City of Manitowoc

Bloodborne Pathogens
Exposure Control Plan

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Bloodborne Pathogens Exposure Control Plan

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A. **Universal Precautions**

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne diseases. Universal Precautions will be observed at ALL times by City of Manitowoc employees regardless of the perceived status of the source individual in order to prevent or minimize contact with blood or other potentially infectious materials.

B. **Engineering and Work Practice Controls**

Engineering and Work Practice Controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in the City and on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Daily – By Administrative Supervisors
Monthly – By Department Head

All supervisors are to ensure that employees follow the "Engineering and Work Practices".

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee's non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane with a contaminated sharp object, such as needlesticks.

An "Exposure Incident Reporting Form" shall be completed <u>each</u> time an exposure incident occurs (See Appendix C).

1. Hand Washing
   a. The City shall provide hand washing facilities which are readily accessible to employees. Antiseptic towelettes, bactericidal washes or an equivalent may be used where soap and water are not readily available.
   b. Supervisors shall ensure that employees wash hands or 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.
   b. Supervisors shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

incident so that it can be cleaned, decontaminated, and removed immediately. (A major blood or OPIM incident is one which there will be biohazardous material for disposal or when there are contaminated sharps – see letter "e". below.)

d. Contaminated cleaning materials shall be placed in approved biohazard bags for proper disposal. Cleaning materials (i.e. mops, towels, etc.) which have been used but not contaminated by blood or other potentially infectious materials require no special disposal considerations.

e. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers for proper disposal.

f. Disposable contaminated materials (i.e. gloves, paper towel, disinfectant towelettes, bandages) shall be placed in approved biohazard disposal bags and disposed of at Fire Station number 1, located at 911 Franklin St. Disposable materials such as gloves which have been used but not contaminated by blood or other infectious materials require no special disposal considerations.

g. Contaminated laundry/clothing shall be handled as little as possible. Gloves must be worn when handling contaminated laundry/clothing. Contaminated clothing shall be removed immediately or as soon as feasible and replaced with fresh clothing, after thoroughly cleaning the skin. An employee whose clothing becomes contaminated shall file a report which lists the item(s) of clothing that have been contaminated, and whether the item(s) have been damaged and need to be replaced. All contaminated clothing shall be placed in an approved biohazard disposal bag and an identification tag with the name and the location of the contamination (e.g. blood biohazard bags containing contaminated items of clothing shall be transported to the City of Manitowoc Fire Department-station 1 as soon as possible). The City will clean, decontaminate and return serviceable items at no cost to the employee.
Contaminated clothing should not be taken home for laundering.

C. Personal Protective Equipment

1. Where occupational exposure can occur in spite of institution of engineering and work controls, personal protective equipment shall

and personal protective equipment stored in a convenient location.

b. The City of Manitowoc shall clean, launder and dispose of personal protective equipment, at no cost to the employee.

c. The City of Manitowoc shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

4. 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, and the person should shower. The garment should be taken to the maintenance department where it can be properly laundered.

5. City of Manitowoc shall ensure that the employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgement that in that particular instance it would have posed an increased hazard to the employee or others, the City shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

IV. HEPATITIS B VACCINATION

A. General

1. The City of Manitowoc will make available the Hepatitis B vaccination series to all employees who have occupational exposure (Category I Employees – Appendix B), and post-exposure follow-up to employees who have had an exposure incident.

2. The City shall ensure that all medical evaluations and procedures including the Hepatitis B vaccination series and post exposure follow-up, including prophylaxis are:

   a. Conducted within 24 hours of the exposure (immediately if HIV is of concern);

   b. Made available at no cost to the employee;

C. **HIV Post Exposure Prophylaxis**

1. If a significant exposure occurs and the source individual is known HIV positive or has a history of high risk behaviors (IV drug user, male having sex with male, multiple sex partners, etc…) then immediate post exposure follow-up is needed.

2. According to new CDC guidelines for post exposure prophylaxis, one to three medications can be prescribed by an Infectious Disease Physician. Prophylaxis will be recommended for significant exposure but is not mandatory.

3. The new protocols must be initiated ASAP, preferably within 2 hours.

4. If the exposed worker consents to baseline blood collection for HIV, but does not give the consent for HIV testing, the sample can be preserved for 90 days. If during that time, the employee gives written consent for HIV testing it will be completed.

D. **Hepatitis C Testing**

1. There is no recommended prophylaxis.

2. Follow up testing for HCV is done at 3, 6, and 12 months for those employees exposed to Hepatitis C positive patients.

V. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. **Exposure Incident Procedures**

1. All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, the following procedures shall be followed (see Appendix D – "Exposure Incident Checklist"):
   a. Exposed Individuals Responsibilities
      I. Report "exposure incident" as soon as feasible to a supervisor.
      II. Obtain appropriate post-exposure medical treatment. The initial post-exposure medical evaluation should be at Holy Family Medical Center Emergency Department.
      III. Complete "Follow Up of Employee Exposure to Blood/Body Fluid" form (Appendix G) prior to or during evaluation by a health care professional.

b. Results of the source individual's testing shall be made available to the exposed employee only after consent is obtained, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at the time for HIV serological testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

C. Information Provided to the Health Care Professional

1. The City of Manitowoc shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided with the following:
   a. A copy of 29 CFR 1910.1030;
   b. A written description of the exposed employee's duties as they relate to the exposure incident;
   c. Written documentation of the route of exposure and circumstances under which the exposure occurred;
   d. Results of the source individuals blood testing, if available;
   e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

D. Health Professional's Written Opinion

1. The City of Manitowoc shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation (Appendix G).

2. The health care professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for an employee, and if the employee has received such vaccination.

3. The health care professional's written opinion for post exposure follow-up shall be limited to the following information:
   a. A statement that the employee has been informed of the results of the evaluation; and
   b. A statement that the employee has been told about any medical conditions resulting from exposure to blood or

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4. Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used. (Appendix H contains the required minimum content for training.)

5. The person conducting the training shall be knowledgeable in subject matter covered by the elements contained in the training program, as it relates to the workplace.

VII. RECORDKEEPING

A. Medical Records

1. The City shall establish an accurate medical record for each employee with occupational exposure, which will be kept at City Hall – Personnel Department and shall include (See Appendix I):
   a. Name and social security number of employee;
   b. Copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B;
   c. If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures;
   d. If exposure incident(s) have occurred, City's copy of the health care professional's written opinion;
   e. If exposure incident(s) have occurred, City's copy of information provided to the health care professional: i.e. exposure incident investigation form and results of the source individual's blood testing, if available and consent has been obtained for release.

2. The City of Manitowoc shall ensure that the employee's medical records are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of the City, except as required by law. These medical records shall be kept separate from other personnel records.

3. These medical records shall be maintained for the duration of employment plus 30 years.

B. Training Records (See Appendix H)

1. The City of Manitowoc is responsible for maintaining training records which shall include:
   a. The date of the training session;
   b. The contents or a summary of the training sessions;

Appendix A

City of Manitowoc
DEFINITIONS FOR THE PURPOSES OF THE EXPOSURE CONTROL PLAN

Antibody	A substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
Amniotic Fluid	The fluid surrounding the embryo or fetus, in the mother's womb.
Antigen	Any substance which stimulates the formation of an antibody.
Assistant Secretary	The assistant Secretary of Labor for Occupational Safety and Health, or designated representative.
Biohazard Label	A label affixed to containers of regulated waste, refrigerators/freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	Human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	Pathogenic (disease producing) microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV).
Cerebrospinal Fluid	A clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
Clinical Laboratory	A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Medical Consultation	A consultation which takes place between an employee and a licensed health care professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucous	A thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc..
Mucous Membranes	A surface membrane, composed of cells, which secretes various forms of mucous, as in the lining of the respiratory tract and the gastrointestinal tract, etc…
Occupational Exposure	A 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.
OSHA	The Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
Other Potentially Infectious Materials (OPIM)	(1) The following human body fluids; semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
Pathogen	A bacteria or virus capable of causing infection or disease.
Pericardial Fluid	The clear straw-colored serous fluid secreted by the cells of the peritoneum.

Source Individual	Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endorspores.
Synovial Fluid	The clear amber fluid usually present in small quantities in a joint of the body (i.e. knee, elbow).
Universal Precautions	An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Vascular	Pertaining to or composed of blood vessels.
Work Practice Controls	Controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

Appendix B

ASSOCIATED TASKS AND PROCEDURES

A list of tasks and procedures performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur is required. Tasks/procedures may include, but are not limited to, the following examples:

1. Care of minor injuries that occur, i.e. bloody nose, scrape, minor cut;

2. Initial care of injuries that require medical or dental assistance, i.e. damaged teeth, broken bone protruding through the skin, severe laceration;

3. Care of individuals who need assistance in daily living skills, i.e. toileting, dressing, hand washing, feeding and menstrual needs;

4. Care of individuals who exhibit behaviors that may injure themselves or others, i.e. biting, hitting, scratching;

5. Care of injured person during a sport activity;

6. Cleaning tasks associated with body fluid spills including decontaminating facilities or vehicles contaminated with blood or other potentially infectious materials.

Appendix F

City of Manitowoc
FOLLOW UP OF EMPLOYEE EXPOSURE TO BLOOD/BODY FLUIDS

TO BE FILLED OUT BY EMPLOYEE (SECTIONS I & II PRIOR TO OR DURING EVALUATION BY HEALTH CARE PROFESSIONAL)

EMPLOYEE TO INITIAL APPLICABLE SECTIONS

_____ I believe that I received exposure to blood or potentially infectious body fluid. I wish to have the source individual tested for the presence of HIV or Hepatitis B.

_____ I understand that the information linking the source individual's identity and blood test results is protected as confidential under State law, and that I may not disclose the identity of the source individual to any other person except for the purpose of having this test performed.

_____ I understand that I may have a baseline blood sample taken on myself at this time. The sample can be tested for HIV at this time, or it can be held by the lab for as long as 90 days in case I elect to have HIV testing done in the future. After 90 days the sample will be destroyed.

THE EMPLOYEE WILL SELECT ONE OF THE THREE OPTIONS LISTED BELOW:

_____ I want to have my blood sample drawn and tested for HIV at this time.

_____ I want to have my blood sample drawn at this time and saved for possible testing within 90 days.

_____ I do not wish to have a baseline blood sample drawn.

TO BE READ AND INITIALED BY THE EMPLOYEE:

_____ I have been instructed in the signs and symptoms of illnesses which may result from exposure to individuals infected with HIV or Hepatitis, and the ways in which I may prevent the spread of these conditions during contacts at or away from work.

_____ I have been informed of the results of the evaluation done by a Health Care Professional.

_____ I have been told about the signs and symptoms which should be reported to my personal physician.

Signed:_____ Date:_____

Appendix H

City of Manitowoc
INFORMATION AND TRAINING OF EMPLOYEES WITH POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

Date(s) of Training:_____

Trainer(s) Name and Qualifications:_____

_____

Name and Job Titles of all Employees Attending This Training: (Attach separate page)

Agenda and/or Materials Presented to Training Participant Include:

_____ An accessible copy of the text of the OSHA Standard.

_____ 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 exposure control plan and the means by which employees can obtain a copy of the written plan.

_____ An explanation of the appropriate methods for recognizing tasks/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: i.e. engineering controls, work practices, and personal protective equipment.

_____ Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.

_____ An explanation of the basis for selection of personal protective equipment.

_____ Information on the HBV vaccine, it's efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.

_____ Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.

_____ An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.

_____ Information on the post-exposure evaluation and follow-up that is provided.

_____ An explanation of the signs, symbols, and color-coding of biohazards.

_____ A question and answer session between the trainer(s) and employee(s).

_____ Provision of a list of contacts that can be resources to the employees if they have questions after training.

Signature of Trainer:_____ Date:_____

Appendix D

City of Manitowoc

BLOODBORNE PATHOGEN – VACCINATIONS

Declination Statement:

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

_____ _____

Employee Signature Date