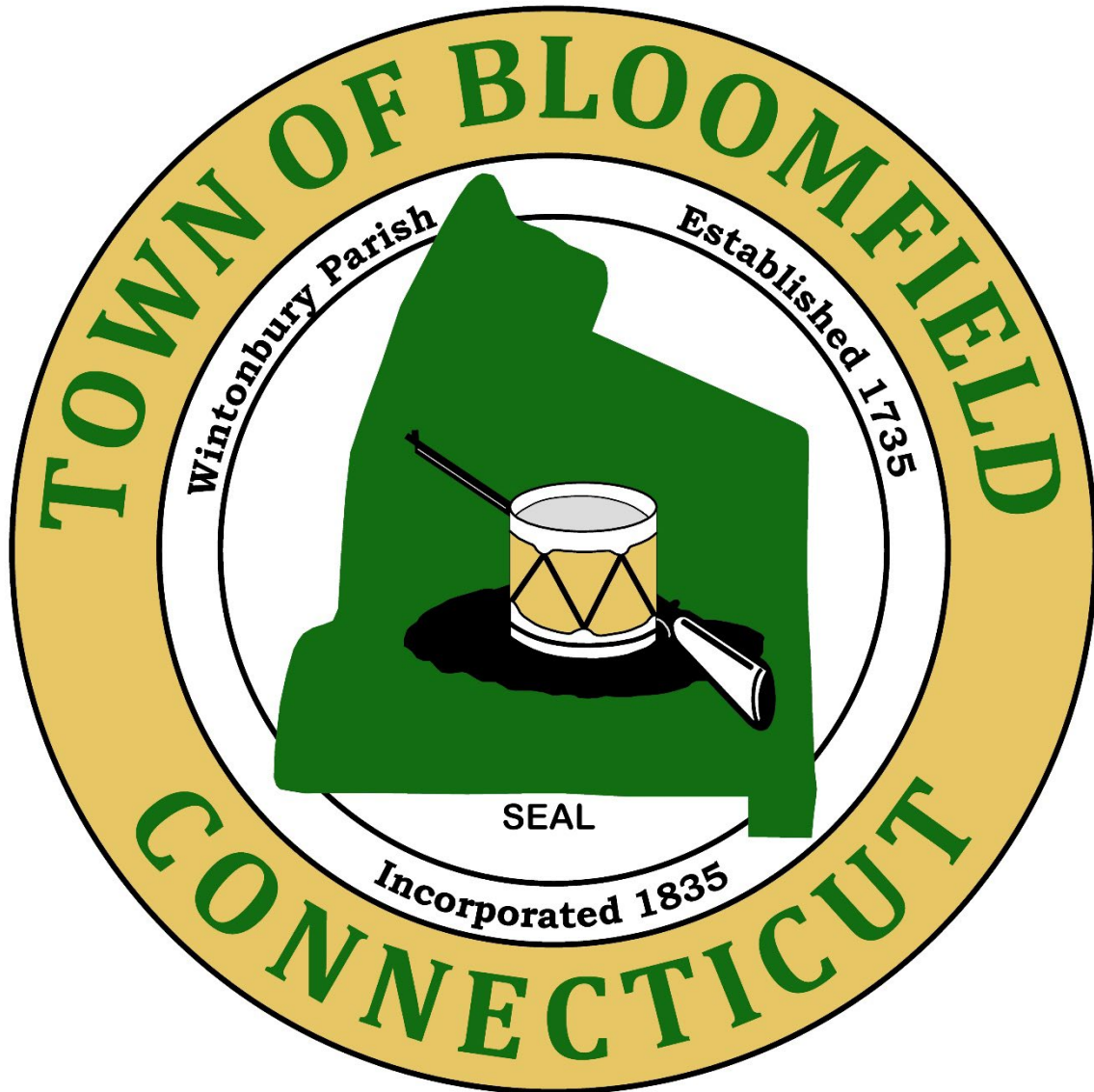


# TOWN OF BLOOMFIELD BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN



July 2024

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## **A. PURPOSE**

The purpose of this Bloodborne Pathogens Exposure Control Plan (ECP) is to protect the health and safety of all employees who can be reasonably expected, as the result of performing their job duties, to be exposed to blood or potentially infectious materials and comply with the OSHA Standard 29 CFR 1910.1030 Bloodborne Pathogens Exposure Control. Definitions of terms relating to this exposure control plan are found in Appendix A.

## **B. AUTHORITY & REFERENCE**

Occupational Safety and Health Administration (OSHA) CFR 29 1910.1030

## **C. APPLICATION**

This plan applies to all employees who are engaged in activities that involve exposures to blood or other body fluids.

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

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding an exposure incident

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

## **D. PROGRAM ADMINISTRATION**

The BBP Program Administrator is responsible for the implementation of the ECP and will maintain, review, and update the ECP annually, and whenever necessary to include new or modified tasks and procedures to include safer medical devices, work practices, administrative controls and personal protective equipment, which are evaluated by users. Review and update of the plan also reflects changes in technology that eliminate or reduce exposures to bloodborne pathogens.

Contact person/phone number: EMS Coordinator, 860-243-3482, ext. 1

The BBP Program Administrator will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard and will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes at each applicable Department within Town. 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.

The Town's Human Resource Department will be responsible for ensuring that appropriate OSHA records are maintained.

Town contact location/phone number: Rosa Matias, (860) 769-3584.

Human Resources along with the BBP Program Administrator in conjunction with a representative from applicable Departments will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

#### **E. EMPLOYEE EXPOSURE DETERMINATION**

The following is a list of all job classifications within Town Departments in which employees have occupational exposure:

<b>DEPARTMENT</b>	<b>JOB CLASSIFICATIONS</b>
EMS	All
Leisure Services	Director of Leisure Services
Leisure Services	Assistant Director
Leisure Services	Administrative Clerk
Leisure Services	Pool Staff
Leisure Services	Tennis Staff
Leisure Services	Community Center Supervisors
Leisure Services	Summer Camp Staff
Facilities Services	Facilities Manager
Facilities Services	Custodians
Facilities Services	General Maintenance
Police	Chief
Police	Captain
Police	Lieutenant
Police	Sergeant
Police	Detective
Police	Patrol Officer

Police	Animal Control Officer
Public Works	Fleet Services Employees
Public Works	Field Operations Employees
Senior Services	Bus Drivers
Social and Youth Services	Director of Social and Youth Services
Social and Youth Services	Senior Social Worker
Social and Youth Services	Social Worker
Social and Youth Services	Youth Services Coordinator
Social and Youth Services	Part-Time Youth Services Staff

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

<b>DEPARTMENT</b>	<b>TASK/PROCEDURE</b>
EMS	Patient Care
Leisure Services	First Aid
Leisure Services	Clean Up
Facilities Services	Clean Up
Police	First Aid/Medical Care
Police	Altercation Intervention
Public Works	Working with Contaminated Equipment (Vehicles)
Public Works	Trash Collection
Senior Services	Client Transportation
Social and Youth Services	Home Visits
Social and Youth Services	Supervision of Youth Activities and Trips

Part time, temporary, contract, per diem employees and volunteers are covered as well.

## **F. METHODS OF IMPLEMENTATION AND CONTROL**

### **Universal Precautions**

All at-risk employees will utilize universal precautions.

## **Exposure Control Plan**

Employees covered by the bloodborne pathogens standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts; the plan will be available and accessible at the at-risk employee's respective workplaces, as well as on the Town of Bloomfield website, [www.bloomfieldct.gov](http://www.bloomfieldct.gov). If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

## **Engineering Controls and Work Practices**

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

### **Engineering Controls**

- Handwashing facilities (or antiseptic hand cleansers), are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated sharps have the following characteristics: --
  - Puncture-resistant.
  - Color-coded or labeled with a biohazard warning label
  - Leak-proof on the sides and bottom.

Sharps disposal containers are inspected and maintained or replaced by the BBP Program Administrator and monitored continuously to prevent overfilling.

- Secondary containers which are:
  - Leak-proof
  - Color-coded or labeled with a biohazard warning label
  - Puncture-resistant, if necessary
- Self-sheathing needles and safer medical devices are used when commercially available

## **Work Practice Controls**

- Employees wash/cleanse their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment.
- Following any contact of body areas with blood or any other potentially infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water.
- Contaminated needles and other contaminated sharps are not bent, recapped or removed unless:
  - It can be demonstrated that there is no feasible alternative.  
The action is required by specific medical procedure.
  - In the two situations above, the recapping or needle removal is accomplished through the use of a mechanical device or a one-handed technique.
- We do not use reusable sharps at this time.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- All procedures involving blood or other infectious materials minimize splashing, spraying or other actions generating droplets of these materials.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well.)
- Equipment which becomes contaminated is examined prior to servicing or shipping and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
  - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portions.  
Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

- When a new employee comes to work for our Town, or an employee changes jobs within the Town, the Human Resources Department must notify the BBP Program Administrator of hires/transfers to at-risk locations. The following process takes place to ensure that he/she is trained in the appropriate work practice controls:
  - The employee's job classification and the tasks and procedures that will be performed are checked against the job classifications and task lists which are identified in the Exposure Control Plan as those in which occupational exposure occurs.
  - If the employee is transferring from one job to another within the Town, the job classifications and task lists pertaining to his/her previous position are also checked against these lists.
  - Based on this cross-checking, the new job classifications and/or tasks and procedures which will bring the employee into occupational exposure situations are identified.
  - Notification is made to the BBP Program Administrator, who arranges training for the employee regarding any work practice controls with which the employee is not experienced.

The BBP Program Administrator will identify the need for changes in engineering control and work practices through regular review of the BBP exposure control plan and exposures. They may also evaluate new procedures or new products regularly to determine if they meet OSHA standards and are applicable to our operations. Both front line workers and management officials are involved in this process. The BBP Program Administrator will ensure effective implementation of these recommendations.

### **Personal Protective Equipment (PPE)/Body Substance Isolation (BSI)**

PPE is provided to our employees at no cost to them. Training is provided by BBP Program Administrator or their designee in the use of the appropriate PPE for the tasks or procedures employees will perform.

The types of PPE available to employees are as follows:

- Gloves
- Safety glasses
- Masks and respirators
- Goggles
- Face shields/masks
- Protective jump suits/gowns



Hypoallergenic gloves, glove liners and similar alternatives will be made readily available to employees who are allergic to the gloves normally used.

PPE is located in various departments and may be obtained through the BBP Program Administrator or their designee. The BBP Program Administrator or their designee are responsible for ensuring that all appropriate work areas and vehicles have necessary personal protective equipment available to employees.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the following practices are followed:

- All personal protective equipment is inspected and periodically repaired or replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of in biohazard containers (red bags).

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in the red bags located in each department in which there are at-risk employees.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse. Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.

- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
- All potentially contaminated personal protective equipment is removed prior to leaving a work area or accident/incident site, if possible (or as soon as is feasible).
- Protective clothing (such as a jump suit) is worn whenever extensive exposure is anticipated.

## **Housekeeping**

Maintaining equipment and facilities in a clean and sanitary condition is an important part of the Bloodborne Pathogens Exposure Control Plan.

The Town employs the following practices:

### **Cleaning:**

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
  - Immediately (or as soon as feasible) when surfaces are overtly contaminated.
  - After any spill of blood or infectious materials.
  - At the end of the work shift, if the surface may have been contaminated during that shift.
  - Disinfecting is done using a 1:10 bleach solution or a disinfectant spray/wipe.
- Ambulances are disinfected after transporting any patient to the hospital.
- Protective coverings (such as linens, plastic trash bags or wrap, or absorbent paper) are removed and replaced:
  - As soon as it is feasible when overtly contaminated.
  - At the end of the work shift they may have been contaminated during the shift.
- All trash containers, pails, bins and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
- Reusable sharps are not used at this time

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

The procedure for handling **sharps** is that they are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color coded appropriately. Sharps disposal containers are available at the following locations:

EMS: Apparatus Bay under the stairway in the Ambulance Building  
Leisure Services: N/A  
Plant Services: N/A  
Police: Evidence Processing Room and Booking Area  
Public Works: Locker Room at Town Garage  
Senior Services: N/A  
Social and Youth Services: N/A

Regulated waste (including used bandages, disposed personal protective equipment and other potentially infectious materials) is handled very carefully in accordance with the following procedures:

- Discarded or "bagged" in containers that are:
  - Closeable.
  - Puncture-resistant if the discarded materials have the potential to penetrate the container.
  - Leak-proof if the potential for fluid spill or leakage exists.
  - Red in color or labeled with the appropriate biohazard warning label.
- Containers for this regulated waste are placed in appropriate locations in vehicles and facilities within easy access of our employees and as close as possible to the sources of the waste.
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Receptacles for biohazard waste are located at the following locations:

EMS: Apparatus bay under the stairway in the Ambulance Building  
Leisure Services: Pool

Facilities Services: N/A  
Police: Sally port  
Public Works: Locker room at Town Garage  
Senior Services: Nurse's Office  
Social and Youth Services: N/A

- Whenever employees move containers or regulated waste from one area to another, the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.
- Stericycle Inc. (1-866-783-7422) is responsible for the collection and handling of our operation's contaminated waste. When containers are full, the BBP Program Administrator or their designee shall contact Stericycle Inc. for disposal and replacement of biohazard containers.

## **Laundry**

Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.

When an employee's clothing becomes contaminated with blood or potentially contaminated body fluids, the procedure to be followed is:

- Contaminated clothing is removed (jump suits are available).
- The clothing is placed in leak-proof, red containers before transport and is marked with the employee's name and department.
- The BBP Program Administrator or their designee is responsible for arranging delivery to Mercury Cleaners, 72 Granby Street, Bloomfield, CT, where the clothing is cleaned and disinfected.
- If the clothing cannot be cleaned, it is replaced by the Town.

## **Labels**

The following labeling method is used in this facility:

### **ITEMS TO BE LABELED**

Contaminated equipment  
Containers of regulated waste  
Sharps disposal containers  
Other containers used to store,  
transport or ship blood and  
other infectious materials  
Laundry bags with contaminated  
laundry

### **LABEL**



The BBP Program Administrator or their designee will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify the BBP Program Administrator or their designee if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

## **G. HEPATITIS B VACCINATION**

The BBP Program Administrator or their designee will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The Hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless:

- 1) documentation exists that the employee has previously received the series,
- 2) antibody testing reveals that the employee is immune, or
- 3) medical evaluation shows that vaccination is contraindicated.

Employees who have ongoing contact with patients and blood and are at on-going risks for injuries with sharp instruments or needlesticks will be tested for antibodies to Hepatitis B surface antigen one to two months after completion of the three-dose vaccination series. Employees who do not respond to the series must be revaccinated with a second three-dose vaccination series and retested. Non-responders must be medically evaluated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline, may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is forwarded by the BBP Program Administrator or their designee to the Human Resources Department.

Vaccination for Town employees will be provided by West Hartford-Bloomfield Health District or another HR approved site. The vaccination program consists of a series of three inoculations over a six-month period.

#### **H. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should an exposure incident occur, contact the BBP Program Administrator or their designee the phone number listed on page 3. Efforts are immediately focused on:

- Making sure that employee receives medical consultation and treatment (if required) as expeditiously as possible.
- Investigating the circumstances surrounding the exposure incident.

An immediately available confidential medical evaluation and follow-up will be conducted by a medical facility within the Town's workers' compensation medical network. Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.

- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV, HIV and HCV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

#### **I. ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The BBP Program Administrator or their designee ensures that health care professional(s) responsible for employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The BBP Program Administrator or their designee ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident
- route(s) of exposure
- circumstances of exposure
- if possible, results of the source individual's blood test
- relevant employee medical records, including vaccination status

The BBP Program Administrator or their designee will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

## **J. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The BBP Program Administrator or their designee will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)
- location of the incident
- procedure being performed when the incident occurred
- employee's training

All percutaneous injuries from contaminated sharps are recorded in a sharps injury log located in the Town's Human Resources Department.

If it is determined that revisions need to be made, the BBP Program Administrator will ensure that appropriate changes are made to this ECP. Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.

## **K. EMPLOYEE TRAINING**

All employees who have occupational exposure to bloodborne pathogens receive training conducted by or arranged by the BBP Program Administrator or their designee.

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

- an explanation of the standard
- an explanation of our ECP and how to access/obtain a copy (available and accessible at respective workplaces, Town of Bloomfield website, Human Resources Department; also included with Personnel Rules and Regulations given to new employees.
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- an explanation of the basis for PPE selection



- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident 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 by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session.
- Training materials for this facility are available at the respective departments' locations.

## **L. RECORDKEEPING**

### **Training Records**

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** by the BBP Program Administrator or their designee.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the BBP Program Administrator or their designee.

### **Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The BBP Program Administrator or their designee are responsible for maintenance of the required medical records. These **confidential** records are kept at the respective departments' locations for at least the **duration of employment plus 30 years**. Employee medical records are provided upon request of the employee, or to anyone having written consent of the employee, within 15 working days. Such requests should be sent to the respective departments.

### **OSHA Recordkeeping**

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

## **Sharps Injury Log**

In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded by the BBP Program Administrator or their designee in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred.

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

## **Appendix A**

### **DEFINITIONS FOR THE PURPOSES OF THIS EXPOSURE CONTROL PLAN**

<b>Antibody</b>	a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
<b>Amniotic Fluid</b>	the fluid surrounding the embryo in the mother's womb.
<b>Antigen</b>	any substance which stimulates the formation of an antibody
<b>Biohazard Label</b>	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.
<b>Blood</b>	human blood, human blood components, and products made from human blood.
<b>Bloodborne Pathogens</b>	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)
<b>Contaminated</b>	the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
<b>Contaminated Laundry</b>	laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
<b>Contaminated Sharp</b>	any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.
<b>Decontamination</b>	the use of physical or chemical means to remove, inactivate, or destroy Bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
<b>Engineering Controls</b>	controls (i.e., sharps disposal containers, self-sheathing needles) that isolate or remove the Bloodborne pathogens hazard from the workplace.
<b>Exposure Control Plan</b>	a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to Bloodborne pathogens, and

	meets the requirements spelled out by the OSHA Bloodborne Pathogens Standard.
<b>Exposure Determination</b>	how and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment.
<b>Exposure Incident</b>	a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
<b>Handwashing Facilities</b>	a facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes or hot air drying machines.
<b>HBV</b>	Hepatitis B Virus.
<b>HIV</b>	Human Immunodeficiency Virus.
<b>Licensed Health care Professional</b>	a person whose legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: hepatitis B vaccination and post exposure evaluation and follow-up. <b>(In Wisconsin only a licensed physician meets definition).</b>
<b>Mucus</b>	a thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.
<b>Mucous Membranes</b>	a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.
<b>Occupational Exposure</b>	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.
<b>OSHA</b>	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.
<b>Other Potentially Infectious Materials (OPIM)</b>	(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.

<b>Pathogen</b>	a bacteria or virus capable of causing infection or disease.
<b>Personal Protective Equipment</b>	specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, 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 membrane under nominal conditions of use and for the duration of time which the protective equipment is used.
<b>Regulated Waste</b>	liquid or semi-liquid 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.
<b>Sterilize</b>	the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
<b>Universal Precautions</b>	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.
<b>Work Practice Controls</b>	controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

## Appendix B

### EXPOSURE INCIDENT INVESTIGATION FORM

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Person(s) Involved:** \_\_\_\_\_

**Potentially Infectious Materials Involved:**

**Type:** \_\_\_\_\_ **Source:** \_\_\_\_\_

**Circumstances (what was occurring at the time of the incident):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How was the incident caused: (accident, equipment malfunction, etc.) List any tool, machine, or equipment involved:** \_\_\_\_\_

\_\_\_\_\_

**Personal protective equipment being used at the time of the incident:**

\_\_\_\_\_

\_\_\_\_\_

**Actions taken (decontamination, clean-up, reporting, etc.)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Recommendations for avoiding repetition of incident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Appendix C

### TOWN OF BLOOMFIELD

#### HEPATITIS B VACCINE ACCEPTANCE / DECLINATION FORM

##### ACCEPTANCE:

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of being infected by bloodborne pathogens, including Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV). This is to certify that I have been informed about the symptoms and the hazards associated with these viruses, as well as the modes of transmission of bloodborne pathogens. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. In addition, I have received information regarding the Hepatitis B (HBV) vaccine. Based on the training I received, I am making an informed decision to accept the Hepatitis B (HBV) vaccine.

##### DECLINATION:

I understand that due to my occupational exposure to blood or other potentially infectious materials that 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 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 I want to be vaccinated with Hepatitis B vaccine, I can do so at any time.

##### CHECK ONE

\_\_\_\_\_ I ACCEPT Hepatitis B vaccine inoculation

Or

\_\_\_\_\_ I DECLINE Hepatitis B vaccine inoculation

Employee's Name \_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_



**Appendix D**  
**EMPLOYEE MEDICAL RECORD CHECKLIST**

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**JOB CLASSIFICATION:** \_\_\_\_\_

Attach a copy of the employee's hepatitis B vaccination record or declination form.  
Attach  
any additional medical records relative to hepatitis B.

-----  
Brief Description of Exposure Incident: \_\_\_\_\_

**Log and attach copy of: (Check all that apply)**

- ☐ The information provided to the health care professional
- ☐ The Exposure Incident Investigation Report
- ☐ The results of the source individual's blood testing, if consent for release has been obtained and results are available
- ☐ The health care professional's written opinion

-----  
Brief Description of Exposure Incident: \_\_\_\_\_

**Log and attach a copy of: (Check all that apply)**

- ☐ The information provided to the health care professional
- ☐ The Exposure Incident Investigation Report
- ☐ The results of the source individual's blood testing, if consent for release has been obtained and results are available
- ☐ The health care professional's written opinion

**Appendix E**  
**INFORMATION AND TRAINING RECORD FOR**  
**EMPLOYEES WITH POTENTIAL EXPOSURE**  
**TO BLOODBORNE PATHOGENS**

**Date(s) of training:**

**Trainer(s) name and qualifications:**

**Names and Job Titles of all employees attending this training: (See Attached)**

**Agenda and/or materials presented to participants included:**

- 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, its 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).
- List of contacts within the health community that can be resources to the employees if they have questions after training.

**Signature of Training Coordinator:** \_\_\_\_\_