

SUNY Geneseo Emergency Squad OSHA Training

As a member of the SUNY Geneseo Emergency Squad, you will come in contact with a wide variety of people, some of whom may be carrying communicable diseases. Therefore, you must be concerned with preventing the spread of such diseases to yourself and others. The three communicable diseases that are of particular concern are hepatitis, tuberculosis and AIDS.

- **Hepatitis** is an infection that causes an inflammation of the liver. Hepatitis comes in four forms: A, B, C and non-A/non-B. Once infected, a person remains infected for life. The disease is acquired through contact with blood, stool or other body fluids. Hepatitis B has been found to live up to seven days in dried blood spills, so it poses a risk of transmission long after many other viruses would have died. For this reason, all bodily fluids must be assumed to be infectious. Hepatitis can lead to cirrhosis of the liver and even death. Hepatitis B (HBV) kills approximately 200 health care workers every year in the United States.

- **Tuberculosis** is an infection of the lungs that can be fatal. TB is highly contagious. Unlike many other infectious diseases, TB can be spread easily through the air. Be aware that any person with a cough may be carrying TB.

- **AIDS** is the name for a set of conditions that result when the immune system fails to combat infections adequately as a result of the HIV virus. HIV presents less of a risk to health care worker than Hepatitis B and TB because it does not survive well outside the human body. The routes of exposure include: direct contact with blood, intravenous drug use, unprotected sexual contact and blood transfusion.

Assume that that the bodily fluids of all patients are potentially infectious!!!

Precautionary Measures Against Bloodborne Pathogens

- Wear gloves at all times during patient contact
- Wash hands with soap after each call
- Use BVM to provide artificial ventilation
- Dispose of all contaminated waste in proper Biohazard Bags (red) and bring to Health Center (bags are located in the van, under the seat behind the driver)
- Decontaminate all exposed surfaces, equipment and clothing with a diluted bleach solution (bleach is located next to the sink in the Squad Room)

The hepatitis B vaccination is available at the Health Center free of charge for all Squad members. All members are encouraged to receive the vaccination. You may have to set up an appointment in advance for this service.

If you have any questions, please consult your copy of the Exposure Control Plan. Feel free to direct any addition questions or concerns to the Lt. of Training.

Geneseo First Response

Exposure Plan

Livingston County EMS Coordinator 243-7135
Avon, Mt.Morris, Dansville Women's Health Clinic 243-7540
Livingston County Dept. Of Health
-Nursing Division, Cindy Sheflin,SPHN 243-7290

HIV: Initial Test after exposure
3 months after exposure
6 months after exposure

HBV: initial titer for antibodies
retest one month after booster shot

STD's: Syphilis test

Patient: test for above and any other communicable diseases
All results of patients test are confidential.

For a major exposure with positive test results get a gammaglobulin shot.

Post-exposure:

- use soap in med bag
- wash contaminated spot with Vitronex
- if site is anywhere but place with mucous membrane or face, use bleach
- make an appointment at the health center for post-exposure counseling and testing
- tell the Crew Chief on duty

SUNY GENESEO VOLUNTEER EMERGENCY SQUAD **EXPOSURE CONTROL PLAN**

Response to OSHA Law 1910.1030
Revised September, 1995

It is the purpose of this plan to minimize or eliminate the exposure that members of the SUNY Geneseo Emergency Squad must have to blood or other potentially infectious body fluids.

Determination of Exposure: The following is a list of job classifications in which all members in these capacities are in a position to have an incidence of occupational exposure to blood or other potentially infectious body fluids.

Driver: Responsible for the safe operation of the emergency vehicles to and from scenes that require emergency medical care. This individual also assists with direct patient care/transfer as directed by the Crew Chief.

Crew Chief: Responsible for primary patient care on each call. This individual is a fully certified New York State Emergency Medical Technician (EMT).

Attendant: Responsible for patient care in an assistant capacity as directed by the Crew Chief.

CCIT: A training member of the Emergency Squad who is responsible for primary patient care under the direct supervision of the Crew Chief.

The following is a list of tasks and procedures in which occupational exposure may occur. These tasks and procedures are performed by Emergency Squad personnel whose job classifications are listed above.

Suctioning airway; insertion of oropharyngeal airway; insertion of nasopharyngeal airway; artificial ventilation; administration of oral glucose solution; OB/GYN emergencies; contact with any wounds; cleaning of contaminated equipment; cleaning of the patient compartment within the vehicle; concealed sharps and needles.

It should be noted that occasionally other agencies are summoned to provide Advanced Life Support measures, which, due to their nature, may involve the initiation of IV's and administration of drugs intravenously. As a result, it is possible that a member may come into contact with a contaminated sharp or needle.

Hepatitis B Vaccination: It is the policy of the Emergency Squad that *all members shall be offered the hepatitis B vaccine free of charge.* The vaccination shall be made available after the member has received training as required by OSHA law 1910.1030. All members will be encouraged to receive the vaccination unless previously vaccinated, previous antibody testing has indicated the individual is immune, or the vaccine is contraindicated for medical reasons.

Any member who declines to accept the hepatitis B vaccination must sign a statement acknowledging their intent not to receive the vaccination (Appendix A). The Emergency Squad and Lauderdale Health Center shall establish and maintain an accurate record of all such statements. These statements shall be kept as long as the member is on the active roster of the organization and a minimum of five (5) years thereafter. If a member initially declines the hepatitis B vaccination, but at a later date, while still on the active roster, would like to be vaccinated, the Emergency Squad shall make available the hepatitis B vaccine to the member at that time.

If routine booster dose(s) of the hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available free of charge to the member while they are still active members.

Post Exposure Evaluation and Follow-Up: In the event of an accidental or other exposure to blood or other potentially contaminated body fluids by a member, procedures are in place to minimize/eliminate the chances of HBV, HIV, or other infections for our members. The member involved in the incident is to immediately notify the Captain of the Emergency Squad and should report to the Health Center.

The source individual's blood shall be tested to determine infectivity as soon as possible following consent. If consent is not obtained the Health Center shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law the individual's blood, if available, shall be tested and the results documented.

1. When the source individual is already known to be infected with HBV or HIV, testing for the individual's known status need not be repeated.
2. Results of the source individual's testing shall be made available to the exposed member and the member shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious state of the source individual.

The Health Center shall provide the member with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation. This opinion shall include the following information: A) the member has been informed of the results of the evaluation, and B) the member has been told about any medical conditions resulting from exposure to potentially infectious material which require further evaluation or treatment.

Testing the Exposed Member:

1. The exposed member's blood shall be collected as soon as possible and tested after consent is given.
2. If the member consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure

incident, the member elects to have the baseline sample tested, such testing shall be done as soon as possible.

The Health Center will assist the exposed member whenever possible with any counseling needed surrounding the exposure incident and any follow or treatment deemed necessary by a medical professional. Complete cooperation will be given to any health professional caring for the exposed member by providing the following information:

1. A copy of the exposed member's hepatitis B vaccination record, if any.
2. A description of the member's duties as they relate to the exposure incident.
3. Documentation of the routes of exposure.
4. Results of the source individual's blood testing
5. A copy of the member's physical exam, if any.

Record Keeping: The Emergency Squad will establish and maintain an accurate record for each member who has an occupational exposure incident. The Emergency Squad will ensure that this record is kept confidential, and will not be disclosed or reported without express written consent from the member involved. The Emergency Squad will keep these records for as long as the member is on the active rolls and for 30 years thereafter.

Engineering Controls: Engineering controls shall be all controls used to eliminate or minimize the member's exposure to potentially infectious body fluids.

Note: Universal precautions – all human blood and certain human body fluids are treated as if KNOWN to be infectious for HIV, HBV, and other bloodborne pathogens.

1. It shall be the responsibility of the Lt. of Operations under the direction of the Captain, to maintain or replace the controls used by the Emergency Squad to ensure their effectiveness.
2. Hand washing facilities are provided in the Squad Room in which the crew is housed, running water, soap from a hand pump dispenser, and paper towels are provided. Appropriate hand washing facilities are also available at all the hospitals and the Health Center. Other acceptable methods of hand washing include microbial wipes, alcohol wipes, alcohol foam, or other commercially available antiseptic products.
3. All members shall wash their hands immediately or as soon as possible after the removal of gloves or other personal protective equipment. Members shall also flush mucous membranes with water immediately or as soon as possible following contact of said body areas with blood or other potentially infectious body fluid.

4. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in the patient care compartments of the emergency vehicles.

Personal Protective Equipment: Provided by the Health Center, at not cost to the member, are gloves, masks eye protection, bag–valve masks (BVM) and pocket masks.

1. Gloves shall be worn for *all* patient contact. Mask and eye protection shall be worn in conjunction with one another. Both shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
2. The BVM shall be used to provide artificial ventilations. A pocket face mask with a one–way valve may be used by members *at their own discretion*. It is important to note that the pocket face mask used must contain a one–way valve to prevent the exchange of blood or other body fluid between the patient and patient care provider. *It is highly recommended that the member utilize the BVM in lieu of the pocket face mask.*
3. Appropriate protective clothing including, but not limited to Squad uniforms, jackets, turn–out coats, gowns, scrubs, or similar outer garments shall be worn in occupational exposure situations. The type and characteristic will depend upon the task and degree of exposure anticipated.

When the member does not use the proper personal protective equipment provided, the circumstances shall be investigated by the Captain and Lt. of Operations and documented to determine whether changes can be instituted to prevent such occurrences in the future.

Any member who fails to utilize provided protective equipment as described shall relieve the Emergency Squad and Health Center of any and all liability resulting in an exposure/contamination or infections that would have been prevented by adhering to the policy.

Failure to follow procedures will result in disciplinary action.

Disposal and Cleaning of Personal Protective Equipment: Gloves and masks used shall be disposed of in red bags designed for disposal of regulated wastes at the Health Center. Masks and gloves are not to be reused and are to be disposed of as indicated above as soon as possible after removal.

Bag–valve masks and suction units shall be cleaned using a bleach and water solution which is provided by the Health Center in a spray bottle and labeled "Bleach Solution". Bleach solution shall be a solution of one part bleach to ten parts water. While cleaning the bag–valve mask and suction unit, the member cleaning these items shall utilize the same precautions as used for dealing with a patient with blood or possibly infectious body fluid as outlined previously in this document. The gloves or mask used to clean the equipment shall be disposed of in a red biohazard bag as with any other regulated waste. It shall be the responsibility of the Lt. of Operations, under the direction of the Captain, to maintain the personal protective equipment for its

effectiveness and immediately report to the Captain those items needed repair or replacement.

Housekeeping: The entire patient care compartment of the vehicle, including seats, benches, and cabinets, shall be cleaned using the premixed bleach solution which is provided by the Health Center. The patient care compartment shall be cleaned after providing emergency medical services to a patient where blood or other potentially infectious body fluid was present. When cleaning, the crew members should take universal precautions and when cleaning is completed, protective equipment used should be disposed of in red biohazard bags with other regulated waste.

Communication of Hazards to Members: Any material contained in red biohazard bags or to which a "biohazard" sign is affixed shall be considered to be infectious or contaminated material.

Regulated Waste: Regulated waste is defined as all material such as paper towels used for cleaning equipment, gloves, masks, oxygen delivery devices, suction catheters, suction tips, dressings, emesis basin liners, and any other non-reusable items that have been in contact with potentially infectious material. The aforementioned material shall be contained in a closeable red biohazard bag to prevent leaking of fluids. The bag shall be closed prior to removal or transport. If outside contamination of the regulated waste container occurs, it shall be placed in another red biohazard bag that is also leak proof.

Laundry: Contaminated laundry shall be handled as little as possible. The contaminated laundry shall be placed in appropriate (leakproof) Health Center receptacles, to be laundered by Health Center personnel. The laundry shall not be sorted or rinsed at the location where it was used. Universal precautions shall be used when handling soiled laundry.

Labels and Signs: Warning labels shall be affixed to containers of regulated waste. These labels shall contain the word "biohazard". Red bags shall be used for regulated waste which has possibly come into contact with potentially infectious material. A red bag inside a plastic garbage bag can be provided for disposal of regulated waste.

Training: All members of the Emergency Squad must participate in a training program regarding bloodborne pathogens, at no cost to them. The training will be provided at the time of initial assignments to the Emergency Squad. All members who join the Squad must have this training prior to becoming an active member. Annual training on this subject shall be required by all members who actively participate in the Emergency Squad. It shall be the responsibility of the Lt. of Training under the direction of the Captain to devise and provide a training program for members in accordance with OSHA 1920.1030, section (2, VII A-N). It is also the responsibility of the Lt. of Training to ensure the persons conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the Emergency Squad.

Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the members' occupational

exposure. The additional training may be limited to addressing the new exposures created.

Training Records: The Emergency Squad will maintain all annual training records for bloodborne pathogens. It shall be the responsibility of the Lt. or Training to maintain these records and to update them in a timely manner. The records shall be kept for a minimum of three years from the date of the training and shall include:

1. the dates of the sessions
2. a summary of the session
3. name(s) and qualifications of persons conducting the training
4. names and job titles of all persons attending the training session.

These records should be made available upon request to the Director of Health Services.

This exposure plan shall be reviewed annually by the officers of the Emergency Squad and whenever necessary to reflect new or modified tasks. All members are required to read and become familiar with the plan and the material contained therein. The plan and any material contained within will be available to any member at any time thereafter if they wish to review it.

Please print all information clearly and carefully.

Date: _____

Date of incident:

Location: _____

Protective Equipment worn (ex. gloves, uniform) :

Crew Chief on call: _____

Reported Incident to:

Other persons involved: _____

Chronological Description of Events (facts only, no opinions)

Signature: _____

Date: _____