

## **Village of Lake George BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

### **PURPOSE**

This Exposure Control Plan (Plan) is intended to minimize or eliminate exposure to bloodborne pathogens in the workplace. The Plan documents Village of Lake George policy and procedures related to potential exposure and outlines safe practices for the prevention of disease resulting from contact with blood or other potentially infectious materials (OPIM) during an employee's workday. This Plan has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

### **DEFINITIONS**

***Bloodborne Pathogens*** — 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), hepatitis C (HCV), and human immunodeficiency virus (HIV).

***Exposure Incident*** — 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.

***Occupational Exposure*** — 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.

***Other Potentially Infectious Materials*** — (1) The following human body fluids: semen, vaginal secretions, 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-containing or HBV- or HCV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

***Parenteral*** — piercing of the mucous membranes or the skin barrier, through such events as needlesticks, human bites, cuts, and abrasions.

***Universal Precautions***— an approach to infection control by which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

The Center for Disease Control states that:

Universal precautions apply to blood, other body fluids containing visible blood, semen, and vaginal secretions. Universal precautions also apply to tissues and to the following fluids: cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids. Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood.

Universal precautions do not apply to saliva except when visibly contaminated with blood or in the dental setting where blood contamination of saliva is predictable. Universal precautions involve the use of protective barriers such as gloves, gowns, aprons, masks, or protective eyewear, which can reduce the risk of exposure of the skin or mucous membranes to potentially infective materials.

## **EXPOSURE DETERMINATION**

Listed here are employees who are considered to have occupational exposure. In accordance with OSHA's Bloodborne Pathogens Standard, this exposure determination has been made without regard to the use of personal protective equipment. However, personal protective equipment is to be used in all activities that may result in occupational exposure. Classifications in which all employees have occupational exposure have been identified. They are:

- Cleaners and Custodians
- Employees who empty trash containers
- Daytime maintenance staff
- Any employee trained in CPR/First Aid
- Wastewater treatment plant employees
- DPW Employees
- Volunteer Firemen

Cleaners may have exposure when asked to clean blood or other potentially infectious materials in county facilities.

Employees providing first aid or CPR may encounter bodily fluids during their attempt to help injured personnel.

## **PROGRAM ADMINISTRATOR**

The Safety Officer is the Program Administrator and has responsibility for the implementation of the exposure control plan. The Program Administrator shall review the exposure control plan annually and make any necessary changes or updates.

## **METHODS OF COMPLIANCE**

The primary focus of this policy is to establish procedures, in accordance with OSHA's Bloodborne Pathogens Standard, that will protect the employees of Village of Lake George from hazards related to occupational exposure to bloodborne pathogens and other potentially infectious materials.

### **A. Methods of Exposure Control**

General Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. When it is difficult to differentiate between body fluid types or impossible to tell the difference, all body fluids shall be considered potentially infectious materials.

The work practice engineering controls of Village of Lake George includes the following:

- Treat all blood and OPIM as if it is infectious. Make no assumptions that it is not.

- Use personal protective equipment to reduce the likelihood of an occupational exposure to blood or OPIM.
- If blood or OPIM penetrates a garment the employee will remove the garment as soon as feasible.
- Contaminated personal protective equipment will be decontaminated or, in the case of non-reusable PPE, properly disposed of. (See Disposal)
- Perform work to minimize or avoid splashing, spraying, or splattering blood or OPIM around the work area or on yourself.
- Decontaminate areas that have been exposed to blood or OPIM as soon as possible following contamination. Wearing gloves, thoroughly soak up as much blood or OPIM as possible with paper towels and dispose of in a red bag. Then wash the area with the appropriate cleaner and then proceed to disinfect the area.
- Disinfect any potentially contaminated area with bleach water solution or another appropriate disinfectant approved by the EPA to destroy Hepatitis B. Mix Clorox or another 5% sodium hypochlorite household bleach with water to create a 10:1 solution (1-part bleach to 10 parts water) and let the solution sit on the contaminated surface for the required contact time. Note: never mix chemicals or disinfectants together unless permitted by the products label.
- Wash hands thoroughly with soap and clean warm running water immediately after dealing with blood or OPIM, even though protective gloves were used. If soap and water are unavailable, clean hands and other possibly exposed areas with rubbing alcohol (70% isopropyl) or other hand cleaner. Then wash with soap and clean warm water as soon as possible thereafter.
- Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in areas where exposure to blood or OPIM may occur.

## B. Personal Protective Equipment

Employees engaged in activities with the potential for occupational exposure are required to wear proper personal protective equipment (PPE). PPE is considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time for which the PPE will be used. The Town is responsible for purchasing PPE that meets the Bloodborne Pathogens Standard.

Gloves will be worn by all employees in the performance of all work activities that involve the potential handling of blood or OPIM. Disposable gloves are not to be washed or decontaminated. If they become punctured or torn, they are to be replaced as soon as practical. Utility gloves may be decontaminated provided the integrity of the glove is not compromised.

Eye Protection. Chin length face shields, or goggles (or glasses with side shields) and a mask, are to be worn by employees whenever splashes, splatter, or droplets of blood or OPIM may be generated and reasonably anticipated to contaminate eye, nose, or mouth. Face shields and goggles must be decontaminated after and before use.

Face Protection. When there is a reasonable potential that splash or splatter exists, disposable masks must be donned underneath the face shield. Disposable masks shall be properly discarded after each use.

Other PPE. Fluid-proof protective suits/overalls or other types of apparel may be necessary depending on the activity. Disposable suits shall be properly discarded after use. Other apparel shall be decontaminated after exposure. Contaminated garments are not to be taken home for decontamination.

C. Hand Washing Facilities

Hand washing facilities are to be used as soon as feasible after any exposure even when gloves have been worn. When hand washing facilities are not readily available, cleaning with 70% alcohol-based hand sanitizer in conjunction with a clean cloth or paper towels or antiseptic towelettes is required. In this case, hands shall be washed with soap and clean warm water as soon as possible.

If an employee has unprotected contact with blood or OPIM, the employee shall wash with soap and clean warm water, flush the mucous membranes with water or flush the eye with water or saline solution as soon as feasible following the contact. Then contact the Program Administrator.

D. Disposal

Whenever there is a substantial number of disposable garments, towels, and other materials that are contaminated with blood or OPIM they shall be red-bagged and disposed of as bio-hazardous waste. Contact the Program Administrator for disposal of red bags.

Medical waste and sharp containers ready for disposal shall be brought to the Wastewater Treatment plant where disposal can be coordinated through the Program Administrator.

E. Housekeeping

Housekeeping General:

Blood or other potentially infectious material contamination shall be cleaned immediately and disinfected using an EPA registered disinfectant (e.g. 10% bleach, 90% water mixed fresh daily).

F. Laundry

Employee uniforms and clothing that becomes contaminated with blood or other potentially infectious materials shall be placed in a laundry container or bag that is clearly labeled with OSHA's biohazard symbol and the Program Administrator shall decide to have contaminated garments cleaned and disinfected by a qualified cleaning service.

G. Review

These methods of compliance shall be reviewed annually by the Program Administrator and documentation of such review shall be made.

**HEPATITIS B VACCINATION PROGRAM**

As part of the overall protection provided by The Village of Lake George, the employees listed in the exposure determination section shall be offered the hepatitis B vaccination series. The vaccinations should be offered at no cost and administered by a qualified healthcare provider. Any employee who declines the Hepatitis B vaccination offered must sign the mandatory declination form-indicating refusal of the vaccination.

The Hepatitis B vaccination will be made available to any employee who initially declines it but who later decides to be vaccinated if they are still covered under the provisions of this policy.

The vaccination series will be offered to new employees within the covered categories within 10 working days of their acceptance as employees of Village of Lake George.

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) should be made available to employees.

## **HAZARD COMMUNICATION AND TRAINING**

The Village of Lake George is responsible for training employees covered by the Bloodborne Pathogens Standard at the time of their initial assignment and annually thereafter through updates and meetings. Additional training will be provided 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 will be limited to addressing the new exposures created.

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. The material will be appropriate in content and vocabulary to the educational level, literacy, and language of the affected personnel.

Training will include information about / explanation of:

- OSHA Bloodborne Pathogens Standard.
- Epidemiology and symptoms of bloodborne diseases.
- Modes of transmission of bloodborne pathogens.
- The Village's Exposure Control Plan.
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- Use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- Types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- Basis for selection of personal protective equipment.
- Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated.
- Appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- 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.
- Post-exposure evaluation and follow-up that the County provides for the employee following an exposure incident.
- Signs, labels and/or color-coding systems required by the standard.

All employees who have, or are reasonably anticipated to have, occupational exposure to bloodborne pathogens will receive training conducted under the general supervision of the Program Administrator. New employees in job classifications listed in the exposure determination section of this plan will not be asked to perform tasks that could expose them to blood or other potentially infectious materials until they have attended Bloodborne pathogens training. New

employees will be notified that they should not perform tasks that may create exposure, but rather should contact trained employees to perform those duties.

## **RECORD KEEPING REQUIREMENTS**

A. The Safety Officer will establish and maintain an accurate record for each employee with occupational exposure in accordance with 29 CFR 1910.1020. These records shall be maintained only in the medical files. These records shall include:

- The name of the employee.
- A copy of the employee's Hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination, or the employee's signed vaccination declination form.
- A copy of all results of examinations, medical testing, and follow-up procedures.
- The Village's copy of the healthcare professional's written opinion following any *exposure incident*.

B. Confidentiality

Village of Lake George shall ensure that employee medical records required above are:

1. Kept confidential; and
2. Not disclosed or reported without the employee's express written consent; and
3. Maintained for at least the duration of the employee's employment with the county plus 30 years in accordance with 29 CFR 1910.1020 (Access to Employee Exposure and Medical Records).

C. Training Records

1. Village of Lake George shall maintain the following non-confidential records:

- (A) The dates of the training sessions.
- (B) The contents or a summary of the training sessions.
- (C) The names and qualifications of persons conducting the training; and
- (D) The names and job titles of all persons attending the training sessions.

2. Training records shall be maintained for 3 years from the date on which the training occurred.

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

Following an unprotected bloodborne pathogen *exposure incident*, Village of Lake George will make immediately available to the exposed employee a confidential medical evaluation and follow-up including at least the following:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred using Appendix D;
- Identification and documentation of the source individual, unless it is established that identification is not feasible or is prohibited by state or local law;

- 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 Village of Lake George 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.

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.

**Evaluation by Healthcare Professional:**

Employees who have had an exposure incident shall be referred to Glens Falls Hospital Emergency Room, located on 100 Park St, Glens Falls, NY 12801, for evaluation and necessary testing with administration of the Post-exposure prophylaxis, when medically indicated.

**INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL**

- The Program Administrator shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination is provided a copy of 29 CFR 1910.1030.

The Program Administrator shall ensure that the healthcare professional evaluating an employee after an *exposure incident* is provided the following information:

- A copy of 29 CFR 1910.1030.
- A description of the exposed employee's duties as they relate to the exposure incident.
- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available; and all medical records relevant to the appropriate treatment of the employee.

**Healthcare Professional's Written Opinion:**

The Village of Lake George shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within fifteen (15) days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination.

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; and
- That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

## ASSIGNMENT OF RESPONSIBILITY AND PLAN UPDATE REQUIREMENTS

### A. Program Administrator

- Maintain training records as described in this Plan.
- Arrange for annual training as described in this plan.
- Arrange for initial training for new employees covered by this plan.
- Arrange for Hepatitis B vaccinations.
- Ensure that employees follow all Exposure Control Plan policies and protocols.
- Provide for appropriate personal protective equipment and supplies.
- Refer employees with an Exposure Incident as described in this Plan to appropriate medical personnel.
- Provide a copy of 29 CFR 1910.1030 to medical personnel who will be performing evaluation.
- Maintain medical records as described in this plan.

### B. Employees

- Follow all safety provisions and policies of this Plan.
- Observe all procedures and policies designed to minimize or eliminate exposure to bloodborne pathogens including use of personal protective equipment.
- Provide suggestions for improvements to this Plan or its implementation.
- Attend mandated training.
- Report all unprotected *exposure incidents* to the supervisor in charge.

## Appendix A

### **BLOODBORNE PATHOGENS TRAINING DOCUMENTATION** (place attendance sheets and syllabus here)

**Appendix B**

**Employee Refusal of Hepatitis Vaccine**

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 myself, or I may have already been vaccinated. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I may 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 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Appendix C**

**Employee Decision to Receive Hepatitis Vaccination**

I have read and/or had explained to me the 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. I have had an opportunity to ask questions, and all my questions have been answered to my satisfaction.

I understand that participation in this program is voluntary, and my consent or refusal of vaccination does not waive any rights under my employment contracts.

I believe that I have adequate knowledge upon which to base an informed consent.

The vaccination will consist of three intramuscular doses of vaccine in the arm over a six-month period of time. There is no guarantee that I will not experience adverse side effects from the vaccine.

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Last Name	First	Middle
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Street Address	City	State	Zip
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**Appendix D**

**Exposure Incident Report (Routes and Circumstances of Exposure Incident)**

Date Completed: \_\_\_\_\_

Employee's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employee Vaccination Status: \_\_\_\_\_

Date of Exposure \_\_\_\_\_ Time of Exposure \_\_\_\_\_ AM PM

Location of Incident (Be Specific): \_\_\_\_\_

Nature of Incident (Be Specific): \_\_\_\_\_

Describe what tasks you were performing when the exposure occurred (Be Specific): \_\_\_\_\_

Were you wearing personal protective equipment (PPE)? YES NO

If YES, List: \_\_\_\_\_

Did the PPE Fail? YES NO

If YES, explain how: \_\_\_\_\_

What body fluids were you exposed to (blood or other potentially infectious material)? (Be Specific): \_\_\_\_\_

What parts of your body became exposed? (Be Specific): \_\_\_\_\_

Estimate the size of the area of your body that was exposed \_\_\_\_\_

For how long? \_\_\_\_\_

Did a foreign body (needle, nail, auto part, dental wire, etc.) penetrate your body? YES NO

If YES, what was the object?

Where did it penetrate your body?

Was any fluid injected into your body? YES NO

If YES, what fluid?

How Much?

Did you receive Medical Attention? YES NO

If YES, Where?

When?

By Whom?

Identification of source individual(s):

Other Pertinent Information:

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that the employee declines to participate in the employer's post-exposure evaluation process, have employee sign statement below:

I decline to participate in my employer's post-exposure evaluation process. I understand that as a part of the process, I would receive a confidential medical evaluation, and appropriate treatment at no charge to me.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Nurses Notes: