



ANN ARBOR FIRE DEPARTMENT



Standard Operating Procedures - 5.01 Infectious Disease Exposure Control Plan

INFECTIOUS DISEASE EXPOSURE CONTROL PLAN

Effective: August 13, 2021
Scheduled Review: August 13, 2024
Approved: Fire Chief Mike Kennedy

I. PURPOSE

The following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to infectious disease / bloodborne pathogens in accordance with Michigan Occupational Safety and Health Agency (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 risk of exposure to bloodborne or other bodily fluid-borne pathogens and 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 organization in implementing and ensuring compliance with this recognized standard, thereby protecting our employees. This ECP includes:

- A. Determination and notification 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 A and B vaccinations
- 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.

II. PROGRAM ADMINISTRATION

The EMS coordinator I /II (EMS coordinator) is responsible for the implementation of the ECP. The EMS coordinator 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 risk to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP. The EMS coordinator 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 coordinator will ensure that adequate supplies of the equipment are available in the appropriate sizes.



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The EMS coordinator in conjunction with the City Safety Unit will be responsible for ensuring that all notifications and medical actions required are performed and that appropriate employee health and MIOSHA records are maintained.

The EMS coordinator, training officer, and City Safety Unit will coordinate training, documentation of training, and making the written ECP available to employees and MIOSHA.

III. EMPLOYEE OCCUPATIONAL CATEGORIES

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

- Assistant chief
- Battalion chief
- Captain
- Driver/operator
- EMS coordinator I / II
- Fire chief
- Fire inspector I / II
- Fire marshal
- Firefighter
- Lieutenant
- Logistics officer
- Logistics coordinator
- Training officer

VI. COVID-19

The City of Ann Arbor has COVID-19 Workplace Guidelines, which apply to all City employees. The most current version of this document can be accessed at [a2central](https://a2central.org).

Employees providing patient care shall follow PPE requirements as indicated Washtenaw / Livingston Medical Control Authority - [Infection Prevention During the Coronavirus Disease \(Covid-19\) Pandemic](#). Employees are welcome to wear a higher level of PPE than indicated if so desired.

The daily screening form can be done by using the QRS code or going to a2gov.org/ESQ. No personal medical information is being asked or tracked. Unvaccinated employees working from home do not need to complete this. Employees who have a person who lives in their residence who is COVID-19 positive shall answer “yes” to question #2. Unvaccinated employees who have a COVID-19 positive person who lives in their residence shall contact HRSP Koch or FC Kennedy prior reporting to work. This notification shall occur regardless of any social distancing or other precautions the employee may have implemented.

If an unvaccinated employee is unable to access the electronic screening process, they shall immediately inform their supervisor. The supervisor shall email the assistant chiefs and EMS coordinator of the issue.



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Each regular City business day, the EMS coordinator shall conduct a quality assurance process of cross-referencing daily electronic screening (ES) entries with unvaccinated employees on-duty in Telestaff or by contacting the identified supervisors to determine compliance. Each Monday, the EMS coordinator shall complete the same quality assurance process for the weekend for fire suppression personnel only. In the absence of the EMS coordinator, the training officer or the assistant chief of operations shall maintain compliance continuity.

If during a regular City business day, the EMS coordinator determines an unvaccinated on-duty employee has not completed the screening or any other discrepancy, the assistant training officer shall contact the appropriate supervisor for immediate follow-up with the identified employee(s). The involved supervisor shall email the assistant chiefs and EMS coordinator of their findings that day.

VII. TUBERCULOSIS EXPOSURE DETERMINATION

Tuberculosis (TB) is caused by 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 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 Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) (CDC, 2012).

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

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

V. EMPLOYEE EXPOSURE NOTIFICATION

A. Washtenaw / Livingston Medical Control Protocol Section 6D-3 *Notification of Prehospital Personnel Regarding Potential Exposures to Communicable Diseases* shall be adhered to.

B. On-Scene Exposure Incidents

- i. The affected employee shall notify their immediate supervisor immediately. The supervisor shall notify the on-duty battalion chief.
 - a. The battalion chief shall then immediately notify the assistant chief of operations of the exposure;
 - b. If the assistant chief of operations is not available, the battalion chief shall notify the fire chief;
- ii. The exposed employee shall go to the same emergency department as the source patient of the suspected employee.



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C. Clinical Post-Care Notification

- i. Circumstances are possible a patient who is transported and evaluated by receiving clinical health care providers/systems is diagnosed with or presents an occupational exposure risk to blood or other OPIMs.
- ii. Under these circumstances, the respective health care system will officially and directly notify the Huron Valley Ambulance Company (HVA) road supervisor.
- iii. In turn, upon internal (HVA) confirmation, the HVA road supervisor shall establish a first point of contact with AAFD through the provided AAFD personnel listing:
 - a. EMS coordinator
 - b. Training officer
 - c. Battalion chief
 - d. Assistant chief
 - e. Fire chief
- iii. Personnel directly involved in the exposure incident shall only be notified by the individual first contacted by an authorized HVA road supervisor.
- iv. HVA senior leadership/management has provided all HVA road supervisors the above listing with respective contact numbers.
- v. At any time, the assistant training officer/EMS coordinator, training officer and/or battalion chief is contacted under such circumstances, the assistant chief of emergency operations shall be immediately contacted via cell phone.
- vi. At no time shall an employee contact/notify another employee to inform them of an exposure or possible exposure without formal notification from an authorized HVA road supervisor.

VI. POST EXPOSURE EVALUATION AND FOLLOW UP

Should an exposure incident occur:

- A. The assistant chief of operations shall assist with coordination of the exposure follow-up.
- B. Following the initial first aid, the following activities will be performed City of Ann Arbor employee health provider or other licensed healthcare facility.
 - i. Document the routes of exposure and how the exposure occurred.
 - ii. Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.
 - iii. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, Hepatitis C (HCV), and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
 - iv. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
 - v. 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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- C. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- D. 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.

VII. 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 coordinator 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.

- i. 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).
- ii. 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
- iii. Needlestick Safety and Prevention Act of 2000 for engineering and workplace controls.
- iv. 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.
- v. Effective environmental cleaning, disinfection, and disposal of contaminated materials or equipment will reduce the risk of infectious disease transmission.



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- vi. The use of Standard Precautions and utilizing PPE for all patient contact is recommended to minimize infectious disease transmission to EMS system responders.
- vii. Sharps disposal containers are inspected and maintained or replaced by the EMS coordinator annually or whenever necessary to prevent overfilling.
- viii. AAFD identifies the need for changes in engineering control and work practices through review of MIOSHA records and employee interviews.
- ix. AAFD evaluates new procedures or new products by utilizing in training and field testing. The EMS coordinator will ensure effective implementation of these recommendations.

AAFD 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 when feasible.
- 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 employees. Training is coordinated / provided by the EMS coordinator 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, face masks, N95 masks, SCBA mask with P100 cartridge, gowns, Tyvex suits, and / or other PPE 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 nitrile gloves. Members are required to don gloves on every EMS related incident prior to providing any patient care or initiating any patient contact.

HEPA Filter Masks

The department provides high-efficiency particulate arrestance (HEPA) filters that attach to the Scott self-contained breathing apparatus (SCBA) face mask: P100. These HEPA filters for use in situations involving the potential of airborne pathogen contamination. All category A employees are annually fit tested to their assigned SCBA face mask.



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Gowns and Biohazard Wear

AAFD provides gowns and other items of biohazard wear 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:
 - a. All used PPE shall be disposed of in a biohazard bag.
 - b. Contaminated turnout gear shall be pretreated and washed via normal turnout gear washing procedures.
- After exposure, the soles of uniform boots shall be cleaned and disinfected prior to entering crew quarters.

E. Housekeeping

Decontamination will be accomplished by utilizing the following materials: CaviCide, Envirocide, or bleach and water. 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.



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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.

F. Disposal

All contaminated, disposable equipment shall be placed in a red, biohazard bag. Whenever practical, biohazard bag(s) shall be transferred to a Huron Valley Ambulance (HVA) rig while on scene.

If the bag(s) cannot be transferred to a respective HVA rig, the involved AAFD unit shall transport the bagged contaminated equipment to the University of Michigan Emergency Department. At no time shall bagged contaminated equipment be brought into a City of Ann Arbor facility.

In the event AAFD equipment has been lost to such contamination, the involved company officer shall notify the EMS coordinator via city email during the reporting writing process along with their respective battalion chief being carbon copied as well.

G. Biological Contamination

If PPE is exposed by biological or hazardous material that cannot be mitigated with routine cleaning procedures, the employee shall utilize universal precautions when handling the personal protective equipment.

PPE that is known or suspected to be contaminated with biological or hazardous material:

- i. Isolated
- ii. Bagged (preferably a clear plastic bag)
- iii. Tagged (the known or suspected biological or hazardous material shall be indicated on the tag)
- iv. Notification of the PPE coordinator for cleaning.



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VIII. EMS APPARATUS AND EQUIPMENT CLEANING AND DISINFECTION

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

Each Saturday apparatus and equipment checks shall include cleaning and disinfecting of the following patient care items and surfaces that can contribute to the spread of infection:

- 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.



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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.
- 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. If the surfaces in the driver's compartment become contaminated, clean and disinfect according to the vehicle manufacturer's recommendations.
- Rescue 1-1 has been outfitted with the Compressed Air Decontamination Sprayer using the Nixall sanitizing solution and can be used for routine cleaning and disinfection along with decontamination.
- Apparatus - Donning medical gloves, all contact surfaces, e.g., seat covers, radio equipment (mics/portables), immediate/accessible flat surfaces shall be wiped down with sanitizing spray. Cloths used to clean surfaces can be washed using standard laundry detergent and normal washing settings.
- SCBA Facepiece - Warm water and soap solution. No not get P100 cartridge wet. Allow to air dry.
- P-100 Cartridge - If not done on scene, mild wipe down with disinfectant (do not submerge or spray P-100 cartridge with water)

Special Precautions and Recommendations

Routine cleaning and disinfection may not be adequate to remove some germs, particularly

- Clostridium difficile and Norovirus, from contaminated surfaces. 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.



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- EMS services that frequently respond to patients at nursing homes and longterm care facilities are at an increased risk for exposure to C. difficile (Schulster et al., 2003).
- 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 (Schulster et al., 2003; PIDAC, 2009).

TUBERCULOSIS SCREENING

IX. HEPATITIS A AND B VACCINATION

Hepatitis A is caused by the hepatitis A virus, and it can cause damage to the liver and other health problems. Hepatitis A can range from a mild illness lasting a few weeks to a serious illness lasting several months. Hepatitis B is also recognized as HBV and/or Hep B.

The EMS coordinator will provide training to employees on hepatitis A and 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. The hepatitis A vaccination series is available at no cost after training and with coordination and vaccine availability via the Washtenaw County Health Department. The hepatitis A vaccine will be optional to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- Documentation exists that the employee has previously received the series.
or
- Antibody testing reveals that the employee is immune
or
- 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. 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.

X. ADMINISTRATION OF POST EXPOSURE EVALUATION AND FOLLOW UP

The EMS coordinator shall provide health care professional(s) responsible for employee's hepatitis B vaccination and post exposure evaluation and follow up a copy of MIOSHA's bloodborne infectious diseases standard.

The EMS coordinator shall ensure 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.



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- 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 coordinator 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 coordinator 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. VACCINES

The COVID-19 vaccine and annual flu shots are offered to all employees at no cost.

XIII. EMPLOYEE TRAINING

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.



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- 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 coordinator.

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 coordinator.

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 coordinator.

XV. MEDICAL RECORDS

Medical records are maintained for each employee with occupational exposure in accordance with MIOSHA Part 432. Hazardous Waste Operations and Emergency Response, "Access to Employee Exposure and Medical Records."

The Human Resource and Labor Relations Service Unit is responsible for maintenance of the required medical records.

These confidential records are kept for at least the duration of employment plus thirty (30) years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee.

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 City Safety Unit.

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. City of Ann Arbor Safety Manager 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



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- Explanation of how the incident occurred.
- The log is recorded and maintained to protect the confidentiality of the injured employee.

APPENDIX A

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

The following safer devices and engineering controls are being considered and/or implemented:

AAFD utilizes automatically retractable needles to check patient's glucose levels. This is the only needle device carried on basic life support apparatus. In addition to the retractable devices, sharps containers are carried on all basic life support apparatus.

The following work practice controls are being used to reduce exposure:

Needles are never reused. Due to the automatic nature of the retracting needle, there is never a need to recap a needle.