Village of Menands

BLOODBORNE PATHOGEN EXPOSURE CONTROL POLICY

In accordance with the Public Employee Health and Safety (PESH) Bloodborne Pathogens Standard, the following exposure control plan (ECP) has been developed:

A. PROGRAM ADMINISTRATION

1. The Village of Menands is responsible for the implementation of the ECP. The Village Clerk will maintain, review, and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures.

2. 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.

3. Each Department Head will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. (Name of responsible person or department) will ensure adequate supplies of the aforementioned equipment are available in the appropriate sizes.

4. Each Department Head will be responsible for ensuring all medical actions required by the standard are performed, and appropriate employee health and PESH records are maintained.

5. The Village Clerk will be responsible for training, documentation of training, and making the written ECP available to employees, PESH, and National Institute for Occupational Safety and Health (NIOSH) representatives.

B. Purpose

The Bloodborne Pathogens Exposure Program is designed to reduce potential occupational exposure to bloodborne pathogens.

C. Exposure Determination

Designated employees that may come into contact with human blood or other potentially infectious materials (OPIM): All Village Employees have the possibility to come in contact with potentially infectious materials.

D. Universal Precautions

Universal precautions will be observed at our facility to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

1. Disposal gloves will be worn when touching blood or other body fluids, mucus membranes, or non-intact skin or when handling items or surfaces soiled with blood or other body fluids. Gloves will be disposed of after a single use.

2. If it is anticipated droplets of blood or any body fluids may come in contact with the mucus membranes of an employee's eyes, nose, or mouth, he/she will wear protective equipment, i.e., goggles or face shield.
3. Hands or other skin surfaces will be washed immediately if contaminated with blood or other body fluids. Hands will also be washed immediately upon glove removal.
4. Any items such as razors, knife blades, broken glass, or equipment will be disposed of in a puncture and leak proof container labeled for disposal of such items.
5. To minimize exposure to body fluids during CPR, non-reflective breathers or other disposable aids will be used.
6. If clothing is contaminated, it is to be removed as soon as possible.

E. Engineering Controls

Engineering controls help eliminate or minimize employee exposure to BBPs. At our facility, the following engineering controls will be utilized: (List all relevant controls needed. Some examples are listed below.)

1. Use of sharps containers for disposable sharps.
2. Use of containers and appropriate disposal bags for potentially infectious waste.
3. Hand-washing facilities, which are readily accessible to the employees who incur exposure to blood and OPIM. Hand-washing facilities are located in the first aid room and restrooms.
4. Hand sinks are located in all work areas and are readily accessible to all employees who have the potential for exposure.

F. Personal Protective Equipment (PPE)

All PPE used at this facility will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or OPIM. This will be determined through a PPE hazard assessment. The PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use. This equipment includes but is not limited to those listed below: (List all appropriate protective equipment.)

1. Gloves
2. Safety glasses
3. Goggles
4. Face shields
5. Respirators
6. Gowns

G. Disposal of Contaminated Items and Communication of Hazard

1. Employees must:
    a. Use bleach to disinfect any blood or OPIM.
    b. Apply the bleach with single-use gloves and allow to sit for 15 minutes.
    c. Place any single-use gloves that have been contaminated in a biohazard garbage bag and cover.
    d. Dispose of the biohazard bag (list how such as turning into a medical facility).

2. Regulated medical waste should be placed in appropriate containers, labeled, and disposed of in accordance with applicable state, federal, and local laws.
3. Employees will be warned of biohazard bags by labels attached to the disposal bags. Labels used will be orange-red and marked with the work **BIOHAZARD** or the biohazard symbol.

H. Housekeeping

Maintaining work areas in a clean and sanitary condition is an important part of (insert unit name) Bloodborne Pathogens Compliance Program. Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving blood or OPIM. All equipment, environmental surfaces and work surfaces shall be decontaminated immediately or as soon as feasible after contamination.

1. Employees must clean and disinfect when surfaces become contaminated and after any spill of blood or OPIM.
2. Employees will use a solution of one part bleach to 10 parts water for cleaning and disinfecting.
3. Working surfaces and equipment will be cleaned, disinfected, and maintained.
4. Potentially contaminated broken glass will be picked up using mechanical means, such as a dustpan and brush, tongs, etc.
5. Employees will use universal precautions for handling all soiled laundry.
6. Laundry contaminated with blood or OPIM will be handled as little as possible. Employees who handle contaminated laundry will utilize PPE to prevent contact with blood or OPIM from coming into contact with skin or clothing.
7. Contaminated clothing will remain on the premises or be sent directly to a laundry facility for cleaning. Employees will be given the option of reimbursement for the cost of contaminated clothing if disposal is required.

I. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up

The Village Clerk shall make available within 10 days of possible exposure to the Hepatitis B vaccine and vaccination series to all employees with occupational exposure. An exposure incident is any contact of blood or OPIMs with non-intact skin or mucous membranes. Any employee having an exposure incident shall contact (insert position). All employees who have an exposure incident will be offered a confidential post-exposure evaluation and follow-up in accordance with the PESH standard (see Appendix A). This includes a visit to a physician selected by the employer. The health care professional's written opinion will be provided to the employee within 15 days of the evaluation.

Employees who decline the Hepatitis B vaccine will sign a waiver that uses the wording in Appendix B of the PESH standard (See Appendix B at the end of this sample program). Employees who initially decline the vaccine but later wish to have it may request, and receive it within 10 days at no cost to that employee.

If an employee is involved in an accident where exposure to BBPs may have occurred, there are two things to immediately focus the effort on:

1. Investigating the circumstances surrounding the exposure incident.
2. Ensuring the employees receive medical consultation and treatment (if necessary) as quickly as possible.

The Village Clerk and Department Head will investigate every exposure incident. This investigation is initiated within 24 hours of the incident and involves gathering, but not limited to, the following information:

1. Where, when, and how the incident occurred.
2. What potentially infectious materials were involved?

3. Source of the infectious materials.
4. What circumstances surrounded the incident?
5. PPE was being used at the time.
6. Action taken as a result of the incident.

The post-exposure follow-up process consists of:

1. First, an exposed employee is provided with (1) documentation regarding the routes of exposure and the circumstances under which the exposure incident occurred and (2) identification of the source individual (if possible).
2. If possible, the source individual's blood is tested to determine HBV and HIV infectivity. This information will also be made available to the exposed employee if it is obtained. At that time, the exposed employee will be made aware of any applicable laws and regulations concerning the disclosure of the identity and infectious status of a source individual.
3. Finally, the blood of the exposed employee is collected and tested for HBV and HIV status.

Once these procedures have been completed, an appointment is arranged with a qualified healthcare professional to discuss the medical status of the exposed employee. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

J. Training

Training is provided at the time of initial assignment to tasks where occupational exposure may occur, and it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee and offered during the normal work shift. The training will be interactive and cover the following:

1. A copy of the standard and an explanation of its contents.
2. A discussion of the epidemiology and symptoms of BBPs.
3. An explanation of the modes of transmission of BBPs.
4. An explanation of the (insert unit name) Bloodborne Pathogen Exposure Control Plan (this program) and a method for obtaining a copy.
5. The recognition of tasks that may involve exposure.
6. An explanation of the use and limitations of methods to reduce exposure, such as engineering controls, work practices, and PPE.
7. Information on the types, use, location, removal, handling, decontamination, and disposal of PPE.
8. Explanation of the basis of selections of PPE.
9. Information on the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
11. Explanation of the procedures to follow if an exposure incident occurs, including the method or reporting and medical follow-up.
12. Information on the evaluation and follow-up required after an employee exposure incident.
13. An explanation of the signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

K. Recordkeeping

Medical records shall be maintained in accordance with PESH standards. These records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years.

Training records shall be maintained and available for examination and photocopying by employees and their representatives, as well as PESH and its representatives. These records are maintained by the safety officer.

L. **Labels and Signs**

Biohazard labels are the most obvious warnings of possible exposure to bloodborne pathogens. A comprehensive biohazard warning labeling program has been implemented in insert unit name using approved labels or, when appropriate, red color-coded containers. The safety officer is responsible for setting up and maintaining this program in all workspaces.

The following items will be properly labeled: (Below are examples of some items needing labeling. Please add or subtract items as needed in your specific facility)

1. Containers of regulated medical waste.
2. Refrigerators/freezers containing blood or other potentially infectious materials.
3. Sharps disposal containers.
4. Other containers are used to store, transport, or ship blood and other infectious materials.
5. Laundry bags and containers, if containing or were in contact with infectious materials.
6. Contaminated portions of equipment.

Appendix A

Employee Consent to Hepatitis B Vaccine

On (Date) , I (Name) received information concerning the risk of occupational exposure to blood or other potentially infectious materials in the position of (Job Title) , which has been determined as job classification exposure Category (I or II). I have received a copy of the Hepatitis B information packet, which has been explained to me, and I understand this information.

I have been informed and understand (1) that the Hepatitis B vaccination may reduce the potential risk of occupationally contracted viral hepatitis infection and (2) the risks of the Hepatitis B vaccination, which may include pain, itching, bruising at the injection site, sweating, weakness, chills, flushing and tingling, and (3) to obtain adequate immunity to viral Hepatitis B, it will be necessary to receive all three vaccinations of the vaccine series which are administered one month and six months after the initial vaccination, and (4) that the vaccination will be provided to me free of charge by (Name of Facility). If, at such future time, the U.S. Public Health Service recommends a booster dose(s) of the Hepatitis B vaccine, such booster dose(s) shall also be provided to me at no cost if I am employed by the facility in a job classification that involves some risk of occupational exposure to blood or other potentially infectious materials.

If I leave employment of this facility before the series is completed, it is my responsibility to contact my own medical provider to complete the vaccine series.

I hereby consent to the administration of the Hepatitis B vaccination and voluntarily acknowledge that:

I do not have an allergy to yeast.
I am not pregnant or nursing.
I am not planning to become pregnant within the next six months.
I have not had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.
I do have the following known allergies:
Food:
Drugs:
Other:

You may wish to consult with your physician before taking the vaccine.

(Employee Name and Social Security Number) (Date)

(Witness) (Date)

(PLACE IN EMPLOYEE MEDICAL FILE)

Appendix B

Vaccination Declination Form

Date:

Employee Name:

Employee ID#:

I understand that, due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B viral (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge to myself.

However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the Hepatitis B vaccine, I can receive the vaccination series, at no charge to me, at that time.

Employee Signature Date

Department Head Signature Date

VILLAGE OF MENANDS

Incident Exposure Record

Name _____

Date of Birth _____ Social Security Number _____

Incident Number _____ Incident Date _____

Officer in Charge _____

Location of Incident _____

Description of Incident _____

_____

_____

_____

Type of Exposure: Inhalation_____

Direct Contact_____

Ingestion_____

Materials Exposed To _____

_____

Type of Decontamination _____

Length of Exposure (time) _____

Symptoms (if any) _____

_____

Treatment at Scene _____

_____

Name of Medical Facility _____

Treatment Rendered _____

Protective Clothing and Equipment Used During Incident (list) _____

_____

_____

Additional Information _____

_____

_____

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

Analysis

What acts, failures to act and/or conditions contributed most directly to this accident? (Immediate Cause)

What are the basic or fundamental reasons for the existence of these acts and/or conditions? (Fundamental Cause)

What action has or will be taken to prevent recurrence? Place "X" by items completed.

Comments

Supervisor's Signature: _____

Date: _____