providers who are in a collateral duty as defined in Section 12.0.

All employees are strongly encouraged to receive the Hepatitis B vaccination series. However, if an employee chooses to decline HB vaccination, then the employee must sign a statement to this effect.

Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the HB vaccination (see Appendix C1) will be kept in the member's personnel folder along with the employee's other medical records.

Appendix C is an optional form that may be used to record the employee vaccination series information.

**Note to Employer:** To ensure employees are aware of the importance of the Hepatitis B vaccination, it is necessary to thoroughly discuss the efficacy, safety, methods of administration, benefits of the vaccination, the fact that it is given at no cost, and during work hours.

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **HEPATITIS B VACCINATION**

#### **Highlights of Hepatitis B Vaccination Other Requirements**

- Participation in Pre-screening is not a prerequisite for receiving Hepatitis B vaccination
- Hepatitis B vaccination provided even if employee declines but later accepts treatment
- Employee must sign statement when declining HB vaccination
- Vaccination administered in accordance with the latest United States Public Health Service (USPHS) recommended protocol
- HB vaccination booster doses must be available to employees if recommended by USPHS
- Current USPHS recommendations concerning antibody tests

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **7.0 Post Exposure Evaluation and Follow-up and Procedures for Reporting, Documenting and Evaluating the Exposure**

- 7.1** Should an exposure incident occur contact Incident Commander/Chief immediately. Each exposure must be documented by the employee on an "Exposure Report Form" (see Appendix D). The incident commander will add any additional information as needed.

An immediately available confidential medical evaluation and follow-up will be conducted by the local hospital. The following elements will be performed:

- Document the routes of exposure and how exposure occurred.
- Identify and document the source individual (see Appendix E), unless the employer can establish that identification is infeasible or prohibited by State or local law (See Note #1).
- Obtain consent (See Note #2) and test source individual's blood as soon as possible to determine HIV, HBV, and HCV infectivity and document the source's blood test results.
- If the source individual is known to be infected with either HIV, HBV or HCV testing need not be repeated to determine the known infectivity.
- Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HBV, HIV, and HCV serological status.
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days (See Note #3).
- Post exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- Counseling.
- Evaluation of reported illnesses.

Appendix D "Exposure Incident Report" and Appendix E "Request for Source Individual Evaluation" and Appendix F "Employee Exposure Follow-Up Record" (see Note #4) will be provided to the employee so they may bring them along with any additional relevant medical information to the medical evaluation. Original copies of these appendixes will be maintained with the employee's medical records.

## OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN

Chief will review the circumstances of the exposure incident to determine if procedures, protocols, and/or training need to be revised.

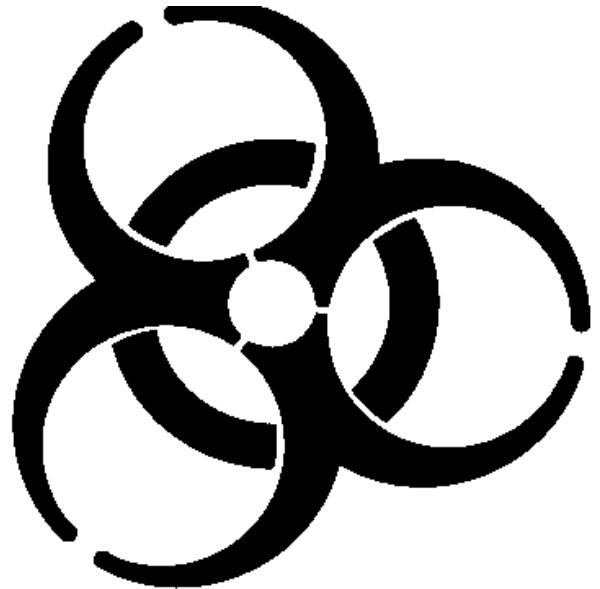
| <b>Note to Employer:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Note #1</b> Public Health Law (Article 27-F) requires information about AIDS and HIV to be kept confidential. This law requires that anyone receiving an HIV test MUST sign a consent form first. The law strictly limits disclosure of HIV-related information. When disclosure of HIV-related information is authorized by a signed release, the person who has been given the information MUST keep it confidential. Re-disclosure may occur with another authorized signed release. The law only applies to people and facilities providing health or social services. |
| <b>Note #2</b> If consent is not obtained, the employer must show that legally required consent could not be obtained. Where consent is not required by law, the source individual's blood, if available, should be tested and the results documented.                                                                                                                                                                                                                                                                                                                        |
| <b>Note #3</b> If, during this time, the exposed employee elects to have the baseline sample tested, testing shall be done as soon as feasible.                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Note #4</b> Appendixes D, E, and F are optional forms which have been provided to assist employers with gathering information that is required by the standard. If an employer chooses not to use these forms, this information must still be provided and recorded in accordance with the Standard. Also note that Appendix E letter predominately will apply to Public Sector employers.                                                                                                                                                                                 |
| <b>Note #5</b> Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment.                                                                                                                                                                                                                                                                                                                                                                                         |

# **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

## **POST EXPOSURE EVALUATION**

### **Highlights of Post Exposure Evaluation and Follow-Up Requirements**

- Documentation of exposure routes and how exposure incident occurred
- Identification and documentation of source individual's infectivity, if possible
- Collection and testing of employee's blood for HBV, HCV, and HIV serological status (employee's consent required)
- Post-exposure prophylaxis when medically indicated
- Counseling
- Evaluation of reported illness



## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **8.0 Health Care Professionals**

**8.1** Fire District will ensure that health care professionals responsible for employee's HB vaccination and post-exposure evaluation and follow-up be given a copy of the OSHA Bloodborne Standard. The fire district will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident as defined in the Fire District medical evaluation policy.
- route(s) of exposure
- circumstances of exposure
- of possible, results of the source individual=s blood test; and
- relevant employee medical records, including vaccination status

### **8.2 Healthcare Professional's Written Opinion**

The fire district will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.

For HB vaccinations, the healthcare professional's written opinion will be limited to whether the employee requires or has received the HB vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to whether or not the employee has been informed of the results of the medical evaluation and any medical conditions which may require further evaluation and treatment.

All other diagnoses must remain confidential and not be included in the written report to our firm.

**Note to Employer:** If the employer is also the health care professional, the employer must ensure that the results of the employee's post-exposure evaluation remain confidential from his/her co-workers.

### **9.0 Housekeeping**

**9.1** The fire district has developed and implemented a written schedule for cleaning and decontaminating work surfaces as indicated by the standard.

#### **CLEANING SCHEDULE**

## OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN

| <b>AREA</b>           | <b>SCHEDULED<br/>CLEANING<br/>(DAY/TIME)</b> | <b>CLEANERS AND<br/>DISINFECTANTS<br/>USED</b> | <b>SPECIFIC<br/>INSTRUCTION</b> |
|-----------------------|----------------------------------------------|------------------------------------------------|---------------------------------|
| General meeting rooms | Mondays                                      | Various general cleaners                       |                                 |
| Bathrooms             | Mondays                                      | Various general cleaners                       |                                 |
|                       |                                              |                                                |                                 |
|                       |                                              |                                                |                                 |
|                       |                                              |                                                |                                 |
|                       |                                              |                                                |                                 |

**Note to Employer:** Included a housekeeping schedule and method of decontamination above. Include location of cleanup and decontamination supplies. A list of approved sterilants can be obtained from the Environmental Protection Agency (EPA) at (800-447-6349). A preformatted schedule sheet (Appendix N) is provided in the Appendix Section of this kit if additional space is required.

**Note to Employer:** To further assist employers in developing a written housekeeping schedule, the following procedures are provided as examples. To ensure a complete working document, it is recommended that the task be as specific as possible.

- Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.
- Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
- Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware, never pick up with hands even if gloves are worn.
- Store or process reusable sharps in a way that ensures safe handling.
- Place regulated waste in closeable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

- When discarding contaminated sharps, place them in containers that are closeable, puncture-resistant, appropriately labeled or color-coded, and leak-proof on the sides and bottom.
- Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and now allowed to overfill.
- Never manually open, empty, or clean reusable contaminated sharps disposal containers.  
(See Appendix P - New York State Environmental Conservation Regulations)
- Discard all regulated waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious material; items contaminated with blood or other potentially infectious materials that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

### **9.2 Laundry**

The following contaminated articles will be laundered:

- 
- Firefighting turnout gear**
  - Blankets**
  - Firefighting gloves**

Minor contamination will be cleaned by the individual member at the fire station. Major contamination will be sent out to a professional cleaning company.

The following requirements must be met, with respect to contaminated laundry:

- Handle contaminated laundry as little as possible and with a minimum of agitation.
- Use appropriate personal protective equipment when handling contaminated laundry.
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
- Bag contaminated laundry at its location of use.
- Never sort or rinse contaminated laundry in areas of its use.
- \*Use red laundry bags or those marked with the bio-hazard symbol unless universal precautions are in use at the facility and all employees recognize the bags as contaminated and have been trained in handling the bags.

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

- \*All generators of laundry must have determined if the receiving facility uses universal precautions. If universal precautions are not used, then clearly mark laundry sent off-site with orange bio-hazard labels or use red bags. Leak proof bags must be used when necessary to prevent soak-through or leakage.
    - When handling and/or sorting contaminated laundry, utility gloves and other appropriate personal protective equipment (i.e., aprons, mask, eye protection) shall be worn.
  - Laundries must have sharps containers readily accessible due to the incidence of needles and sharps being unintentionally mixed with laundry.
  - Linen soiled with blood or body fluids should be placed and transported in bags that prevent leakage. If hot water is used, linen should be washed with detergent in water at least 140F - 160F for 25 minutes. If low-temperature(<140F) laundry cycles are used, chemicals suitable for low-temperature washing at proper use concentration should be used.

**\*NOTE:** For these items specify below which labeling system, red bags or bio-hazard labeling, will be used for laundering.

**Note to Employer:** Disposable protective clothing can be used to eliminate or greatly reduce the need for laundering.

### **10.0 Labeling**

#### **10.1** The following labeling method(s) will be used at our facility.

Any contaminated equipment/supplies will be RED bagged.

\_\_\_\_\_

Line Officers will ensure warning labels are affixed or red bags are used as required. Employees are to notify a chief if they discover unlabeled regulated waste containers.

**Note to Employer:** The employer must specify which warning methods are used and communicate this information to all employees. The standard requires that fluorescent orange or orange-red warning labels be attached to:

- (1) containers of regulated waste;
- (2) refrigerators and freezers containing blood and other potentially infectious materials;

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

- (3) sharps disposal containers;
- (4) laundry bags and containers;
- (5) contaminated equipment for repair (portion contaminated); and
- (6) other containers used to store, transport, or ship blood or other potentially infectious materials.

These labels are not required when:

- (1) red bags or red containers are used;
- (2) containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use;
- (3) individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal.

The warning label must be fluorescent orange or orange-red, contain the bio-hazard symbol and the word "BIO-HAZARD" (See Appendix H) in a contrasting color, and be attached to each object by string, wire, adhesive, or other method to prevent loss or unintentional removal of the label.

## **11.0 Recordkeeping**

### **11.1 Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020 (formerly 1910.20).

Chief's office is responsible for maintenance of the required medical records and they are kept at the Oswego Town Fire Station.

NOTE: Refer to the Appendix Section for copies of applicable medical record forms.

In addition to the requirements of 29 CFR 1910.20, the medical record will include:

- The name and social security number of employee;
- a copy of the employee's Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- a copy of all results of examinations, medical testing, and follow-up procedures as required by the standard;
- a copy of all healthcare professional's written opinion(s) as required by the standard.
- a copy of the information provided to the health care professional.

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

All employee medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

Employee medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20.

Employee medical records shall be provided upon request of the employee or to anyone having written consent of the employee within 15 working days.

### **11.2 Training Records**

Bloodborne pathogen training records will be maintained by Chief's office at the Oswego Town Fire Station. (see Appendix B).

The training record shall include:

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

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

Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days.

### **11.3 Transfer of Records**

The employer shall comply with the requirements involving transfer of records as indicated in 29CFR1910.1020(h).

If the Oswego Town VFD ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the employer shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

### **11.4 Sharps injury log**

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

Chief's office will establish and maintain the sharps injury log for recording percutaneous injuries from contaminated sharps.

The sharps injury log will contain at least the following information:

- a. The type and brand of device involved in the incident;
- b. The department or work area where the exposure incident occurred;
- c. A description of how the incident occurred.

**Note to Employer:** Only employers who are required to maintain the log of occupational injuries and illnesses under 29CFR1904 are required to maintain the sharps injury log. Employers who are not covered by 29CFR1904 may nevertheless wish to use a sharps injury log as a tool for tracking the effectiveness of engineering and work practice controls.

**Note to Employer:** The sharps injury log must protect the confidentiality of the injured employee. If data from the log are made available to other parties, any information that directly identifies the employee (e.g. name, address, Social Security numbers, payroll number) or that could be used to indirectly identify the employee (exact age, date of initial employment, unique job title) must be withheld.

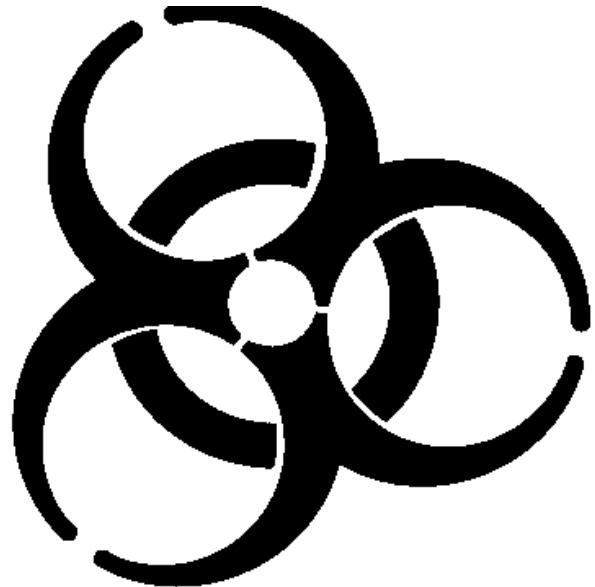
**Note to Employer:** If you are already recording sharps injuries for other purposes, these records may be used to comply with this standard so long as the records include the minimum requirements listed above, protect the confidentiality of the injured employees, and can be produced as a discrete record separate from other injury and illness records.

# **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

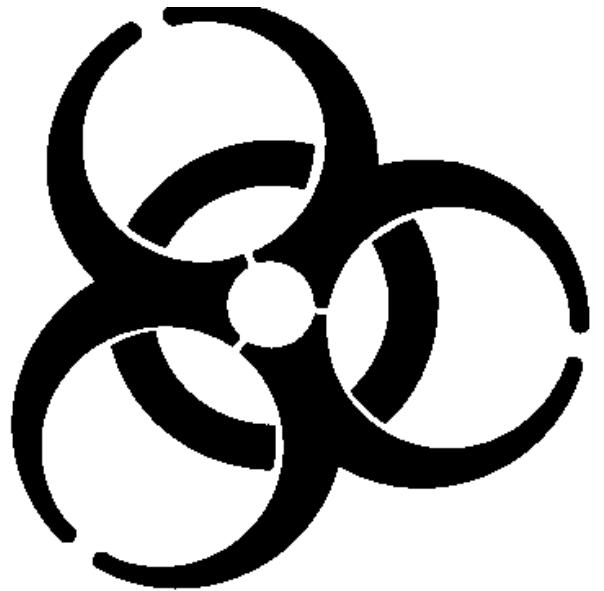
## **MEDICAL & TRAINING RECORDS**

### **Highlights of Medical Records**

- Employee name and social security number
- Employee Hepatitis B vaccination status
- Medical testing and post-exposure follow-up results
  - Healthcare Professional's Written Opinion
    - Information provided to the healthcare professional



**OSWEGO TOWN FIRE DISTRICT  
EXPOSURE CONTROL PLAN**



**Highlights of Training Records**

- Training Dates
  - Training session content or summary
  - Names and qualifications of trainers
  - Names and job titles of all trainees

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **12.0 First Aid Providers**

This section only applies to employees who are designated to render first aid assistance, but this assistance is not their primary work assignment. First aid providers who are in this collateral duty category at this facility are listed below for easy reference and also in Section B of the Employer Exposure Determination on page five.

#### **Designated First Aid Providers**

See current membership list

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Our facility has decided to:

(Check box for firm's specific policy)

- Offer hepatitis B vaccination to the first aid provider after a first aid incident.

In the event of a first aid incident where blood or other potentially infectious materials (OPIM) are present, the employee(s) providing the first aid assistance is (are) instructed to report to Chief or incident commander before the end of their work shift.

The incident commander will maintain a report (Appendix D can be used) which describes names of the first aider, date, time and description of the incident.

The incident commander will ensure that any first aider that desires the vaccine series after an incident involving blood or OPIM will receive it as soon as possible, but no later than twenty four hours after the incident.

The training officer will train first aid providers on the specifics of the reporting procedures, in addition to all the training required in Section 5.0. Training.

## **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

### **FIRST AID PROVIDERS**

**Note to Employer:** Examples of employees who may meet the above criteria include:

- Security Guards, Coaches, Bus Drivers, DPW/DOT, Office Workers, Industrial Plant Personnel, who are designated and trained to perform first aid.

Examples of employees who do not meet the criteria and must be offered the hepatitis B vaccination series include:

- Personnel who provide first aid at a first aid station or clinic, and emergency response or public safety personnel, who are expected to render first aid in the normal course of their work (i.e., EMS personnel, police, firefighters).

This is not an all-inclusive list, nor does it imply that every employee in these job titles are covered.

Also, as a reminder, good samaritan acts are still not covered by the Standard.

## **APPENDIX**

**OSWEGO TOWN FIRE DISTRICT  
EXPOSURE CONTROL PLAN**

**SECTION**

# OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN

## APPENDIX A

### OCCUPATIONS AT RISK

Occupations that may involve risk from occupational exposure to blood or other potentially infectious material:

- Physician
- Physicians Assistant
- Nurse
- Phlebotomist
- Medical Examiner
- Emergency Medical Technician (EMT)
- Supervisor (performing first-aid)
- Dentist
- Dental Hygienist
- Medical Technologist
- Regulated Waste Handler
- Some laundry and housekeeping employees
- Industrial Medical Center Personnel
- Lab Workers
- Life Guards
- Public Safety Workers

### DEFINITIONS

Before beginning a discussion of the standard there are several definitions that should be explained which specifically apply to this regulation. These definitions are also included in paragraph (b) of the standard.

- A. **Blood** - human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens** - pathogenic micro-organisms that are present in human blood and can infect and cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), and Human Immunodeficiency virus (HIV), and Hepatitis C virus (HCV).
- C. **Contaminated** - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- D. **Exposure Incident** - 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.
- E. **Occupational Exposure** - 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.

# **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

## **APPENDIX A**

*continued*

**F. Other Potentially Infectious Materials (OPIM) -**

1. The following human body fluids:
  - a. semen
  - b. vaginal secretions
  - c. cerebrospinal fluid
  - d. synovial fluid
  - e. pleural fluid
  - f. pericardial fluid
  - g. peritoneal fluid
  - h. amniotic fluid
  - i. saliva in dental procedures
  - j. any body fluid visibly contaminated with blood
  - k. 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 cells or tissue cultures, organ cultures, and HIV or HBV-containing cultures medium or other solutions; and
4. Blood, organs, or other tissue from experimental animals infected with HIV or HBV.

**G. Regulated Waste -**

1. Liquid or semi-liquid blood or other potentially infectious materials;
2. Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed;
3. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling;
4. Contaminated sharps; and
5. Pathological and microbiological wastes containing blood or other potentially infectious materials.

# **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

## APPENDIX A1

**JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE OCCUPATIONAL  
EXPOSURE TO Bloodborne PATHOGENS**

Below are listed the job classifications in our facility where **all** employees in this job classification will have a reasonably anticipated exposure to human blood and other potentially infectious materials.

| JOB TITLE                     | DEPARTMENT/LOCATION |
|-------------------------------|---------------------|
| Class 1 Interior firefighter  |                     |
| Class 2 Exterior firefighter  |                     |
| Class 3 Volunteer firefighter |                     |
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# **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

## APPENDIX A2

## **JOB CLASSIFICATIONS AND WORK ACTIVITIES IN WHICH SOME EMPLOYEES HAVE OCCUPATIONAL EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications in our facility where **some** of the employees will have reasonably anticipated exposure to human blood and other potentially infectious materials. Also listed are the tasks or work activities these job classifications perform which potentially expose them.

| JOB TITLE | DEPARTMENT/LOCATION |
|-----------|---------------------|
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# OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN

## APPENDIX B

### EMPLOYEE EDUCATION AND TRAINING RECORD

| EMPLOYEE                                                           | DATE OF HIRE  |          |         |                    |
|--------------------------------------------------------------------|---------------|----------|---------|--------------------|
| JOB TITLE                                                          | DATE ASSIGNED |          |         |                    |
| <b>INITIAL TRAINING:</b>                                           |               |          |         |                    |
| SUBJECT                                                            | DATE          | LOCATION | TRAINER | EMPLOYEE SIGNATURE |
| a. The Standard                                                    |               |          |         |                    |
| b. Epidemiology & Symptoms of Bloodborne Diseases                  |               |          |         |                    |
| c. Modes of Transmission                                           |               |          |         |                    |
| d. Exposure Control Plan                                           |               |          |         |                    |
| e. Recognizing Potential Exposure                                  |               |          |         |                    |
| f. Use & Limitations of Exposure Control Methods                   |               |          |         |                    |
| g. Personal Protective Equipment (PPE)                             |               |          |         |                    |
| h. Selection of (PPE)                                              |               |          |         |                    |
| i. HBV Immunization Program                                        |               |          |         |                    |
| j. Emergencies Involving Blood or Potentially Infectious Materials |               |          |         |                    |
| k. Exposure Follow-Up Procedures                                   |               |          |         |                    |
| l. Post Exposure Evaluation and Follow-Up                          |               |          |         |                    |
| m. Signs & Labels                                                  |               |          |         |                    |
| n. Opportunity to Ask Questions                                    |               |          |         |                    |
| <b>ADDITIONAL EDUCATION:</b>                                       |               |          |         |                    |
| SUBJECT(S)                                                         | DATE          | LOCATION | TRAINER | EMPLOYEE SIGNATURE |
|                                                                    |               |          |         |                    |
|                                                                    |               |          |         |                    |
| <b>ANNUAL RETRAINING:</b>                                          |               |          |         |                    |
| SUBJECT(S)                                                         | DATE          | LOCATION | TRAINER | EMPLOYEE SIGNATURE |
|                                                                    |               |          |         |                    |
|                                                                    |               |          |         |                    |

**OSWEGO TOWN FIRE DISTRICT  
EXPOSURE CONTROL PLAN**

**APPENDIX C**

***CONFIDENTIAL***

**HEPATITIS B VACCINE IMMUNIZATION RECORD**

Vaccine is to be administered on:

Elected dates:

First:

One month from elected date:

Six months from elected date:

Employee Name:

Date of first dose:

Date of second dose:

Date of third dose:

Antibody test results - pre-vaccine (optional):

Antibody test results - post-vaccine (optional):

Time interval since last injection:

Employee Signature:

**OSWEGO TOWN FIRE DISTRICT  
EXPOSURE CONTROL PLAN**

**APPENDIX C1**

**DECLINATION STATEMENT**

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.

|                           |             |
|---------------------------|-------------|
| <b>Employee Signature</b> | <b>Date</b> |
|---------------------------|-------------|

# **OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN**

## APPENDIX D

Side 1 of 2-sided form

**EXPOSURE INCIDENT REPORT  
(ROUTES AND CIRCUMSTANCES OF EXPOSURE INCIDENT)**

|                                                                                                             |                         |             |             |
|-------------------------------------------------------------------------------------------------------------|-------------------------|-------------|-------------|
| <b>Date Completed</b>                                                                                       |                         |             |             |
| <b>Employee's Name</b>                                                                                      | S. S.#                  |             |             |
| <b>Home Phone</b>                                                                                           | <b>Business Phone</b>   |             |             |
| <b>DOB</b>                                                                                                  | <b>Job Title</b>        |             |             |
| <b>Employee Vaccination Status</b>                                                                          |                         |             |             |
| <b>Date of Exposure</b>                                                                                     | <b>Time of Exposure</b> | <b>A.M.</b> | <b>P.M.</b> |
| <b>Location of Incident (Home, Street, Clinic, Etc.)-Be Specific:</b>                                       |                         |             |             |
| <b>Nature of Incident (Auto Accident, Trauma, Medical Emergency) - Be Specific:</b>                         |                         |             |             |
|                                                                                                             |                         |             |             |
|                                                                                                             |                         |             |             |
|                                                                                                             |                         |             |             |
| <b>Describe what task(s) you were performing when the exposure occurred - Be Specific:</b>                  |                         |             |             |
|                                                                                                             |                         |             |             |
|                                                                                                             |                         |             |             |
|                                                                                                             |                         |             |             |
|                                                                                                             |                         |             |             |
| <b>Were you wearing Personal Protective Equipment (PPE)?</b>                                                | <b>YES</b>              | <b>NO</b>   |             |
| <b>Did the PPE Fail?</b>                                                                                    | <b>YES</b>              | <b>NO</b>   |             |
| <b>If YES, Explain how:</b>                                                                                 |                         |             |             |
|                                                                                                             |                         |             |             |
|                                                                                                             |                         |             |             |
| <b>Were you using Engineering Controls?</b>                                                                 | <b>YES</b>              | <b>NO</b>   |             |
| <b>Did the Engineering Controls fail?</b>                                                                   | <b>YES</b>              | <b>NO</b>   |             |
| <b>If YES, Explain how:</b>                                                                                 |                         |             |             |
| <b>What body fluid(s) were you exposed to (blood or other potentially infectious material? Be specific:</b> |                         |             |             |
|                                                                                                             |                         |             |             |
|                                                                                                             |                         |             |             |
|                                                                                                             |                         |             |             |

# OSWEGO TOWN FIRE DISTRICT EXPOSURE CONTROL PLAN

Side 2 of 2-sided form

What part of your body became exposed? Be specific:

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Estimate the size of the area of your body that was exposed:

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For how long?

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Did a foreign body (needle, nail, auto part, dental wires, etc.) penetrate your body?

|  |     |  |    |  |
|--|-----|--|----|--|
|  | Yes |  | No |  |
|--|-----|--|----|--|

If Yes, what was the object?

Where did it penetrate your body?

|                                        |     |  |    |  |
|----------------------------------------|-----|--|----|--|
| Was any fluid injected into your body? | Yes |  | No |  |
|----------------------------------------|-----|--|----|--|

If Yes, what fluid?

|  |           |  |  |  |
|--|-----------|--|--|--|
|  | How much? |  |  |  |
|--|-----------|--|--|--|

Did you receive medical attention?

|  |     |  |    |  |
|--|-----|--|----|--|
|  | Yes |  | No |  |
|--|-----|--|----|--|

If Yes, where?

When?

By Whom?

Identification of Source Individual(s)

Name(s)

|                                     |     |  |    |  |
|-------------------------------------|-----|--|----|--|
| Did you treat the patient directly? | Yes |  | No |  |
|-------------------------------------|-----|--|----|--|

If Yes, what treatment did you provide - Be Specific

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Other pertinent information

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## **EXPOSURE CONTROL PLAN**

### **APPENDIX E (LETTER)**

Dear (Emergency Room Medical Director, Infection Control Practitioner):

During a recent transport of a patient to your facility, one of our prehospital care providers was involved in an event which may have resulted in exposure to a Bloodborne Pathogen.

I am asking you to perform an evaluation of the source individual who was transported to your facility. Given the circumstances surrounding this event please determine whether our prehospital care worker is at risk for Infection and/or requires medical follow-up.

Attached is a Documentation and Identification of source individual@ form which was initiated by the exposed worker. Please complete the source individual section and communicate the findings to the designated medical provider.

The evaluation form has been developed to provide confidentiality assurances for the patient and the exposed worker concerning the nature of the exposure. Any communication regarding the findings is to be handled at the medical provider level.

We understand that information relative to human immunodeficiency virus (HIV) and AIDS has specific protections under the law and cannot be disclosed or released without the written consent of the patient. It is further understood that disclosure obligates persons who receive such information to hold it confidential.

Thank you for your assistance in this very important matter.

Sincerely,

# **EXPOSURE CONTROL PLAN**

## **APPENDIX E (FORM)**

***CONFIDENTIAL***

### **DOCUMENTATION AND IDENTIFICATION OF SOURCE INDIVIDUAL**

Name of Exposed Employee \_\_\_\_\_

Name and Phone Number of  
Medical Provider Who Should Be Contacted \_\_\_\_\_

**Incident Information**

Date \_\_\_\_\_

Name or Medical Record Number of the Individual Who is the Source of the Exposure  
\_\_\_\_\_  
\_\_\_\_\_

**Nature of Incident**

\_\_\_\_\_ Contaminated Needlestick Injury  
\_\_\_\_\_ Blood or Body Fluid Splash Onto Mucous Membrane or Non-Intact Skin

Other \_\_\_\_\_

**Report of Source Individual Evaluation**

Chart Review By \_\_\_\_\_ Date \_\_\_\_\_

Source Individual UnknownBResearched By \_\_\_\_\_ Date \_\_\_\_\_

Testing of Source Individual= Blood      Consent    Obtained \_\_\_\_\_      Refused \_\_\_\_\_

**CHECK ONE**

- \_\_\_\_\_ Identification of source individual infeasible or prohibited by state or  
Local law. State why if infeasible: \_\_\_\_\_  
\_\_\_\_\_ Evaluation of the source individual reflected no known exposure to  
Bloodborne Pathogen.  
\_\_\_\_\_ Evaluation of the source individual reflected possible exposure to  
Bloodborne Pathogen and medical follow-up is recommended.

Person completing report \_\_\_\_\_ Date \_\_\_\_\_

Note: Report the results of the source individuals blood tests to the medical provider named above who will inform the exposed employee. Do not report blood test findings to the employer.

HIV related information cannot be released without the written consent of the source individual.

# **EXPOSURE CONTROL PLAN**

## **APPENDIX F**

**CONFIDENTIAL**

### **EMPLOYEE EXPOSURE FOLLOW-UP RECORD**

|                  |                |
|------------------|----------------|
| Employee=s Name: | Job Title:     |
| Occurrence Date: | Reported Date: |

Occurrence Time:

#### **SOURCE INDIVIDUAL FOLLOW-UP:**

Request Made To:

|                               |       |
|-------------------------------|-------|
| Date:                         | Time: |
| Sampling completed or refused | Date  |

#### **EMPLOYEE FOLLOW-UP:**

|                                                              |      |              |
|--------------------------------------------------------------|------|--------------|
| Employee=s Health File Reviewed By:                          | Date |              |
| Information given on source individual=s blood test results. | Yes  | Not Obtained |

#### **Referred to healthcare professional with required information:**

Name of healthcare professional:

|          |       |
|----------|-------|
| By Whom: | Date: |
|----------|-------|

#### **Blood Sampling/Testing Offered:**

|          |       |
|----------|-------|
| By Whom: | Date: |
|----------|-------|

#### **Vaccination Offered/Recommended:**

|          |       |
|----------|-------|
| By Whom: | Date: |
|----------|-------|

#### **Counseling Offered:**

|          |       |
|----------|-------|
| By Whom: | Date: |
|----------|-------|

#### **Employee Advised of need for further evaluation of medical condition:**

|          |       |
|----------|-------|
| By Whom: | Date: |
|----------|-------|

## **EXPOSURE CONTROL PLAN**

### **APPENDIX G**

#### **INFORMATION ON REGULATED MEDICAL WASTE**

**The following information is included to assist you in evaluating and contracting for a transport, handling, and disposal company, should you not be equipped to handle your regulated waste.**

**Checklist for regulated waste contracting:**

1. Request the company's identification number
- 

- Request to review the manner of record keeping
- 

- Documentation to include

List of items collected

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Method of destruction

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Site for destruction

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Proof of destruction

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- Requested Information on Insurance and bonding
- 
- 
- 
- 

**For additional information on  
regulated medical waste, contact:**

Waste Transporter Permit Section  
NYS Department of Environmental Conservation  
625 Broadway, 9<sup>th</sup> Floor  
Albany New York 12233-7253  
(518) 402-8707