

Town of Kernersville Safety and Health Policy and Procedure Manual	Bloodborne Pathogens Exposure Control Plan Section 0010	Date 1/98	Revised 08/22
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I. Introduction

The Exposure Control Plan is designed to eliminate or minimize employee exposure to Bloodborne pathogens. Bloodborne pathogens are defined as pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV).

II. Scope

This policy and the following plan applies to all employees whose duties involve "OCCUPATIONAL EXPOSURE" to "BLOOD" and "OTHER POTENTIALLY INFECTIOUS MATERIALS": (See Appendix C: Bloodborne Pathogens Standard--1910.1030 Paragraph (b) Definitions)

III. Standard

OSHANC Part 1910.1030--Bloodborne Pathogens Standard; North Carolina Department of Labor, Division of Occupational Safety and Health.

IV. Procedures

A. Exposure Determination

The exposure determination consists of a listing of all job classifications in which all employees have occupational exposure; a listing of job classifications in which some employees have exposure, with a list of tasks which may lead to occupational exposure. (See Job Classifications, Appendix A).

Supervisors or department heads must notify the Safety Administrator so that adjustments to exposure listings can be made for:

1. New or modified tasks and procedures.
2. New or revised employee positions.

B. Methods of Compliance

1. Work Practices

- a. Engineering and Work Practice Controls shall be used to eliminate or minimize exposure whenever possible.
- b. Universal Precautions shall be observed to prevent contact with blood and other potentially infectious materials. (Defined: an approach to infection

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control using personal protective equipment such as latex gloves, face shields, as well as, engineering controls such as sharps containers and safe work practices such as not recapping needles, proper biohazard waste handling and proper hand washing.) To observe universal precautions employees must treat all human blood, human tissue, human blood cultures and biohazardous waste as if infected.

- c. Washing facilities, with soap, shall be provided by each department and shall be used immediately after any exposure to the skin or mucous membranes or after the removal of any personal protective equipment. In any outdoor setting, where hand washing facilities are not feasible, alternative means of decontamination (i.e. antiseptic towelettes) shall be provided.
- d. Contaminated needles and other sharps shall:
 - (i) not be broken, sheared, bent, recapped, or removed.
 - (ii) be placed, immediately after use, in sharps containers described below in Section 4, Regulated Waste.
- e. Food, beverages, and other consumable goods such as cosmetics, contact lenses and cigarettes shall not be stored or handled while in the exposure area.
- f. Blood and potentially infectious material shall be handled in such a manner as to minimize splashing, spraying, splattering, or generation of droplets.
- g. Mouth pipetting/suctioning is strictly prohibited.
- h. Blood and other potentially infectious materials, specimen containers, and if necessary secondary containers, must be approved for transport, must be puncture and leak resistant, and labeled as BIOHAZARDOUS. If the exterior of the primary container becomes contaminated or it could be punctured, a secondary container is required.

Exceptions to the labeling requirement can be found in Section D, Communication of Hazards to Employees.

- i. Portable equipment which may become contaminated shall:
 - ii.
 - (i) be taken out of service and be examined before servicing or shipping.
 - (ii) be decontaminated by physical or chemical means to remove, inactivate or destroy bloodborne pathogens

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on equipment to the point where it is no longer capable of transmitting infectious particles and the equipment is safe for handling, use, or disposal (i.e. autoclaving or disinfectant detergents).

- (iii) be labeled as such with warning labels which are either an integral part of the equipment or attached by string, wire, or adhesive that prevents the loss of the label or its removal; or placed in red bags or red containers which must be labeled BIOHAZARD and have an affixed label which with provide information as to which portions remain contaminated.
- (iv) have appropriate information conveyed to servicing personnel before handling is permitted.

2. Personal Protective Equipment (PPE)

When engineering and work practice controls are not sufficient to eliminate exposure to blood or other potentially infectious materials, PPE shall be used.

- a. PPE shall be provided, cleaned, laundered, repaired, replaced, and disposed of by the department at no cost to the employee.
- b. PPE is not a substitute for other controls and is considered "appropriate" only if it does not permit blood or 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 working conditions.
- c. PPE may consist of: gloves, gowns, lab coats, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices that meet the requirements above.
- d. Gloves must be worn during any emergency medical procedure, during vascular access procedures, and during any task when it can be reasonably anticipated that skin contact with blood, potentially infectious materials, mucous membranes' or non-intact skin will occur, and when touching or cleaning contaminated items or surfaces:
 - (i) Disposable gloves shall be replaced as soon as practical after contamination and as soon as feasible if torn, punctured, or compromised.
 - (ii) Disposable gloves shall not be washed or decontaminated for re-use.
 - (iii) Utility gloves may be decontaminated for re-use if the gloves'

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integrity is not compromised.

- (iv) Hypoallergenic, powderless, or similar alternative gloves shall be provided to employees who are allergic to the gloves normally provided.

It is understood during certain Law Enforcement tasks (ex. Subduing a suspect) the use of PPE may be hindered due to the safety of themselves and others. However, PPE must be worn at the earliest permissible time.

- e. If garments are penetrated by blood or potentially infectious material, the garment shall be removed as soon as feasible. Contaminated clothing and PPE will be removed prior to leaving the work area and will be placed in a designated location defined by the department or container for storage, laundry, decontamination or disposal. A change of clothing must be provided to replace contaminated employee clothing. (Specific departmental processes will be provided to the employee during initial onboard training, Ex. Police, Fire, PS, and Recreation.)

3. Housekeeping

- a. All equipment and work surfaces shall be cleaned and disinfected:
 - (i) after completion of procedures.
 - (ii) immediately after overt contamination or spills,
 - (iii) at the end of the work shift, if potentially contaminated.
- b. Contaminated disposable work surface coverings shall be replaced as soon as feasible.
- c. Contaminated re-usable containers and protective equipment shall be cleaned and disinfected as soon as feasible after use.
- d. Broken glass or other potentially contaminated Sharp objects will not be handled by hand. (Use brush, tongs, etc.)
- e. Spills of blood or other body fluids should be cleaned up as soon as feasible using an EPA approved disinfectant or a fresh solution of 1:10 household bleach to water. Free liquid should be absorbed with disposable toweling or other approved absorbent, with gloved hands, taking care to watch for sharp objects. If there is a possibility of splattering, protective equipment, covering the eyes, nose, and mouth should be worn.

4. Regulated Waste

Regulated Waste is defined as a liquid or semi-liquid blood or other potentially

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infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials. Disposal of Regulated Waste shall be in compliance with the following regulations.

- a. Contaminated Sharps, including needles and broken glass:
 - (i) All contaminated sharps shall be discarded as soon as feasible into sharps containers which are closable, puncture resistant, leak-proof, and labeled.
 - (ii) Containers shall be located as close as feasible to immediate area of use, be kept upright, and not overfilled.
 - (iii) When moved from the area of use, containers shall be closed prior to removal, and placed in secondary containers if leaks are possible.
 - (iv) Reusable sharps containers shall not be emptied by hand.
- b. Other Regulated Waste:
 - (i) Regulated waste shall be placed in containers that are constructed to prevent leaks, labeled, and closed prior to removal.
 - (ii) If outside contamination occurs, the container shall be placed in a second container.
 - (iii) Each department shall be responsible for its own regulated waste disposal. The Safety Administrator can assist in program set up.
****Republic Waste Services provides regulated waste pick-up and can be contacted at (336) 724-0842 for this service.*

5. Laundry

- a. Contaminated Laundry:
 - (i). shall be handled as little as possible, with minimal agitation and specifically defined by department for immediate action.
 - (ii). shall be bagged or containerized at the location of use and placed in labeled BIOHAZARD bags.
 - (iii). shall be placed in leak-proof Containers when wet and if there is a reasonable likelihood of soak-through or leakage, the laundry shall be placed and transported in bags or containers which prevent the escape of fluid to the exterior.
 - (iv). All contaminated laundry which is to be transported off site must be properly containerized and labeled as BIOHAZARDOUS. The

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- off-site laundry facility must be notified of the incoming articles.
- (v). clothing which is designated as PPE shall not be taken home for washing.

C. Information and Training

Department Heads must ensure that training as described below is provided to each employee with occupational exposure, as defined in Appendix A, prior to initial assignment, and annually thereafter. Retraining must also be provided prior to reassignment or when modification of tasks or procedures may affect exposure.

1. A copy of the Exposure Control Plan shall be available upon request to employees. In addition to the department/division copy, a copy is available in the Safety Administrator's Office.
2. Departmental trainers, the Safety Administrator, or trainers approved by the Safety Administrator shall be the sole source for BBP training. The Safety Administrator will be available to assist with departmental training needs to ensure compliance. Each department will be audited periodically to ensure the quality of their training or performance.
3. The training program shall contain the following elements:
 - a. A copy of the regulatory text of the standard and an explanation of its contents.
 - b. A general explanation of the epidemiology and symptoms of HIV, HBV and their modes of transmission.
 - c. An explanation of the Town's Exposure Control Plan.
 - d. An explanation of the appropriate methods for recognizing tasks and activities that involve exposure to human blood or other potentially infectious materials.
 - e. An explanation of the use and limitations of methods of control used by the department that may prevent or reduce exposure including universal precautions, engineering controls, work practices, and personal protective equipment.
 - f. An explanation of the selection criteria of PPE that shall include its limitations, maintenance, decontamination and proper disposal.
 - g. Information on the HBV vaccine, including its efficacy, safety, and the benefits of being vaccinated.
 - h. At the time of initial training employees must sign either an Acknowledgement of Training and Acceptance of Hepatitis B Vaccine or a Hepatitis B Vaccine Declination. This form will be kept in the employee's file in the appropriate department and a copy must be forwarded to the Safety Administrator. Appendix B contains copies of these forms. If an employee has previously

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received the complete series of vaccinations somewhere other than the Town of Kernersville or has a positive Antibody Test, he/she must sign a declination form. This form is to show that the employee was offered the series by the Town. The wording cannot be changed on the form, but the employee may write amendment or cross off and initial parts of the paragraph.

- i. An explanation of Section G, Post Exposure Procedures, to follow if an exposure incident occurs, method of reporting the incident, and the medical follow-up that will be made available.
- j. An explanation of the signs, labels, tags, and/or color-coding used to denote biohazards and how they shall be used.
- k. An opportunity for interactive question and answers between the employee and the trainer.

Note: The training must include the specifics of this policy and can be covered by video or other electronic media as long as the instructor is immediately available for questions. The instructor's name and contact information must be supplied in the training.

- 4. A copy of all bloodborne training records will be maintained by the Safety Administrator or designated department trainer and shall include a Training Roster form, trainer's outline and vaccination acceptance or declination forms. (All forms are located in Appendix B, Forms.)

D. Communication of Hazards to Employees

Warning labels, signs, or tags shall contain the standard red-orange "BIOHAZARD" symbol and shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or potentially infectious materials, and other containers used to store or transport such materials. Individual containers of blood which are stored, transported and disposed of in labeled containers are exempt. Regulated waste which has been decontaminated is also exempt. Assistance in finding a source of appropriate signs and labels will be provided by the Safety Administrator.

E. Hepatitis B Vaccination Program

The Safety Administrator and the Fire Training Chief must ensure that new employees electing to receive a Hepatitis B Vaccination Series following initial training are scheduled to begin the series within TEN working days of initial assignment. This must occur after initial training specified in Section C information and training.

Each department is responsible for providing documentation of the vaccination record for employees who have already received the completed series to the Safety

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Administrator. Documentation of the first must be received within 10 days of initial training and maintained in the employee's file.

1. Cost of the vaccination series will be covered by the employee's department at no cost to the employee.
2. Vaccinations may be omitted for employees who have previously received the complete series of shots, who test immune and are willing to sign a declination form, or where the vaccine is medically contraindicated.
3. An employee may decline the vaccine, but must sign a medical declination form. (See HBV declination form, Appendix B.)
4. Employees who initially decline may receive the vaccination series at any later time upon request.
5. Antibody Testing (Titer) will be done to ensure immunity at no cost to employees following the Hepatitis B Vaccination Series.
6. Future booster vaccine recommendations by the U.S. Public Health Service shall be followed.

F. Recordkeeping

1. Records shall be established and maintained by the Safety & Risk Manager for each employee with potential occupational exposure in accordance with the OSHA Medical Records Access Standards. Records will include:
 - a. Acceptance or declination of HBV vaccine
 - b. Exposure records, documenting any exposures and medical follow-up
2. Exposure records will be maintained by the Safety Administrator where they shall be kept in strict confidence for the duration of employment, plus thirty years as required by this standard.
3. Exposure records shall be kept confidential, except as required by this standard or required by law.
4. Employees are entitled access to their records and any reference material used in training upon request.
5. Training Records shall be maintained for 7 years from the date of training.
6. Vaccination records, regardless of where received, shall be forwarded to the Safety Administrator by the employee's department.

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7. The Exposure Control Plans of the appropriate departments shall be reviewed annually by the Safety Administrator and updated annually or whenever work place changes deem modifications are necessary by the department representative.

G. Procedures for Evaluation and Follow-up of Exposure Incidents

The following procedures are to be followed after an employee exposure to blood or other potentially infectious materials, if it is uncertain whether an exposure has taken place, proceed with this set of instructions until a determination can be made.

An exposure is defined as any cut, puncture, or other percutaneous entry; splash to mucous membranes or other contact with blood or other potentially infectious materials on non-intact skin or mucous membrane, that occurs to an employee at work.

1. Any injuries occurring during an exposure incident should be treated and reported following the Town's Occupational Injury reporting Policy. (Section 0020)
2. The exposed employee shall notify their immediate supervisor or designated supervisor as soon as feasible. The supervisor will comply with the Town's or department's policies on Bloodborne Pathogens, workers' compensation and safety, including:
 - a. notifying the Safety Administrator at 336-564-1666
 - b. making available, at no cost to the exposed employee, a confidential medical evaluation within 24 hours, with the opportunity to receive "Post Exposure Prophylaxis", (HBV vaccinations, etc.) as recommended by the U.S. Public Health Service
4. The employee's department shall provide the following information to the health care professional performing the medical evaluation:
 - a. Description of employee's duties as they relate to the exposure incident
 - b. Documentation of route of exposure and circumstances (Appendix B, Form III)
 - c. Results of source individual's blood testing, if available
 - d. All relevant medical records including vaccination status of the employee.

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4. If possible, the source individual, object, or substance shall be identified. The source individual will be notified, and then tested for HIV and HBV.
5. The exposed employee will have the opportunity, at no cost, to have a baseline blood drawn and stored for up to 90 days after an exposure. If the employee, during that 90-day time period, wishes to have their baseline blood levels tested for HIV or HBV, this will be done at no cost to the employee. The employer is only obligated to store untested baseline blood samples for 90 days.
6. The employee will be made aware of the results of source patient testing, if available.
7. Results of the employee medical evaluations will be kept confidential and maintained in their file by the Safety Administrator for the duration of their employment plus thirty years, and not made available to the employer or others. Medical evaluations will be conducted by a licensed physician or other appropriate healthcare professional, at no cost to the employee, and will be conducted as per recommendations of the United States Public Health Service at the time of exposure,
8. As soon as possible after the exposure, an account of the incident using Form III. Review of Employee Exposure to Blood/Infectious Material in Appendix B, shall be prepared by the employee, forwarded to Safety Administrator, and made a part of the files. The incident file is to remain confidential if it reveals either the employee's or the source's identification.
9. Any acute febrile illness which may occur within twelve weeks after the exposure should be reported to the Safety Administrator by the exposed employee. The employee shall be entitled to a no-cost medical 'evaluation for any such incidents within that time frame.
10. Employee will receive a copy of the evaluating health care professional's written opinion' within fifteen days. The written opinion shall contain the evaluation results, as well as a statement pertaining to possible conditions resulting from exposure to blood or other potentially infectious agents which may require further evaluation. All such information will be confidential.

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Appendix A

Job Classifications

JOB CLASSIFICATION BY DEPARTMENT IN WHICH *SOME* EMPLOYEES HAVE EXPOSURE TO BLOODBORNE PATHOGENS

FIRE	
Job Classification	Task/Procedure
Fire Admin Specialist	Assist walk-in injuries with first aid

JOB CLASSIFICATION BY DEPARTMENT IN WHICH *ALL* EMPLOYEES HAVE EXPOSURE TO BLOODBORNE PATHOGENS

GENERAL SERVICES	
Job Classification	Task/Procedure
Custodian	Restroom Cleanup, trash collections, and the clean up of bodily fluids (vomit, blood)
Building Maintenance Supervisor	Restroom Cleanup, trash collection, and the Clean-up of bodily fluids (vomit, blood) in the absence of a Custodian.

FIRE	
Job Classification	Task/Procedure
Asst. Fire Chief	TASK/PROCEDURE FOR ALL POSITIONS
Battalion Chief	LISTED WITHIN THE FIRE DEPARTMENT:
Fire Captain	Administration of life support techniques and
Fire Chief	procedures based on patient assessment, including
Fire Engineer	all skills at the EMT level.
Firefighter I & II	
Assistant Fire Marshal	
Fire Marshal	

POLICE	
Job Classification	Task/Procedure
Captain	TASK/PROCEDURE FOR ALL POSITIONS
Chief of Police	LISTED WITHIN THE POLICE DEPARTMENT:
Detectives (I & II)	Rendering aid to injured persons, separating
Lieutenant	fighting parties, subduing and arresting suspects,
Police Officers (I & II)	conducting searches, seizing property (includes
Sergeant	handling, processing, and transporting),

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Public Relations Officer	responding to calls for service, and participating
Master Police Officers (I & II)	in training.
Property Technician	

PUBLIC SERVICES (Solid Waste Divisions)

Job Classification	Task/Procedure
Solid Waste Collector	TASK/PROCEDURE FOR ALL POSITIONS
Solid Waste Equipment Operators	LISTED WITHIN THE SOLID WASTE
Solid Waste Superintendent	DIVISION:
Solid Waste Operations Supv.	Emptying refuse containers; equipment
	operation during the collection and
	disposal of refuse.

PUBLIC SERVICES (Central Maintenance Divisions)

Job Classification	Task/Procedure
Fleet Maintenance Supervisor	Clean-up and Maintenance of refuse vehicles
Equipment Services Attendant	Clean-up and Maintenance of refuse vehicles
Fleet Maintenance Mechanic	Clean-up and Maintenance of refuse vehicles
Fleet Maintenance Superintendent	Clean-up and Maintenance of refuse vehicles

PUBLIC SERVICES (Street Division)

Job Classification	Task/Procedure
Assistant Street Superintendent	Assisting CMW, or CM's with various projects
Street Superintendent	(see exposure task/procedures below)
Construction Maintenance Worker	Conducting tasks associated with sewer lines
Construction Mechanics (I, II, III)	and solid waste. Removing debris from
Public Works Crew Leader	roadside, cleaning out catch basins, and
	cleanup of public grounds.

RECREATION AND PARKS

Job Classification	Task/Procedure
Park Maintenance Superintendent	Park facility, grounds, and restroom clean-up.
Park Maintenance Supervisor	Park facility, grounds, and restroom clean-up.
Park Maintenance Worker	Park facility, grounds, and restroom clean-up.
Program Supervisor	Assists in cleanup of blood/OPIM in building.
Athletic Coordinator	Assists in cleanup of blood/OPIM in building.
Admin. Specialist	Assists in cleanup of blood/OPIM in building.
Adaptive & Inclusion Coord.	Assists in cleanup of blood/OPIM in building.

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APPENDIX B

FORMS

- I. Acknowledgment of Initial Training and Acceptance of HBV Vaccine**
- II. Hepatitis B Declination**
- III. Review of Employee Exposure to Blood/Infectious Materials**

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II. HEPATITIS B VACCINE 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 (HBV) infection.

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. 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 want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee (Please Print) Date

Signature of Employee Date

Signature of Witness Date

cc:

Safety Administrator
Departmental Personnel File

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III. REVIEW OF EMPLOYEE EXPOSURE TO BLOOD/INFECTIOUS MATERIAL

Complete and forward copies to your supervisor and the Safety Administrator

Employee Name: _____ Date of Report _____

Date/Time of Incident _____

Location of
Incident: _____

Other Personnel
Present: _____

Was exposure a: Needlestick _____ Cut _____ Splash _____ Other _____

Was the source individual or object identified? _____

Describe the circumstances leading up to and including the exposure:

Describe measures taken after the exposure:

Name of supervisor notified:

Date/Time _____

List Personal Protective Equipment being worn at the time of exposure:

How do you feel this incident could have been prevented?

Signature of person completing form: _____

Printed name of person completing form: _____

Findings and Recommendations:

Signature of Safety Administrator: _____ Date: _____