

EFK OF CONNECTICUT, INC.

- **Nelson Ambulance Service**
- **Access Ambulance Service**
- **Connecticut Handivan**

Corporate Exposure Control Plan

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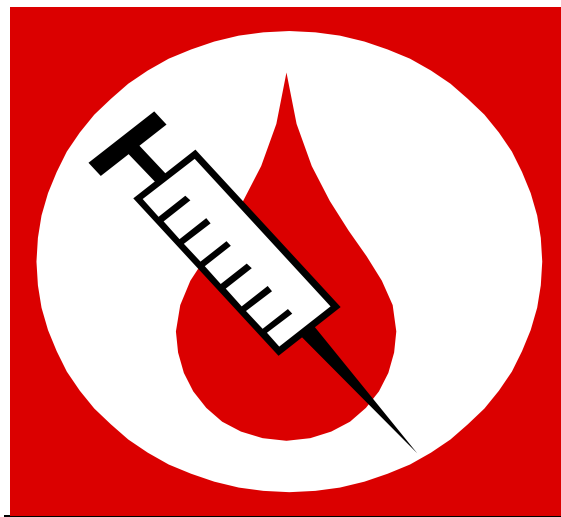
Introduction

This Corporate Exposure Plan is written to comply with the standards as originated with the *Occupational Safety and Health Act of 1970*. Due to the fact that interpretations and enforcement policies may change over time this plan will be reviewed on a yearly basis in order to maintain OSHA compliance, assure the material is up to date and to provide for employee input through the corporate safety committee. Current OSHA Standards as well as guidelines set forth in publications by the National Institute for Occupational Safety & Health (NIOSH), National Fire Protection Association (NFPA), the Center for Disease Control (CDC) and other applicable regulatory agencies shall be consulted and utilized each time this plan is updated.

This exposure plan is based on an OSHA Publication OSHA 3186-06R 2003 which is provided for use in the public domain and has been adapted for information specific to EFK of Connecticut Inc.

PART 1

**Standard for Blood-Borne Pathogens and Other Potentially Infectious
Materials**



POLICY

EFK of Connecticut, Inc. is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood-borne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Blood-borne Pathogens" and occupational exposure to hazardous substances with a delivery method not blood-borne in nature.

This ECP is a key document to assist our corporation in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure.
- Implementation of various methods of exposure control, including:
 - a) Universal precautions
 - b) Engineering and work practice controls.
 - c) Personal protective equipment (PPE)
 - d) Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents.

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

- The EFK of Connecticut, Inc. Education and Compliance Division is responsible for implementation of this ECP.
- The Director of Operations will see to it that this plan is maintained, reviewed and updated at least annually, and whenever necessary to include new or modified tasks and procedures.
- Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.
- EFK of Connecticut, Inc. will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels and red biohazard bags as required by the standard.
- EFK of Connecticut, Inc. will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.
- EFK of Connecticut, Inc. will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.
- EFK of Connecticut, Inc. will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

A. The following is a list of all job classifications within our corporate structure in which employees have a strong possibility of occupational exposure. These employees all have direct patient contact and are most at risk for exposure to blood-borne pathogens and Other Potentially Infectious Materials (OPIM).

Job Title	Department/Location
• Wheelchair Transportation Driver	Field Operations/A,B,C,D,E
• Emergency Medical Technician	Field Operations/A,B,D,E
• Advanced Emergency Medical Technician	Field Operations/A,B,D,E
• Paramedic	Field Operations/A,B,D,E
• Field Operations Supervisor	Field Operations/A,B,D,E

Locations:

- A – 279 Noble Ave Bridgeport, CT
- B – 208 Quinnipiac Ave North Haven, CT
- C – 282 Maple Ave North Haven, CT
- D – 64 Magee Ave Stamford, CT
- E – 5 Perryridge Rd Greenwich, CT

B.

The following is a list of job classifications in which employees *may* have occupational exposure. This exposure risk may occur:

1. When the maintenance personnel listed below come in contact with contaminated vehicles, equipment, paperwork etc that has been used by the field personnel listed above even though they have not had direct patient contact.
2. The Director of Operations and Education & Compliance Coordinator are called upon to assume EMS duties, basic and advanced when needed.
3. Office workers such as the Patient Account Specialists have contact with paper reports generated by field EMS personnel that may have been in close proximity with patients and substances.

Included is a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for these individuals.

JOB TITLE	DIVISION/LOCATION	TASK/PROCEDURE	RISK
Fleet Services Manager	Fleet Services / C	Vehicle/Equip Repair	Contact with Contaminates
Fleet Mechanic	Fleet Services / C	Vehicle/Equip Repair	Contact with Contaminates
Fleet Detailer	Fleet Services/ C	Vehicle/Equip Maint.	Contact with Contaminates
Director of Operations	Field Operations/A,B,C,D,E	Field EMS	Direct Patient Contact
Education & Compliance Coordinator	Field Operations/A,B,C,D,E	Field EMS	Direct Patient Contact
Patient Account Specialist	Administration / B	Patient Care Report Review	Contact with Contaminates

NOTE: Part-time, temporary, contract and per diem employees are covered by the blood-borne pathogens standard. This ECP shall apply equally to all employees no matter what their current condition of employment.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions:

All employees shall utilize universal precautions for blood, bodily fluids containing visible blood, semen, vaginal fluid, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, needles and other sharp instruments. It is defined as a set of precautions designed to prevent transmission of HIV, hepatitis B virus (HBV), and other blood-borne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV and other blood-borne pathogens. Universal precautions are achieved by using protective barriers that include gloves, gowns, protective eyewear and face mask/shields.

Exposure Control Plan:

Employees covered by the blood-borne pathogens standard receive an explanation of this ECP during the initial training and orientation sessions. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting their Field Operations Supervisor or by visiting the company website. If requested, EFK of Connecticut, Inc. will provide an employee with a copy of this ECP free of charge and within 15 days of the request.

The Director of Operations is responsible to see that this ECP is reviewed and updated annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices:

Engineering controls and work practice controls will be used to prevent or minimize exposure to blood-borne pathogens. The specific engineering controls and work practice controls used are listed below:

- Sharps containers in all EMS vehicles and all bases of operation.
- Red biohazard bags located in all company vehicles and all bases of operation.
- Decontamination rated wipes located in all company vehicles and all bases of operation.
- Hand wash stations and liquids located in all bases of operations.
- Hand sanitizer stations or solutions are located in all company vehicles.
- Eye rinse stations are located in the vehicle garage area of each base location.

Sharps disposal; containers are inspected and maintained or replaced by active field EMS personnel as a part of regular vehicle maintenance procedures when they are 75% full. Overfilling is not permissible.

EFK of Connecticut, Inc. identifies the need for changes in engineering controls and work practices through regular review of OSHA records, field incident reports, employee interviews, safety committee reports and the recommendations of field personnel.

Hand Washing Practices for Employees:

Hand washing shall occur:

1. After patient contact
 2. After the removal of gloves and/or other PPE
 3. Before eating, drinking, applying makeup or any other practice involving skin to skin contact.
 4. Before and after food handling
 5. Before and after using sanitary facilities.
- Employees shall wash their hands / exposed body areas with warm running water and antimicrobial soap, followed by thorough drying with disposable towels.
 - On exposure, non-aqueous hand cleaner may be utilized as a temporary measure until adequate hand washing can be performed.
 - Jewelry should be worn with caution. Rings often puncture gloves allowing a route for contamination.

New procedures and new products are evaluated by operations management, and then field personnel. Both front line personnel and management staff are involved in this process through reports of personal experience, information provided through the safety committee and field trial of equipment supplied through various vendors.

The Director of Operations is ultimately responsible for ensuring that all positive recommendations are implemented.

Personal Protective Equipment (PPE):

PPE is provided to all our employees at no cost to them. Training in the use of appropriate PPE for specific tasks or procedures is provided by the EFK of Connecticut, Inc. Education & Compliance Coordinator. Face masks are "Fit Tested" for each individual employee who may be called upon to use such devices. The types of PPE available to employees are as follows:

- Non Latex medical gloves in sizes small thorough XL
- Full protective disposable facemask with eye shields
- Full protective disposable gowns
- Surgical Masks *
- N-95 face masks in sizes Small, Medium, Large, Extra-large and One Size Fits All *
- HEPA face masks*

PPE is located in all company vehicles and at all base locations and is readily available to all employees without prior authorization. PPE is included on the daily vehicle equipment checklist and is the duty of the employee during said check to assure that all items are in place and in good condition. Replacement PPE items are available at all base locations or if not, by notifying a field operations supervisor.

*Respiratory Protection PPE (Reference Part 2)

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing 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 if contaminated and in regular trash if no possibility of blood-borne contamination has occurred.
- Wear appropriate gloves when it is reasonable 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 or contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for their 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, splatters 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:

Used or contaminated disposable PPE such as gloves, gowns, etc shall be placed in a red bag and disposed of in a hazardous waste container at an area hospital emergency department (ED) or at one of the corporate base locations.

Reusable PPE that has become contaminated shall be cleaned as per the same procedures used to clean EMS items such as backboards etc. Corporate supplied cleaning solutions shall be used for disinfecting items such as goggles that can be cleaned and placed back in service. Universal precautions shall be used when handling any contaminated items with cleaning cloths, wipes etc treated as contaminated waste.

Housekeeping:

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color coded red and closed prior to removal to prevent spillage or protrusion of contents during handling.

Contaminated sharps are to be discarded immediately or as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottoms, and are appropriately labeled or color coded red. Sharps disposal containers are available in all ambulance units, at all base locations and at every hospital emergency department.

The procedure for handling sharps disposal containers is to assure that sharps containers are never overfilled and are turned in to a local emergency department (ED) or medical waste company for destruction as per individual hospital protocols

Other regulated waste shall be disposed of as per local ED protocols. Any waste products should never be left unattended on work surfaces, in vehicles and in any other area where they may be mistaken for non-contaminated items. All regulated waste products shall be clearly marked as such and placed in a bag or secure container that is also marked as containing such waste.

Bins and pails (e.g., wash or emesis basins) shall be cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware that may be contaminated shall be picked up only by using mechanical means such as a brush and dustpan.

Laundry:

Contaminated items that will be laundered by the corporation are limited to those items that are not disposable or exchanged with a hospital such as sheets, pillowcases etc. These items consist of wool or synthetic blend blankets and other such non-disposable items that may become contaminated. The rule of thumb shall be, when in doubt that an item cannot be decontaminated by conventional means, secure and mark that item and take it out of service.

- Handle all contaminated laundry as little as possible, with minimal agitation.
- Place wet contaminated laundry in leak-proof, labeled color coded containers prior to transport. Use red bags or bags marked with the biohazard symbol for this purpose.

Wear the following PPE when handling and/or sorting contaminated laundry:

- Gloves – Must be worn when handling **any** soiled item.
- Gown or non penetrable apron
- Face shield

The corporation maintains a pathogen rated laundry facility at the Montowese Healthcare Facility in North Haven. All contaminated items to be laundered shall be bagged appropriately and transported to this facility as soon as practical.

Soiled/Contaminated Uniforms:

- Soiled and/or contaminated uniforms shall be laundered according to CDC guidelines, washed in a mix of detergent and water at a minimum of 160 degrees F for at least 25 minutes. It is best to consider any uniform worn during patient contact as contaminated.
- Personnel having patient contact are required to bring two (2) sets of uniforms to work in order to prevent downtime when exposure occurs. The extra set of uniforms shall be kept in the employee's personal vehicle in order to avoid cross contamination from any contamination at the assigned base location.
- Should an employee report contamination the dispatcher is expected to give that unit the necessary time for a proper decontamination prior to returning to service.

Contaminated Equipment:

Laryngoscopes, scissors, hemostats, straps, and other non-porous equipment shall be soaked for no less than 20 minutes in an antimicrobial solution, rinsed thoroughly with water, then dried prior to reuse.

Stethoscopes should be sprayed with an antimicrobial agent and wiped dry after suspected contamination and at the end of each tour of duty.

Any cervical collar having patient contact shall be considered contaminated and shall be discarded in a biohazard waste container after removal.

Pneumatic Anti-shock Garments and Blood Pressure Cuffs:

Bladder Chambers:

- Remove all air from bladders and close chambers
- Soak in an antimicrobial solution for a minimum of 20 minutes
- Air till completely dry

Outer Garment/Shell:

- With bladders removed, machine wash alone or hand wash in warm water with standard detergent
- Air dry or tumble dry at low setting
- Once completely dry, fold and store

The following items shall be disposed of in an approved sharps container:

- Needle (shall not be bent or cut)
- Unprocessed blood tubes
- Bristo-jets & prefilled syringes
- Sharp edged glass, plastics or metal

*Containers must be replaced when seventy five percent (75%) full. Full containers are to be covered, sealed, and placed in a biohazard containment bin.

The following items shall be disposed of in biohazard containers:

- Gloves (whether or not appearing soiled)
- Intravenous tubing
- Soiled dressings and other non-laundered items
- Respiratory disposables
- Patient diapers or any other soiled/contaminated items

Vehicles:

Routine vehicle and equipment decontamination shall be performed at the beginning of every shift and after any contamination occurring during the tour of duty. Routine decon should include all radio handsets, turn signal and gearshift levers, switches, arm rests, door handles, window cranks and switches, stretcher rails, and any other surfaces in the cab and patient compartments that may be subject to contamination.

Grossly contaminated stretchers are *not* to be hosed off. Place launderable blankets beneath stretcher to allow for drainage. Use an appropriate antimicrobial disinfectant spray, allowing it to soak on the hard surfaces and sealed foam pad for a minimum of 20 minutes, then wipe off. Handle towels as a routine contaminated biohazard.

Equipment checklists are to be completed for each unit at the beginning of the shift in order to assure ample supplies of PPE and equipment. Any deficiencies shall be reported to the Shift Supervisor.

Food, beverages, makeup and other personal care products are prohibited in the patient compartment, but are allowed in the forward area, provided that the patient area is isolated through the closing of doors, windows etc. so that the forward compartment and staff are not subject to contaminated from activities in the rear.

Maximum ventilation shall be used to exhaust the patient compartment whenever the patient being treated/transported is experiencing known or suspected respiratory ailments.

Training:

Training mannequins used for CPR shall be disinfected after every session per manufacturer’s recommendations. CPR mannequins are purchased with an emphasis on providing users with individual face/mouth/nose sections or equivalent individual barriers

Labels

The corporation uses the following labeling methods:

Contaminated PPE, gloves etc ----- red bag / biohazard label

Contaminated laundry ----- Corporate or hospital biohazard disposal

Contaminated bandages and other EMS disposables ----- red bag / biohazard label

Sharps ----- Approved sharps container red/ labeled as such

The Branch Operations Manager is responsible for ensuring that warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the base. Employees are to notify their supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

Health Maintenance Standards:

The intent of these standards is to proactively reduce, or whenever possible eliminate, the potential to contract common/preventable diseases both on and off the job. In certain instances, these preventative measures may be required as prerequisites for employment although once employed they become the responsibility of the corporation.

The corporation retains the right to utilize the services of the Department of Health, local hospitals, or other medically approved agencies so deemed by the insurance carrier, to help maintain cost control and standardization.

Prior to allowing any individual to operate in the arena of patient care, said individual must:

1. Review all Infectious Control Policies with the Exposure Control Officer or an appropriate designee.
2. Provide records of all immunizations and written acceptance or refusal of the Hepatitis B vaccine.
3. Be properly fit-tested for a HEPA respirator per OSHA standard 1910.134
4. Documentation of a baseline PPD

Work Restrictions:

Work restrictions are to be determined by a physician. The following is intended for use as a reference only:

Disease	Work Status
Open wounds	Covered with an occlusive dressing or restricted from duty until healed
Herpes Simplex, Poison Ivy Poison Oak, other dermal lesions	Must be covered with an occlusive dressing or restricted from duty until cleared by MD
Upper Conjunctivitis, Respiratory Infection	Employee use of a particulate respirator with HIGH-risk patients and limit exposure time
Chickenpox, Epstein/Barr Syndrome, Hepatitis A, B (active), HIV positive, Measles, Mumps, Rubella, Strep/Staph Infections, Shingles, Tuberculosis	Restricted from duty until cleared by MD

POST-EXPOSURE EVALUATION AND FOLLOW UP

Should an exposure incident occur, contact your shift supervisor through dispatch as soon as practicable.

An immediately available confidential medical evaluation and follow-up will be conducted by the corporate healthcare provider, Concentra Health Care during business hours. After hours/weekend exposure should be evaluated at a local hospital emergency department (ED) with follow up performed by Concentra as soon as practical. Concentra locations in Connecticut are listed in Table A (below) Following initial first aid (clean the wound, flush eyes or other mucus membranes, etc.) the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- 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).
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident, and have the blood tested for HBV and HIX serological status.
- 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 treated during this waiting period, perform testing as soon as feasible.

Table A – Concentra Healthcare Locations in Connecticut

<u>STREET ADDRESS</u>	<u>CITY</u>	<u>PHONE</u>	<u>AFTER HOURS PHONE</u>	<u>HOURS OF OPERATIONS</u>
701 Main Street	East Hartford	(860) 289-5561	(860) 289-5561	7am-6pm M-F
972 W. Main Street	New Britain	(860) 827-0745	None	8am-5pm M-F
370 James Street - Suite 304	New Haven	(203) 503-0482	(203) 503-0482	8am-5pm M-F
10 Connecticut Ave.	Norwich	(860) 859-5100	(203) 859-5100	8am-5pm M-F
15 Commerce Road 3 rd Floor	Stamford	(203) 324-9100	(203) 324-9100	8am-5pm M-F
555 Lordship Boulevard	Stratford	(203) 380-5945	None	8am-5pm M-F
333 Kennedy Drive Suite 202	Torrington	(860) 482-4552	(860) 482 4552	8am-5pm M-F
900 Northrup Road	Wallingford	(203) 949-1534	(203) 949-1534	8am – 5pm M-F
8 S. Commons Road	Waterbury	(203)759-1229	(203) 759-1229	7am-6pm M-F
1080 Day Hill Road	Windsor	(860) 298-8442	(203) 298-8442	8am-5pm M-F

Additional Concentra Healthcare information can be obtained from <http://www.concentra.com/About-Concentra/>

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW UP

The field operations division ensures that health care professionals responsible for employee's hepatitis B vaccination and post exposure evaluation and follow-up are given a copy of OSHA's blood-borne pathogens standard.

The Branch Operations Manager ensures 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.
- Route(s) of exposure.
- Circumstances of exposure.
- If possible, results of the source individual's blood test.
- Relevant employee medical records, including vaccination status.

The Director of Operations provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

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

- Engineering controls in use at the time.
- Work practices followed.
- A description of the equipment being used at the time (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields etc.
- Location of the incident (ambulance, hospital, local base etc.)
- Procedure being performed when the incident occurred
- Employee's training history.

The Education & Compliance Coordinator shall record all percutaneous injuries from contaminated sharps in a Sharps Injury Log and shall forward all reports of such injuries to the Director of Operations.

If revisions to this ECP are necessary the Director of Operations will ensure that the appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

EMPLOYEE TRAINING

All employees who have occupational exposure to blood-borne pathogens receive initial and annual training conducted by the training division. All trainers within the Education and Compliance Division administering blood-borne pathogen training will have current “train the trainer” certification in this subject.

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

- A copy and explanation of the OSHA blood-borne pathogen standard.
- An explanation of this ECP and how to obtain a copy.
- An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
- An explanation of the use and limitations of engineering controls, work practices and PPE.
- An explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE.
- An 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.
- An explanation of the procedure to follow if an exposure incident occur, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- An explanation of the signs and labels and/or color coding required by the standard and used by this corporation.
- An opportunity for interactive questions and answers with the person conducting the training session.

RECORDKEEPING

Training Records

Training records are completed for each employee upon completion of training. These documents will be kept for at least three years in the employee’s training file. The training records 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.

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 Director of Operations.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with *CFR* 1910.1029, "Access to Employee Exposure and Medical Records."

The Executive Director is responsible for the maintenance of the required medical records. These confidential records are kept in secure files at the main base of operations in North Haven, CT for at least the duration of employment plus 30 years.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Executive Director.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Director of Operations or designee.

Sharps Injury Log

In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, IV needle etc.)
- Work area where the injury occurred.
- Explanation of how the incident occurred.

This log is reviewed as part of the annual program evaluation and maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

SAMPLE SHARPS INJURY LOG:

EFK OF CONNECTICUT INC.

BASE LOCATION: _____

Sharps Injury Log for Year 2_____

Date	Incident #	Type of Device	Brand Name of Device	Where injury occurred	Brief description of how incident occurred

29 CFR 1910.1030, OSHA’s Blood-borne Pathogens Standard, in paragraph (h) (5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of this log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problems or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The log must be kept in a manner that preserves the confidentiality of the affected employee.

Hepatitis B Vaccination

The corporate training division will provide training to employees regarding hepatitis B vaccinations, addressing safety benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost as a portion of the employee pre-screening physical and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee declines the vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employees private personnel file.

Vaccination will be provided at the corporation's healthcare and evaluation provider, Concentra Healthcare at their various locations, (Reference Table A pg. 15 of this plan). Pre-schedule an appointment and obtain clearance through the Director of Operations or the Education & Compliance Coordinator.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

PART 1 – ATTACHMENT A

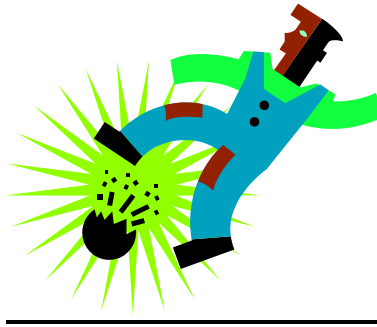
HEPATITUS B VACCINATION DECLINATION

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 the hepatitis B vaccine, at no charge to myself; However, I decline hepatitis B vaccine 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 vaccine at no charge to me.

Signed: _____ Date: _____

(Employee Name)

PART 2 – EXPOSURE TO SUBSTANCES NOT BLOODBORNE



Purpose:

Employees of EFK of Connecticut Inc. may be exposed to Blood-Borne substances and Other Potentially Infectious Materials (OPIM) through the regular performance of their duties. While these circumstances were addressed in Part 1 of this plan, the possibilities also exist that an employee may be exposed and contaminated by other means and by substances not associated with blood and body substances.

Scope:

The intent of this section of the EFK of Connecticut Inc. Corporate Exposure Plan is to cover Policies and Procedures that deal with employee exposure to non blood-borne contaminants including those that may be received via a route other than skin to skin contact. This can include air-borne contaminants that require proper respiratory protection in order to assume employee health and safety, and materials, chemical in nature that an employee may encounter during day to day operations. These substances/chemicals can include but may not be limited to:

- Airborne body fluids containing harmful and infectious diseases
- Cleaning Materials used in routine vehicle maintenance and decontamination
- Other materials used in cleaning chores at base locations
- Vehicle Fuel, Oil, and other fluids checked and added by the driver.
- Unexpected substances encountered during the workday including those encountered at motor vehicle accidents and in support of hazardous materials incidents.

Exposure to Substances Not Related to Patient Care or Contact:

Employees of EFK of Connecticut Inc., through the routine performance of their duties often come in contact with contaminants unrelated to patients or patient contact. These substances can range from items used by administrative and office personnel such as printer ink and copier toner to the various oils, degreasers and fluids used by fleet maintenance workers.

Information on dealing with contact and contamination from any of these substances can be found on the Material Safety Data Sheets (MSDS) located on hard copy at each work location, in the communications center and under the supervision of the Education & Compliance Coordinator. Details regarding these MSDS are located in Part 3 of this plan.

As with contamination by body substances, contamination by other materials shall be reported to the employee's supervisor as soon as practical. Efforts should commence immediately to decontaminate not only the employee but the area where the incident occurred. This may include but is not limited to:

- Wiping any spills in a work area per manufacturer's instructions including the safe disposal of any contaminated cleaning towels, rags etc.
- Applying appropriate absorbent materials such as "Speedi Dry" to any vehicle spills of size. This absorbent should then be disposed of per manufacturer's guidelines. It is not acceptable to hose liquids spilled from vehicles into floor or parking area drains.
- Fuel spills onto the painted surface of vehicles should be washed with soap and water as soon as practical.
- Should an employee's uniform/clothing be contaminated by a non-biohazard, the dispatcher shall be notified immediately with sufficient down-time given for the employee to retrieve his/her spare uniform and change. Should there be a skin contamination, time should also be given to allow a quick decon shower at a base location. The uniform should be bagged in a non-biohazard, non-absorbent plastic bag and removed at the end of the shift to be laundered per instructions from the material's manufacturer via the MSDS.

Mixing of Chemicals:

Chemicals such as cleaning solutions shall be used according to manufacturer's instructions and guidelines only. The mixing of various solutions can result in the release of toxic and dangerous fumes.

Two benign materials, when mixed can become a hazardous material that may easily cause serious injury or death. An example of two substances, often mixed into a deadly combination are bleach and ammonia, that when combined produce deadly chlorine gas.

Respiratory Protection Program:

The Education & Compliance Division is tasked with assuring that all employees receive training in the use of any Personal Protective Equipment (PPE) designated to protect the employee from airborne contaminants. These devices include:

- Simple Surgical Masks
- N-95 Face Masks
- HEPA Respiratory Protective Masks
- Full Face Shields

FIT Testing is done on a routine basis for all employees to assure that all personnel are aware of the size mask needed to maintain a proper seal that will keep contaminants from entering the wearer's respiratory system. FIT Testing is done during the initial orientation and training program prior to the employee performing any tasks involving patient care and contact and each year thereafter to insure that any changes to the employee's facial features has not created a change in mask size.

All FIT Testing shall be performed by the Education & Compliance Division via a person trained and certified to do so.

Recordkeeping and Retesting:

Records of all employee training and testing with Respiratory Personal Protective Equipment (RPPE) shall be maintained by the Education and Compliance Division and reviewed for each employee on an annual basis. Employees who are due for re-testing shall be notified with sufficient time to schedule such as re-test. An employee who goes beyond his/her testing date without receiving a re-test shall be prohibited from performing any duties such a patient care that may lead to exposure to airborne hazardous substances.

Self Contained Breathing Apparatus (SCBA) are *not* carried on EFK of Connecticut Inc. vehicles.

Use of SCBA is considered above the scope of EFK of Connecticut employees training and certifications.

Though many employees are certified to use such devices by other agencies, **ALL** employees are prohibited from the wearing and use of any SCBA that may be made available by other emergency response agencies such as Fire Departments and Hazardous Material Response Teams.

Training:

Training mannequins used for CPR shall be disinfected after every session per manufacturer's recommendations. CPR mannequins are purchased with an emphasis on providing users with individual face/mouth/nose sections or equivalent individual barriers.

Scene Operations:

It is recognized that the application of infection control practices and other the employment of other exposure control measures in uncontrollable environments is problematic, however, several work practices can substantially reduce these potential hazards:

- Utilize a HEPA respirator whenever severe airborne contamination is suspected.
- Utilize the sharps container located on the "first-in bag"
- Use or assign personnel to clean up with proper biohazard waste bags
- Place blood tubes in a leak resistant biohazard bag and mark with the patient's name and DOB prior to transferring to the receiving facility.
- Crime scene paraphernalia must be placed in the appropriate biohazard container prior to transferring custody of property to law enforcement personnel.

Hazardous Non-routine Tasks

EFK of Connecticut Inc. employees shall not be required to perform non-routine tasks that are hazardous and/or above their level of training or equipment.

Examples of non-routine tasks may include:

- Confined space entry.
- Entry into oxygen deficient or contaminated atmospheres.
- Entry into bodies of water or onto ice fields.
- Encounter with electrical equipment that is charged or not yet deemed safe.
- Entry into the "hot zone" of firefighting operations.
- Operations at hazardous materials incidents in the field that require entry beyond the "cold zone"
- Contact with contaminated patients that require the wearing of Haz-Mat protective suits.
Care for these patients shall be assumed only after proper decontamination has been performed to the level that patient contact is safe with basic EMS PPE devices.
- Exceptional decontamination of equipment by hazardous substances not usually encountered.

EMS employees may be required to stand-by and provide medical support to exceptional field operations as conducted by trained and properly equipped teams from municipal or private sources such as local Fire Departments, Hazardous Material Response Teams, Urban Search and Rescue Teams (USAR) etc.

Prior to starting operations and/or activities as may be encountered above, each affected employee will be given information by a field supervisor, incident commander or a person with the appropriate knowledge about the hazards he or she may encounter during such activity. This information will include specific chemical hazards, protective and safety measures the employee must use and steps being taken to reduce the hazards, including ventilation, respirators, the presence of another employee (buddy systems), and emergency procedures.

Should the employee feel that he/she is being called upon to perform a task over and above this corporate policy the unit on scene should call a field supervisor immediately and "stand down" until the supervisor arrives on scene, interfaces with the incident commander and makes a determination based on corporate policy.

Part 2 – Appendix A

EFK of Connecticut Inc. employees may be exposed to various diseases during the regular performance of EMS duties that require patient proximity and contact. The following is a list of the more common of these diseases and some means of protection and vaccination that are currently available. As it is viewed as blood-borne in nature, the corporate Hepatitis B vaccination program is outlined in Part 1 of this plan.

Chicken Pox (Varicella) and Shingles (Herpes Zoster)

Can chickenpox be prevented with a vaccine?

Most people develop lifetime immunity to chickenpox after the first occurrence and never experience it again. But the virus can sometimes resurface later in life as shingles (zoster). The current aim in the U.S. and many other countries is to achieve universal (or nearly universal) immunization of children with the chickenpox vaccine. The vaccination requires only two shots. The first vaccination is given at about 1 year of age, and the second (booster) is given at 4 years of age. If an older person has not had chickenpox, the shot may be given at any time. There have been few significant adverse reactions to the chickenpox vaccine. All children, except those with a compromised immune system, should have the vaccination. Vaccination has been associated with a 90% decrease in the incidence of chickenpox and significantly lower complication rates in those who do develop the symptoms.

All employees, who have not had prior disease, are strongly advised to avoid contact with patients having known or suspected chicken pox or shingles, especially if they are immunosuppressed. Immune globulin is available for post exposure treatment.

Diphtheria Vaccination

A diphtheria vaccination is combined with the tetanus vaccination (Td) as a booster, and is good for ten years.

Influenza Vaccination

This vaccine is highly recommended for all EFK of Connecticut personnel. The vaccine can easily be obtained from the employee's primary physician or through a variety of public health clinics.

Measles Vaccination

The measles vaccination is required, and is commonly administered during childhood as a component of the MMR vaccine. Any personnel who may have been vaccinated during the period of 1957-1964 will need to provide documentation of re-inoculation. Those born prior to 1957 are assumed to have been exposed, and need not be re-vaccinated.

Mumps Vaccination

The mumps vaccination is required, though usually received as a child as part of the MMR series. Verification is required.

Pneumonia Vaccination

The pneumonia vaccination is recommended for anyone who may be immunosuppressed. Since 1983, this vaccine will protect against 23 strains of pneumococcal bacteria that are responsible for 88% of all cases of pneumonia in the USA. It will not however, protect against viral forms, or AIDS-related pneumocystis carinii. Though no definitive re-vaccination period has been established, current literature implies six years as the standard.

Rubella/German Measles Vaccination

Although usually received as a child, proof of vaccination is required. Rubella is of serious concern during pregnancy.

Tetanus vaccination

The tetanus vaccination is combined with diphtheria (Td) as a booster and is good for 10 years.

Tuberculosis (PPD) Testing

Should be performed every twelve months. If the PPD is positive, follow up with a corporate health physician will be required prior to patient care duties. There is a vaccine (BCG) available for tuberculosis, though the efficacy is questionable.

Immunosuppression Profiles

Individuals who have chronic illnesses, such as alcoholism, cardiac, pulmonary, hepatic, renal, diabetes, thyroid, and HIV are considered at risk for immunosuppression. Additionally, patients with histories of cancer, splenectomies, recent systemic injury or illness, and pregnancy, merit equal concern.

Part 3 - Hazard Communication Standard

The following Hazard Communication Program is based on the requirements of the OSHA Hazard Communications Standard, 29 CFR 1910.1200.

1. Corporate Policy

To ensure that information about the dangers of all hazardous chemicals used by EFK of Connecticut, Inc. is known by all affected employees, the following hazardous information program has been established. Under this program, you will be informed of the contents of the OSHA Hazard Communications standard, the hazardous properties of chemicals with which you work, safe handling procedures and measurements to take to protect yourself from these chemicals.

This program applies to all work operations in our corporation where you may be exposed to hazardous chemicals under normal working conditions or during an emergency situation. All divisions of EFK of Connecticut, Inc. will participate in the Hazard Communication Program. Copies of the Hazard Communication Program are available in the main North Haven Headquarters and in each base location for review by any interested employee.

The Education & Compliance Coordinator is the program coordinator, with the overall responsibility for the program, including reviewing and updating this plan as necessary.

2. Container Labeling

The Education & Compliance Coordinator or his/her designee will verify that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address as required by standard NFPA 704.

The Branch Operations Manager in each operations location will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and the appropriate hazard warning. For help with labeling, consult with the Education & Compliance Coordinator.

Materials purchased in bulk, such as bleach and other cleaning solutions are often transferred to smaller containers for use in the field. The smaller containers are required to be labeled as to their contents with reference to the same hazards listed on the original packaging. This may be done with instructions and identification written directly on the container or if practical, with a label attached in such a way as to not be easily damaged or removed.

The Branch Operations Manager will see to it that all small containers, spray bottles etc are clearly marked as above. Unmarked containers shall not be used, but sent back to Director of Operations for labeling or disposal.

The Director of Operations will review the corporate labeling procedures on a yearly basis and will see to it that labels are updated as required.

3. Material Safety Data Sheets (MSDS)

The Education & Compliance Coordinator is responsible for establishing and monitoring the corporate MSDS program. He/she will ensure that procedures are developed to obtain the necessary MSDSs and will review incoming MSDSs for new or significant health and safety information. He/she will see that any new information is communicated to affected employees. The procedure below will be followed when an MSDS is *not* received at the time of the initial shipment.

1. MSDSs shall be requested from the vendor for any new products ordered for use by corporate personnel.
2. If MSDSs are not received, the vendor shall be contacted and queried as to the whereabouts and/or availability of MSDS for the product(s) received.
3. No new products shall be distributed for use in base locations until proper MSDSs are obtained for distribution and reference and those sheets made available to personnel.

Copies of MSDSs for all hazardous chemicals to which employees are exposed or have the potential for exposure will be kept in a binder in each base of operations or work location.

MSDSs shall be readily available to any and all employees during each work shift. If an MSDS is not available, contact the Education & Compliance Coordinator.

MSDSs shall be readily available to all employees in each work location using the following format:

1. Paper copies of all MSDSs applicable to the work location shall be secured in a water resistive binder, mounted to a wall in such a way as to be readily available and visible if needed in an emergency situation.
2. Copies of all MSDSs regarding chemicals used by the corporation shall also be available in a master volume at the North Haven Headquarters in care of the Education & Compliance Coordinator, with a copy at the Communications Center for quick reference.

When revised MSDSs are received, the following procedures will be followed to replace old MSDSs:

1. The Education & Compliance Coordinator or designee will review the new MSDS for changes and will make a determination as to whether the Education & Compliance Division will need to conduct an in-service educational program with employees as to any new procedures, use of products etc.
2. The Education & Compliance Division will create a memo for distribution to all employees calling attention to the new MSDSs and products, advising of any new policies, procedures and cautions that may be present.
3. Copies of all new MSDSs will be distributed to the Branch Location Managers for inclusion in the MSDS binders. Employees will be required to read over new MSDSs and if necessary sign off on a training document stating that the information is understood.

4. Employee Training and Information

The Education & Compliance Coordinator is responsible for the Hazard Communications Program and will ensure that all program elements are carried out.

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the hazard communication standard and this plan before starting work. Each new employee will attend a health and safety orientation that includes the following information and training.

- An overview of the OSHA hazard communication standard
- The hazardous chemicals present at his/her work area
- The physical and health risks of the hazardous chemicals
- Symptoms of overexposure
- How to determine the presence or release of hazardous chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through the use of control procedures, work practices, and personal protective equipment (PPE).
- Steps the corporation has taken to reduce or prevent exposure to hazardous chemicals
- Procedures to follow if employees are exposed/overexposed to hazardous chemicals
- How to read labels and MSDSs to obtain hazard information
- Locations of the MSDS binders and the written Hazard Communication program

Prior to introducing a new chemical substance into any division of this corporation, each employee in that division will be provided with the training and information as outlined above for the new chemical hazard. The training format will be commensurate with the substance in question and may include a program supplied by the manufacturer of vendor or a program designed and delivered by the corporate training division. Many of these programs may be provided through the corporation's on-line training program.

5. Informing Other Employers/Contractors

It is the responsibility of the Education & Compliance Coordinator or designee to assure that other employers and contractors are provided with information about hazards and hazardous materials that their employees may be exposed to on an EFK of Connecticut, Inc. job site including suggested precautions for their employees. It is also that person's responsibility to obtain information about the hazardous chemicals used by other employers/contractors to which employees of this corporation may be exposed.

Other employers/contractors will be provided with MSDSs for hazardous chemicals used during the operations of this corporation in the following manner:

1. The EFK of Connecticut, Inc. employee designed the liaison with the contractor will meet with the job supervisor prior to the start of work and will review all pertinent actions to be taken. He/she will review corporate operations that may be ongoing during the job and will make the supervisor aware of any hazards that may be present.

2. The EFK of Connecticut, Inc. liaison will make the contractor aware of the location and contents of the MSDS binder at the work location and shall be sure that the information is understood by all employees assigned to the job site.

In addition to providing a copy of an MSDS to other employers, other employers will be informed of precautionary measures that may be necessary to protect employees exposed to operations performed by this corporation.

Also, other employers will be informed of the hazard labels used by the corporation including symbols such as the biohazard label and other labels used to identify other hazardous chemicals to which their employees may be exposed.

List of Hazardous Chemicals

A list of all known hazardous chemicals used by our employees is attached to this plan. This list includes the name of the chemical, the manufacturer, the work area in which the chemical is used, dates of use and the quantity used. Further information on each chemical may be obtained from the MSDSs located in the corporate headquarters and in each base location as follows:

North Haven Administrative Building: Master for the headquarters building and all base locations located in a binder at Central Communications and with the Education & Compliance Coordinator.

North Haven Ambulance Base: Binder(s) in wire basket mounted on the wall to the right of the door from the garage to the crew room.

North Haven Wheelchair Base & Fleet Maintenance Center: Binder(s) in wire basket mounted on the west wall of the upper garage.

Bridgeport Base: Binder(s) in wire basket mounted on the north wall of the garage in the space east of the crew quarters.

Stamford Base: Binder(s) in wire basket mounted on the front wall of the garage on the street (west) side of the ambulance garage adjacent to the crew quarters.

Greenwich Base located within Greenwich Hospital is vehicle based in nature. MSDS Binders with information that may be pertinent to ambulance personnel are maintained by hospital staff and are located in the Emergency Department

8. Program Availability

A copy of this program will be made available, upon request, to employees and their representatives, will be included as an appendix to the EFK of Connecticut Employee Handbook, will be in a binder at each base location and will be available on the corporate website in the "Employees Only" section.