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1. INTRODUCTION

1.1 One of the major goals of the Occupational Safety and Health Administration (OSHA) is to promote safe work practices in an effort to minimize the incidence of illness and injury experiences by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard (29 CFR 1910.1030). The purpose of the Bloodborne Pathogens Standard is to reduce occupational exposure occupational exposure to Hepatitis B Virus (HBV) Human Immunodeficiency Virus (HIV) and other bloodborne pathogens that employees may encounter in their workplace.

The Pemberton Township Employees recognizes the communicable disease transmission is possible during any aspect of emergency response, including in-station operations.

1.2 Pemberton Township Employees (hereafter known as “the Department”, “this Department”) believes that there are a number of “good general principals” that should be followed when working with bloodborne pathogens.

*It is prudent to minimize all exposure to bloodborne pathogens.

*Risk of exposure to bloodborne pathogens should never be underestimated.

*Our facility should institute as many work practice and engineering controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

1.3 We have implemented this exposure control policy to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this policy is two fold:

- a. To protect our employees from the health hazards associated with bloodborne pathogens.
- b. To provide appropriate treatment and counseling should an employee be exposed to Bloodborne pathogens.

2. SCOPE

This policy applies to all members who provide fire, rescue or emergency medical services and Township Employees

3. DEFINITIONS

Assistant Secretary means the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Biohazard Label – A label affixed to containers of regulated waste, refrigerators, freezers and her containers used to store, transport or sip blood and other potentially infectious materials.

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The label must be fluorescent orange-red in color with the biohazard symbol and the word “biohazard” or “Biohazard” on the lower part of the label.

Blood – Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens – Pathogenic 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).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials

Contaminated – the presence or the reasonably anticipated presence of blood or the potentially infectious materials on an item or surface.

Contaminated laundry – means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Decontamination – 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.

Director means the Director of the National Institute for Occupational Safety and Health, US Department of Health and Human Services, or designated representative.

Engineering Controls – Controls that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Control Policy – 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.

Exposure Incident – means a specific eye, mouth, and 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.

Hand-washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

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Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

HVB means Hepatitis B Virus.

HIV means human immunodeficiency virus.

Needle-Less Systems means a device that does not use needles for:

1. The collection of bodily fluids or withdraw of body fluids after initial venous or arterial access is established;
2. The administration of medication or fluids;
- or 3. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

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 employees duties.

Other Potentially Infectious Materials – 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 all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Parenteral- means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment- is specialized clothing or equipment worn by an employee for protection against hazard. General work clothes (e.g., uniforms, pants, shirts or blouses not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility -means a facility engaged in industrial-scale, large-volume or high concentrated production of HIV or HBV.

Regulated Waste-means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are cakes or 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.

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Research Laboratory- means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

Sharps with Engineered Sharps -Injury protection means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications for other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Sterilize -means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions – Treat all human blood and body fluids such as semen and vaginal secretions 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, we assume all body fluids to be potentially infectious.

Work Practice Controls - means controls that reduce the likelihood of exposure of altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

4. **ROLES AND RESPONSIBILITIES**

4.1 The Chief of Department shall be responsible for ensuring implementation of this program throughout the department.

4.2 Chief Officers and Line Officers (Fire and EMS) shall:

- a. Support and enforce compliance with the infection control policy
- b. Correct any unsafe acts and refer members for remedial training in infection control, if required.
- c. Mandate safe operating practices on-scene and in-station.
- d. Refer for medical attention, any member who may be possibly unfit for duty for infection control or other reasons.

4.3 The Safety Officer

The Safety Officer, in addition to the duties outlined in the current edition of NFPA 1521, will serve as co-chair of the department's Occupational Health and Safety Committee. The Safety Officer when the latter is unavailable.

4.3 The Infection Control Officer Shall:

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- a. Implement the Exposure Control Policy for the entire department.
- b. Improve as well as revise and update the policy as required.
- c. Collect and maintain information relative to the Bloodborne Pathogen Standard
- d. Maintain current knowledge of legal requirements concerning bloodborne pathogens.
- e. Act as department liaison during OSHA inspections.
- f. Conduct periodic audits to maintain a current Exposure Control Policy and present this date to the Infection Control/Safety Committee at periodic meetings.
- g. Notify the Department Safety Officer if Quality assurance data indicates a safety hazard requiring immediate attention.
- h. Maintain a current list of facility personnel requiring training.
- i. Coordinate the Hepatitis B Vaccination Program, with the Department Physician and maintain all records.
- j. Coordinate education/training programs by scheduling annual training seminars for affected Department members.
- k. Provide technical assistance to the Training Officer in the development of the infection control curriculum.
- l. Maintain all records pertinent to Bloodborne Pathogen training and exposure incidents.
- m. Work to ensure that proper exposure control procedures are followed and coordinate communications between the Department, area hospitals, and the County Health Department.
- n. Develop criteria for the purchase of infection control, personal protective equipment and determine adequate stocking levels for the station and response vehicles in conjunction with the infection control/safety committee.

4.5 The Training Officer Shall:

- a. Develop a comprehensive infection control education program which complies with OSHA 29 CFR 1910.1030. Employers shall ensure that all employees with occupational

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exposure participate in a training program which must be provided at no cost to the employee and during working hours. Training shall be provided as follows:

- b. At the time of initial assignment to tasks where occupational exposure may take place and within 90 days after the effective date of the standard; and at least annually thereafter.
- c. Employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided. Annual training for all employees shall be provided within one year of their previous training.
- d. Employers shall provide additional training 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 may be limited to addressing the new exposures created, material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

4.6 The training program shall contain at a minimum,

- a. An accessible copy of the regulatory text of this standard and an explanation of its contents;
- b. A general explanation of the epistemology and symptoms of bloodborne diseases; an explanation of the modes of transmission of bloodborne pathogens;
- c. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
- d. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- e. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
- f. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
- g. An explanation of the basis for selection of personal protective equipment;

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- h. 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. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - j. 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;
 - k. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
 - l. An explanation of the signs and labels and/or color coding required by paragraph and an opportunity for interactive questions and answers with the person conducting the training session.
 - m. 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.
 - n. Will provide additional Initial Training for Employees in HIV and HBV Laboratories and Production Facilities. These employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training requirements.
- 4.7 The employer shall assure that;
- a. Employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
 - b. Employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV or HBV.
 - c. And shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

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4.8 The Department Members shall:

- a. Understand the hazards involved with occupational exposure to bloodborne pathogens
- b. Know what tasks they perform that have a potential for occupational exposure.
- c. Successfully complete the bloodborne pathogens training sessions.
- d. Plan and conduct all operations in accordance with work practice controls.
- e. Develop good personal hygiene habits.
- f. Report any suspected occupational exposure to communicable disease to a chief officer or line officer. (Fire or EMS)

5. EXPOSURE DETERMINATION

5.1 The following job classifications are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious substances in the performance of their duties;

- a. Department Officers
- b. Firefighters
- c. Emergency Medical Technicians
- d. Fire Police Officers
- e. Driver/Operators
- f. All other emergency response personnel not otherwise classified regardless of rank, title, or assignment.

6. AVAILABILITY OF THE EXPOSURE CONTROL POLICY TO EMPLOYEES

6.1 Copies of the Bloodborne Pathogens Safety Policy are available in the Office of the Department Chief. Employees are advised of this availability during their training sessions. Additional copies are available in the following locations:

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7. REVIEW AND UPDATE OF THE EXPOSURE CONTROL POLICY

- 7.1 The exposure control policy will be reviewed and updated under the following circumstances:
 - a. Annually, on or before May 5th of each year.
 - b. Whenever new or modified tasks and procedures are implemented which affect occupational exposure of the members.
 - c. Whenever your duties are revised such that new instances of occupational exposure may occur.
 - d. Whenever we establish new functional positions within our department that may involve exposure to bloodborne pathogens.

8. METHODS OF COMPLIANCE

- 8.1 In order to effectively eliminate or minimize exposure to bloodborne pathogens at this Facility, the following requirements shall apply to all potential occupational exposures to bloodborne pathogens:
 - a. The use of Universal Precautions is to be used in all aspects of possible exposure.
 - b. Establishing appropriate Engineering Controls.
 - c. Implementing appropriate Work Practice Controls.

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- d. Using all necessary Personal Protective Equipment.
- e. Implementing appropriate Housekeeping Procedures.

9. LABELS & SIGNS

9.1 For members, one of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of this, we have implemented a comprehensive biohazard warning labeling program in our facility using labels of the type shown in Appendix____, or when appropriate, using red “color-coded” containers. On labels affixed to contaminated equipment we have also indicated which portion(s) of the equipment are contaminated.

10. UNIVERSAL PRECAUTIONS

Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious.

11. ENGINEERING AND WORK PRACTICE CONTROLS.

- 11.1 Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
- 11.2 Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
- 11.3 Employees shall use cleaning, maintenance and other equipment that is designed to prevent contact with blood or other potentially infectious materials.
- 11.4 The Infection Control Officer shall review the tasks and procedures performed by emergency first responders where engineering controls can be implemented or updated. These tasks and procedures shall be reexamined during the annual Exposure Control Policy review. During the review, opportunities for new or improved engineering controls can be identified.
- 11.5 The Infection Control Officer shall, every six months, review engineering control equipment for proper function and confirm completion of the manufactures’ recommended maintenance..
- 11.6 Decontamination areas will be marked with biohazard signs and will be equipped with:
 - a.. Two sinks, constructed of non-porous materials and equipped with spray attachments and foot controls.

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- b.. Proper lighting and adequate ventilation.
 - c. Adequate counter space constructed of non-porous material.
 - d. Adequate rack space to allow air-drying of equipment.
 - e. Appropriate containers for disposal of biohazard waste.
 - f. Facilities for the safe storage, and use and disposal of cleaning and disinfecting solutions.
- 11.7 In addition to the engineering controls identified on these lists, the following engineering controls are used throughout our department.
- a. Employers shall provide hand washing facilities which are readily accessible to employees.
 - b. When provision of hand washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
 - c. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 - d. Employers shall ensure that Employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
 - e. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed except as in the instances of the paragraph below. Shearing or breaking of contaminated needles is prohibited.
 - f. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
 - g. Such bending, recapping or needle removal much be accomplished through the use of a mechanical device of a one-handed technique.
 - h. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - i. Puncture resistant;

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- ii. Label-colored in accordance with this standard;
 - iii. Leak proof on the sides and bottom.
- i. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- j. Food and drink shall not be kept in refrigerators', freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- k. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.
- l. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- m. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- n. The container for storage, transport, or shipping shall be labeled or color –coded according to specifications and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with proper labeling is required when such specimens/containers leave the facility.
- o. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
- p. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above
- q. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

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- r. A readily observable label in accordance with standardized labeling shall be attached to the equipment stating which portions remain contaminated.
- s. The employer shall ensure that this information is conveyed to all affected employees, the servicing representative, and or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.
- t. Facilities for the safe storage, use and disposal of cleaning and disinfecting solutions.

12. PERSONAL PROTECTIVE EQUIPMENT

- 12.1 Personal Protective equipment is a member's "Last Line of Defense" against bloodborne pathogens. Because of this, the Department provides (At no cost to our members) The Personal Protective Equipment that they need to protect themselves against such exposure. This equipment includes, but is not limited to:
- a. Disposable latex gloves.
 - b. Rubber gloves for disinfecting purposes
 - c. Safety glasses
 - d. Goggles
 - e. Face shields/masks
 - f. Head covers
 - g. Fluid impervious gowns and shoe covers
 - h. Respirators
- 12.1 The Infection Control Officer is responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.
- 12.2 All members shall be issued a pocket mask with one-way valve. Replacement pocket masks will be carried in every response vehicle and stocked in the station.
- a. All members shall carry extra pairs of disposable gloves in turnout gear, and or EMS jumpsuit, and extra pairs of disposable gloves will be carried on each response vehicle.
- 12.3 Whenever feasible, gloves should be exchanged between patients in multiple casualty situations.

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- 12.4 Structural firefighting gloves shall be worn in situations where sharp or rough edges are likely to be encountered.
- 12.5 Heavy-duty gloves may be used for the handling, cleaning, decontamination, or disinfection of potentially contaminated patient care equipment.
- 12.6 To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, our facility adheres to the following practices:
- a. All personal protective equipment is inspected periodically repaired or replaced as needed to maintain its' effectiveness.
 - b. Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
 - c. Single-use personal protective equipment or equipment that cannot, for whatever reason, be decontaminated) is disposed of by forwarding that equipment to_____.
- 12.7 To make sure that this equipment is used as effectively as possible, our employees adhere to the following practices when using personal protective equipment:
- a. Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible.
 - b. All potentially contaminated personal protective equipment is removed prior to leaving a work area.
- 12.8 Gloves are worn in the following circumstances:
- a. Whenever employees anticipate hand contact with potentially infectious materials including, but not limited to blood body fluids, and non-intact skin. All members shall carry extra pairs of disposable gloves in turnout gear.
 - b. When handling or touching contaminated items or surfaces.
 - c. 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'.
- 12.9 Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of infectious materials. Facial protection may be afforded by using a full face shield.

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- 12.10 Face shields on structural firefighting helmets shall be used for infection control purposes.
- 12.11 Protective clothing (Such as coats) shall be worn whenever potential exposure to the body is anticipated.
 - a. Fluid resistant gowns, as a minimum, shall be worn to protect clothing from splashes.
 - b. Structural firefighting gear shall be worn in fire, rescue or vehicle extrication activities.
- 12.12 Head covers and/or shoe covers shall be required to protect these areas from potential contamination under certain circumstances.
- 12.13 Personal Protective equipment shall be removed after leaving the work areas, and as soon as possible if contaminated. After use, all PPE shall be placed in leak-proof bags, color coded and marked as a biohazard, and transported back to the station for proper disposal.
- 12.14 Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection, and mouthpieces, also 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 mucus membranes under conditions of use and for the duration of time which the protective equipment will be used.
- 12.15 Use. The employer shall ensure that the employees uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee’s professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
- 12.16 Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes in readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
- 12.16 Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by our standard under this policy at no cost to the employee.

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- 12.17 Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- a. If garment is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately as soon as feasible.
 - b. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- 12.18 Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in on our standard policy and when handling or touching contaminated items or surfaces.
- 12.19 Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctures, or when their ability to function as a barrier is compromised.
- a. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 - b. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised, However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- 12.20 If an employer in a volunteer blood donation center judges at routine gloving for all phlebotomies is no necessary than the employer shall:
- a. Periodically reevaluate this policy
 - b. Make gloves available to all employees who wish to use them for phlebotomy
 - c. Not discourage the use of gloves for phlebotomy
 - d. Require that gloves be used for phlebotomy when the employees has cuts, scratches, or other breaks in his or her skin
 - e. When the employees judges that hand contamination with body may occur, for example, when performing phlebotomy on an uncooperative source individual and when an employee is receiving training on phlebotomy.

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- 12.21 Masks, Eye Protection and Face Shields Masks in combination with eye protection devices, such as goggles or glasses with solid shields, or chin-length face shields, shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- 12.22 Gowns, Aprons and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- a. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g, autopsies, orthopedic surgery).

13 HOUSEKEEPING

- 13.1 In the event of a medical emergency, the emergency response staff shall be responsible for the cleaning and decontamination of all equipment and surfaces after contact with blood or other potentially infectious materials.
- 13.2 Protective coverings (such as plastic trash bags or wrap, absorbent paper) shall be removed as soon as it is feasible when overtly contaminated.
- 13.3 All trash containers, pails, bins, and other receptacles intended for use shall be inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- 13.4 Potentially contaminated broken glassware shall be picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.).
- 13.5 Used needles and other sharps shall be disposed of in approved sharps containers. Needles shall be recapped, re-sheathed, bent, broken, or separated from disposable syringes. (The most common occupational blood exposure occurs when needles are recapped.)
- 13.6 The following procedures shall be used whenever handling regulated waste; including used bandages and other potentially infectious materials:
- a. They are discarded or bagged in containers that are:
- i. Closeable
- ii. Puncture-resistant: if the discarded materials have the potential to penetrate the liner.

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- iii. Leak-proof if the potential of fluid spill or leakage exists.
- iv. Red in color or labels with the appropriate biohazard warning label.

- 13.7 General. Employers shall ensure that they worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
- 13.8 Whenever our 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.

14 SCENE OPERATIONS

- 14.1 Members shall choose maximal rather than minimal personal protective equipment (PPE) for each situation.
- 14.2 While complete control of the emergency scene is not always possible, scene operations shall attempt to limit splashing, spraying or aerosolization of body fluids.
- 14.3 The minimum number of members required to complete the task safely shall be used for all on-scene operations. Members not immediately needed shall remain a safe distance from operations where communicable disease exposure is possible or anticipated.
- 14.4 Sharps containers shall be easily accessible on-scene.
- 14.5 Disposable resuscitation equipment shall be used whenever possible. For CPR, the order of preference is:
- a. Disposable bag-valve mask.
 - b. Demand valve resuscitator with disposable mask.
 - c. Disposable pocket mask with one-way valve.
- 14.6 Patients with suspected airborne communicable disease will be transported wearing a face mask or particulate respirator whenever possible. Ambulance windows will be open and ventilation systems turned on full whenever possible.
- 14.7 The Incident Commander shall assign a public information officer who will handle on-scene public relations. The public should be reassured that infection control PPE is used as a matter of

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routine for the protection of the members and the victims that they treat. The use of PPE does not imply that a victim may have a communicable disease.

- 14.8 No medical information shall be released on scene. Media queries shall be referred to the First Aid Captain.

PATIENT CONFIDENTIALITY SHALL BE MAINTAINED AT ALL TIMES.

- 14.9 At the conclusion of on-scene operations, all potentially contaminated patient care equipment shall be removed or appropriate disposal of decontamination and re-use.

15 POST-RESPONSE DECONTAMINATION PROCEDURES

- 15.1 Upon return to the station, contaminated equipment shall be removed and replaced with clean equipment. Supplies of PPE on response vehicles shall be replenished.
- 15.2 Contaminated equipment shall be stored only in the decontamination area. Cleaning and decontamination shall be performed as soon as feasible.
- 15.3 Disposable equipment and other biohazard waste generated during on-scene operations shall be stored in the bio-hazard area in appropriate leak-proof containers. Sharps containers, when full, shall be closed and placed in biohazard disposal area.
- 15.4 Gloves shall be worn for all contact with contaminated equipment or materials. Other PPE shall be used depending on splash or spill potential. Heavy-duty utility gloves may be used for cleaning, disinfection, or decontamination of equipment.
- 15.5 Disinfection will be performed with a department-approved disinfectant or with a 1:10 solution of bleach to water. Equipment shall air dry.
- 15.6 Damaged equipment shall be cleaned and disinfected prior to being sent out for repair.
- 15.7 Durable equipment (backboards, splints, mast pants) will be washed with hot soapy water, rinsed with clean water, and disinfected with an approved disinfectant or 1:10 bleach to water solution.
- 15.8 Work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures, and after spillage or contamination with blood or potentially infectious materials. Seats on response vehicles contaminated with body fluids from soiled PPE shall also be disinfected upon return to the station.

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- 15.9 Contaminated structural firefighting gear (turnout coats/pants) shall be cleaned according to manufacturers recommendations found on attached labels. (Normally this will consist of a wash with hot soapy water followed by a rinse with clean water). Turnout gear should be air dried. Chlorine bleach may impair the fire-retardant properties of structural firefighting gear and shall not be used.
- 15.10 Contaminated boots shall be brush scrubbed with hot solution of soapy water, rinsed with clean water, and allowed to air dry.
- 15.11 Contaminated work clothes (Jump suits, T-Shirts, Uniform pants) will be removed and exchanged for clean clothes. The member shall shower immediately if body fluids were in contact with skin under work clothes.
- 15.12 All contaminated work clothes shall be laundered at the station using hot water and a disinfectant solution.

NO CONTAMINATED WORK CLOTHES

SHALL BE LAUNDERED, AT HOME, BY ANY MEMBER.

- 15.13 Infectious wastes generated during the cleaning and decontamination operations shall be properly bagged and placed in the designated biohazard disposal area.
- 15.14 Standard Microbiological Practices states that all regulated waste shall be either incinerated or decontaminated by method such as autoclaving known to effectively destroy bloodborne pathogens.
- 15.15 All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- 15.16 Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of each work shift if the surface may have become contaminated since the last cleaning.
- 15.17 Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- 15.18 All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall

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be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

- 15.19 Broken glassware which may be contaminated shall not be picked up directly with the hands; it shall be cleaned up using mechanical means, such as brush and dustpan, tongs or forceps.
- 15.20 Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed,
- 15.21 Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:
- a. Closeable
 - b. Puncture resistant
 - c. Leak proof on sides and bottom
 - d. Labeled or color-coded in accordance with our standards.
- 15.22 During use, containers for contaminated sharps shall be:
- a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g, laundries)
 - b. Maintained upright throughout use
 - c. Replaced routinely and not allowed to overfill.
- 15.23 When moving containers of contaminated sharps from the area of use, the containers shall be:
- a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - b. Placed in a secondary container if leakage is possible. The second container shall be closable.
 - c. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded according to our standard.
 - d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to risk of percutaneous injury

16 OTHER REGULATED MEDICAL WASTE

16.1 Regulated Medical Waste shall be placed in containers which are

- a. Closeable
- b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- c. Labeled or color-coded in accordance with standard and policy
- d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping

16.2 If outside contamination of regulated waste container occurs, it shall be placed in a second container. The second container shall be:

- a. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.
- b. Labeled or color-coded in accordance with our standard in policy
- c. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

16.3 Disposal of all regulated medical waste shall be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

17. LAUNDRY

17.1 Contaminated laundry shall be handled as little as possible with a minimum of agitation.

17.2 Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

17.3 Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with our standards of this policy. When a facility utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coded is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

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- 17.4 Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- 17.5 The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- 17.6 When a facility ships contaminated laundry off-site to a second facility which does not utilize Universal Precautions in the handling of the laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with our standards.

18 HEPATITIS B VACCINATION, POST-EXPOSURE AND FOLLOW-UP PROGRAM

- 18.1 Any member who sustains an occupational exposure to bloodborne pathogens shall immediately report the exposure to the Incident Commander or the Infection Control Officer.
- 18.2 When a member is involved in an accident where exposure to bloodborne pathogens may have occurred, two things shall become effective immediately:
 - a. Investigating the circumstances surrounding the exposure incident.
 - b. Making sure that our employees receive medical consultation and treatment, if required as expeditiously as possible.
- 18.3 A communicable Disease Exposure shall be filed by the exposed member prior to the completion of duty for any of the following incidents;
 - a. Needle-stick injury.
 - b. Break in skin caused by a potentially contaminated object.
 - c. Splash of blood or other potentially infectious materials into eyes mucous membranes or non-intact skin.
 - d. Mouth-to-mouth resuscitation with pocket mask/one-way valve.
 - e. Other exposure that the member may feel is significant.
- 18.4 The Infection Control Officer shall investigate every exposure incident that occurs in the facility. This investigation shall be initiated within 24 hours after the incident occurs and involves gathering the following information:

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- a. Date
 - b. Location of Incident
 - c. What potentially infectious materials were involved in the incident.
 - d. Source of the materials.
 - e. Under what circumstances the incident occurred. (type of work being performed)
 - f. How the incident was caused. (accident, unusual circumstances, etc.)
 - g. Personal Protective equipment being used at the time of the incident.
- 18.5 Actions taken as a result of the incident.
- a. Employee decontamination
 - b. Cleanup
 - c. Notification made.
- 18.6 A written summary of the incident and its' causes shall be prepared by the Infection Control Officer. Using the information gathered from the investigation, recommendations shall be made for advising similar incidents in the future.
- 18.7 In order to ensure that the members receive the best of care and most timely treatment should an exposure to bloodborne pathogens occur, the Department has set up a comprehensive post-exposure evaluation and follow-up process. A "Checklist" has been developed for use to verify that all the steps in the process have been taken correctly.
- 18.8 The Infection Control Officer shall arrange for a medical evaluation of any exposed member, by the Department Physician or by the members personal physician, no later that 48 hours after the exposure incident.
- 18.9 If it is determined that no exposure took place, the Infection Control Officer shall complete the Communicable Disease Report, indicating the disposition of Medical management, and file the report in the office of the Department Physician.
- 18.10 The Infection Control Officer shall refer members for infection control retraining or for stress management counseling as indicated. Spousal counseling shall also be made available.

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- 18.11 The infection Control Officer shall trace the source patient to the receiving medical facility and notify the facility that a communicable disease exposure took place. A request for an infectious disease determination shall be made at that time.
- 18.12 Because it is essential that much of the information involved in the process must remain confidential. This Department will do everything possible to protect the privacy of the people involved.
- 18.13 The post exposure evaluation and follow-up process shall consist of the following steps:
- a. The Department shall provide an exposed employee with the following confidential information;
 - i. Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
 - ii. Identification of the source individual (unless infeasible or prohibited by law)
- 18.14 If possible, the source individual's blood shall be tested to determine HBV and HIV infectivity. When obtained, this information will also be made available to the exposed employee. At the time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.
- 18.15 The blood of the exposed employee shall be collected and tested for HBV and HIV status.
- 18.16 Once these procedures have been completed, an appointment is arranged for the exposed employee, with a qualified healthcare professional, to discuss the employee's medical status. This includes an evaluation of any reported illness, as well as any recommended treatment.
- 18.17 The employer shall make available hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- 18.18 The employer shall ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-evaluation and follow-up, including prophylaxis:
- a. Made available at no cost to the employee.
 - b. Made available to the employee at a reasonable time and place.
 - c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional

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- d. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by standards.
- 18.19 The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employees.
- 18.20 Hepatitis B vaccination shall be made available after the employee has received the training required in our standard and within 10 working days of the initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that they employee is immune, or the vaccine is contraindicated for medical reasons.
- 18.21 The employer shall not make participation in a participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.
- 18.22 If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at the time.
- 18.23 The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign a release of responsibility statement.
- 18.24 If a routine booster dose of hepatitis B vaccine is recommended by the US Public Health Service at a future date, such booster dose shall be made available in accordance with our standards.
- 18.25 Post-exposure Evaluation and Follow-up Following the report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements.
- a. Documentation of the routes(s) of exposure, and the circumstances under which the exposure incident occurred;
 - b. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited or prohibited by state or local law.
 - c. 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 employer 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.
 - d. 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 to be repeated.

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- e. 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.

18.26 Collection and testing of blood for HBV and HIV serological status

- a. The exposed employee's blood be collected as soon as feasible and tested after consent is obtained.
- b. If the employee consents to baseline blood collection, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
- c. Post-exposure, prophylaxis, when medically indicated, as recommended by the US Public Health Service;
- d. Counseling
- e. Evaluation of reported illness.

19 INFORMATION PROVIDED TO THE HEALTHCARE PROFESSIONAL

19.1 To assist the healthcare professional, the Facility will forward a number of documents to them, including the following"

- a. A copy of the Bloodborne Pathogens Standard.
- b. A description of the exposure incident.
- c. The exposed employee's relevant medical records.
- d. Any other pertinent information.

19.2 The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information.

- a. A copy of this regulation.
- b. A description of the exposed employee's duties as they relate to the exposure incident
- c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.

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- d. Results of the source individuals blood testing, if available.
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

19.3 HEALTHCARE PROFESSIONALS WRITTEN OPINION.

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

- a. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- b. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information.
- c. That the employee has been informed of the results of the evaluation
- d. 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.
- e. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

20 MEDICAL HOUSEKEEPING.

Medical records required by this standard shall be maintained in accordance with our standard.

20.1 The Departments physician shall maintain comprehensive medical records on all affected employees. These records include the following:

- a. Name of the employee
- b. Social security number of the employee.
- c. A copy of the employee's Hepatitis B vaccination status.
- d. Dates of any vaccinations.
- e. Medical records relative to the employee's ability to receive vaccination.

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- f. 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.
- g. A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens.
- h. The employers copy of the healthcare professional's written opinion.

20.2 These medical records shall not be kept with personal records.

20.3 This Department shall not disclose or report this information to anyone without our member's written consent (except as required by law). There shall be no exceptions to this policy for Department Administration Township Administration or insurance companies. All medical records will be held in confidentially.

20.4 Infection control records shall be part of the member's personal health file and will be maintained for the duration of employment plus (30) years.

20.5 Members may examine their own medical records, and may request that copies be sent to their personal physician. Release of medical records to another physician shall be made only with signed written consent of the member.

20.6 Abstracts of medical records without personal identifiers may be made for quality assurance, compliance monitoring, or program evaluation purposes, as long as the identity of individual members cannot be determined from the abstract.

21 **LABELS.**

21.1 Warning labels shall be affixed to containers of regulated waste refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided in our standards.

21.2 The employer shall post signs at the entrance to work areas specified in our standards. HIV and HBV Research Laboratory and production Facilities, which shall bear:

- a. Name of the Infectious Agent
- b. Special requirements for entering the area
- c. Name, telephone number, the laboratory director or other responsible person.

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- d. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in contrasting color.
- e. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- f. Red Bags or red containers may be substituted for labels.
- g. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted for the labeling requirements.
- h. Individuals containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- i. Labels required for contamination equipment shall be in accordance with this paragraph and shall also state which portions of the equipment remain contaminated.
- j. Regulated Waste that has been decontaminated need not be labeled or color-coded.

22 INFORMATION AND TRAINING

All members providing emergency services, or Occupational Exposure who have the potential for exposure to Bloodborne pathogens, are enrolled in a comprehensive training program and furnished with as much information as possible on this issue. Each employee will be trained at initial assignment to tasks where occupational exposure may take place and retrained at least one year of their previous training to keep their knowledge current.

- 22.1 Training Topics. The training topics covered in our training program include, but limited to the following:
- a. The Bloodborne Pathogens Standard itself.
 - b. The epidemiology and symptoms of bloodborne diseases.
 - c. The modes of transportation of Bloodborne pathogens.
 - d. The Department's Exposure Control Policy and where employees can obtain a copy.
 - e. Appropriate methods of recognizing tasks and other activities that many involve exposure to blood and other potentially infectious materials.

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- f. A review of the use and limitations of methods that will prevent or reduce exposure, including;
 - i. Engineering controls
 - ii. Work practice controls.
 - iii. Personal protective equipment.
- g. Selection and use of personal protective equipment including”
 - i. Types available
 - ii. Proper use.
 - iii. Location within their department
 - iv. Removal
 - v. Handling
 - vi. Decontamination
 - vii. Disposal

22.2 Visual warnings of biohazards within our facility including labels, signs, and “color-coded” containers.

- a. Information on the Hepatitis B. Vaccination, including it’s:
 - i. Efficiency
 - ii. Safety
 - iii. Method of Administration
 - iiii. Benefits of Vaccination
 - iv. The facility’s free vaccination program.

22.3 Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

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- 22.4 The procedures to follow if an exposure incident occurs, including incident reporting.
- 22.5 Information on the post-exposure evaluation and follow-up, including medical consultation that our facility will provide.
- 22.6 Employers shall provide additional training 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 may be limited to addressing the new exposures created.
- 22.7 Training
 - a. Methods Our Department's training presentations make use of several training techniques including, but not limited to the following.
 - i. Classroom with personal instruction.
 - ii. Videotape programs.
 - iii. Training manuals/employee handouts.
 - iiii. Employee Review
 - iv. Written Test.
- 22.7 Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- 22.8 The training program shall contain at a minimum of the following:
 - a. An accessible copy of the regulatory text of this standard and an explanation of its contents.
 - b. a general explanation of the epidemiology and symptoms of bloodborne diseases;
 - c. An explanation of the modes of transmission of bloodborne pathogens;
 - d. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
 - e. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.

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- f. 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.
- g. Additional initial training for employees in HIV and HBV Laboratories and Production Facilities. Employees in HIV or HBV research laboratories and HIV or HBV production facilities shall receive the following initial training in addition to the above training.
- h. The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the facility before being allowed to work with HIV or HBV.
- i. The employer shall assure that employees have prior experiences in the handling of human pathogens or tissue cultures before working with HIV or HBV.
- j. The employer shall provide a training program to employees who have no prior experiences in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.
- k. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- l. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- m. An explanation of the basis for selection of personal protective equipment
- n. 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.
- o. Information on the appropriate actions to take and persona to contact in an emergency involving blood or other potentially infectious materials.
- p. An explanation of the procedure to follow if an exposure incident occur, including the method of reporting the incident and the medical follow-up that will be made available.

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- q. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
 - r. An explanation of the signs and labels and/or color coding required by standard.
 - s. An opportunity for interactive questions and answers with the person conducting the training sessions.
- 22.7 Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposed incident;
- a. An explanation of the signs and labels and or color coding required.
 - b. An opportunity for interactive questions and answers with the person conducting the training.
- 22.8 Training Records
- a. The following training records shall be maintained for five years.
 - i. Dates of all training sessions.
 - ii. Contents/summary of the training sessions.
 - iii. Names and qualifications of the instructors
 - iiii. Names and job titles of employees attending the training sessions.
 - b. These training records are available for examination and copying to our employees and their representatives, as well as OSHA and its representatives.
- 22.9 Availability
- a. The employer shall ensure that all records required to be maintained by this section shall be made available upon request that all records.
 - b. Employee training records required by this policy shall be provided upon request for examination and copying to employees, to employee representative, Safety Coordinator, to the Director and to the Assistant Secretary.
 - c. Employee medical records required by this policy shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of

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the subject employee, to the Director, and the Assistant Secretary in accordance with 29 CFR 1910.1020.

22.10 Transfer of Records

- a. The employer shall comply with the requirements involving transfer of records set forth on 29 CFR 1910.1020
- b. If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify the Director, at least three months prior to their disposal and transmit them to the director, if required by the Director to do so, within that three month period.

22.11 Sharps Injury Log

- a. The employer shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to project the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum
 - i. The type and brand of device involved in the accident.
 - ii. The department or work area where the exposed incident occurred
 - iii. An explanation of how the injury occurred.

The requirement to establish and maintain a sharps injury log shall apply to any employer who is required to maintain a log of occupational injuries and illness under 29 CFR 1904. The sharps injury log shall be maintained for a period required by 29CFR 1904.6