

City of Stoughton

Bloodborne Pathogens Exposure Control Plan

Adopted 4/08/03

City of Stoughton

Bloodborne Pathogens Exposure Control Plan

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Bloodborne Pathogens Exposure Control Plan

City of Stoughton

In accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030 and COMM Code 32.50, the following exposure control plan has been developed for the City of Stoughton.

I. PURPOSE

The purpose of this exposure control plan is to:

- A. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;
- B. Comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

II. EXPOSURE DETERMINATION

OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which all employees may be expected to incur such occupational exposure regardless of frequency. See Appendix B for a listing of these job classifications (Category I) for the City of Stoughton.

In addition, OSHA requires a listing of job classifications which are considered "at risk" due to job associated tasks and procedures which may result in occupational exposure to blood or other potentially infectious materials. These job classifications (Category II), and the related job associated tasks and procedures are also listed in Appendix B.

III. METHOD OF COMPLIANCE

OSHA requires that this plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

A. Universal Precautions

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne diseases. Universal Precautions will be observed at ALL times by City of Stoughton employees regardless of the perceived status of the source individual in order to prevent or minimize contact with blood or other potentially infectious materials.

B. Engineering and Work Practice Controls

Engineering and Work Practice Controls are designed to eliminate or minimize employee exposure. Engineering controls are examined and maintained or replaced when an exposure incident occurs in the City and on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows:

Daily – By Administrative Supervisors
Monthly – By Department Head

All supervisors are to ensure that employees follow the “Engineering and Work Practices”.

All department heads will ensure effective implementation of these recommendations.

All supervisors are to ensure that employees follow the “Engineering and Work Practices”.

An exposure incident is defined as contact with blood or other potentially infectious materials on an employee’s non-intact skin, eye, mouth, other mucous membrane or by piercing the skin or mucous membrane with a contaminated sharp object, such as needlesticks.

An “Exposure Incident Reporting Form” shall be completed each time an exposure incident occurs (See Appendix C).

1. Hand Washing
 - a. The City shall provide hand washing facilities which are readily accessible to employees. Antiseptic towelettes, bactericidal washes or an equivalent may be used where soap and water are not readily available.
 - b. Supervisors shall ensure that employees wash hands or 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.

- b. Supervisors shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
2. Housekeeping and Waste Procedures
- a. The City shall ensure that the worksite is maintained in a clean and sanitary condition.
 - b. All equipment, materials, environmental and working surfaces, vehicles, and facilities shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. A Bloodborne Pathogen Clean Up Kit (containing absorbent powder, scoop, absorbent towels, disposable latex gloves, disinfectant, towelettes and a biohazard waste bag) will be available at every recreation site and in each City of Stoughton vehicle.
 - I. When performing decontamination procedures employees shall wear appropriate personal protective equipment to include, at a minimum, disposable gloves. Other personal protective equipment (e.g. protective eyewear, impermeable coveralls, etc.) shall be used when circumstances require additional protective measures.
 - II. Blood spills and other potentially infectious materials shall be cleaned up first with disposable towels followed by a cleaning of the contact area with a freshly prepared 1 to 10 household bleach solution (1 part bleach + 9 parts water) or other approved tuberculocidal disinfectant.
 - III. “Spot Contamination” (the presence of a few drops of blood or other potentially infectious material) can be cleaned up with disinfectant towelettes or paper towels saturated with an approved disinfectant. City vehicles, facilities, and non-disposable equipment which are “spot contaminated” shall be cleaned up as soon as feasible by designated City of Stoughton maintenance personnel.

Vehicles, facilities, and non-disposable equipment which are contaminated shall be decontaminated by designated City of Stoughton maintenance personnel.
 - IV. 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 contaminated with blood or OPIM (Other Potentially Infectious Materials).

- c. The designated City of Stoughton maintenance personnel shall respond immediately to any major blood or OPIM incident so that it can be cleaned, decontaminated, and removed immediately. (A major blood or OPIM incident is one which there will be biohazardous material for disposal or when there are contaminated sharps – see letter “e” below.)
- d. Contaminated cleaning materials shall be placed in approved biohazard bags for proper disposal. Cleaning materials (i.e. mops, towels, etc.) which have been used but not contaminated by blood or other potentially infectious materials require no special disposal considerations.
- e. Broken glass contaminated with blood or OPIM shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps. Contaminated sharps, broken glass, plastic or other sharp objects shall be placed into appropriate sharps containers for proper disposal.
- f. Disposable contaminated materials (i.e. gloves, paper towel, disinfectant towelettes, bandages) shall be placed in approved biohazard disposal bags and disposed of at Stoughton Dean Medical Center. Disposable materials such as gloves which have been used but not contaminated by blood or other infectious materials require no special disposal considerations.
- g. Contaminated laundry/clothing shall be handled as little as possible. Gloves must be worn when handling contaminated laundry/clothing. Contaminated clothing shall be removed immediately or as soon as feasible and replaced with fresh clothing, after thoroughly cleaning the skin. An employee whose clothing becomes contaminated shall file a report which lists the item(s) of clothing that have been contaminated, and whether the item(s) have been damaged and need to be replaced. All contaminated clothing shall be placed in an approved biohazard disposal bag and an identification tag with the name and the location of the contamination (e.g. blood biohazard bags containing contaminated items of clothing shall be transported to the City of Stoughton’s Maintenance garage as soon as possible). The City will clean, decontaminate and return serviceable items at no cost to the employee.

Contaminated clothing should not be taken home for laundering.

C. Personal Protective Equipment

1. Where occupational exposure can occur in spite of institution of engineering and work controls, personal protective equipment shall be used. At every recreation site and within all City of Stoughton vehicles, a Bloodborne Pathogen Clean Up Kit will be provided.
 - a. Gloves will 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; and when handling or touching contaminated items or surfaces.
 - b. Disposable gloves shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when the ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for re-use. Disposable gloves shall be removed inside out, with the contaminated side not exposed.
 - c. 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.
 - d. If circumstances warrant the wearing of other than disposable gloves (e.g. leather or cotton gloves), disposable gloves shall be worn underneath for added protection.
 - e. Where a single pair of gloves may be damaged and unable to provide adequate protection, more than one pair of gloves shall be worn to protect against exposure.
 - f. Masks, protective eye goggles and protective disposable coveralls shall be worn when blood or body fluids may be splashed or splattered.
 - g. An authorized barrier/resuscitation device with an isolation valve shall be used whenever CPR or mouth-to-mouth resuscitation is performed. The mask is intended for one time use and shall be properly disposed of after use. Replacement equipment is available at City Hall.
 - h. Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics shall depend upon the task, location, and degree of exposure anticipated.
 - i. Employees shall not smoke, eat, drink, handle contact lenses or apply makeup in any contaminated area or when wearing protective gloves.

2. The City of Stoughton shall ensure that appropriate personal protective equipment is readily accessible at the worksite or is issued to the employees.
 - a. All work locations where occupational exposure to blood or body fluids can be reasonably anticipated shall have an adequate amount of communicable disease control supplies and personal protective equipment stored in a convenient location.
 - b. The City of Stoughton shall clean, launder and dispose of personal protective equipment, at no cost to the employee.
 - c. The City of Stoughton shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
3. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment/supplies are removed they shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately, or as soon as feasible, and the person should shower. The garment should be taken to the maintenance department where it can be properly laundered.
5. City of Stoughton shall ensure that the employees use appropriate personal protective equipment. If an employee temporarily and briefly declines to use personal protective equipment because it is in his or her judgement that in that particular instance it would have posed an increased hazard to the employee or others, the City shall investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future.

IV. HEPATITIS B VACCINATION

A. General

1. The City of Stoughton will make available the Hepatitis B vaccination series to all employees who have occupational exposure (Category I Employees – Appendix B), and post-exposure follow-up to employees who have had an exposure incident.

2. The City shall ensure that all medical evaluations and procedures including the Hepatitis B vaccination series and post exposure follow-up, including prophylaxis are:
 - a. Conducted within 24 hours of the exposure (immediately if HIV is of concern);
 - b. Made available at no cost to the employee;
 - c. Made available to the employee at a reasonable time and place;
 - d. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional;
 - e. Provided according to the recommendations of the U.S. Centers for Disease Control and Prevention.
 - f. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee and shall include testing for HIV, Hepatitis B and C. Testing will continue for 6 months to 1 year with exposure to these diseases.
 - g. Testing of exposure source for HIV, Hepatitis B and C will be done, if the source is known and available for testing.
 - h. Chemoprophylaxis using up to 3 drugs will be utilized if significant exposure to HIV has occurred.

B. Hepatitis B Vaccination

1. The City of Stoughton is in charge of the Hepatitis B vaccination program.
2. Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and training) and within 10 working days of 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 the employee is immune, or the vaccine is contraindicated for medical reasons.
3. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.
4. 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 vaccination shall then be made available.
5. All employees who decline the Hepatitis B vaccination shall sign the OSHA required waiver indicating their refusal (See Appendix D).

6. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

C. HIV Post Exposure Prophylaxis

1. If a significant exposure occurs and the source individual is known HIV positive or has a history of high risk behaviors (IV drug user, male having sex with male, multiple sex partners, etc...) then immediate post exposure follow-up is needed.
2. According to new CDC guidelines for post exposure prophylaxis, one to three medications can be prescribed by an Infectious Disease Physician. Prophylaxis will be recommended for significant exposure but is not mandatory.
3. The new protocols must be initiated ASAP, preferably within 2 hours.
4. If the exposed worker consents to baseline blood collection for HIV, but does not give the consent for HIV testing, the sample can be preserved for 90 days. If during that time, the employee gives written consent for HIV testing it will be completed.

D. Hepatitis C Testing

1. There is no recommended prophylaxis.
2. Follow up testing for HCV is done at 3, 6, and 12 months for those employees exposed to Hepatitis C positive patients.

V. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Exposure Incident Procedures

1. All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, the following procedures shall be followed (see Appendix D – “Exposure Incident Checklist”):
 - a. Exposed Individuals Responsibilities
 - I. Report “exposure incident” as soon as feasible to a supervisor.

- II. Obtain appropriate post-exposure medical treatment. The initial post-exposure medical evaluation should be at the Stoughton Medical Center or other Emergency Department on weekends or after office hours.
- III. Complete "Follow Up of Employee Exposure to Blood/Body Fluid" form (Appendix G) prior to or during evaluation by a health care professional.
- IV. The attending physician completes the "Health Care Professional Written Opinion Post Exposure Follow Up" form (Appendix G).
- V. Complete an "Exposure Incident Reporting Form" (See Appendix C) containing a detailed account of the nature and circumstances of the exposure to include the route of exposure and whether or not personal protective equipment was being utilized. If personal protective equipment was not used, indicate the reason.

b. Supervisor's Responsibility

- I. Ensure that the employee reported to the Stoughton Dean Medical Center and that necessary forms are completed.
- II. Review the exposed members narrative account of the exposure incident to ensure that it includes all necessary information. In instances where the employee was not wearing personal protective equipment, investigate to confirm that the failure to wear personal protective equipment was justified by unexpected or uncontrollable circumstances.
- III. Review all paperwork and submit to Department Head.

- 2. Any employee who has an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. All post exposure follow-up will be performed by Stoughton Dean Medical Center.

B. Following a report of an exposure incident, the City shall make immediately available to the exposed employee a confidential medical examination and follow-up, including at least the following elements: (See Appedix F)

- 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;

2. Identification and documentation of the source individual, if possible, or unless it can be established that identification is infeasible or prohibited by state or local law;
 - a. The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the City of Stoughton shall establish that legally required consent cannot be obtained.
 - b. Results of the source individual's testing shall be made available to the exposed employee only after consent is obtained, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to baseline blood collection, but does not consent at the time for HIV serological 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. Information Provided to the Health Care Professional

1. The City of Stoughton shall ensure that the health care professional responsible for the employee's Hepatitis B vaccination is provided with the following:
 - a. A copy of 29 CFR 1910.1030;
 - b. A written description of the exposed employee's duties as they relate to the exposure incident;
 - c. Written documentation of the route of exposure and circumstances under which the exposure occurred;
 - 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.

D. Health Professional's Written Opinion

1. The City of Stoughton shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation (Appendix G).
2. The health care professional's written opinion for HBV vaccination shall be limited to whether HBV vaccination is

indicated for an employee, and if the employee has received such vaccination.

3. The health care professional's written opinion for post exposure follow-up shall be limited to the following information:
 - a. A statement that the employee has been informed of the results of the evaluation; and
 - b. 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.
 - c. All other findings or diagnosis shall remain confidential and shall not be included in the written report.

VI. COMMUNICATION ABOUT HAZARDS TO EMPLOYEES

A. Labels and Signs

1. The City of Stoughton shall 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.
2. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red.
3. 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.

B. Information and Training

1. The City of Stoughton shall ensure that all employees with potential for occupational exposure participate in a training program at no cost to employees.
2. The City of Stoughton and/or applicable supervisors shall ensure that training is provided at the time of initial assignment to tasks when occupational exposure may take place and at least annually thereafter.
 - a. For employees who have received training on bloodborne pathogens in the year preceding the effective date of this standard, only training with respect to the provisions of the standard which were not included need be provided.

- b. Annual training for all employees with potential for occupational exposure shall be provided within one year of their previous training.
3. The City of Stoughton shall provide additional training when changes such as modifications of tasks or procedures affect the employees potential for occupational exposure. The additional training may be limited to addressing the new exposures created, or new protocols or protection to be implemented.
4. Material appropriate in content and vocabulary to educational level, literacy and language of employees shall be used. (Appendix H contains the required minimum content for trainings.)
5. The person conducting the training shall be knowledgeable in subject matter covered by the elements contained in the training program, as it relates to the workplace.

VII. RECORDKEEPING

A. Medical Records

1. The City shall establish an accurate medical record for each employee with occupational exposure, which will be kept at City Hall and shall include (See Appendix I):
 - a. Name and social security number of employee;
 - b. Copy of employee's hepatitis B vaccination record or declination form and any additional medical records relative to hepatitis B;
 - c. If exposure incident(s) have occurred, a copy of all results of examinations, medical testing, and follow-up procedures;
 - d. If exposure incident(s) have occurred, City's copy of the health care professional's written opinion;
 - e. If exposure incident(s) have occurred, City's copy of information provided to the health care professional: i.e. exposure incident investigation form and results of the source individual's blood testing, if available and consent has been obtained for release.
2. The City of Stoughton shall ensure that the employee's medical records are kept confidential and are not disclosed or reported without the employee's expressed written consent to any person within or outside of the City, except as required by law. These medical records shall be kept separate from other personnel records.

3. These medical records shall be maintained for the duration of employment plus 30 years.

B. Training Records (See Appendix H)

1. The City of Stoughton is responsible for maintaining training records which shall include:
 - a. The date of the training session;
 - b. The contents or a summary of the training sessions;
 - c. The names and qualifications of persons conducting the training;
 - d. The name and job titles of all persons attending the training session.
2. Training records shall be maintained for three years from the date the training occurred.

C. Availability of Records

1. The City of Stoughton shall ensure:
 - a. All records required to be maintained by this standard shall be made available upon request to Department of Commerce (or designee) for examination and copying.
 - b. Employee training records required by this standard shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Commerce (or designee).
 - c. Employee medical records required by this standard shall be provided upon request for examination and copying to the subject employee and/or designee, to anyone having written consent of the subject employee and to the Department of Commerce.
2. The City of Stoughton shall comply with the requirements involving the transfer of records set forth in this standard.

VII. EVALUATION AND REVIEW

It shall be the responsibility of the City of Stoughton to review and update this Exposure Control Plan at least annually and whenever necessary to reflect new or modified tasks, procedures or protocols, which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Appendix A

City of Stoughton

DEFINITIONS FOR THE PURPOSES OF THE EXPOSURE CONTROL PLAN

Antibody	A substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.
Amniotic Fluid	The fluid surrounding the embryo or fetus, in the mother's womb.
Antigen	Any substance which stimulates the formation of an antibody.
Assistant Secretary	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 other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.
Blood	Human blood, human blood components, and products made from human blood.
Bloodborne Pathogens	Pathogenic (disease producing) 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).
Cerebrospinal Fluid	A clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.
Clinical Laboratory	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 other potentially infectious materials on an item or surface.
Contaminated Laundry	Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharp	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.
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.
Engineering Controls	Controls (i.e. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
Exposure Control Plan	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 Determination	How and when occupational exposure occurs and which job classification and/or individuals are at risk of exposure without regard to the use of personal protective equipment.
Exposure Incident	A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
Hand Washing Facilities	A facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes or hot air drying machines.
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
Licensed Health Care Professional	A person whose legally permitted scope and practice allows him or her to independently perform the activities required by paragraph (f) of the standard: Hepatitis B vaccination

and post exposure evaluation and follow-up. (In Wisconsin only a licensed physician meets this definition.

Medical Consultation	A consultation which takes place between an employee and a licensed health care professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.
Mucous	A thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc..
Mucous Membranes	A surface membrane, composed of cells, which secretes various forms of mucous, as in the lining of the respiratory tract and the gastrointestinal tract, etc...
Occupational Exposure	A reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
OSHA	The Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.
Other Potentially Infectious Materials (OPIM)	(1) The following human body fluids; semen, vaginal secretions, menstrual blood, vomit, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
Parenteral	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
Pathogen	A bacteria or virus capable of causing infection or disease.

Pericardial Fluid	The clear straw-colored serous fluid secreted by the cells of the peritoneum.
Peritoneum	The living membrane of the abdominal (peritoneal) cavity. It is composed of a thin layer of cells.
Personal Protective Equipment	Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection equipment, mouthpieces, 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 mucous membrane under normal conditions of use and for the duration of time which the protective equipment is used.
Pleural	The membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.
Pleural Fluid	Fluid from the pleural cavity.
Production Facility	A facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
Prophylaxis	The measures carried out to prevent diseases.
Regulated Waste	Liquid or semi-liquid 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.
Research Laboratory	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.

Serous Fluids	Liquids of the body, similar to blood serum, which are in part secreted by serous membranes.
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 or sell blood or blood components.
Sterilize	The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
Synovial Fluid	The clear amber fluid usually present in small quantities in a joint of the body (i.e. knee, elbow).
Universal Precautions	An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
Vascular	Pertaining to or composed of blood vessels.
Work Practice Controls	Controls that reduce the likelihood of exposure by altering the manner in which the task is performed.

Appendix B

ASSOCIATED TASKS AND PROCEDURES

A list of tasks and procedures performed by employees in the above job classifications in which exposure to bloodborne pathogens may occur is required. Tasks/procedures may include, but are not limited to, the following examples:

1. Care of minor injuries that occur, i.e. bloody nose, scrape, minor cut;
2. Initial care of injuries that require medical or dental assistance, i.e. damaged teeth, broken bone protruding through the skin, severe laceration;
3. Care of individuals who need assistance in daily living skills, i.e. toileting, dressing, hand washing, feeding and menstrual needs;
4. Care of individuals who exhibit behaviors that may injure themselves or others, i.e. biting, hitting, scratching;
5. Care of injured person during a sport activity;
6. Cleaning tasks associated with body fluid spills including decontaminating facilities or vehicles contaminated with blood or other potentially infectious materials.

Appendix C

City of Stoughton EXPOSURE INCIDENT REPORTING FORM

Date of Incident: _____ Time of Incident: _____

Location: _____

Person(s) Involved: _____

Potentially Infectious Materials Involved: Type: _____

Source: _____

Circumstances (what was occurring at the time of the incident): _____

How was the incident caused (accident, equipment malfunction, etc. List any tool, machine or equipment involved): _____

Personal protective equipment being used at the time of the incident: _____

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

Recommendations for avoiding repetition of incident: _____

Completed by: _____ Date: _____

Appendix D

City of Verona

BLOODBORNE PATHOGEN – VACCINATIONS

Declination Statement:

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. 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 potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date

Appendix E

City of Stoughton BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

EXPOSURE INCIDENT CHECKLIST

EMPLOYEE

- _____ Report exposure incident to your supervisor.
- _____ Obtain post-exposure medical treatment at _____.
- _____ Physician to fill out “Health Care Professional Written Opinion Post Exposure Follow Up” (Appendix G).
- _____ Employee to fill out “Follow Up of Employee to Blood/Body Fluid” (Appendix F).
- _____ Write report describing the incident.

SUPERVISOR

- _____ Review City Policy, Bloodborne Pathogens Exposure Control Plan.
- _____ Fill out the necessary Worker’s Compensation forms.
- _____ Attempt to persuade the source individual to consent to testing for HIV and HBV (Document efforts in report).
- _____ Ensure that the employee responded to the Stoughton Dean Medical Center, and that the necessary forms are completed.
- _____ Review the paperwork and submit to Department Head.

Appendix F

City of Stoughton

FOLLOW UP OF EMPLOYEE EXPOSURE TO BLOOD/BODY FLUIDS

TO BE FILLED OUT BY EMPLOYEE (SECTIONS I & II PRIOR TO OR DURING EVALUATION BY HEALTH CARE PROFESSIONAL)

EMPLOYEE TO INITIAL APPLICABLE SECTIONS

_____ I believe that I received exposure to blood or potentially infectious body fluid. I wish to have the source individual tested for the presence of HIV or Hepatitis B.

_____ I understand that the information linking the source individual's identity and blood test results is protected as confidential under State law, and that I may not disclose the identity of the source individual to any other person except for the purpose of having this test performed.

_____ I understand that I may have a baseline blood sample taken on myself at this time. The sample can be tested for HIV at this time, or it can be held by the lab for as long as 90 days in case I elect to have HIV testing done in the future. After 90 days the sample will be destroyed.

THE EMPLOYEE WILL SELECT ONE OF THE THREE OPTIONS LISTED BELOW:

_____ I want to have my blood sample drawn and tested for HIV at this time.

_____ I want to have my blood sample drawn at this time and saved for possible testing within 90 days.

_____ I do not wish to have a baseline blood sample drawn.

TO BE READ AND INITIALED BY THE EMPLOYEE:

_____ I have been instructed in the signs and symptoms of illnesses which may result from exposure to individuals infected with HIV or Hepatitis, and the ways in which I may prevent the spread of these conditions during contacts at or away from work.

_____ I have been informed of the results of the evaluation done by a Health Care Professional.

_____ I have been told about the signs and symptoms which should be reported to my personal physician.

Signed: _____

Date: _____

Appendix G

City of Stoughton HEALTH CARE PROFESSIONAL WRITTEN OPINION POST EXPOSURE FOLLOW UP EVALUATION

TO BE FILLED OUT BY HEALTH CARE PROFESSIONAL AFTER 2ND VISIT AND
RETURNED TO THE CITY OF _____.

I saw _____ (patient name) for a post blood/body fluid
fluid exposure evaluation on _____ (date).

The employee has _____ has not _____ been informed of the results of the evaluation.

The employee has _____ has not _____ been told about any medical conditions which
could result from the exposure incident to blood or other potentially infectious materials
which require further evaluation or treatment.

_____ It is my recommendation that the Hepatitis B vaccine be given to this employee.
Vaccination received _____ (date).

_____ Based on the information available to me in confidential medical record, I do not
recommend the Hepatitis B vaccine at this time.

Signed: _____

Print Name: _____

Address: _____

Date: _____

A signed copy of this written opinion was given to the above named employee on

_____ (date).

Appendix H

City of Stoughton INFORMATION AND TRAINING OF EMPLOYEES WITH POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

Date(s) of Training: _____

Trainer(s) Name and Qualifications: _____

Name and Job Titles of all Employees Attending This Training: (Attach separate page)

Agenda and/or Materials Presented to Training Participant Include:

- _____ An accessible copy of the text of the OSHA Standard.
- _____ A general explanation of the epidemiology and symptoms of bloodborne diseases.
- _____ An explanation of the modes of transmission of bloodborne pathogens (namely, Hepatitis B, Hepatitis C and HIV)
- _____ An explanation of the exposure control plan and the means by which employees can obtain a copy of the written plan.
- _____ An explanation of the appropriate methods for recognizing tasks/activities that may involve exposure to blood and other potentially infectious materials.
- _____ An explanation of the use and limitations of methods that will prevent or reduce exposure: i.e. engineering controls, work practices, and personal protective equipment.
- _____ Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment or other contaminated items.
- _____ An explanation of the basis for selection of personal protective equipment.
- _____ Information on the HBV vaccine, it's efficacy, safety, method of administration, benefits of vaccination, and provision at no cost to the employee.
- _____ Information on the appropriate actions to take and persons to contact in an emergency involving blood and other potentially infectious materials.
- _____ An explanation of the procedure to follow if an exposure incident occurs, the method of reporting, and the medical follow-up that is available.
- _____ Information on the post-exposure evaluation and follow-up that is provided.
- _____ An explanation of the signs, symbols, and color-coding of biohazards.
- _____ A question and answer session between the trainer(s) and employee(s).
- _____ Provision of a list of contacts that can be resources to the employees if they have questions after training.

Signature of Trainer: _____

Date: _____

Appendix I

**City of Stoughton
EMPLOYEE MEDICAL RECORD CHECKLIST**

NAME: _____

SOCIAL SECURITY NUMBER: _____

JOB CLASSIFICATION: _____

_____ Copy of employee's Hepatitis B Vaccination record or declination form. Attach any additional medical records relative to Hepatitis B.

_____ Brief Description of Exposure Incident: _____

_____ Log and attach the City's copy of information provided to the health care professional:

_____ Exposure Incident Report Form

_____ Results of the source individual's blood testing, if available.

_____ Log and attach the City's copy of the health care professional's written opinion.