

Bloodborne Pathogens: Exposure Control Plan

1.0 PURPOSE

The purpose of this written program is to ensure that all employees with potential exposure to bloodborne pathogens and other body fluids understand the hazards associated with their exposure and the corrective actions necessary to protect them from injury and illness in accordance with 29 CFR 1910.1030.

This document serves as a policy for the development, implementation and maintenance of programs for (bloodborne pathogens) BBP, First Aid / CPR and AED requirements for the Village of Ardsley.

There are no jobs with responsibilities that present inherent exposure to bloodborne pathogens at the Village. The jobs we've identified in this plan have collateral duties that may expose village employees to potentially infectious materials. This procedure pertains to all employees that have the potential for exposure to BBP's in work related situations.

The purpose of this Exposure Control Plan (ECP) is to outline the protective measures we will take to eliminate or minimize village employee exposure incidents.

2.0 SCOPE

This program applies to all Village of Ardsley employees, who through our exposure determination may incur occupational exposure to blood or other potentially infectious materials.

The extent of employee exposure shall be limited through the use of engineering controls and personal protective equipment. This document is designed to provide a formal procedure for identifying and controlling all potential BBP exposures.

Violation of established BBP procedures is a serious offense and failure to comply with this plan shall result in appropriate disciplinary action. Any violation of this procedure shall be reported immediately to the Safety Officer.

This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

3.0 RESPONSIBILITIES

3.1 Plan Administrator: Safety Officer (Confidential Secretary to the Village Manager): Has overall responsibility for the maintaining the ECP. Any questions concerning the plan should be addressed to the Safety officer. They are responsible for the following:

3.1.1 Evaluating new tasks or procedures that may require the use of new safer medical devices;

3.1.2 Evaluating new safer medical devices available on the market;

3.1.3 Soliciting input from employees on the selection and use of safer medical devices.

3.1.4 Reviewing this plan on an ongoing basis, and/or at least annually.

3.2 Only trained and authorized employees shall be allowed to respond to situations that pose an occupational risk of exposure.

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All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. These precautions and practices include the following four areas:

- 5.1.1 Personal hygiene,
- 5.1.2 Engineering and work practice controls,
- 5.1.3 Personal protective equipment,
- 5.1.4 Equipment cleaning and disinfecting.

While the concept of "Universal Precaution" is generally accepted as prudent and effective, a more complete worker protection program is required to ensure maximum protection. The approach for the safe handling of infectious agents involves the use of a combination of strategies.

5.2 Engineering Controls

Wherever possible, engineering controls will be utilized to reduce potential exposure. The Safety Officer will be responsible for inspection and maintenance of these controls. Records will be maintained for frequency of inspection and repairs.

5.2.1 Sharps Containers: Sharps containers shall be used to make sure contaminated "sharps" (needles, blades, etc) cannot injure other workers.

5.2.2 Labels: The Safety Officer will work with the insurance company to ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange red. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction. Engineering and work practice controls will be used to eliminate and/or minimize potential exposure. When potential exposure remains, PPE shall be used;

5.2.3 Machine Guarding: The elimination of sharp, edges, pinch points, run-in points, and other standard practices to minimize worker injury is an ongoing and active process. Through the elimination of items that can cause physical injury, workers will be protected from unnecessary exposure to bloodborne pathogens.

5.2.4 Hand-washing Facilities: Hand-washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible after incurring exposure. Hand-washing facilities are located throughout the facility.

5.2.5 For handling other regulated waste: Village of Ardsley will provide containers sufficient to contain regulated wastes, other than those regulated by the Bloodborne Pathogens rule, capable of resisting punctures and labeled as a biohazard (as appropriate). These are located in each department work area. The waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

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5.4 Personal Protective Equipment

5.4.1 All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

5.4.2 The Safety Officer shall work with the department heads to ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

5.4.3 The Safety Officer shall work with the department heads to ensure that all personal protective equipment will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

5.4.4 The Supervisor shall ensure that all garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

5.4.5 Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

5.4.6 Disposable gloves used at this facility are not to be washed or decontaminated for re use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

5.4.7 Additional PPE selections and such as use of headnets, smocks, foot covering and aprons maybe necessary to ensure employee safety in regards to bloodborne pathogens in certain workplace situations.

5.4.8 Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked "A biohazard", labeled, or color-coded red bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

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6.10 The healthcare professional's written opinion for post exposure follow up shall be limited to the following information:

- 6.10.1 A statement that the employee has been informed of the results of the evaluation; and
- 6.10.2 A statement 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.
- 6.10.3 All other findings or diagnosis shall remain confidential and shall not be included in the written report.

7.0 EMPLOYEE COMMUNICATION and TRAINING:

Village of Ardsley shall assure that all employees with the potential for exposure to blood or other infectious materials understand the associated hazards and are trained to minimize their exposure.

7.1 To accomplish these requirements, Village of Ardsley shall ensure that a competent person, who shall include but is not limited to the following, conducts training:

- 7.1.1 Ensure that signs and labels conform to 1910.1030;
- 7.1.2 Provide training at no cost to the employee;
- 7.1.3 Conduct training prior to any potential exposure;
- 7.1.4 Conduct training at least annually or as conditions change;
- 7.1.5 Conduct training in English and other languages as required
- 7.1.6 Provide warning signs and labels; and
- 7.1.7 Utilize current training aids.

7.2 Training Program: Employee training shall include:

- 7.2.1 A review of 1910.1030;
- 7.2.2 Discussions of bloodborne diseases;
- 7.2.3 Modes of transmission;
- 7.2.4 Review of the exposure control plan;
- 7.2.5 Recognition of tasks that may involve exposure;
- 7.2.6 Procedures for handling contaminated waste;
- 7.2.7 Right to have the HEP B vaccination;
- 7.2.8 Procedure for recording an incident; and
- 7.2.9 Post exposure evaluation.
- 7.2.10 First Aid / CPR and AED

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8.4 The attending physician will provide a written opinion to Village of Ardsley concerning the following:

8.4.1 Specific findings or diagnoses which are related to the employee's ability to receive the HBV vaccination.

8.4.2 A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

8.4.3 Any other findings and diagnoses shall remain confidential.

8.4.4 For each evaluation under this section, the company will obtain and provide the employee with a copy of the attending physician's written opinion within 15 days of the completion of the evaluation.

9.0 SHARPS INJURY LOG

A sharps injury log will be maintained at Village of Ardsley to record all percutaneous injuries from contaminated sharps. All entries on the sharps injury log will be recorded in a manner that maintains the confidentiality of the injured employee.

(NOTE: This requirement applies only to employers required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. Maintenance of this sharps injury log is covered in 29 CFR 1904.6.)

APPENDIX B

DECLINATION STATEMENT

I understand that due to my potential occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other infectious materials, I can receive the vaccination series at no charge to me. This declination statement is good until one year from the date below, and employees will re-sign this document each year during refresher training.

Employee Name: _____ Date: _____

Signature: _____

VILLAGE Representative: _____

Signature: _____

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APPENDIX D:

SHARPS INJURY LOG

FACILITY NAME:	
CALENDAR YEAR:	
LOG ADMINISTRATOR:	

DATE*	INCIDENT LOCATION (e.g. Department)	WORK AREA	INCIDENT DESCRIPTION (e.g. How incident occurred)	TYPE/BRAND DEVICE INVOLVED

*Optional Entry

APPENDIX F:

VACCINE INFORMATION STATEMENT

Hepatitis B Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vi

Hejlas de informacion sobre vacunas estan disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vi

1 Why get vaccinated?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus. Hepatitis B can cause mild illness lasting a few weeks, or it can lead to a serious, lifelong illness.

Hepatitis B virus infection can be either acute or chronic.

Acute hepatitis B virus infection is a short-term illness that occurs within the first 6 months after someone is exposed to the hepatitis B virus. This can lead to:

- fever, fatigue, loss of appetite, nausea, and/or vomiting
- jaundice (yellow skin or eyes, dark urine, clay-colored bowel movements)
- pain in muscles, joints, and stomach

Chronic hepatitis B virus infection is a long-term illness that occurs when the hepatitis B virus remains in a person's body. Most people who go on to develop chronic hepatitis B do not have symptoms, but it is still very serious and can lead to:

- liver damage (cirrhosis)
- liver cancer
- death

Chronically-infected people can spread hepatitis B virus to others, even if they do not feel or look sick themselves. Up to 1.4 million people in the United States may have chronic hepatitis B infection. About 90% of infants who get hepatitis B become chronically infected and about 1 out of 4 of them dies.

Hepatitis B is spread when blood, semen, or other body fluid infected with the Hepatitis B virus enters the body of a person who is not infected. People can become infected with the virus through:

- Birth (a baby whose mother is infected can be infected at or after birth)
- Sharing items such as razors or toothbrushes with an infected person
- Contact with the blood or open sores of an infected person
- Sex with an infected partner
- Sharing needles, syringes, or other drug-injection equipment
- Exposure to blood from needlesticks or other sharp instruments

Each year about 2,000 people in the United States die from hepatitis B-related liver disease.

Hepatitis B vaccine can prevent hepatitis B and its consequences, including liver cancer and cirrhosis.

2 Hepatitis B vaccine

Hepatitis B vaccine is made from parts of the hepatitis B virus. It cannot cause hepatitis B infection. The vaccine is usually given as 3 or 4 shots over a 6-month period.

Infants should get their first dose of hepatitis B vaccine at birth and will usually complete the series at 6 months of age.

All children and adolescents younger than 19 years of age who have not yet gotten the vaccine should also be vaccinated.

Hepatitis B vaccine is recommended for unvaccinated **adults** who are at risk for hepatitis B virus infection, including:

- People whose sex partners have hepatitis B
- Sexually active persons who are not in a long-term monogamous relationship
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Men who have sexual contact with other men
- People who share needles, syringes, or other drug-injection equipment
- People who have household contact with someone infected with the hepatitis B virus
- Health care and public safety workers at risk for exposure to blood or body fluids
- Residents and staff of facilities for developmentally disabled persons
- Persons in correctional facilities
- Victims of sexual assault or abuse
- Travelers to regions with increased rates of hepatitis B
- People with chronic liver disease, kidney disease, HIV infection, or diabetes
- Anyone who wants to be protected from hepatitis B

There are no known risks to getting hepatitis B vaccine at the same time as other vaccines.



U.S. Department of
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Centers for Disease
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APPENDIX G:

Revision/Review Number	Action	Date	By
000	Initial issue	2/5/2017	LL