CITY OF NICEVILLE

EXPOSURE CONTROL PLAN

This Bloodborne Pathogens Exposure Control Plan (ECP) has been developed in accordance with and as required by the OSHA standard 29 CFR 1910.1030 Bloodborne Pathogens.

Copies of this ECP shall be maintained by the City Planner, Director of Public Safety, and the Director of Public Works and be made available to employees upon request. On an annual basis, these parties shall review the ECP and update it as required.

This ECP is designed to eliminate or minimize employee exposure to bloodborne pathogens. Bloodborne pathogens are 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).

Employees covered by this standard are those who have a reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membrane or skin) contact with blood or other potentially infectious materials (OPIM) that may result from performance of their job duties.

Some examples of OPIM are cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, semen, vaginal secretions, and any body fluids visibly contaminated with blood.

I. EXPOSURE DETERMINATION

The City has made an exposure determination concerning which employees may incur an occupational exposure to blood or OPIM. This determination was made without regard to the use of personal protective equipment (PPE).

All employees in the following positions have job responsibilities, which include a reasonable anticipated exposure to blood or OPIM:

Assistant Fire Chief
Assistant Recreation Director
Building Inspector
Code Enforcement Officer
Crossing Guard
Director of Public Safety
Director of Public Works
Electrical Laborer
Electrical Working Foreman
Emergency Management Director
Equipment Operator/Utility Installer Repairman
Fire Chief
Firefighter
Groundskeeper
Heavy Equipment Operator
Laborer
Lead Groundskeeper
Lead Water Operator

Parks Foreman
Police Detective
Police Lieutenant
Police Officer
Police Sergeant
Recreation Aide
Recreation Director
Refuse Handler
Repair & Maintenance Foreman
Sanitation Foreman
Sewer Line/Lift Station Foreman
Sewer Line/Lift Station Mechanic
Small Engine/Vehicle Maintenance
Streets Foreman
Tradesworker
Utility Installer Repairman/Finance
Utility Installer Repairman
Utility Installer/Electrician
Utility Line Maintenance Foreman
Water Operator
Water Operator Trainee
Water Operator/Equipment Operator
Water & Sewer Superintendent

II. METHODS OF COMPLIANCE

A. Universal Precautions

All employees are required to utilize "Universal Precautions" which is an approach to infection control that treats all human blood and certain body fluids as if they were infected with bloodborne pathogens. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Employees may also elect to utilize "Body Substance Isolation" (BSI) which is the approach that treats all body fluids as infectious for bloodborne pathogens.

Since there is no way for an employee to know for certain if wastewater is in fact infectious for bloodborne pathogens, universal precautions must be used by employees for all activities involving contact with wastewater. Supervisors of employees covered by this standard are responsible for ensuring that employees observe universal precautions.

B. Engineering & Work Practice Controls

Engineering and work practice controls shall be used as the primary method to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

Employees are responsible for the proper use and routine care of the health safety devices provided for their protection. Items which are in need of repair or replacement shall be reported to the employee's supervisor for attention.

Examples of engineering controls are:

Mechanical bar screens grinder pumps.
Mechanical pipetting devices.

Some examples of work practice controls are:

Hand washing.
* Skin washed immediately after contamination with wastewater, blood, or removal of PPE.
* Use of antiseptic hand cleaners.
* Treatment and covering of areas of employee's skin which are abraded, lacerated, chapped, irritated or otherwise damaged to prevent direct contact with wastewater or blood.

Prohibition of rag removal by bare hands.
Prohibition of mouth pipetting.
Prohibition of food or drink storage in areas where wastewater or blood is present.
Prohibition of eating, drinking, smoking, application of cosmetics or lip balm, handling of contact lenses in areas where blood or wastewater are present.
Decontamination of contaminated equipment prior to service or shipping.

C. Needles & Other Sharps

In areas where needles and other sharps have been encountered or suspected, only mechanical means will be used to remove the sharps.

D. Washing of Hands and Skin

Hand washing is the single most important means of preventing the spread of infection.

Employees shall wash their hands and other affected skin immediately or as soon as possible:

After removal of gloves or other personal protection equipment.
After each contact with wastewater.
After handling potentially infectious materials.
After cleaning or decontaminating equipment.
After using the bathroom.
Before wiping nose, mouth or eyes after contact.
Before eating.
Before and after handling or preparing food.

Washing of skin with soap and water shall be done for a minimum of 10 to 15 seconds. The use of friction while washing skin aids in mechanically removing microorganisms.

Using a rotating motion, apply friction to all surfaces of hands and wrists, including backs of hands, between fingers and around and under nails; interlace fingers and rub up and down while washing. Use of a nail brush is recommended. Turn on the faucet using a clean paper towel so as not to recontaminate your hands. Apply hand cream after frequent hand washing to prevent skin irritation and breakdown.

If soap and water are not immediately available, a waterless cleanser may be used and washing with soap and water is to be done as soon as possible.

Flushing of mucous membranes and/or rinsing of mouth with water immediately or as soon as feasible after contact of these areas with blood or wastewater is required.

The City shall provide hand washing facilities which are readily accessible to employees. Where it is not feasible to provide hand washing facilities, such as, in vehicles or in the field, the City shall provide antiseptic towelettes or antiseptic hand cleaner.

E. Work Area Restrictions

Eating, drinking, smoking, handling contact lenses or applying cosmetics or lip balm are prohibited in work areas where there is a reasonable likelihood of exposure to infectious materials.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, on counter/bench tops or other work areas where blood or OPIM are present.

All procedures involving blood or wastewater shall be conducted in a manner which will minimize splashing wastewater, spraying, splattering and generation of droplets of blood or wastewater.

F. Sampling Wastewater

Samples of wastewater shall be placed in a container or package that prevents leakage. The container shall be labeled.

G. Contaminated Equipment

Equipment which may become contaminated with blood or wastewater shall be examined prior to servicing or shipping and shall be decontaminated as necessary. If decontamination is not feasible, a biohazard label must be attached to the equipment indicating which portions remain contaminated.

The supervisor shall be responsible for informing affected employees, servicing representatives and/or manufacturer prior to handling, servicing or shipping so that appropriate precautions can be taken.

Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures.

H. Housekeeping and Decontamination

The work site, whether stationary (lift station maintenance) or mobile (work truck, etc.), shall be maintained in a clean and sanitary condition. Departments shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the types of procedures being performed in the area.

All equipment and work surfaces shall be cleaned as soon as possible after contamination with blood or wastewater. Employees shall wear appropriate PPE to ensure that there is no contact of blood and/or wastewater. At a minimum, gloves shall be worn.

All spills of blood and wastewater shall be promptly cleaned up using an EPA approved germicide such as a 1:10 solution of household bleach and water using gloves. Ground spills will be covered with lime or chlorine.

If splashing is anticipated, protective eyewear shall be worn as well as an impervious suit that provides an effective barrier to splashes.

Decontaminate with an appropriate germicide or a solution of 1:10 household bleach and water.

I. Personal Protective Equipment

Personal protective equipment (PPE) such as gloves, face shields, masks, eye protection, etc., provide a barrier between you and bloodborne pathogens. PPE shall be provided by the City at no cost to the employees.

Gloves are the most widely used form of PPE. Disposable latex or nylon gloves are frequently used. If an employee is allergic to nylon or latex gloves, the City will provide hypoallergenic gloves, glove liners, powderless gloves, or another alternative.

Since gloves can be torn or punctured, you must bandage all cuts, abrasions or other open skin prior to donning gloves.

Disposable gloves shall be removed as soon as possible after contamination or when they are torn or punctured. Hands should be washed after gloves are removed. Never wash or decontaminate disposable gloves for reuse.

Utility gloves may be decontaminated and reused as long as the integrity of the glove is not compromised. Utility gloves that are cracked, peeling, torn or punctured may not be decontaminated or reused.

Follow this procedure to safely remove gloves:

With both hands gloved, peel one glove off from top to bottom and hold it in the gloved hand.
With the exposed hand, peel the second glove from the inside, pulling the second glove over the first glove.
Dispose of the glove bundle in a biohazard waste bag or container.
Wash hands and forearms thoroughly.

When there is a potential for exposure to blood or wastewater splashes, sprays, splatter or droplets, eye, mouth and nose protection must be worn. Examples of this type of protection are goggles and masks, glasses with solid side shields, and masks or chin length face shields.

More extensive coverings such as sewer suits, aprons and shoe covers shall be worn when gross contamination is expected such as during a force main break.

It is the employee's responsibility to wear the appropriate PPE when performing tasks that have the potential for exposure to blood and wastewater and to request replacement PPE when needed.

Supervisors shall ensure that employees comply with the requirement to wear PPE and that adequate supplies of PPE are available for employee use.

Under rare and extraordinary circumstances employees may temporarily and briefly decline to use PPE in a specific instance where in their professional judgment, the use of PPE would have prevented the delivery of public safety services or would have posed an increased hazard to the employee or co-workers.

The employee's decision to decline the use of PPE shall be made on a case-by-case basis only and is in no way to be applied generally to a particular work area or task.

Employees who make such a decision shall be required to explain in writing their reasons for taking this course of action. This explanation shall accompany their Exposure Report and/or Accident and Notice of Injury Report.

The supervisor shall thoroughly investigate and document the incident and determine what, if any, changes can be instituted to prevent such occurrences in the future.

III. HEPATITIS B VACCINATION

All employees who have been identified as having a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from performance of their job duties shall be offered a hepatitis B vaccine series at no cost to the employee.

The vaccine series shall be made available to the employee after training in bloodborne pathogens and within ten working days of their initial assignment to a position that has reasonable anticipation of exposure to blood or other OPIM unless the employee has previously received the vaccine series, antibody testing reveals that the employee is immune, or the vaccine is contraindicated for medical reasons.

The hepatitis B vaccine is a noninfectious, yeast based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus, there is no risk of contamination from bloodborne pathogens, nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose.

More that 90% of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The HBV vaccine will be administered by a licensed health care professional.

Employees who decline to accept this vaccine when offered are required to sign the OSHA declination form. Employees who initially decline the vaccine may request it at any time in the future.

The City may offer at no cost to employees a prevaccination antibody screening to determine if they are immune to HBV prior to offering them the HBV series. If the antibody screening is offered, employees may decline it without prejudice and request the vaccine series.

IV. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Employees are required to immediately document bloodborne pathogen exposure incidents. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or wastewater.

Reporting an exposure incident immediately permits timely medical follow-up. Immediate medical intervention can forestall the development of hepatitis B and enable the tracking of potential HIV infection.

Prompt reporting can also prevent the spread of bloodborne infection to others and helps the City to evaluate the exposure circumstances to try to find ways to prevent future exposures.

Employees who experience an exposure incident shall immediately wash/flush the affected area and report their exposure to their supervisor.

If at any time, an employee has any exposure, the Infection Control Officer is to be notified by the employee's supervisor. The Infection Control Officer will make contact with the exposed employee and make a determination as to whether an exposure did in fact actually occur.

An Accident Form and a Notice of Injury Report shall be completed and processed as soon as possible.

Confidential medical evaluation and follow-up will be provided by the Infection Control Officer, authorized by the City.

The medical evaluation and follow-up shall include the following:

Documentation of the routes of exposure and circumstances under which the exposure occurred.
Permission for and collection and testing of the exposed employee's blood for HIV and HBV serological status.
Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. This may include a recommendation for Immune Serum Globulin, Hepatitis B Immune Globulin, Hepatitis B Vaccine, or Zidovudine (AZT).
Counseling for the exposed employee.
Evaluation of exposed employee's reported illnesses, if any.

The City shall provide the authorized health care provider with the following information:

Copy of the OSAH standard 1910.1030 Bloodborne Pathogens.
Description of the exposed employee's duties as they relate to the exposure incident.
Documentation of the route of exposure and the circumstances under which the exposure occurred.
All medical records which the City has the responsibility to maintain of the employee including vaccination status.

The City shall obtain and provide the employee with a copy of the evaluating health care provider's written opinion within 15 days of completion of the evaluation.

This written opinion shall be limited to the following information:

Whether Hepatitis B vaccination is indicated and if employee received vaccination.
That employee has been informed of results of the evaluation.
That employee has been told about any medical conditions resulting from exposure to blood or OPIM, which require further evaluation or treatment.
All other findings and diagnoses shall remain confidential and not be included in the written report.

V. MEDICAL RECORDKEEPING

The City shall maintain records for each employee with a reported occupational exposure to blood or wastewater as required by the OSHA standard for Bloodborne Pathogens.

The record shall include the following:

Name and Social Security number of the employee.
Copy of the employee's hepatitis B status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive the vaccination.
Copy of the health care provider's written opinion of the medical evaluation.
Copy of the information provided to the health care professional as required for medical evaluation.

The employee's medical record shall be kept confidential and may not be disclosed or reported without the employee's express written consent except as required by law.

The City shall maintain these records for the duration of the employee's employment plus 50 years.

VI. TRAINING

Training shall be provided to employees with an occupational exposure to bloodborne pathogens when first assigned to tasks with an occupational exposure and annually thereafter.

The training shall include the following:

Explanation of the OSHA bloodborne standard and the fact that a copy is accessible to employees.
General explanation of the epidemiology and symptoms of bloodborne disease.
Explanation of the modes of transmission of bloodborne pathogens.
City's Exposure Control Plan and how to obtain a copy of the written plan.
Explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
Use and limitations of methods that will prevent or reduce exposure including engineering controls, work practices, and PPE.
Explanation of the basis for selection of PPE.
Information on the hepatitis B vaccine and a statement that the vaccination is free of charge.
Information on the appropriate actions to take in an emergency involving blood and other OPIM.
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.
Explanation of the signs and labels and/or color coding required.
An opportunity for interactive questions and answers with the person conducting the training session.

Training records shall be kept by the employee's department and shall include the date, outline or summary of the session, name and qualifications of the trainer, names and job titles of the persons attending the training.

Training records shall be maintained for three years from the date of the session.

The City may use services of outside training agencies as needed for training.

CITY OF NICEVILLE

INFECTIOUS EXPOSURE FORM

Exposed Member's Name _____

Social Security # _____ Home Phone _____

Name of Patient _____ Sex _____

Age _____ Address _____

Suspected or Confirmed Disease _____

Transported to _____

Date of Exposure _____

Type of Incident (auto accident, trauma) _____

What were you exposed to?

Blood _____ Tears_____ Feces_____ Urine _____ Saliva _____
Vomitus _____ Sputum _____ Sweat _____ Other _____

What part(s) of your body became exposed? Be specific _____

_____

Did you have any open cuts, sores, or rashes that became exposed? Be specific _____

_____

How did exposure occur? Be specific _____

_____

_____

Did you seek medical attention? _____ yes _____ no

Where? _____ Date _____

Contact Infection Control Officer: Date _____ Time _____

Supervisor's Signature _____ Date _____

Member's Signature _____ Date _____