

SAMPLE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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I. INTRODUCTION

The City of Longmont adopted this program in order to implement 29 C.F.R. 1910.1030, the OSHA standard regulating occupational exposure to blood or other potentially infectious materials (Bloodborne Pathogens). Bloodborne Pathogens are pathogenic microorganisms in human blood that can cause disease in humans. They include the Hepatitis B virus (HBV) and the human immunodeficiency virus (HIV). HIV is the virus that causes AIDS (Acquired Immunodeficiency Syndrome). HBV causes Hepatitis B, a serious liver disease.

Occupational transmission of HIV is relatively rare, but the lethal nature of HIV requires us to take every possible measure to prevent exposure. The purpose of this program is to limit occupational exposure to blood and other potentially infectious materials, because any exposure could result in transmission of Bloodborne Pathogens that could lead to disease or death.

The hazard of exposure can be minimized or eliminated by the use of a combination of engineering and work practice controls, personal protective clothing and equipment, training, medical surveillance, hepatitis B vaccination, signs and labels, and other provisions. That is exactly what this program provides.

This Exposure Control Plan will be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. A copy will be accessible to our employees and made available to OSHA and NIOSH representatives in accordance with applicable legal and constitutional provisions.

II. SCOPE:

This program covers employees who, as the result of performing the duties of their job, could be reasonably anticipated to face contact with blood or Other Potentially Infectious Materials ("OPIM"). "Good Samaritan" acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure.

Potentially infectious materials include the following: human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid (joint lubricants), pleural fluid (lung), pericardial fluid (heart), peritoneal fluid (abdominal), amniotic fluid (fluids surrounding the fetus in the womb), saliva in dental procedures, any body fluid that is visibly contaminated with blood, and any body fluids in situations where it is difficult or impossible to differentiate between body fluids. They also include any unfixed tissue or organ (other than intact skin) from a human (living or dead); and human immunodeficiency virus containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; as well as blood, organs or other tissues from experimental animals infected with HIV or HBV.

Infections from these materials are not spread by casual contact in the workplace. However, precautions need to be taken against contact with them.

Because there is no population that is risk free for HIV or HBV infection, any employee who has occupational exposure to blood or other potentially infectious material is included within the scope of the OSHA standard.

Although a list is included below of job descriptions that may be associated with tasks that have occupational exposure to blood and other potentially infectious materials, the scope of the standard is in no way limited to employees in these jobs. The hazard of exposure to infectious material affects employees in many types of employment. We emphasize that employees in the following jobs are not automatically covered unless they have occupational exposure:

- Custodians and maintenance personnel
- Employees assigned to provide emergency first aid;
- Staff providing care for the developmentally disabled;
- Employees handling regulated waste;
- Emergency medical technicians, paramedics, and other emergency medical service providers; and
- Firefighters, law enforcement personnel, and correctional officers.

It should also be noted that the following are included within the coverage of the OSHA standard **if** there is occupational exposure:

- Part-time, temporary, and health care workers known as "per diem" employees.
- Employees trained in first aid and designated by the employer as responsible for rendering medical assistance as part of his/her job duties.

III. APPLICABILITY OF THE OSHA STANDARD

The OSHA standard applies to any occupational exposure to blood or other potentially infectious material (OPIM). Occupational exposure means any reasonably anticipated exposure that may result from the performance of an employee's duties. Other potentially infectious material (OPIM) is defined very broadly, to include any conceivable exposures to various human body fluids, tissues, and organs and to HIV or HBV-infected cells, tissues, or organ cultures or mediums. The various elements of this Exposure Control Plan went into effect during calendar year 1993/1994 as follows:

Oct. 1, 1993:	Effective date of City's written Exposure Control Plan which sets forth the means and methods we will use to comply with OSHA's standard requirements.
Dec. 1, 1993:	Effective Date of observation of " recordkeeping " standards and employee " information and training " provisions.
Jan. 1, 1994 and beyond:	Observation of the standard's remaining 6 requirements: (1) Engineering and work practice controls, (2) personal protective equipment, (3) housekeeping, (4) vaccination of certain employees including post-exposure evaluation and follow-up, (5) labels and signs.

Although the standard primarily applies to healthcare-related facilities and occupations, it is **not** restricted to the healthcare industry. It applies to any place where there is "occupational exposure". That includes many jobs in non-healthcare settings where such exposure might occur on a regular basis, such as law enforcement officers, firefighters, facility maintenance personnel, developmentally disabled service providers and handlers of regulated waste.

IV. EXPOSURE CONTROL PROGRAM

A. Exposure Determination

As the result of an "exposure determination" which the OSHA standard required us to perform, we have identified and listed in Attachment A of this Exposure Control Plan those jobs, tasks and procedures in which occupational exposure may occur while at work here. Each has been marked with an A or B to conform to the categories defined on Attachment A. Persons holding those jobs will receive the training, protective equipment, vaccination, and other matters required by the OSHA standard. Employees will be advised of the requirements that apply to them.

For OSHA purposes, the "exposure determination" is made without regard to the use of personal protective equipment. In making our determination, we have followed OSHA's guidance. We will continue to review our exposure determinations and make additions to and deletions from the Attachment A list as appropriate.

B. Control Methods

Our Exposure Control Plan includes a combination of engineering and work practice controls as well as Personal Protective Equipment requirements.

We will observe the basic rule of exposure control known as "universal precautions." It requires that **any and all** body fluids shall be considered potentially infectious materials.

The **engineering controls** for this OSHA standard include but are not limited to: puncture-resistant sharps containers, splash guards, mechanical pipetting, and self-sheathing needles. The engineering controls that we have put in place will be examined and maintained or replaced on a regular basis to ensure their effectiveness.

Our **Personal Protective Equipment** controls are covered in Section V of this Plan. **Work practice controls** are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to blood or OPIM. Those that we have adopted include the following:

1. Handwashing facilities are readily accessible to all affected employees and workstations. Hands and other affected skin areas shall be washed with soap and water after removing gloves or other PPE as soon as possible after contact with body fluids or OPIM.
2. All PPE should be removed immediately, or as soon as possible upon leaving the work area, and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
3. Used needles and other sharps shall not be sheared, bent, broken, recapped, or resheathed by hand.

C. Work Rules

1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure.

2. Any procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of those substances.
3. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - a. The container for storage transport, or shipping shall be labeled or color-coded in accordance with the rules for labels and signs set forth in Part VIII of this Plan (entitled: "Communication of Hazards"). Containers are to be sealed prior to being stored, transported or shipped. When Universal Precautions are used in the handling of all specimens, the labeling/color-coding of specimens is not necessary **provided** that containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with Part VIII is to be performed when any such specimens/containers leave the facility.
 - b. If outside contamination of any primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and will be labeled or color-coded according to the requirements listed in Part VIII.
 - c. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.
4. Equipment which may become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless it can be demonstrated that decontamination of such equipment or portions of such equipment is not feasible.
 - a. A readily observable label as provided in Part VIII shall be attached to the equipment. It shall also state which portions remain contaminated.
 - b. The above information shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that appropriate precautions will be taken.
5. During use, containers for contaminated sharps shall be:
 - a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g. property and evidence).
 - b. Maintained upright throughout use; and
 - c. Replaced routinely and not be allowed to overfill.
6. When moving or disposing of containers containing contaminated sharps or regulated waste from the area of use, the containers shall be:
 - a. Designated for regulated waste; or closable and constructed to contain the contents and prevent the leakage of fluids during handling, storage, transport or shipping; Labeled or color-coded in accordance with Part VIII of this Plan; and Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

- b. Lab specimens of body fluids shall be transported in a container that will prevent leaking and disposed of in accordance with institutional policies and regulatory requirements.
- c. Disposal of any infectious waste shall be in accordance with applicable Federal, State, and local regulations.
- d. If outside contamination of the sharps or regulated waste container occurs, it shall be placed in a second container. The secondary container shall be meet primary container requirements.
- e. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
- f. Containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous (through the skin) injury.

V. PERSONAL PROTECTIVE EQUIPMENT RULES

Our Exposure Control Plan requires the use of Personal Protective Equipment (PPE). PPE is specialized clothing or equipment used by workers to protect themselves from direct exposure to blood or other potentially infectious materials. For purposes of this OSHA standard, PPE includes but is not limited to, gloves, gowns, laboratory coats, fluid-resistant aprons, head and foot coverings, face shields or masks and eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.

They are to be used, as appropriate, when there is a potential for exposure to blood or other potentially infectious materials. Many such items are accompanied by written warnings, directions or instructions that have to be observed.

Those are items of PPE that are appropriate for the work done here are available in a variety of sizes and readily accessible. Those persons required to wear PPE will be individually advised by their supervisor. We will provide for the cleaning, laundering or disposal of PPE and will repair or replace it as needed in order to maintain its effectiveness.

Surgical or examination gloves, however, are to be replaced when visibly soiled. They shall not be washed or disinfected for re-use. Utility gloves, on the other hand, may be cleaned and disinfected for re-use if they show no signs of deterioration.

Any employee who has not been advised by his/her supervisor that any such item of PPE is prescribed - but who desires to wear it while at work - may obtain the desired PPE by requesting it from their immediate supervisor.

The following personal protective equipment rules apply:

A. GENERAL RULES

1. We will provide at no cost to any employee, appropriate PPE such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.
2. PPE will be considered "appropriate" only if it does not permit blood or OPIM to pass through, to, or reach the employees work clothes, street clothes, undergarments, 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.

3. Each supervisor is charged to ensure that his/her subordinate employees use appropriate PPE unless that employee temporarily and briefly declines to use PPE when, under rare and extraordinary circumstances, it is the employee's professional judgment that in the specific instance at issue, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
4. Appropriate PPE in the appropriate size will be readily accessible at the worksite or will be issued to the employee who is to use it.
5. We will clean, launder, and dispose of all required PPE or garments and shall repair or replace it as needed in order to maintain its effectiveness--at no cost to any employee. Contaminated garments and PPE shall be removed immediately or as soon as feasible.
6. All PPE shall be removed prior to leaving the work area. And it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
7. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
8. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated.
9. Gloves must be of appropriate material, usually intact latex or intact vinyl, of appropriate quality for the procedures performed, and of appropriate size for the person who is to wear them.
 - (a) Disposable gloves are to be worn for procedures where blood or OPIM are handled. The use of gloves is particularly important in the following circumstances. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternative will be made readily accessible to those employees who are allergic to the gloves normally provided.
 - (b) If the worker has cuts, abraded skin, chapped hands, dermatitis, or similar conditions, and whenever it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; and when handling, touching or disinfecting contaminated items or surfaces.
 - (c) Surgical or examination gloves may not be reused.
 - (d) General purpose utility gloves may be decontaminated and reused, unless they are peeling, cracked, or discolored or if they have punctures, tears, or other evidence of deterioration, then they should be disposed of.

VI. EXPOSURE PROCEDURES

In the event of an exposure, the affected employee shall:

- A. Immediately notify Infectious Disease Control Officer (Safety Officer) in Risk Management.
 - 1. Infectious Disease Control Officer determines severity of exposure.
 - a. Infectious Disease Control Officer in Risk Management shall notify the receiving facility that a communicable disease exposure took place and a request of infectious disease determination.
- B. Immediately following exposure, the employee shall be transported to the appropriate health care facility for clinical and serological testing for evidence of infection.
 - 1. If source is an injured person who needs hospitalization, follow the source to the Longmont United Hospital Emergency Room.
 - a. Request the consent of the source person to test for HIV and HBV. The source person has the right to refuse this testing under present law.
 - 2. If the source is unknown or is a person who does not need hospitalization, proceed to Longmont Clinic, Monday through Friday 8 a.m. to 8 p.m., Saturday 8 a.m. to 4 p.m., and Sunday 10 a.m. to 4 p.m. If after hours, proceed to Longmont United Hospital-Emergency Room.
- C. Any post exposure medical treatment will be coordinated through Longmont Clinic.

VII. VACCINATION, POST EVALUATION AND FOLLOW-UP

- A. The hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, is available at an accredited laboratory at no cost, to those employees whose jobs involve the risk of direct contact with blood or other potentially infectious material. EACH SUCH EMPLOYEE SHALL BE VACCINATED unless he/she specifically declines. An employee who declines the vaccination must execute a "**Declination of Hepatitis B Vaccination**" form. Vaccination will also be available under the same circumstances to all employees who have had an exposure incident.
- B. Vaccinations shall be given at a reasonable time and placed under the supervision of a LICENSED HEALTH CARE PROFESSIONAL according to standard medical practices and the then current recommendations of the U.S. Public Health Service.
- C. For those employees who have occupational exposure, the vaccinations shall be given after the employee has received the training and education that is provided for in Part XI of this Exposure Control Plan within 10 days of initial assignment unless (a) the employee has previously received the complete hepatitis B vaccination series, (b) antibody testing has revealed that the employee is immune, or (c) the vaccine is contraindicated for medical reasons.
- D. In no case shall participation in a prescreening program be made a prerequisite for receiving hepatitis B vaccination.
- E. If an employee initially declines hepatitis B vaccination but at a later date while still covered under the OSHA standard, decides to accept the vaccination, hepatitis B vaccination will be made available at that time.

- F. Those employees who decline to accept the hepatitis B vaccination must sign a statement to that effect.
- G. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available under the same circumstances stated above.
- H. In the event of an exposure incident, a confidential medical evaluation and follow-up of the incident will be made available to the employee involved. It will include documentation of the route of exposure, HBV and HIV status of the source patient(s), if known and the circumstances under which the exposure occurred. A blood sample should be collected from the exposed worker with their consent, as soon as possible after the exposure incident for determination of HIV and HBV status.
- I. The rules for handling exposure incidents are prescribed in subsections (f)(3) through (f)(6) of the OSHA standard, 29 C.F.R. '1910.1030(f)(3)-(6). Those rules will be strictly observed. They include the following:
 - 1. Immediately following a report of an exposure incident, a confidential medical evaluation and follow-up shall be made, including at least the following elements:
 - a) Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - b) Identification and documentation of the source individual unless it can be established that identification is infeasible or prohibited by state or local law;
 - 2. The source individual's blood, if available, shall be tested as soon as feasible to determine HBV and HIV status, with the source individual's permission.
 - 3. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - 4. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - 5. The exposed employee's blood shall be collected and tested as soon as feasible after consent is obtained. In the event of HIV exposure, serial testing should be done on a schedule to be determined by the designated care provider.
 - 6. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
 - 7. When medically indicated, there shall be post-exposure treatment and follow-up as recommended by the US Public Health Service; as well as Counseling; and Evaluation of reported illnesses.
 - 8. The healthcare professional evaluating the employee after an exposure incident will be provided with the following information:
 - (a) Documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - (b) Results of the source individual's blood testing, if available; and

- (c) Any medical records relevant to the appropriate treatment of the employee including vaccination status which is the bloodborne program contractor's responsibility to maintain.
- 9. A copy of the evaluating healthcare professional's written opinion identifying the employee's fit for duty status, shall be sent to Risk Management within 15 days of the completion of the evaluation.
- 10. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
- 11. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - (a) That the employee has been informed of the results of the evaluation; and
 - (b) 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,
- 12. All other finding or diagnoses shall remain confidential and shall not be included in the written report.
- 13. Medical records required by the OSHA Bloodborne Pathogens standard shall be maintained in accordance with the requirements of the OSHA standard on Access to Employee Exposure and Medical Records, 29 C.F.R. '1910.20.

VIII. COMMUNICATION OF HAZARDS

- A. Warning labels or tags that comply with 29 C.F.R. '1910.145(f) shall be used to identify the presence of an actual or potential biological hazard. They shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials, except as provided otherwise in this Part of our Exposure Control Plan.
- B. The labels shall contain the word "BIOHAZARD".
- C. The labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- D. Labels required for contaminated equipment shall be in accordance with this part and shall also state which portions of the equipment remain contaminated.
- E. Regulated waste that has been decontaminated need not be labeled or color-coded.
- F. The word and message has to be understandable to all employees who may be exposed to the identified hazard.
- G. Labels/tags shall be an integral part of the container or affixed as close as feasible to the container by string, wire, or adhesive or other method that prevents loss or unintentional removal.
- H. Red bags or red containers may be substituted for labels.
- I. Employees shall be informed of the meaning of the various labels, tags, and the color-coding system.

IX. HOUSEKEEPING PRACTICES

- A. Work areas must be continuously maintained in a clean and sanitary condition.
- B. An appropriate cleaning/decontamination schedule shall be adopted - and followed - for all rooms where body fluids are present. Schedules shall be as frequent as necessary depending on the area, the type of surface to be cleaned, and the amount and type of soil present.
- C. Housekeeping workers are to wear the appropriate PPE including general-purpose utility gloves during all cleaning of blood or other potentially infectious materials and during decontaminating procedures.
- D. Initial clean-up of blood or other potentially infectious materials shall be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.
- E. Equipment contaminated with blood or other potentially infectious material shall be checked routinely and decontaminated if possible prior to servicing or shipping.
- F. Equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- G. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
- H. 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 overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- I. Any bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- J. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as brush and dust pan, tongs, or forceps.

X. LAUNDRY PRACTICES

- A. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
- B. 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.
- C. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with Part VIII. When Universal Precautions are used in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.
- D. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of, or leakage from, the bag or container, the laundry shall be placed and

transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

- E. Employees who have contact with contaminated laundry are to wear protective gloves and other appropriate PPE. Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed in work areas.
- F. When contaminated laundry is shipped off-site to a laundry, the department generating the contaminated laundry is to place it in bags or containers which are labeled or color-coded in accordance with Part VIII, above.
- G. The material for the bags or containers used in laundry collection must prevent soak-through or leakage of fluids to the exterior, if the contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage. Not all contaminated laundry must be placed in such bags and containers - only laundries wet enough to leak or soak through and expose workers handling the bags/containers to blood or OPIM.
- H. Employees having direct contact with contaminated laundry are to wear protective gloves and any other appropriate PPE, in order to prevent or reduce contact exposure to blood or OPIM. Additional PPE should be determined on a case-by-case basis. Gowns, aprons, eyewear, and masks may be necessary to prevent employee exposure.
- J. Laundry that is contaminated with blood or OPIM that may contain contaminated needles or sharps shall be treated as if it were HBV/HIV infectious and handled as little as possible with a minimum of agitation.

XI. TRAINING AND EDUCATION OF EMPLOYEES

- A. Those employees with occupational exposure are to participate in a training program which will be provided at no cost to affected employees during normal working hours.
- B. The training will be offered at the time of initial assignment to tasks where occupational exposure may take place.
- C. Annual training for all employees shall be provided within one year of their previous training.
- D. Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.
- E. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.
- F. The training program shall contain at a minimum the following elements:
 - 1. An accessible copy of the regulatory text of the OSHA bloodborne pathogens standard and an explanation of its contents;
 - 2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - 3. An explanation of the modes of transmissions of bloodborne pathogens;
 - 4. An explanation of our Exposure Control Plan and the means by which the employee can obtain a copy;
 - 5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;

6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;
 7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
 8. An explanation of the basis for selection of PPE;
 9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 10. Information on the appropriate actions to take and person to contact in an emergency involving blood or other potentially infectious materials;
 11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
 12. Information on the post-exposure evaluation and follow-up that we provide for the employee following an exposure incident;
 13. An explanation of the signs and labels and/or color coding required by the OSHA bloodborne pathogens standard and Part VIII of our Exposure Control Plan;
 14. An opportunity for interactive questions and answers with the person conducting the training session; and
 15. The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the particular work place that the training will address.
- H. Training records are to be maintained for three years from the date on which the training occurred and will include the following:
1. Dates of training sessions;
 2. Contents or summary of training program, including the trainers name and qualifications; and
 3. Names of those persons attending the training session.
- I. Training records shall be maintained for 3 years from the date on which the training occurred and are to be made available upon request to OSHA and NIOSH as well as employee representatives, in accordance with 29 C.F.R. '1910.20, the OSHA records-access standard.

XII. RECORDKEEPING

- A. An accurate record of each worker's reported exposure incident to blood or OPIM shall be established and maintained. Such records shall be kept confidential and shall not be disclosed or reported to any person within or outside the workplace without the employee's express written consent except as may be required by law or OSHA regulation.
- B. Disease transmission shall be recorded electronically if the illnesses can be traced back to an occupational injury or other exposure incident that occurred on the job.

- C. Medical records will be kept for each employee with occupational exposure for the duration of employment plus 30 years.
- D. Records will be maintained of Hepatitis B vaccination status (including all dates) on all employees.
- E. The medical records that will be maintained will include the results of any examinations, testing results and follow-up procedures, as well as a copy of the health care professional's written opinion and a copy of the information that we provided to the health care professional (if any), any medical records relative to the employee's ability to receive vaccination; and a copy of the information provided to the healthcare professional.

ATTACHMENT A

JOB EXPOSURE CLASSIFICATION

The following list identifies the job classifications positions, tasks, and procedures that include potential occupational exposure to blood or other potentially infectious materials as defined in the OSHA standard, 29 C.F.R. '1910.1030. The letter A, B, or C have been placed beside job classifications which indicate the following:

Classification A: Those in which all employees in the job classification have occupational exposure.

Classification B: Those in which some employees have occupational exposure.

Classification C: Job classifications which have unlikely occupational exposure.

The particular tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure occurs that are performed by employees in job classification "A" or "B" are listed below.

1. **Laboratory Environments:** Workers who are exposed to blood or body fluids that could contain blood or blood products.
2. **Housekeepers and Facilities Maintenance Personnel** who are exposed to blood or other body fluids.
3. **Firefighters/Paramedics** who collect, transport or test blood.
4. **Police Officers, other correctional facility workers, or others** who collect blood, collects breath-a-lizer tests, and clean and dress wounds.
5. **Decontamination Personnel** relating to facilities maintenance bio-haz. laundry, automobile and equipment sanitation.
6. **Police/Firefighters, Recreational staff, safety staff,** and any others who are obliged to provide emergency first aid.
7. **Recreation staff** who service the developmentally disabled.
8. **Sanitation Workers, Fleet Maintenance, Firefighters, Police, Custodial Staff,** and others who handle regulated wastes.

ATTACHMENT A (continued)

INDEX OF JOB CLASSES

CLASSIFICATION A

POSITION TITLE

PAY GRADE

Community Service Officer	PD015
Evidence/Crime Scene Technician	PD025
Fire Battalion Chief	F127
Fire Chief	M028
Fire Company Officer/Lieutenant	F115
Fire Division Chief	F205
Fire Fighter	F105
Firefighter Engineer/Technician	F110
Firefighter/Paramedic	F110
Master Police Officer	PD105
Police Captain	PD205
Police Chief	M028
Police Lieutenant	PD116
Police Officer	PD105
Police Sergeant	PD109
Police Services Technician	PD005

INDEX OF JOB CLASSES

CLASSIFICATION B

POSITION TITLE

PAY GRADE

Aquatics Specialist I	P007
Aquatics Specialist II	P013
Building Maintenance Worker I	L023
Building Maintenance Worker II	L028
Custodian	L005
Distrib & Collect System Mtce Supervisor	S018
Distrib & Collection Engineering Manager	M016

Distrib & Collection System Superintendent	M009
Distribution Operations Supervisor	S018
Equipment Mechanic I	L035
Equipment Mechanic II	L040
Facilities Manager	S022
Fire Safety Education Coordinator	F005
Fleet Manager	M014
Maintenance Equipment Operator I	L023
Maintenance Equipment Operator II	L028
Maintenance Equipment Operator/Technician	L030
Parks Mtce & Construction Leadworker	L033
Parks Supervisor	S018
Parks Worker I	L023
Parks WorkerII	L028
Parks/Open Space Ranger	P015
Plant Mechanic I	L023
Plant Mechanic II	L030
Plant Mechanic III	L035
Plant Mechanic IV	L042
Plant Operator I	L023
Plant Operator II	L030
Plant Operator III	L035
Plant Operator IV	L045
Recreation Center Supervisor	P022
Recreation Program Supervisor	P020
Recreation Specialist I	P007
Recreation Specialist II	P013
Recreation Superintendent	M009
Risk Management Technician I	T005
Risk Management Technician II	T013
Risk Manager	M005
Safety Officer	P015
Sanitation Equipment Operator I	L023
Sanitation Equipment Operator II	L028
Sanitation Supervisor	S018
Senior Equipment Operator	L040
Senior Plant Mechanic	L045

Senior Sanitation Equipment Operator	L033
Seniors Program Leader	P005
Seniors Program Specialist	P010
Seniors Recreation Program Supervisor	P020
Seniors Resource Specialist	P007
Seniors Resources Coordinator	P020
Seniors Services Supervisor	P024
Solids Handling Operator	L030
Solids Handling Supervisor	S022
Wastewater Plant Maintenance Supervisor	S022
Wastewater Plant Operations Supervisor	S022
Water Quality Analyst I	P015
Water Quality Analyst II	P020
Water Quality Director	M020
Water Quality Laboratory Supervisor	S022
Watershed Ranger	P018
Youths Program Leader	P005
Youths Program Specialist	P010
Youths Services Counselor	P020
Youths Services Supervisor	P024

TEMPORARY/SEASONAL EMPLOYEES

<u>POSITION TITLE</u>	<u>PAY GRADE</u>
Instructor A	TRF065
Adult Sports Official	TRF055
Adult Sports Program Supervisor	TRF055
Field/Gym Supervisor	TRF055
Instructor B	TRF055
Head Coach	TRF035
Instructor C	TRF035
Youth Sports Official	TRF035
Assistant Coach	TRF015
Assistant Instructor	TRF015
Pool Manager	TRA032
Assistant Pool Manager	TRA023

Concession Manager	TRA023
Head Instructor	TRA015
Head Lifeguard	TRA014
WSI-Lifeguard	TRA011
Water Safety Instructor	TRA010
Lifeguard	TRA009
Head Concessionaire	TRA008
Cashier	TRA005
Concessionaire	TRA005
Pre-school Director	TCY045
Day Camp Director	TCY03
Pre-school Teacher II	TCY035
Assistant Seasonal Ranger	TCY027
Distractions Supervisor	TCY027
Information Booth Coordinator	TCY027
Playground Director	TCY027
Project PRIDE Coordinator	TCY027
Seniors Employment Aide	TCY027
Youths Activities Assistant	TCY027
Youths Employment Assistant	TCY027
Assistant Day Camp Director	TCY024
Pre-school Teacher I	TCY024
Day Camp Leader III	TCY021
Project PRIDE Crew Supervisor	TCY020
Youth Recreation Supervisor	TCY020
Head Day Camp Leader	TCY015
Day Camp Leader II	TCY014
Therapeutic Day Camp Leader	TCY013
Pre-school Aide	TCY012
Day Camp Leader I	TCY007
Assistant Therapeutic Day Camp Leader	TCY005
Maintenance Worker IV	TFM032
Maintenance Worker III	TFM026
Maintenance Worker II	TFM018
Building Supervisor	TFM011
Golf Course Starter/Ranger	TFM018
Gate Attendant	TFM010

Maintenance Worker I

TFM010

INDEX OF JOB CLASSES

CLASSIFICATION C

<u>POSITION TITLE</u>	<u>PAY GRADE</u>
Accountant	P010
Accounting Assistant I	C011
Accounting Assistant II	C016
Accounting Technician	T005
Accounting/Revenue Supervisor	S022
Administrative Aide	T006
Administrative Assistant I	P010
Administrative Assistant II	P015
Administrative Clerk I	C005
Administrative Clerk II	C011
Administrative Support Coordinator	P024
Apprentice Electric Meter Technician (6 mo.)	E030
Apprentice Electric Meter Technician (12 mo.)	E030
Apprentice Electric Meter Technician (18 mo.)	E030
Apprentice Journey Electric Meter Technician	E030
Apprentice Lineworker (6 mo.)	E107
Apprentice Lineworker (12 mo.)	E107
Apprentice Lineworker (18 mo.)	E107
Apprentice Lineworker (24 mo.)	E107
Apprentice Lineworker (30 mo.)	E107
Apprentice Lineworker (36 mo.)	E107
Apprentice Lineworker (42 mo.)	E107
Assistant City Attorney I	P024
Assistant City Attorney II	P032
Assistant to the City Manager	P024
Asst. Distribution & Collection Superintendent	S022
Auto Parts Inventory Control Technician	C024
Budget Officer	P035
Building Inspector I	P015
Building Inspector II	P020

Building Permit Specialist	P015
Building Permit Technician	T005
Buyer I	P007
Buyer II	P013
Cashier	C005
Cashier Supervisor	S005
CDBG Planner	P024
Chief Accountant	M014
Chief Building Official	M016
Chief Electrical Engineer	E240
City Clerk	P032
Civil Engineer I	P020
Civil Engineer II	P032
Civil Engineer III	P038
Code Enforcement Inspector	P013
Field Customer Service Representative	C018
Communication Center Manager	S024
Communications Shift Supervisor	PD026
Communication Specialist	PD019
Community Development Director	M036
Community Relations Coordinator	P024
Community Service Officer	PD015
Computer Operator	T005
Computer Operator/Programmer	T013
Construction Inspection Supervisor	S020
Construction Inspector I	T013
Construction Inspector II	T019
Contracts Coordinator	P020
Curator of Collections	P013
Curator of Education	P013
Curator of Exhibits	P013
Customer Service Representative	C016
Deputy City Attorney I	P035
Deputy City Attorney II	M016
Deputy City Clerk	T005
Electric Construction Coordinator	E122
Electric Director	M034

Electric Line Locator	E020
Electric Meter Tester I	E015
Electric Meter Tester II	E015
Electric Operations Manager	E130
Electric Utility Financial Analyst	E216
Electrical Distribution Field Engineer I	E205
Electrical Distribution Field Engineer II	E210
Electrical Engineer I	E214
Electrical Engineer II	E226
Electrical Engineering Analyst	E214
Electrical Engineering Project Coordinator	E221
Electrical Inspector	P020
Engineering Aide I	T006
Engineering Aide II	T008
Engineering Technician I	T013
Engineering Technician II	T019
Entry Apprentice Electric Meter Technician	E030
Entry Apprentice Lineworker	E107
Entry Groundworker	E105
Field Customer Service Representative	C018
Finance Director	M028
Forestry Worker	L028
Forestry & Contractual Mtce Supervisor	S018
Garage Supervisor	S019
Golf Course Equipment Mechanic	L035
Golf Course Supervisor	S018
Golf Course Superintendent	M009
Groundworker	E105
Human & Cultural Services Director	M022
Industrial Pretreatment Coordinator	P022
Information Services Manager	M014
Instrument Technician I	L040
Instrument Technician II	L050
Instrumentation & Control Engineer	E226
Instrumentation & Control Technician	E110
Inventory Control Technician	C024
Journey Electric Meter Technician	E035

Journey Lineworker	E110
Journey Substation Worker	E110
Juvenile Services Officer	P018
Laboratory Technician	T013
Legal Secretary	C032
Librarian I	P018
Librarian II	P022
Library Assistant	C005
Library Director	M016
Library Technician I	T005
Library Technician II	T008
Line Crew Supervisor	E114
Mail Room Clerk	C005
Management Information Services Director	M020
Meter Reader	E005
Meter Services Supervisor	E114
Municipal Court Clerk	C011
Municipal Court Supervisor	S014
Museum Assistant	C016
Museum Manager	P024
Parking Enforcement Officer	L018
Parks Equipment & Supply Technician	L028
Parks Mowing Crew Leadworker	L033
Parks Project Coordinator	P020
Parks & Forestry Superintendent	M009
Parks & Recreation Director	M022
PBX Operator	C005
Personnel Analyst I	P018
Personnel Analyst II	P022
Personnel Director	M020
Personnel Technician	T005
Planner I	P015
Planner II	P022
Planner III	P032
Planning Director	M022
Power Delivery Manager	E232
Print Shop Supervisor	S014

Printer I	L018
Printer II	L023
Probation Officer	P018
Programmer	P015
Programmer Analyst	P030
Public Works Director	M025
Purchasing Technician	T005
Purchasing & Contracts Manager	M009
Records Supervisor	S018
Rights-of-Way Maintenance Leadworker	L033
Sales Tax Auditor	P018
Secretary	C016
Secretary to the City Manager	T013
Senior Accountant	P018
Senior Personnel Analyst	P028
Senior Building Inspector	P022
Senior Building Maintenance Worker	L033
Senior Customer Service Representative	C024
Senior Engineering Technician	T023
Senior Library Technician	T013
Senior Meter Reader	E010
Senior Plans Examiner	P022
Senior Probation Officer	P022
Senior Programmer Analyst	P035
Senior Secretary	C024
Senior Survey Technician	T013
Senior Traffic Signal Technician	L045
Senior Water Meter Technician	L039
Senior Water Resources Technician	T019
Senior Water Systems Worker	L035
Storm Drainage Maintenance Supervisor	S018
Street Maintenance Supervisor	S018
Substation Supervisor	E114
Survey Party Chief	S018
Survey Technician	T005
Traffic Operations Supervisor	S022
Traffic Signal Technician I	L035

Traffic Signal Technician II	L040
Transportation Engineer	P032
Transportation Planner	P032
Treatment Operations Manager	M016
Utilities Dispatcher	C016I
Utility Billing Supervisor	S019
Utility Worker	L015
Warehouse Supervisor	S019
Warehouse Worker	L018
Water Meter Technician I	L023
Water Meter Technician II	L030
Water Plant Maintenance Supervisor	S022
Water Plant Operations Supervisor	S022
Water Resources Administrator	M009
Water Resources Technician I	T008
Water Resources Technician II	T013
Water Services Supervisor	S019
Water Systems Worker I	L023
Water Systems Worker II	L030
Water/Wastewater Director	M028

TEMPORARY/SEASONAL EMPLOYEES

<u>POSITION TITLE</u>	<u>PAY GRADE</u>
Scorekeeper	TRF005
Museum Program Instructor	TCY033
Exhibits Carpenter	TFM057
Head School Crossing Guard	TFM019
School Crossing Guard	TFM005
Youth Worker	TFM006
Museum Aide	TOS024
Data Entry Clerk/Typist	TOS011
Library Page	C001
Receptionist	TOS005

ATTACHMENT B

EXAMPLE EXPOSURE CONTROL TRAINING RECORD

Training Session on Exposure Control

This office has conducted a training session for employees incorporating the latest exposure control regulations of OSHA's Bloodborne Pathogens standard 29 C.F.R. '1910.1030.

Conducted by: _____

Signature: _____

Date: _____

Qualifications: _____

Summary of Training: _____

ATTACHMENT C

DEFINITIONS

The following provides further clarifications of some definitions found in this Exposure Control Plan.

"Blood" means human blood, products made from it, and human blood components.

"Bloodborne Pathogens": While HBV and HIV are specifically identified in the standard, the term includes any pathogenic microorganism that is present in human blood and can infect and cause disease in persons who are exposed to blood containing the pathogen. Other examples include hepatitis C, malaria, syphilis, babesiosis, brucellosis, leptospirosis, arboviral infections, relapsing fever, Creutzfeld-Jakob disease, Human T-lymphotrophic Virus Type 1, and viral hemorrhagic fever.

"Body Substance Isolation" (also see "Universal Precautions") is an approach to infection control. According to the concept of Universal Precautions, all human blood and all human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

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

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on item or surface.

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

"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"Decontamination" means 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" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

"Exposure Incident" means a specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

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

"Licensed Healthcare Professional" is a person whose legally permitted scope of practice allows him or her to independently perform Hepatitis B vaccination and post-exposure evaluation and follow-up as provided in paragraph (f) of the OSHA standard.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Occupational Exposure" means 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.

"OPIM" (Other Potentially Infectious Materials) means:

The following human body fluids: semen, vaginal secretions, cerebrospinal 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; Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and 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" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard, including uniforms if decontamination procedures are followed. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard are not considered to be personal protective equipment unless these are properly decontaminated.

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

"Sharps". See "Contaminated Sharps."

"Source Individual" means 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" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospore.

"Universal Precautions" (see also "Body Substance Isolation") is an approach to infection control. According to the concept of Universal Precautions, all human blood and all human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

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

Trident Insurance Services provides the above program information in order to reduce the risk of insurance loss and claims. The information provided is not intended to include all potential controls or address any insured specifically. Trident also does not warrant that all loss and/or claims will be avoided if the program information is followed. By providing this information, Trident in no way intends to relieve the insured of its own duties and obligations, nor is Trident undertaking, on behalf of or for the benefit of the insured or others, that the insured's property or operations are safe, healthful, or in compliance with any law, rule or regulation. Insureds remain responsible for their own efforts to reduce risks and should consult their own legal counsel for appropriate guidance.