

# **Town of Amherst Bloodborne Pathogen Policy**

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## **SUMMARY**

This Bloodborne Pathogens Program was adopted by the Town Council of the Town of Amherst on March 12, 2003 pursuant to OSHA regulation 29 CFR 1910.1030. This program is intended to address reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties (AKA "occupational exposures") to bloodborne pathogens. Definitions and appropriate reference material is available at 29 CFR 1910.1030, from the Department of Labor, and from the Virginia Municipal League.

### **1.0 RESPONSIBILITY**

The Town Manager shall be responsible for all facets of this program and has the authority to make necessary decisions to ensure it's success. The Town Manager may amend these instructions and is authorized to halt any operation of the Town where there is danger of serious personal injury. The Town Manager shall review and evaluate this standard practice instruction on an annual basis, or when changes occur that prompt revision of this document, or when facility operational changes occur that require a revision of this document. This written program will be communicated to all personnel. It encompasses the total workplace, regardless of number of workers employed or the number of work shifts. It is designed to establish clear goals, and objectives. *(Sworn police officers are covered under a separate policy adopted on April 8, 1992.)*

### **2.0 Exposure Control Plan**

#### **3.1 Exposure Determination**

3.1.1 Job classifications in which all employees in those classifications have occupational exposure.

##### **Police Group**

All positions except for Data Entry Specialist

##### **Plants Group**

All positions

##### **Construction Group**

All positions

3.1.2 Job classifications in which employees have minimal occupational exposure:

##### **Administrative Group**

AD01	FT	Town Manager
AD02	FT	Office Manager
AD03	FT	Assistant Office Manager
AD04	PT	Assistant Clerk
AD05	PT	Custodian

##### **Police Group**

PO05	PT	Data Entry Specialist
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3.1.3 Procedures in which occupational exposure occurs and that are performed by employees in job classifications listed above are as follows:

- First Aid/C.P.R.

- Treatment of coworker wounds to skin involving tears of skin tissue.
- Removal of foreign bodies from coworkers skin tissue.
- Contact with contaminated items during municipal refuse collection.
- Clean-ups of spills.
- Contact with human waste due to work in and around municipal sewage collection and treatment.

### **3.0 Methods of Compliance**

#### **4.1.1 General**

- 4.1.1.1 Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- 4.1.1.2 Appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposures shall be considered annually and these efforts shall be documented.
- 4.1.1.3 The Town Manager shall solicit and document input from supervisory and non-supervisory employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation and selection of effective engineering and work practice controls.

#### **4.1.2 Engineering and work practice controls**

- 4.1.2.2 Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment (PPE) shall also be used.
- 4.1.2.3 Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- 4.1.2.4 The Town shall provide hand-washing facilities that are readily accessible to employees. When provision of hand-washing facilities is not feasible, the Town shall provide an appropriate hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelette. When antiseptic cleansers or towelette are used, hands shall be washed with soap and running water as soon as feasible. Supervisors shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other PPE and wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- 4.1.2.5 Contaminated needles or other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles or other contaminated sharps is prohibited unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical or dental procedure.
- 4.1.2.6 Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers that are puncture resistant, labeled or color coded in accordance with appropriate standards, and leak-proof on the sides and bottom.
- 4.1.2.7 Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in first aid and restroom areas where there is reasonable likelihood of occupational exposure.
- 4.1.2.8 Food and drink shall not be kept in refrigerator, freezer, shelves, cabinets, or on countertops where blood or other infectious materials are present.

- 4.1.2.9 All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

### **4.1.3 Personal Protective Equipment**

- 4.1.3.1 When there is a risk of occupational exposure, the Town shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- 4.1.3.2 The Supervisor shall ensure that the employee uses appropriate personal protective equipment unless the Town shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- 4.1.3.3 Accessibility. The Supervisor shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- 4.1.3.4 Cleaning, Laundering, and Disposal. The Town shall clean, launder, and dispose of personal protective equipment required by this policy at no cost to the employee.
- 4.1.3.5 Repair and Replacement. The Town shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- 4.1.3.6 If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- 4.1.3.7 Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; and when handling or touching contaminated items or surfaces. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
- 4.1.3.8 Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- 4.1.3.9 Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields,

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.

4.1.3.10 Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

4.1.3.11 Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.

#### **4.1.4 Housekeeping**

4.1.4.1 Supervisors shall ensure that the worksite is maintained in a clean and sanitary condition. An appropriate schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area shall be developed and maintained by the supervisor.

4.1.4.2 All equipment and environmental working surfaces shall be cleaned and decontaminated after contact with blood and other potentially infectious materials.

4.1.4.3 Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of any other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

4.1.4.4 Protective coverings, such as imperviously-backed absorbent paper used to cover equipment and surfaces shall be removed and replaced as soon as feasible when contaminated or at the end of the work shift if they have become contaminated during the shift.

4.1.4.5 All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for contamination with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated or, as feasible, upon visible contamination.

4.1.4.6 Broken glassware, which may have been contaminated, shall not be picked up directly with the hands. It shall be picked up using mechanical means such as a brush and dustpan, tongs, or forceps.

4.1.4.7 Regulated waste and contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- Closable.
- Puncture resistant.
- Leak-proof on sides and bottom.
- Labeled or color-coded.

4.1.4.8 During use, containers for contaminated sharps shall be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used.
- Maintained upright throughout use.
- Replaced routinely and not allowed to overfill.

4.1.4.9 When moving containers of contaminated sharps from the area of use, the containers shall be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- Placed in a secondary container if leakage is possible. The second container shall be:
    - a. Closable.
    - b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping.
    - c. Labeled or color-coded.
- 4.1.4.10 Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury (cuts, punctures).
- 4.1.4.11 Contaminated laundry shall be
- Handled as little as possible with a minimum of agitation.
  - Bagged or containerized at the location where it was used and shall not be rinsed or sorted in the location of use.
  - Placed and transported in labeled or color-coded bags or containers.
- 4.1.4.12 Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers, which prevent soak-through and/or leakage of fluids to the exterior.
- 4.1.4.13 The Supervisor shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.
- 4.1.4.14 If contaminated laundry is shipped off-site to a second facility which does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry will place such laundry in bags or containers which are labeled or color-coded.

#### **4.1.5 Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up.**

##### 4.1.5.1 General

The Town shall:

- make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series, and post-exposure evaluation and follow-up are:
  - a. Made available at no cost to the employee.
  - b. Made available to the employee at a reasonable time and place.
  - c. Performed by or under the supervision of a licensed physician or another licensed healthcare professional.
  - d. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
  - e. Ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

##### 4.1.5.2 Hepatitis B Vaccination

- a. Hepatitis B vaccination shall be made available to all employees after having received the required training and within 10 working days of initial assignment of tasks where occupational exposure exists. An exception is if the employee has previously received the complete

Hepatitis B vaccination series, and/or antibody testing has revealed that the employee is immune, or the vaccine is inadvisable for medical reasons.

- b. Participation in a prescreening program shall not be a prerequisite for receiving Hepatitis B vaccination.
- c. If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the Hepatitis vaccination shall be made available at that time.
- d. Employees who decline to accept Hepatitis B vaccination offered by the employer sign the “Notice of HBV Vaccinations” form of which a copy is at the end of this policy.
- e. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with appropriate laws.

#### 4.1.5.3 Post-exposure Evaluation and Follow-up

- a. Following a report of an exposure incident the Town shall immediately make available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:
  - Documentation of the route(s) of exposure(s), and the circumstances under which the exposure incident occurred.
  - Identification and documentation of the source individual, unless the employer can establish that identification is unfeasible or prohibited by state or local law.
- b. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the Town shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- c. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- d. Post-exposure guidelines to prevent disease, when medically indicated, include:
  - Counseling.
  - Evaluation of reported illness.

#### 4.1.5.4 Information Provided to the Healthcare Professional

The Town shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of this regulation and that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

- a. A copy of this regulation;
- b. A description of the exposed employee's duties as they relate to the exposure incident;

- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred;
- d. Results of the source individual's blood testing, if available; and
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

#### 4.1.5.5 Healthcare Professional's Written Opinion

- a. The Town shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.
- b. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.
- c. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
  - That the employee has been informed of the results of the evaluation.
  - That the employee has been told about any medical conditions resulting from exposure from blood or other potentially infectious materials which require further evaluation or treatment.
- d. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

#### 4.1.5.6 Medical Recordkeeping

Medical records required shall be maintained in accordance with standard medical practice.

### 4.1.6 Communication of Hazards to Employees

#### 4.1.6.1 Labels

- a. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided below. Labels required by this section shall include the following legend:
  - These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
  - Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
  - Red bags or red containers may be substituted for labels.
  - Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of paragraph (g).
  - Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
  - Labels required for contaminated equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
  - Regulated waste that has been decontaminated need not be labeled or color-coded.



#### 4.1.6.2 Information and Training.

- a. The Town shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours. Training shall be provided as follows:
  - At the time of initial assignment to tasks where occupational exposure may take place;
  - Within 90 days after the effective date of the standard; and
  - At least annually thereafter.
- b. For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.
- c. Annual training for all employees shall be provided within one year of their previous training.
- d. Employers shall provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- e. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- f. The training program shall contain at a minimum the following elements:
  - An accessible copy of the OSHA regulation and an explanation of its contents;
  - A general explanation of the epidemiology and symptoms of bloodborne diseases;
  - An explanation of the modes of transmission of bloodborne pathogens;
  - An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
  - An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
  - An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
  - Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
  - An explanation of the basis for selection of personal protective equipment;
  - Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
  - Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
  - An explanation of the procedure to follow if an exposure incident occurs, 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 above; and
  - An opportunity for interactive questions and answers with the person conducting the training session.
- g. The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

## **5.0 Review and Update**

This policy shall be reviewed and updated annually (or whenever necessary) to:

- a. Reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
- b. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
- c. Document consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

During the annual review and update, input shall be solicited from all supervisory and non-managerial employees.

## **6.0 Availability of Plan and Policy**

This policy, including the exposure control plan, shall be made available to all Town employees and federal agents.

## **Notice of HBV Vaccinations**

Employee: \_\_\_\_\_ Document Date \_\_\_\_\_

OSHA's Control of Blood-Borne Pathogens Standard took effect on March 6, 1992. Part of the promulgated regulations require that Employees likely to be exposed to covered human body fluids be offered Hepatitis-B Virus (HBV) Vaccinations at Company expense.

The choice is yours to make and is not mandatory; however, it is suggested that you take advantage of this benefit. If you choose not to have the vaccination at this time, you will be able to take advantage of the offer when you are ready.

Please complete the bottom portion of this memoranda and return the entire original to the Town Manager and keep a copy for yourself. Should you have any questions or need assistance, please contact the Town Manager.

### ***Affidavit***

I, \_\_\_\_\_, choose \_\_\_ (to) \_\_\_ (not to) have the Town-sponsored Hepatitis-B Virus Vaccination. I understand the vaccination is free of charge and the offer does not expire.

\_\_\_\_\_

Employee's Signature

Date

\_\_\_\_\_

Witness (Print Name)

Witness' Signature

### **For Town Use Only**

Date Vaccination Process Started: \_\_\_\_\_

Completed \_\_\_\_\_

OHC Provider Signature \_\_\_\_\_

# EXPOSURE INCIDENT REPORT

(Routes and Circumstances of Exposure to Bloodborne Pathogens)

<b>Facility:</b>		<b>Supervisors Name:</b>	
<b>Date Reported:</b>	<b>Related Operating Procedures Reviewed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>All Affected Employees Notified:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Employee Information:</b>			
Employee's Name	Date	Date of Birth	
SS#	Job Title		
Telephone (Business)	(Home)		
Date of Exposure	Time of Exposure	AM PM	
Hepatitis B Vaccination Status			
Location of Incident			
<b>Bodily Exposure Information:</b>			
Part of body to which exposure occurred (describe fully):			
<b>Decontamination:</b>			
Describe the method(s) of decontamination used			
<input type="checkbox"/> Soap & water	<input type="checkbox"/> Disinfectant	<input type="checkbox"/> Towelettes	<input type="checkbox"/> 10% Bleach solution
Other (describe):			
1. Describe what job duties you were performing when the exposure incident occurred.			
2. Describe the circumstances under which the potential exposure incident occurred.			

3. What body fluid(s) were you exposed to?

4. Describe route of exposure (e.g., mucosal contact, contact with nonintact skin).

5. Describe any Personal Protective Equipment (PPE) in use at time of exposure incident.

6. Did PPE fail? No  Yes  If yes, describe how.

7. Identification of source individual(s) (Names)

### ACKNOWLEDGMENT

I certify that I have reviewed the information contained in this incident report and will take the necessary steps to ensure correction of PPE or procedural deficiencies. \* Further detailed on attachment:  Yes  No

Name:	Signature:	
Title:	Date:	Time:

### REPORT FORM RETENTION INFORMATION

### ATTACHMENTS

Permanent Retention File:	Location:	*Yes	No
Date Filed:	Filed By:	*See Following Pages	

# **Control of Blood-Borne Pathogens Exposure and Treatment Notification Form**

Exposed Employee's Name: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date Exposed: \_\_\_\_\_ Exposure Source: \_\_\_\_\_

Department/Workplace \_\_\_\_\_

Exposure Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_ request \_\_\_\_ do not request to be evaluated and tested for HIV/HAV/HBV by the Town's Physician. I understand this is not mandatory and that all customary expenses will be paid by the Town of Amherst. Following the initial HIV/HAV/HBV tests, additional testing will be scheduled at 6 weeks, 12 weeks and 6 months to determine if a blood-borne pathogen has been transmitted. I understand that I will be provided the test results, counseled by the Company Physician and that all information regarding the exposure, HIV/HAV/HBV testing, and test results will remain confidential.

\_\_\_\_\_

Exposed Employee's Signature

Date

\_\_\_\_\_

Witness' Signature

Date