Exposure Control Policy

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1.0 POLICY
It is the policy of the Town to maintain a safe, healthy working environment for the employees and to comply with the Occupational Safety and Health Act 29 CFR 1910.1030, Occupational Exposure to Bloodborne Pathogens, as well as exposure to other high consequence pathogens.

2.0 PURPOSE
The purpose of this policy is to encourage the importance of universal precautions and engineering controls to establish quality treatment protocols for exposures. Universal precautions are an approach to infection control that stresses the concept that all sources should be assumed infectious. Exposure to blood and other body fluids presents certain workers and their families with the threat of infection with hepatitis B (HBV), hepatitis C (HCV), the human immunodeficiency virus (HIV) and other high consequence pathogens such as Respiratory Diseases, SARS, MERS-COV, and Coronavirus. Once an exposure occurs, timely treatment, therapy, and counseling of the exposed worker may minimize the risk of infection and minimize anxiety in the worker, the workplace and at home.

3.0 SCOPE
This policy applies to all employees.

4.0 DEFINITIONS
- 4.1 **Bloodborne Pathogens** - Pathogenic microorganisms that are present in human blood and other potentially infectious materials (OPIM) and can cause disease in humans. These pathogens include, but are not limited to, hepatitis b virus (HBV), hepatitis c virus (HCV), and human immunodeficiency virus (HIV).
- 4.2 **Contaminated** - The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface
- 4.3 **Contaminated Laundry** - Laundry wet or soiled with blood or other potentially infectious materials and presents a likelihood of soak through or leakage from the bag or container.
- 4.4 **Contaminated sharps**- Means any contaminated object that can penetrate skin, including but not limited to needles, scalpels, broken glass, blood tubes, and taser lines.
- 4.5 **Communicable Disease** - Infectious illnesses that are transmitted through direct or indirect (including airborne) contact with an infected individual.
    - 4.6 **Approved Medical Provider (AMP)** - A licensed health care provider authorized by the Town who can diagnose and/or treat Town employees.
- 4.7 **Decontamination** - The use of physical or chemical means to remove, inactivate, or destroy bloodborne and/or high consequence pathogens on a surface or item. Decontamination makes a surface "safe to handle or use"- it is not sterilization.
- 4.8 **Engineering Controls**- Reduce employee exposure in the workplace by either removing or isolating the hazard or isolating the worker from exposure.
- 4.9 **Exposure Incident**- Specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other OPIM. Non-intact skin includes skin with dermatitis, hangnails, abrasions, chafing or cuts.

- 4.10 **Hand washing facilities** - A facility that provides an adequate supply of running water, soap, and single use towels or hot air drying machines.
- 4.11 **High Consequence Pathogen** - High Consequence Pathogens (HCPs) collectively encompass animal, human and plant pathogens of bacterial, viral or prion origin that have an extraordinarily high epidemic potential, limited or no means of prophylaxis and limited or no suitable means of treatment.
- 4.12 **Hepatitis B** - A viral disease of the liver, transmitted through blood and blood products.
- 4.13 **Hepatitis C** - A viral disease of the liver, transmitted through direct blood to blood contact.
- 4.14 **Human Immunodeficiency Virus** (**HIV) & AIDS** - AIDS is a bloodborne and sexually transmitted disease in which HIV invades the body and damages the immune system. HIV is spread through body fluids.
- 4.15 **Known High Risk Group** - Male homosexual or bisexual, injecting drug user, prostitute, sexual partner of injecting drug user, sexual partner of a known AIDS or HIV positive patient, transfusion recipient from the years 1978-1985, hemophiliacs.
- 4.16 **Needleless Systems**- Devices which provide an alternative to needles for various procedures to reduce the risk of injury involving contaminated sharps.
- 4.17 **Occupational Exposure Incident** - A specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral (piercing) contact with blood or other potentially infectious material or pathogen that results from the performance of an employee's duties.
- 4.18 **Hepatitis A** - An acute viral hepatitis caused by an enterovirus that is transmitted by ingestion of infected food and water and that has a shorter incubation period and causes milder symptoms than hepatitis B. Also called infectious hepatitis**.**
- 4.19 **Other Potentially Infectious Materials** (OPIM) Cerebrospinal fluid, pericardial, peritoneal fluid, semen, vaginal secretions, or amniotic fluid, but not limited to blood, saliva, vomit, urine, or feces. These human body fluids include:

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Saliva in dental procedures
- Body fluid visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a living or dead human being.
- 4.20**. Parenteral**- Piercing of mucous membranes or the skin barrier through such events as needlesticks, bites, cuts, nicks and abrasions.
- 4.21. **Personal Protective Equipment- Clothing** or equipment worn by an employee for protection against a hazard. These items include: gloves, laboratory coats, face shields, masks and mouthpieces. PPE does not include general work clothing (e.g. uniforms, pants, shifts, shirts, or blouses).
- 4.22. **Regulated Waste**- Liquid or semi-liquid 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 caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

4.23. **Safety Data Sheets (SDS**)- Previously known as Material Safety Data Sheets (MSDS sheets). **See Hazardous Communication Policy**.

- 4.24. **Sharps with safety engineered injury protections**- A needle, sharp or needle devise used for drawing body fluids accessing a vein or artery or administering medications of other fluids with a built-in safety feature mechanism that effectively reduces the risk of an exposure incident. (Syringes with a sliding sheath shields the needle after use; needles that retract into a syringe after use; shielded or retracting catheters, i.v. medication delivery systems that use a catheter port with a needle housed in a protective covering).
- 4.25. **Source Individual** - Any individual living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate blood or sell blood or blood components.
- 4.26 **Universal Precautions**- An approach to infection control where all blood and other potentially infectious materials are treated as infectious (HIV,HBV,HCV) Universal precautions apply to blood, body fluids, secretions, excretions, except sweat and intact skin. These precautions are designed to reduce the risk of transmission of microorganisms from recognized and unrecognized sources of infection.
- 4.27. **Work Practice Controls**- Reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. needle recapping).

5.0 ORGANIZATIONAL RULES

5.1 The following is a list of job classifications in which employees have a reasonable anticipated occupational exposure risk:

1. Fire Department – all sworn personnel and Lifeguards
2. Code Enforcement Officer
3. Building Inspector
4. Public Utilities – all positions
5. Public Works (Stormwater and Environmental) – all positions
6. Wastewater Treatment Plant – all positions
7. Water and Wells – all positions
8. Parks and Recreation Department – all personnel
9. Police Department – all sworn personnel

5.2 The Town will bear the cost of immunizations performed at the Town's Corporate Health Partner or other Town designated location.
5.3 The Town will pay twice for the immunization series. Any employee failing to complete the immunization series after starting the series two times will be responsible for any future immunizations to complete the series.

6.0 EMPLOYEE EXPOSURE DETERMINATION

6.1 OSHA has defined the classification of employee work activity into three categories with regards to HIV, HBV, and HCV regulations. They are:

- Tasks that involve actual or potential for mucous membrane or skin contact with blood, body fluids, or tissues. Universal precautions apply to all people and should be assumed to be infectious for bloodborne pathogens and use universal precautions to prevent communicable disease transmission.
- Tasks that involve exposure to blood, body fluids, or tissues an employee may sustain in an emergency.
- Tasks that involve no exposure to blood, body fluids, or tissues and do not entail predictable or unpredictable exposure to blood or blood by-products.

6.2 Other bloodborne pathogens are covered by the standard. Some of these are infectious diseases that are characterized by a phase in which the virus or bacteria causing the disease may circulate in the blood for a prolonged period. They are therefore capable of being transmitted through blood or other potentially infectious materials. By following the requirements of the standard, occupational exposure to these bloodborne pathogens should also be greatly reduced or eliminated. The following is a list of some other bloodborne pathogens that are also covered by the standard:

1. Syphilis
2. Malaria
3. Babesiosis
4. Brucellosis
5. Leptospirosis
6. Arboviral infections (especially Colorado tick fever)
7. Relapsing fever
8. Creutzfeldt-Jakob disease
9. Human T-lymphotropic virus type I
10. Viral hemorrhagic fever

7.0 RESPONSIBILITIES

7.1 The Human Resource Department is responsible for reviewing this policy and revising whenever is necessary in order to reflect new or modified tasks which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The Human Resource Department is also responsible for developing and coordinating educational programs on this policy. The Human Resource Department is responsible for maintaining records regarding the hepatitis A and B vaccination program. In addition, Human Resources is responsible for maintaining and continuing to follow exposure documentation and follow up.
7.2 Department Heads are responsible for assisting the Human Resource Department with identifying job classifications with occupational exposure.
7.3 Employees are responsible for complying with the procedures outlined in this policy.

8.0 METHODS OF COMPLIANCE

Engineering and Work Practice Controls:

- **8.1 Universal precautions** will be utilized to prevent reasonably anticipated parenteral, skin, eye, and mucous membrane exposure to blood, high consequence pathogens or other potentially infectious materials that may result during the performance of an employee's duties. The employer must ensure employees implement Standard Precautions. PPE (gowns, gloves, masks) shall be used when in contact with blood, high consequence pathogens or other potentially infectious material.
- As new universal precaution products are introduced to the marketplace, user

departments are encouraged to evaluate and implement those products that reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.

- **8.2 Housekeeping/Regulated Waste**
    1. Employees who use needles in the performance of their duties shall take every precaution to prevent occupational exposure to bloodborne pathogens when handling needles and sharps.
    2. Used needles and sharps shall not be bent, recapped or removed from the syringe.
    3. Used needles and sharps shall be stored in a puncture resistant, leak proof and BIOHAZARD labeled container.
    4. Sharps containers shall be maintained upright throughout use, replaced routinely and not be allowed to overfill. When removing sharps containers from the areas of use, the containers shall be:
        a. Closed immediately before 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:
            i. Closable;
            ii. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and
            iii. Labeled or color-coded in accordance with the standard and;
            iv. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

    5. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
    6. Sharps containers must be easily accessible to employees and located as close as feasible to the immediate area where sharps are used (e.g. patient care areas) or can be reasonably anticipated to be found (areas where workers could reasonably expect to find used sharps).
    7. Upon closure, duct tape may be used to secure the lid of a sharps container as long as the tape does not serve as the lid itself.
    8. This applies to all contaminated sharps, regardless of whether they are designed with sharps injury prevention features.
    9. During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can reasonably be anticipated to be found (e.g., Boardwalk).

8.3 Biohazard Label

- The warning label must consist of the biohazard symbol and the word “BIOHAZARD”.
- A warning label that includes the universal biohazard symbol, followed by the term "biohazard," must be included on bags/containers of regulated waste, on bags/containers of contaminated laundry, on refrigerators and freezers that are used to store blood or Other Potentially Infectious Materials (OPIM), and on bags/containers used to store, dispose of, transport, or ship blood or Other Potentially Infectious Materials (OPIM) (e.g., specimen containers). In addition, contaminated equipment which is to be serviced or shipped must have a readily observable label attached which contains the biohazard symbol and the word "biohazard" along with a statement relating which portions of the equipment remain contaminated. Red bags or red containers may

be substituted for the biohazard labels.
- Labels must be fluorescent orange or orange-red in color with contrasting lettering

8.4 Work Areas

- The proper maintenance and cleaning of employee work areas will eliminate or minimize the indirect transmission of bloodborne pathogens and other high consequence pathogens from contaminated surfaces.
- Personal care products such as lip balm or cosmetics shall not be used in a work area where occupational exposure to any pathogens exists.
- No food or drink shall be permitted in a work area where occupational exposure to bloodborne pathogens exists.
- Clean equipment shall be kept separate from that which may be contaminated.
- Under no circumstances should contaminated equipment be cleaned in areas such as kitchens or living areas.
- Worksites where occupational exposure exists should maintain appropriate disinfecting solutions and the worker shall have access to the respective Safety Data Sheets (SDS) and instructions for proper use.

8.5 Personal Protective Equipment (PPE)

- Supervisors will provide to their employees the necessary and required personal protective equipment to limit their exposure to blood, HCP, or other infectious materials that may occur during their course of daily activities. These PPE devices should be readily accessible.
- Personal protective equipment includes disposable gloves, masks, face shields, eye protection, aprons, gowns, and leak proof disposable bags.
- Disposable gloves will be constructed of latex or nitrile (latex free) and available in the appropriate sizes.
- Disposable gloves shall be replaced as soon as practical after they become contaminated, or as soon as feasible if they are torn, punctured, or their ability to function as a barrier is compromised. Hands must be washed after the removal of gloves used as PPE, whether or not the gloves are visibly contaminated.
- Gloves are not required to be worn when giving an injection as long as hand contact with blood or other potentially infectious materials is not reasonably anticipated.
- Leather gloves shall be worn in any situation where sharp or rough surfaces are likely to be encountered. Since they may not provide adequate protection from contact with blood, HCP, and body fluids or from needle sticks, exam gloves should be worn under the leather gloves when there is a potential for body fluid exposure.
- Employees must select PPE appropriate to the potential spill, splash or exposure to body fluids. No PPE can cover all situations; common sense must be used. When in doubt, employees should choose maximal rather than minimal protection.
- Facial protection (shields, masks, goggles) shall be used in any situation where HCP exposure or contact is possible.
- Employees who have abraded, lacerated, chapped, irritated, or otherwise damaged skin should cover those areas with waterproof dressings.
- Washing/scrubbing hands with soap and water for 20 seconds and drying hands with a disposable product is required after removal of PPE.
- If soap and water are unavailable, waterless hand cleanser is acceptable and will be provided where hand washing facilities are not readily accessible. (Ex. Purell)

Summary guidelines for use of personal protective equipment:

- If it is wet, it is potentially infectious. Use gloves.
- If it could splash on your face, use eye shields or face shield (mask).

- If it will puncture, use protective apron and gloves.
- If it is airborne, mask yourself.

9.0 Removal and storage of contaminated equipment and clothing

9.1. Immediately or as soon as possible after exposure, employees must remove all contaminated equipment and clothing. The employees shall not leave the work area without first removing PPE and storing same in an appropriately designated and labeled container for storage, washing, decontamination or disposal of contaminated materials.
9.2. Hand washing is required following removal and containment of gloves, masks and other PPE when showering is not necessary.
9.3. Contaminated clothing should be exchanged for clean clothes. The employee shall shower off body fluids or any other potentially infectious materials that were in contact with skin under work clothes.
9.4. Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed in employee areas.
9.5. 1:10 Lysol concentrate and water solution (preferred when fabric is being decontaminated).
9.6. Employees are not permitted to take their personal protective equipment (PPE) home for laundering. Employees are permitted to take their reusable cloth face coverings home to be laundered.
9.7. Clothing/uniforms shall be washed in a commercial washing machine with suitable solvents and detergents specified for blood and body fluids (if contamination is by bloodied by a source other than the employee). These machines are available at the Fire Department, or bagged according to the standards established by the uniform delivery service company, or destroyed.
9.8. Soiled clothing/uniforms shall be placed in red biohazard bags and either discarded or decontaminated according to this policy.
9.9. Contaminated laundry shall be handled as little as possible with a minimum of agitation. 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. Other requirements include:

- Contaminated laundry shall be placed and transported in bags or containers labeled or color coded.
- Minimally contaminated laundry may be washed in regular washer in hot water, with washing detergent and put through two (2) rinse cycles in the workplace (if washer on site).
- Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through 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.
- The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.

9.10. Shoes or boots contaminated with blood or other body fluids shall be washed with antibacterial/antivirucidal agents, rinsed, and allowed to dry before being worn again.
9.11. Non-trained personnel shall not perform decontamination and must notify trained staff for assistance.

10.0 Decontamination

10.1. Hand Decontamination

- Wash hands completely with soap and water

- Rub your hands together for at least 20 seconds (with soap if available). Wash all surfaces well, including wrists, palms, backs of hands, fingers, and under your fingernails.
- Clean under your fingernails.
- Rinse the soap from your hands.
- Dry hands completely with a clean towel.
- If towel unavailable, air dry.
- "Pat" your skin, do not rub.

10.2. Cleaning Blood Spills

Surfaces contaminated with blood or OPIM (Other Potentially Infectious Materials) shall be effectively disinfected with a **freshly** prepared solution of household bleach (5% Sodium Hypochlorite) Ratio: 1:10 mixed with water solution (1/4 cup bleach to 1-gallon water).

The area shall be flooded with the bleach solution, then cleaned using paper towels working toward the center and leave for at least ten minutes. Wash with soap and water, then rinse. If the spill is significant, repeat the cycle. Gloves/glasses and face coverings shall be worn during the clean-up procedures. Chlorine bleach can corrode metal, so these items shall be rinsed thoroughly. Thorough soap, water, and a final rinse will remove chlorine residue. If the area to be decontaminated is a large volume, bleach solution is the preferred method of decontamination.

- If cleaning up a spill of blood, carefully cover the spill with paper towels or rags, then gently pour the solution of bleach over the towels or rags, and leave it for *at least 10 minutes*.
- This will help ensure that any bloodborne pathogens are killed before beginning cleaning or wiping the material up. By covering the spill with paper towels or rags, the chances of causing a splash when bleach is poured on are decreased.
- If decontaminating equipment or other objects (scalpels, microscope slides, broken glass, saw blades, tweezers, mechanical equipment upon which someone has been cut, first aid boxes, etc..) leave the disinfectant in place for *at least 10 minutes* before continuing the cleaning process.
- Of course, any materials used to clean up a spill of blood or potentially infectious materials must be decontaminated immediately, as well. This includes mops, sponges, re-usable gloves, buckets, pails, etc.

In the event that a disinfectant product is used in lieu of a bleach solution, strict adherence to label instructions is required. For example, the EPA-approved label on a disinfectant product has a section titled, **"SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV-1 AND HBV OF SURFACES/OBJECTS SOILED WITH BLOOD/BODY FLUIDS."**

These instructions require:

- Personal protective equipment for the worker performing the task,
- That all blood or other potential infectious material/s must be decontaminated thoroughly before it is considered clean,
- That the disposal of the infectious waste be in accordance with state, federal, or local guidelines, and
- That the surface is left wet with the disinfectant for ten minutes. Solutions used for decontamination shall not be reused and must be fresh or stored per manufacturer's recommendations.

Broken glassware that may be contaminated shall not be picked up with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs or forceps.

11.0 Forensic cabinet

The forensic evidence cabinet located at the Police Department shall be cleaned according to manufacturer's recommendation. Gloves and protective eyewear shall be worn when cleaning the cabinet and when evidence is being handled. The inside of the cabinet shall be wiped or sprayed with a mild bleach solution and rinsed with the optional spray nozzle. For most effective cleaning, the shelves and clothing rod should be cleaned separately outside of the unit. Hand washing is required following removal and containment of gloves, masks and other PPE when showering is not necessary.

- Turn off any power to the area
- Remove all evidence
- Wipe or spray with a mild bleach solution
- Rinse the inside surfaces with the spray nozzle or wipe with damp towels

12.0 Hepatitis Vaccinations

- Hepatitis A and B vaccines shall be made available after the employee has received training.
- **Vaccination against Hepatitis A and B is strongly encouraged for at risk employees**.
- Employees may decline the immunizations by signing the declination form.
- The vaccines are provided for at risk employees at no charge.
- Employees will be notified of side effects and risks.
- The Hepatitis B vaccination must be made available within 10 working days of initial assignment.
- The vaccination is advised unless:
    A. Documentation exists that the employee has previously received the series,
    B. The employee has had reactions to egg or yeast based vaccines,
    C. Antibody testing reveals that the employee is immune, or
    D. Medical evaluation shows that the vaccination is contraindicated.

- The standard immunization schedule is followed.
- If an employee vacates his/her position at the Town and currently in the vaccination process, he/she will be responsible for completing the series of hepatitis vaccinations with their own time and expense.
- The LHCP Written Opinion will determine whether the vaccine will be given after titer results are reviewed.

The Town of Carolina Beach follows United States Public Health Service (USPHS) guidelines.

"Current US Public Health (USPHS) Guidelines do not recommend routine post-vaccination testing. According to the current guidelines, employees who have **ongoing** contact with patients or blood are at **ongoing** risk for percutaneous injuries **should** be tested for anti-HBs one to two months after the completion of the three-dose vaccination series. Non-responders must receive a second three-dose series and be retested after the second series. Any person who performs tasks involving contact with blood, blood-contaminated body fluids, other body fluids, or sharps should be vaccinated against hepatitis B. Pre-vaccination serologic screening for previous infection is not indicated for persons being vaccinated because of occupational risk. If the vaccination series is interrupted after the first dose, the second dose should be administered as soon as possible."

The Human Resource Department will coordinate the administration of the vaccinations by the Town's Corporate Health Provider, schedule appointments, and provide consultation and follow-up.

13.0 Post-Exposure Procedures

- Exposure incidents should be reported immediately to the employer's immediate supervisor since exposure can lead to infection with Hepatitis A virus, Hepatitis B virus (HBV), hepatitis C virus (HCV), human immunodeficiency virus (HIV), or other bloodborne or High consequence pathogens.
- If a worker is injured, follow normal procedures for obtaining emergency treatment.
- If possible, the source individual shall be tested unless there is medical information indicating they are positive for HIV, HBV, or HCV, or other High Consequence Pathogens. except a repeat test for any of those need not be done if there is medical documentation of prior positive test results for that pathogen. In this case the worker shall be counseled, and prophylaxis treatment will be performed per the Town's AMP's professional recommendation. If treatment is necessary, this should begin within 2 hours after the exposure.
- The worker shall immediately clean the exposed body area thoroughly with soap and water for 15-30 seconds. If soap and water are unavailable use a cleanser of any type (non-caustic). Washing the area as soon as possible after contact decreases the likelihood of transmission of pathogens.
    A. "Squeezing" a wound does not reduce risks of transmission.
    B. The application of caustic bleach to any wound is not recommended.
    C. Exposures involving human bites should be managed with the knowledge that both the person being bitten and the person who engaged in biting were potentially exposed.
    D. Use of an alcohol-based cleanser such as Purell shall be used if soap and water are unavailable.
    E. Eyes should be flushed with water or saline irrigation as soon as possible. They should be flushed at least 15 minutes. If the mouth is exposed, rinse/flush with clean water.
    F. At the medical facility, identify yourself as a Town of Carolina Beach employee that has been exposed to blood, HCP, and/or body fluids.
    G. If applicable, the source person's blood shall be drawn in the Emergency Room. The identification of the source individual, and if possible, the status of the source individual will determine HIV/HBV/HCV infectivity. The blood of the source individual will be tested (after consent is obtained).
    H. If the source person denies consent for the exposure panel, consent shall be obtained through the magistrate.
    I. When the source individual is already known to be HBV or HIV positive, testing for the source individual's known HBV or HIV status need not be repeated.
    J. Results of the source's bloodwork will be made available to the exposed employee, as provided by law, and the employee must be informed of the laws and regulations about disclosing the source's identity and infectious status.
    K. Testing shall be completed for the employee at the Town's Corporate Health Partner business location or emergency room.
    L. The exposed employee's blood shall be collected as soon as feasible and tested after employee consent is obtained for baseline values.
    M. If there is no source person, the Town's Corporate Health Partner will initiate the plan of care for the exposed employee at that time, at his or her discretion.
    N. The blood sample will be preserved for up to 90 days to allow the employee time to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to the time that testing will or will not be conducted, then

the appropriate action can be taken and the blood sample discarded.

O. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U. S. Public Health Service.
P. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

14.0 Reporting an Exposure Incident

Employees are responsible for immediately notifying their supervisor of the incident. An Incident Report must be completed within 24 hours of the incident. When a worker reports an exposure incident right away, the report permits the employer to arrange for immediate medical evaluation of the worker. Furthermore, the employer is required to perform a timely evaluation of the circumstances surrounding the incident to find ways of preventing such a situation from occurring again.

15.0 Post-exposure Evaluation and Follow-up

15.1. An employee **shall be defined as having been occupationally exposed** under the following conditions:

- The source is HIV positive and/or hepatitis B positive (or status of source is unknown) and one of the following has occurred:
- The employee has suffered a piercing injury with a contaminated sharp.
- The employee has had contact on a body surface, abraded skin or mucous membrane (eyes, nose, mouth), or abraded skin with contaminated blood or body fluid.
- The employee has received a bite that breaks the skin.
- The source is positive for a High Consequence Pathogen when the source interacted with the employee.

15.2. An employee **will not be defined as having been occupationally exposed** under the following conditions:

- The source is hepatitis B negative, even if the source is a member of a high-risk group.
- Contact of intact skin with contaminated blood or body fluid.
- Piercing injury with a non-contaminated sharp.
- Exposure or contact with urine, or tears where there is no visible blood.
- Any exposure from blood to blood, blood to eyes, blood to mouth, or blood to mucous membranes should be evaluated within 24 hours by the Town's Corporate Health Partner or Hospital.

15.3. **Exposure Report:**

Following an exposure incident, employers are required to document, at a minimum, the route(s) of exposure, and the circumstances under which the exposure incident occurred. To be useful, the documentation must contain sufficient detail about the incident.

There should be information about the following:

- Date and time of exposure:
- Details of the procedure being performed, including where and how the exposure occurred; if related to a sharp device, the type and brand of device (if known) and how the device was handled at the time of the exposure;
- Details of the exposure, including the type and amount of fluid or material and the severity of the exposure (depth of injury; skin to skin contact, was skin intact or

non-intact on the exposed person, blood to eyes exposure, or human bite);
- Details about the exposure source (was the source infected or did they have a history of a disease process or on medications);
- Was the exposed person Hepatitis B immune with a vaccine response or in the process of the series of Hepatitis B vaccines;
- The protective equipment or clothing used at the time of the exposure incident;
- An Incident Report shall be completed within 24 hours of the incident
- A Form-19 report shall also be completed and submitted to the Town's Workers Compensation carrier.
- Post-exposure documentation will be maintained by the Human Resource Department.
- Tetanus is also a risk when a break in the skin has occurred or exposure has occurred with the eyes, mouth, or nose. Any exposure or injury that occurs after the recommended 5-10 year "window" shall result in a tetanus booster as soon as possible.

16.0 Information and Training

Training shall be provided by the Town. Training will be provided at no cost and during working hours.

Training will consist of:

- Making available a copy of the Occupational Exposure Control standard for employee reference.
- Reviewing the Town's policy and procedure.
- Discussing High Consequence pathogens, bloodborne pathogens including modes of transmission, HBV vaccination, HIV exposure, HPE, and personal protective equipment.
- Distributing written material that explains HBV, HCV, and HIV.
- An explanation of methods that will prevent or reduce exposure including engineering controls, work practices, and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective equipment.
- Information on the appropriate actions to take and persons to contact if an emergency occurs, procedures to follow if an exposure incident occurs, and the medical follow-up that will be made available.
- Post exposure evaluation and follow-up.
- Hepatitis A and B vaccination program.
- Explanation of signs and labels used.
- Opportunity for interactive question and answer period at conclusion of training shall be offered.

Annual training will be provided for those employees whose positions require an annual review of this policy material and shall include:

a. Date of Training
b. Employee's Name
c. Employee's Signature
d. Department
e. Instructor's Name/Title

17.0 Record Keeping

The medical record for each employee covered by this policy will include a copy of the worker's hepatitis B vaccination status, including dates of the vaccinations; copies of all results of examinations, medical testing, and follow-up procedures; copies of the healthcare professional's written opinion; and a copy of the information provided to the healthcare professional.

- All medical records are governed by HIPPA regulations and will be maintained in a confidential manner in the Human Resource Department.
- Medical records will be kept for the duration of an employee's term of employment plus an additional 30 years.
- Medical records will be confidential and will not be disclosed or reported without the worker's written consent to any person within or outside the workplace except as required by law. The worker shall be notified by phone or in person regarding the results of the post-exposure testing.
- Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- Training records shall be maintained for 3 years from the date on which the training occurred.
- A copy of this Exposure Control Plan along with the 29 CFR 1910.1030, OSHA's BBP standard will be made available upon request, to employees and or their representatives.

9.0 APPENDIX, APPENDICES

- Employee Antibody Testing Consent and Authorization to Release Medical Information