



Administrative Instruction No. 44

Bloodborne Pathogens Exposure Control Plan

For

Bowling Green, Ohio

March 15, 2004

TABLE OF CONTENTS

- SECTION 1: Purpose of the Plan
- SECTION 2: General Program Management
- A. Responsible Persons
 - B. Availability to Employees
 - C. Review and Update
- SECTION 3: Exposure Determination
- SECTION 4: Methods of Compliance
- A. Universal Precautions
 - B. Engineering Controls
 - C. Work Practice Controls
 - D. Personal Protective Equipment
 - E. Housekeeping
- SECTION 5: HIV and HBV Research Laboratories and Production Facilities
- SECTION 6: Hepatitis B Vaccination, Post-exposure Evaluation and Follow-up
- A. Hepatitis B Vaccination
 - B. Post-exposure Evaluation and Follow-up
 - C. Information Provided to the Healthcare Professional
 - D. Healthcare Professional's Written Opinion
 - E. Medical Recordkeeping
- SECTION 7: Labels Signs
- SECTION 8: Information and Training
- A. Training Topics
 - B. Training Methods
 - C. Recordkeeping

1. PURPOSE OF THE PLAN

One of the major goals of the State of Ohio's "Public Employment Risk Reduction Program" (PERRP) is to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, the State of Ohio has accepted the regulations that Federal OSHA has developed and which can be located in Bloodborne Pathogens Standard codified as 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens Standard is to "reduce occupational exposure to Hepatitis B Virus ((HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens" that employees may encounter in their workplace.

The City of Bowling Green, believes that there are general principals that should be followed when working with bloodborne pathogens.

- ◆ Minimize all exposure to bloodborne pathogens.
- ◆ Never underestimate the risk of exposure to bloodborne pathogens .
- ◆ Institute work practices and engineering controls to eliminate or minimize employee exposure to bloodborne pathogens.

This Exposure Control Plan endeavors to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold.

- ◆ To protect employees from the health hazards associated with bloodborne pathogens.
 - ◆ To provide appropriate treatment and counseling in the event an employee is exposed to bloodborne pathogens.
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2. General Program Management

A. Responsible Persons

- ◆ The Exposure Control Officer = Personnel Director
- ◆ Municipal Administrator, Department/Division Heads, Superintendents and Supervisors
- ◆ Employees

The following sections define the roles played by each of these groups in carrying out the City's plan. (Throughout this written plan, employees with specific responsibilities are identified. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, the Personnel Director, who serves as the Safety Coordinator/Exposure Control Officer, is to be notified of the change, so that records can be updated).

Exposure Control Officer

The Personnel Director will be responsible for overall management and support of the City's Bloodborne Pathogens Compliance Program. Activities that are delegated to the Personnel Director typically include, but are not limited to:

- ◆ Overall responsibility for implementing the Exposure Control Plan for the entire facility.
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- ◆ Working with management, supervisors and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- ◆ Improving, revising, and updating the Exposure Control Plan.
- ◆ Conducting periodic facility audits.
- ◆ Arranging for training.

The Personnel Director has been appointed as the Exposure Control Officer. The Municipal Administrator will assist the Personnel Director (Exposure Control Officer) in fulfilling the required responsibilities. Therefore, it has been determined that an Exposure Control Committee is not necessary at this time.

Department Managers and Supervisors

The department and division heads of each department or division are responsible for exposure control in their respective areas. They will work directly with the Exposure Control Officer and City employees to ensure that proper exposure control procedures are followed.

Education / Training Coordinator

The Personnel Director will be responsible for providing information and training to all employees who have the potential for exposure to bloodborne pathogens. Activities falling under the direction of the Personnel Director, as it relates to this program, include:

- ◆ Maintaining a current list of City personnel requiring training
- ◆ Developing and/or arranging for suitable education/ training programs.
- ◆ Scheduling periodic training seminars for employees.
- ◆ Maintaining appropriate training documentation.
- ◆ Periodically reviewing the training programs with upper management to include appropriate new information.
- ◆ Planning and conducting all operations in accordance with work practice controls.

B. Availability of the Exposure Control Plan (ECP) to Employees

- ◆ The City's Exposure Control Plan is available to all City employees. Supervisors are to advise employees of its availability.

C. Review and Update of the Plan

To ensure that the Exposure Control Plan is kept up-to-date, the ECP will be reviewed and updated under the following circumstances:

- ◆ Annually, on or before November each year.
 - ◆ Whenever new or modified tasks and procedures are implemented which affect occupational exposure of employees.
 - ◆ Whenever an employee's duties are changed such that new instances of occupational exposure may occur.
 - ◆ Whenever new functional positions are established that may involve exposure to bloodborne pathogens.
-

3. Exposure Determination

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this, the following lists have been prepared:

- ◆ Job classifications in which all employees have occupational exposure to bloodborne pathogens.
- ◆ Job classifications in which some employees have occupational exposure to bloodborne pathogens.
- ◆ Tasks and procedures in which occupational exposure to bloodborne pathogens occur.

The Personnel Director will work with Department and Division Heads to revise and update these lists as tasks, procedures, and classifications change.

Job Classifications In Which All or Some Employees Have Potential Exposure To Bloodborne Pathogens

The City of Bowling Green has the following job classifications in which all or some employees, so classified, have the potential to come into contact with human blood or other potentially infectious materials, which may result in possible exposure to bloodborne pathogens

Job Classifications	Department/Division
Equipment Operator	Public Works Division
Water Distribution Equipment Operator	Water Distribution & WasteWater Collection Division
WasteWater Collection Equipment Operator	Water Distribution & WasteWater Collection Division
Administrative Secretary	Planning Department
Code Enforcement Officer	Planning Department
Senior Planner	Planning Department
Planning Director	Planning Department
Parks & Recreation Director	Parks & Recreation Department
Administrative Secretary	Parks & Recreation Department

Recreation Administrative Assistant	Parks & Recreation Department
Natural Resource Coordinator	Parks & Recreation Department
Natural Resources Specialist	Parks & Recreation Department
Recreation Coordinator	Parks & Recreation Department
Recreation Program Leader	Parks & Recreation Department
Sports Specialist	Parks & Recreation Department
Sports Program Leader	Parks & Recreation Department
Maintenance Coordinator	Parks & Recreation Department
Maintenance Specialist	Parks & Recreation Department
Personnel Director	Personnel Department

Work Activities Involving Potential Exposure To Bloodborne Pathogens

Listed below are the tasks and procedures in the municipality where employees may come into contact with human blood or other potentially infectious materials, which may result in exposure to bloodborne pathogens:

Job Classifications	Department/Division	Task
Code Enforcement Officer	Planning Department	Staffing Office/ Field Work
Senior Planner	Planning Department	Staffing Office/ Field Work
Planning Director	Planning Department	Staffing Office/ Field Work
Water Distribution Equipment Operators	Water Distribution & WasteWater Collection	Working on waterline or appurtenance Plant maintenance, sludge hauling and laboratory
Water Treatment Plant Operator	Water Supply	Plant maintenance, sludge hauling and laboratory
Water Treatment Chief Operator	Water Supply	Plant maintenance, sludge hauling and laboratory
Water Treatment Assistant Superintendent	Water Supply	Plant maintenance, sludge hauling and laboratory
Water Treatment Superintendent	Water Supply	Plant maintenance, sludge hauling and laboratory
Public Works Equipment Operator	Public Works	All tasks assigned
Public Works Worker 1	Public Works	All tasks assigned Maintenance, repairing, cleaning or televising sanitary sewer, storm sewer or appurtenance pertaining to sewers.
WasteWater Collection Equipment Operator	Water Distribution & WasteWater Collection	
Personnel Director	Personnel Department	Serving as Exposure Control Officer/ teaching CPR & First Aid

4. Methods Of Compliance

A number of areas must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens.

- ◆ Using universal precautions.
- ◆ Establishing appropriate engineering controls.
- ◆ Implementing appropriate work practice controls.
- ◆ Using necessary personal protective equipment (PPE).
- ◆ Implementing appropriate housekeeping procedures.

Each of these areas will be reviewed with employees during their bloodborne pathogens related training (see the "Information and Training" section of this plan for additional information). By rigorously following the requirements of OSHA's "Bloodborne Pathogens Standard", occupational exposure to bloodborne pathogens will be eliminated or minimized, as much as is possible.

A. Universal Precautions

The City of Bowling Green started the practice of "Universal Precautions" in November 2002. See "Appendix A" on page 24 for specific information regarding universal precautions. As a result, all human blood and body fluids are to be treated as if they are known to be infectious for HBV, HIV and other bloodborne pathogens.

In circumstances where it is difficult or impossible to differentiate between body fluid types, all body fluids are assumed to be potentially infectious.

The Personnel Director is responsible for overseeing the City's Universal Precautions Program.

B. Engineering Controls

One of the key aspects to the City's Exposure Control Plan is the use of engineering controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, employees must use cleaning, maintenance and other equipment that is designed to prevent contact with blood or other potentially infectious materials.

The Personnel Director will periodically work with department and division heads to review tasks and procedures performed in the City where engineering controls can be implemented or updated.

Engineering Control Equipment

The following operations have engineering control equipment to eliminate or minimize our employees' to bloodborne pathogens.

Department / Operations	Control Equipment	Available/ Installed	Last Review Date
Decontamination process from a known spill or noticeable body fluids	PPE, Disinfectant Cleaner, Biohazard Bags		
General Clean-up of First-aid area	PPE, Disinfectant Cleaner, Biohazard Bags		
General Clean-up of Restrooms	PPE, Disinfectant Cleaner, Biohazard Bags		
Public Waste Collection	PPE		
Wastewater Treatment	PPE		
Disposal of Contaminated Waste	PPE, Biohazard Bags		

In addition to the engineering controls identified above, the following engineering controls are used throughout all

City facilities:

- ◆ Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure.

C. Work Practice Controls

In addition to engineering controls, the City uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens. Department and division heads are responsible for overseeing the implementation of these Work Practice Controls within their respective departments and divisions.

The City has adopted the following Work Practice Controls as part of the Bloodborne Pathogens Exposure Control Plan:

- ◆ Employees must wash 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 infectious materials, employees must wash their hands and any other exposed skin with soap and water, as soon as possible. They must also flush exposed mucous membranes with water.
- ◆ Eating, drinking, smoking, applying cosmetics or lip balm, and/or handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.

When a new employee, or an employee changes jobs within the City, the following process takes place to ensure that they are trained in the appropriate Work Practice Controls:

- ◆ The employee job classifications and the tasks and procedures will be checked against the Job Classifications Task Lists, which the City has identified in its Exposure Control Plan as those in which occupational exposure may occur.
- ◆ If an employee is transferring from one job to another within the City, the job classifications and tasks / procedures pertaining to their previous positions will be checked against the job classification lists.
- ◆ Based on this "cross-checking" the new job classifications and/or tasks and procedures, which will bring the employee into occupational exposure situations, will be identified.
- ◆ The employee will then be trained about appropriate work practice controls.

D. Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is the "last line of defense" against bloodborne pathogens. The City provides (at no cost to its employees) the PPE that employees need to protect themselves against such exposure. This equipment includes, but is not limited to:

- ◆ Gloves
- ◆ Safety Glasses
- ◆ Goggles
- ◆ Face Shields / Masks

Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to

the gloves the City normally uses.

Department and division heads are responsible for ensuring that their departments/divisions and work areas have appropriate PPE available to employees.

City employees will be trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Initial training about personal protective equipment will be provided before an employee starts working in a position where bloodborne pathogens may be encountered. Additional training is given, when necessary, if an employee takes a new position or new job functions are added to their current position.

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

- ◆ Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) shall be disposed of in a biohazard marked wastebasket that contains a double or extra thick bag and then that bag will be thrown out as regular waste.

To make sure that PPE is used as effectively as possible, City employees will adhere to the following practices when using their personal protective equipment:

- ◆ Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
- ◆ All potentially contaminated personal protective equipment is removed prior to leaving the incident area or as soon as feasible.
- ◆ Gloves are worn in the following circumstances:
 - * Whenever employees anticipate hand contact with potentially infectious materials.
 - * When handling or touching contaminated items or surfaces.
- ◆ 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."
- ◆ Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they will be disposed appropriately.
- ◆ Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials.
- ◆ Protective clothing (such as coats) is worn whenever potential exposure to the body is anticipated.

E. Housekeeping

Maintaining City facilities in a clean and sanitary condition is an important part of the City's Bloodborne Pathogens Exposure Control Program. To facilitate this a written schedule for cleaning and decontamination of the appropriate areas within the City will be established. The schedule provides the following information (this schedule can be found on the following page). Department and division heads will be responsible for establishing this schedule within their respective departments and divisions.

- ◆ The area to be cleaned/decontaminated.
- ◆ Day and time of scheduled work.

- ◆ Cleansers and disinfectants to be used.

Using this schedule, staff and any contracted cleaning crews will employ the following practices:

- ◆ All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials.
- ◆ All trash containers are routinely 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.).

City personnel must take care when handling regulated waste (which includes any potentially infectious materials.) An information letter from the U. S. Department of Labor, dated May 28, 1992, is located attached to this policy, as "Appendix B". It includes information regarding the definition of regulated waste. "Appendix B" is located on page 25 of this policy. The following procedures will be used with all regulated waste:

- ◆ Regulated waste is to be 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.
 - * Orange or Red in color or labeled with the appropriate biohazard warning label.
- ◆ Containers for regulated waste will be placed in appropriate locations within each building.
- ◆ Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- ◆ Contaminated laundry will not be handled, sorted, or rinsed within the City operations.

Appropriate maintenance personnel will be responsible for the collection and handling of contaminated regulated waste.

Cleaning Schedule

Areas in which first-aid kits are located will be cleaned on a regular basis. Other areas may on occasion need decontamination due to an exposure incident. This may include such items as, but not limited to, machines, equipment and tools. Those designated to decontaminate an exposure area are notified whenever the need exists to decontaminate a specific area or a specific item.

The disinfectant most commonly used is Lysol Deodorizing Cleaner, which contains the ingredients:

Alkyl Dimethyl Benzyl Ammonium Chloride 2.700%.

Lysol Deodorizing Cleaner is registered with the US EPA and labeled for use against HIV-1 (Human Immunodeficiency Virus) or a bleach solution of ¼ cup liquid chlorine bleach to 1 gallon of fresh water, and allowing it to stand for at least 20 minutes.

Area	Cleaning Schedule	Janitorial / Maintenance
Rest rooms in the shop (Public Works Department)	Daily	Empty trash, refill towels
Rest rooms in the shop (Public Works Department)	3 times a week	Mop floors, clean sinks & stools
Offices in shop (Public Works Department)	Daily	Empty trash
Offices in shop (Public Works Department)	Weekly	Vacuum floors
Lunch room (Public Works Department)	Daily	Empty trash, sweep floors
Lunch room (Public Works Department)	3 times a week	Mop floors, clean tables
Rest rooms (Water Supply Department)	Weekly	General cleaning

4. HIV and HBV Research Laboratories and Production Facilities

The City recognizes that there are special requirements for HIV and HBV research laboratories and production facilities in the area of construction, engineering controls, work practices, the use of containment equipment as well as employee education and training. However since the City does not have these types of operations in its facilities, these special requirements do not apply. Therefore the City's **Exposure Control Plan** does not address these requirements

5. Hepatitis B Vaccination, Post-Exposure Evaluation And Follow-Up

The City of Bowling Green recognizes that even with good adherence to all of its exposure prevention practices, exposure incidents can occur. As a result, the City has implemented a Hepatitis B Vaccination Program as well as established procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

A. Vaccination Program

To protect City employees from Hepatitis B infection, the City has implemented a vaccination program. This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens. The program provides for pre-exposure vaccination of employees who can be exposed in the normal course of their work, and post-exposure vaccination for employees who may perform first aid as a collateral duty while on the job.

The vaccination program consists of a series of three inoculations over a six-month period. As part of the bloodborne pathogens training, City employees will be provided information regarding Hepatitis vaccinations, including its safety and effectiveness.

The Personnel Director is responsible for establishing and operating a vaccination program.

Vaccinations are performed under the supervision of a licensed physician or other healthcare professional. A listing of employee classifications that are eligible to take part in the vaccination program is maintained in the Personnel Department. The Personnel Department shall maintain a listing of those employees who have obtained the

VACCINATION DECLINATION FORM

Date: _____

Employee Name: _____

(From CFR1910.1030 – Bloodborne Pathogens)

"I understand that due to my occupational exposure to blood or other potential 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. However, I decline the 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 receive the vaccination series at no charge to me."

Employee Signature

Date

City Representative

Date

B. Post-Exposure Evaluation and Follow-up

If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred there are two things that must be performed promptly:

- ◆ Investigating the circumstances surrounding the exposure incident.
- ◆ Ensuring that City employees receive medical consultation and treatment (if required) as quickly as possible.

The department and division heads will be responsible for investigating every employee exposure incident that occurs in City facilities. An investigation will be initiated within 24 hours after the incident occurs and will involve gathering the following information:

- ◆ When the incident occurred.
 - * Date and Time.
- ◆ Where the incident occurred.
 - * Location within the facility.
- ◆ What potentially infectious materials were involved in the incident.
 - * Type of material (blood, etc.).
- ◆ Source of the material.
 - * Source individual.
- ◆ Under what circumstances the incident occurred.
 - * Type of work being performed.
- ◆ How the incident was caused.
 - * Accident.
 - * Unusual circumstances (such as equipment malfunction, etc.).
- ◆ Personal Protective equipment being used at the time of the incident.
 - * Gloves, glasses, aprons etc..
- ◆ Actions taken as a result of the incident.
 - * Employee decontamination.
 - * Clean-up.
 - * Notifications made.

After information is gathered it will be evaluated, a written summary of the incident and its causes will be prepared and recommendations will be made for avoiding similar incidents in the future (to help with this, Supervisors must use the "Incident Investigation Form" (see sample at the back of this Exposure Control Plan).

In order to make sure that employees receive the best and most timely treatment after an exposure to bloodborne pathogens occurs, the City has set up a comprehensive post-exposure evaluation and follow-up process. Employees must use the "checklist" at the end of this section to verify that all the steps in the process have been taken. This process will be the responsibility of the Personnel Director or his/her designee.

It is recognized that much of the information involved in this process must remain confidential, and City staff will do everything possible to protect the privacy of the individuals involved.

As the first step in this process the City will provide exposed employees with the following confidential information:

- ◆ A copy of the completed Incident Investigation Form.
- ◆ Identification of the source individual (unless not feasible or prohibited by law).

Next, if written consent is obtained, the City will arrange for the testing of the source individual's blood to determine HBV and HIV infectivity. If written consent is obtained, this information will also be made available to the exposed employee in accordance with any applicable laws and regulations. At that time, the exposed employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of source individual.

Once these procedures have been completed, an appointment will be arranged for the exposed employee to meet with a qualified healthcare professional to discuss the employee's medical status. This will include an evaluation of any reported illnesses, as well as any recommended treatment.

Finally, the City will arrange, if written consent is obtained, for the collection and testing of the blood of the exposed employee for HBV and HIV status.

C. Information Provided to the Healthcare Professional

To assist the healthcare professional the City forward the following documents:

- ◆ A copy of the Bloodborne Pathogens Standard.
- ◆ A description of the exposure incident.
- ◆ The exposed employee's relevant medical records.
- ◆ Healthcare Provider Employee Exposure Evaluation Form.
- ◆ Other pertinent information, if applicable.

D. Healthcare Professionals Written Opinion

After the consultation, the healthcare professional will provide the City with a written opinion evaluating the exposed employee's situation. The City will, in turn, furnish a copy of this opinion to the exposed employee.

In keeping with this process' emphasis on confidentiality, the written opinion will contain only the following information:

- ◆ Whether Hepatitis B Vaccination is indicated for the employee.
- ◆ Whether the employee has received the Hepatitis B Vaccination.
- ◆ Confirmation that the employee has been informed of the results of the evaluation.
- ◆ Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which requires further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

E. Medical Recordkeeping

To make sure that the City has as much medical information available to the participating healthcare professional as possible, the City will maintain comprehensive medical records on its employees. The Personnel Director will be responsible for maintaining these records, which include the following information:

- ◆ Name of the employee.
- ◆ A copy of the employee's Hepatitis B Vaccination Status.
 - * Dates of any vaccinations.
 - * Medical Records relative to the employee's ability to receive vaccination.
- ◆ Copies of the results of the examinations, medical testing and follow-up procedures which took place as a result of an employee's exposure to bloodborne pathogens.
- ◆ A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.

The City recognizes that medical records must be kept confidential. Therefore, the City will not disclose or report this information to anyone without the affected employee's written consent, except as required by law.

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident:

Time of Incident:

Location: _____

Potentially Infectious Materials Involved

Type: _____

Source: _____

Circumstances (work being performed, etc...):

How The Incident Was Caused (accident, equipment malfunction, etc...):

Personal Protective Equipment Being Used:

Actions Taken (decontamination, clean-up, reporting, etc...):

Recommendations For Avoiding Repetition:

Healthcare Provider Employee Exposure Evaluation

Date: _____

Employee: _____

Post-Exposure Evaluation and Follow-up

The first step is to collect and test the blood of the exposed employee for HBV and HIV status.

Once these procedures have been completed, an appointment will be arranged for the exposed employee with a qualified healthcare professional to discuss the employee's medical status. This includes an evaluation of any reported illnesses, as well as any recommended treatment.

Information Provided to the Healthcare Professional

To assist the healthcare professional, the City will provide the following documents:

- ◆ A copy of the Bloodborne Pathogens Standard
- ◆ A description of the exposure incident, if necessary.
- ◆ The exposed employee's relevant medical records, if applicable.
- ◆ Healthcare Provider Employee Exposure Evaluation Form.
- ◆ Other pertinent information as needed.

Healthcare Professionals Written Opinion

After the consultation, the healthcare professional provides our facility with a written opinion evaluating the exposed employee's situation. The City, in turn, will furnish a copy of this opinion to the exposed employee.

In keeping with this process' emphasis on confidentiality, the written opinion should only contain the following information:

- ◆ Whether Hepatitis B Vaccination is indicated for the employee.
- ◆ Whether the employee has received the Hepatitis B Vaccination.
- ◆ Confirmation that the employee has been informed of the results of the evaluation.
- ◆ Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which requires further evaluation or treatment.

All other findings or diagnoses will remain confidential and will not be included in the written report.

Healthcare Provider Signature and Title

Date

POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

Employee: _____

Date: _____

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

Step	Activity	Completion
1.	Employee furnished with documentation regarding exposure incident.	
2.	Source individual identified.	
3.	Source individual's blood tested and results given to exposed employee. ----- Consent from source individual was not obtained. Source individual's blood tests and results not given to exposed employee.	
4.	Exposed employee's blood collected and tested.	
5.	Appointment arranged for employee with healthcare professional. Healthcare Professional's Name:	

Documentation forwarded to Healthcare Professional

	Bloodborne Pathogen Standard
	Exposure Incident Investigation Form.
	Result of source individual's blood, if obtained.
	Employee's medical records.

By signing below, the exposed employee acknowledges that all of the above has been completed as indicated.

Exposed Employee Signature

Personnel Director or Designee

7. Labels And Signs

One of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Therefore, the City has implemented a comprehensive biohazard warning-labeling program in City facilities that uses labels of the type shown on page 23, or when appropriate, using red "color-coded" containers. The Personnel Director or his/her designee is responsible for establishing and maintaining this program.

The following items in City departments and divisions have been labeled:

- Bio Hazard Clean-up Buckets – Public Works Department

On labels affixed to contaminated equipment it is indicated which portions of the equipment are contaminated.

The City recognizes that biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. However, the City does not have these types of operations within its facilities, so the City is not affected by these special requirements of the Bloodborne Pathogens Regulations.

VIII. INFORMATION AND TRAINING

Informing and educating employees is extremely important when attempting to eliminate or minimize employee exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

Employees will also be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment. The Personnel Director or his/her designee will be responsible for seeing that new employees, who have potential exposure to bloodborne pathogens, receive this training.

A. Training Topics

The topics covered in the City's training program include, but are not limited to, the following:

- ◆ The Bloodborne Pathogen Standard itself.
- ◆ The epidemiology and symptoms of bloodborne diseases.
- ◆ The modes of transmission of bloodborne pathogens.
- ◆ Municipal Exposure Control Plan (and where employees can obtain a copy).
- ◆ Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- ◆ A review of the use and limitation of methods that will prevention reduce exposure including:
 - * Engineering controls
 - * Work practice controls.

- * Personal protective equipment.
- ◆ Selection and use of personal protective equipment including:
 - * Types available
 - * Proper use
 - * Location within the facility.
 - * Removal.
 - * Handling.
 - * Decontamination.
 - * Disposal.
- ◆ Visual warnings of biohazards within the buildings including labels, signs and "color-coded" containers.
- ◆ Information on the Hepatitis B Vaccine, including its:
 - * Efficacy
 - * Safety
 - * Methods of Administration
 - * Benefits of Vaccination
 - * The City's vaccination program
- ◆ Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- ◆ The procedures to follow if an exposure incident occurs, including incident reporting.
- ◆ Information on the post-exposure evaluation and follow-up, including medical consultation, which the City will provide.

B. Training Methods

The City's training presentations will utilize several training techniques including, but not limited to:

- Classroom type atmosphere with personal instruction.
- Videotape programs
- The City's written Exposure Control Plan.

Time is specifically allotted for these activities in each training session, so that employees have an opportunity to ask questions and interact with the instructor(s).

C. Recordkeeping

To facilitate the training, as well as to document the training process, the City shall maintain training records which contain the following information.

- ◆ Dates of all training sessions.
- ◆ Contents/summary of the training sessions.
- ◆ Names and qualifications of the instructors.
- ◆ Names and job classifications of employees attending the training sessions.

We have used the forms which are located on the following pages and/or the City's computer systems to document training records. These training records are available for examination and copying to employees and their representatives, as well as the Ohio Department of Commerce and its representatives that handle the State's Risk Reduction Program.


John B. Quinn, Mayor

3-15-04
Date



Appendix "A"

[SEARCH](#)[EMERGENCY
CONTACTS](#)[FORMS](#)[FOCUS ON
HEALTH](#)[TRAINING](#)[MANUALS-GUIDES-
POLICIES](#)[SAFETY
NOTES](#)[HOME](#)

Biological Safety



Universal Precautions

1. **Barrier protection** should be used at all times to prevent skin and mucous membrane contamination with blood, body fluids containing visible blood, or other body fluids (cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, semen and vaginal secretions).

Barrier protection should be used with ALL tissues.

The type of barrier protection used should be appropriate for the type of procedures being performed and the type of exposure anticipated. Examples of barrier protection include disposable lab coats, gloves, and eye and face protection.

2. **Gloves** are to be worn when there is potential for hand or skin contact with blood, other potentially infectious material, or items and surfaces contaminated with these materials.
3. Wear **face protection** (face shield) during procedures that are likely to generate droplets of blood or body fluid to prevent exposure to mucous membranes of the mouth, nose and eyes.
4. Wear **protective body clothing** (disposable laboratory coats (Tyvek)) when there is a potential for splashing of blood or body fluids.
5. **Wash hands or other skin surfaces** thoroughly and immediately if contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.
6. **Wash hands immediately** after gloves are removed.
7. **Avoid accidental injuries** that can be caused by needles, scalpel blades, laboratory instruments, etc. when performing procedures, cleaning instruments, handling sharp instruments, and disposing of used needles, pipettes, etc.
8. Used needles, disposable syringes, scalpel blades, pipettes, and other **sharp items are to be placed in puncture resistant containers** marked with a biohazard symbol for disposal.

Appendix "B"
Page 1 of 2**U.S. Department of Labor**
Occupational Safety & Health Administrationwww.osha.gov

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OSHA requirements are set by statute, standards and regulations. Our interpretation letters explain these requirements and how they apply to particular circumstances, but they cannot create additional employer obligations. This letter constitutes OSHA's interpretation of the requirements discussed. Note that our enforcement guidance may be affected by changes to OSHA rules. Also, from time to time we update our guidance in response to new information. To keep apprised of such developments, you can consult OSHA's website at <http://www.osha.gov>.

May 28, 1992

Mr. John T. McCaffrey, D.O.
Director of Medical Department
Raytheon Company Submarine
Signal Division
1847 West Main Road
Portsmouth, RI 02872

Dear Dr. McCaffrey:

This is in response to your letter of March 9, in which you requested a clarification on the Occupational Safety and Health Administration (OSHA) regulation, 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens". You wrote regarding the coverage of feminine hygiene products, vaginal speculums, bandages, and insulin syringes as regulated waste.

The bloodborne pathogens standard defines regulated waste as liquid or semi-liquid blood or other potentially infectious material (OPIM); contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

OSHA does not generally consider discarded feminine hygiene products, used to absorb menstrual flow, to fall within the definition of regulated waste. OSHA expects the waste containers into which these products are discarded to be lined in such a way as to protect employees from physical contact with the contents.

Bandages which are not saturated to the point of releasing blood or OPIM if compressed would not be considered as regulated waste. Similarly, vaginal speculums do not normally meet the criteria for regulated waste as defined by the standard.

http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATI... 2/4/2004

Appendix "B"
Page 2 of 2

Beyond these general guidelines, it is the employer's responsibility to determine the existence of regulated waste. This determination is not to be based on actual volume of blood, rather on the potential to release blood or OPIM, e.g., when compacted in the waste container. If OSHA determines, on a case-by-case basis, that sufficient evidence of regulated waste exists, e.g., through such visual factors as a pool of liquid in the bottom of a container or dried blood flaking off during handling, or based on employee interviews, citations may be issued.

Discarded insulin syringes create a potential for exposure for persons emptying the trash whether the insulin is administered by the diabetic herself or by a health care worker and whether the disposal occurs in a health care facility or elsewhere. The employer has the responsibility for protecting custodial workers who are encountering discarded insulin syringes in the trash. This can be accomplished by including those custodial workers in the exposure control plan or by other means such as requiring insulin-using employees to discard their used syringes in special containers.

We hope this information is responsive to your concerns. If you have further questions on this subject, please feel free to contact [the Regional Bloodborne Pathogens Coordinator in our South Boston Regional Office at 617-565-6923].

Sincerely,

Patricia K. Clark, Director
Directorate of Compliance Programs

[Correction 6/10/02]

 [Standard Interpretations - Table of Contents](#)

 [Back to Top](#)

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