

# Harrington Park

## Bloodborne Pathogens

### Exposure Control Plan

## **Harrington Park Policy of Commitment**

The Borough of Harrington Park is committed to providing a safe and healthful work environment for our entire staff. For purposes of this plan, staff is comprised of paid employees and volunteers. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to Bloodborne Pathogens (BBP) in accordance with Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030 et seq.

Consistent with OSHA definitions, bloodborne pathogens means: "Pathogenic 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)."

It is the policy of Harrington Park to treat all bodily fluids as if it were contaminated with a bloodborne pathogen and to take appropriate protection and sanitation steps.

This ECP is a key document to help protect staff from occupational exposure to hepatitis B virus (HBV), hepatitis C virus (HBC), human immunodeficiency virus (HIV), as well as BBP within their workplace.

# Exposure Control Plan

- I. Designated Employee & Staff Exposure Determination (a) & (b) & (c)
- II. Procedure for Evaluating the Circumstances Surrounding Exposure Incident
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# ECP ~ Program Administration ~

## I. Designated Employee

The Board of Health Secretary is responsible for overseeing the implementation of the ECP, with Department Safety Coordinators responsible for implementation within their department.

The Board of Health Secretary will maintain and update the written ECP at least annually and whenever necessary to include new or modified tasks and procedures.

Staff who are reasonably anticipated to have contact with or exposure to blood or other potentially infectious materials are required to comply with the procedures and work practices outlined in this ECP.

The following job titles are Department Safety Coordinators and will have the responsibility for written housekeeping protocols and will ensure that effective disinfectants are purchased.

Ambulance Corps:	<u>Captain</u>
Board of Health:	<u>Borough Administrator</u>
Borough Hall:	<u>Borough Administrator</u>
DPW:	<u>Superintendent</u>
Fire Department:	<u>Fire Chief</u>
Police:	<u>Chief of Police</u>
Recreation:	<u>Borough Administrator</u>

## **I. Designated Employee (continued)**

The Board of Health Secretary will be responsible for overseeing that Departmental Safety Coordinators ensure all medical actions required are performed, and that appropriate medical records are maintained.

The Borough of Harrington Park will be responsible for training and documentation of training.

The Board of Health Secretary will be responsible for making the written ECP available to staff, Public Employees Occupational Safety and Health personnel (PEOSH), and the National Institute for Occupational Safety and Health (NIOSH) representatives.

The following Department Safety Coordinators will maintain and provide all necessary personal protective equipment (PPE), engineering controls (i.e., sharp containers, etc.), labels, and red bags as required by the standard. They will also ensure that adequate supplies of the aforementioned equipment are available.

Ambulance Corps:	<u>Captain</u>
Board of Health:	<u>Borough Administrator</u>
Borough Hall:	<u>Borough Administrator</u>
DPW:	<u>Superintendent</u>
Fire Department:	<u>Fire Chief</u>
Police:	<u>Chief of Police</u>
Recreation:	<u>Borough Administrator</u>

# ECP ~ Staff Exposure Determination ~

## I. Staff Exposure Determination

**a.** As part of the exposure determination section of our ECP, the following is a list of all job classifications at our establishment in which **all** staff have occupational exposure:

- Ambulance Corps
- Department of Public Works
- Fire Department
- Police Department
- Town Nurse

**b.** The following is a list of job classifications in which **some** staff at our establishment have occupational exposure. Included are a list of task and procedures in which occupational exposure may occur for these individuals.

- Not applicable

**c.** The following list of job classifications **do not** perform tasks that involve contact with blood or other potentially infected material. Job responsibilities do not call upon performance of emergency medical care or first aid.

- Clerical Staff
- Administrative Staff
- Crossing Guards
- Elected Officials
- Contractors

All exposure determinations for (a.) and (b.) and (c.) were made without regard to the use of Personal Protective Equipment.

Good Samaritan acts which result in exposure to blood or other potentially infectious materials from assisting fellow employees ( i.e., assisting a co-worker with nosebleed, giving CPR, or first aid) are not included in the Bloodborne Standard. OSHA, however, encourages employers to offer Post Exposure Evaluation and follow-ups in such cases.

## ~ **Exposure Control Plan** ~

### **II. Procedure for Evaluating the Circumstances Surrounding Exposure Incident**

The standard defines "other potentially infectious material" as all other body fluids.

Occupational exposure occur when staff perform tasks that can cause blood or other potentially infectious materials to enter their body.

The exposure incident can happen through:

- Cuts, cracks, or abrasions in the skin,
- Splashing, or spraying into the eyes, mouth, or nose,
- Puncture wounds from contaminated sharps (needles, broken glass).

### **III. Implementation of Various Methods of Exposure Control**

Only designated staff, also referred to as professional staff, who are trained, authorized and equipped to respond to medical emergencies and or bodily fluid spills will do so. All other staff will avoid contact, and notify their Department Safety Coordinator promptly if an exposure incident is encountered.

#### **A. Standard Precautions Training and Communication of Hazards**

**1.0 Standard Precautions**, previously known as Universal Precautions, are to be utilized by all staff. Standard Precautions is an infection control method which require staff to assume that all human blood and specified human body fluids are infectious for HIV, HBV, HCV, and other bloodborne pathogens, listed on Appendix A, and must be treated accordingly.

#### **2.0 Exposure Control Plan (ECP).**

**2.1** Staff covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All staff will have an opportunity to review this Plan at any time during their work shifts by contacting their Department Safety Coordinator or the Board of Health Secretary. Staff seeking copies of the Plan may contact the Board of Health Secretary. A copy of the Plan will be made available, free of charge, within 15 days of request. It will be accessible as a .pdf on the Harrington Park Borough website: [harringtonparknj.gov](http://harringtonparknj.gov). A complete copy will be maintained at the Harrington Park Public Library.

**2.2** Department Safety Coordinators will also be responsible for reviewing and updating the ECP annually, or sooner if necessary, to reflect any new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised staff positions with occupational exposure. This update shall reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens. As part of the update, for new or modified task, and exposure, the Department Safety Coordinator will notify the Board of Health Secretary, in writing, to inform

them of the update, and for the purpose of facilitating the update of the ECP among all departments of Harrington Park.

This ECP shall be made available to the Assistant Secretary and Director upon request for examination and copy.

### **Implementation of Various Methods of Exposure Control (continued)**

Engineering Controls and Work Practice Controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering and work practice controls we will use, and where they will be used are listed below.

## **3.0. Engineering Controls**

**These are methods that contain or remove the hazard**

- Hand washing facilities,
- Proper handling and disposal of sharps in leak proof boxes, which will be inspected for overloading on a monthly or as needed basis,
- Proper signage, and labeling,
- Red or biohazard-labeled bags,
- Sharps containers, which will be inspected and maintained or replaced by the Department Safety Coordinator every month, or as needed,
- Sharps container will be disposed of as per standard,
- Safety needle devices, where applicable, decided on after professional staff attended consideration for use, decided for use, and justification for decision.

These safety needle devices will be:

- Initially selected based on input from the professional staff using these devices, cost factors, and availability. Staff must be trained in the use of these devices,
- Evaluated by quantifying the number of needlestick injuries occurring in a year, and comparing these numbers to those incurred in previous years,



- Changed if the results of the evaluation of these needlestick injuries justify a different selection of safety devices. The availability of new technology will be considered,
- The Borough of Harrington Park shall solicit input from non-managerial staff, responsible for direct patient care who are potentially exposed to injuries, in the identification, evaluation, and selection of effective engineering controls and document the solicitation in its ECP annually.

### **3.1 Work Practice Procedures**

**Work practice procedures are intended to reduce the chances of exposure**

Departmental Safety Coordinators of Harrington Park will provide the necessary equipment to implement them.

These procedures include:

- Provide readily accessible hand washing facilities,
- Immediately wash hands (and other parts of the body as needed) following any skin contact with blood or other potentially infectious materials,
- Wash hands immediately with running water and soap, or as soon as feasible, after removal of gloves, or other protective equipment,
- At non-fixed sites (i.e., at emergency scenes) which lack hand washing facilities, provide interim hand washing measures, such as antiseptic hand cleansers, disinfectant towelettes, and paper towels. Staff can later wash their hands with soap and water as soon as possible,
- Do not recap, shear, break or bend by hand, any contaminated needles,
- Put used needles and other sharps into special containers that are closable, puncture resistant, and leakproof. Sharps container should never be overfilled,
- Labeling or use color codes on containers and refrigerators used for storage, carrying, or shipping,

### **3.1 Work Practice Procedures (continued)**

- Decontaminate equipment. Examining equipment may become contaminated with blood or other potentially infectious materials thus need to be decontaminated as necessary.
- Items will be labeled, per the standard, if not completely decontaminated before it is sent out for repair,
- Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where occupational exposure may occur.
- Do not store food or drinks in refrigerators, freezers, shelves, cabinets, counter-tops, or bench tops where blood or other potentially infectious materials are present,
- Use methods and procedures to prevent splashing, spraying, or splattering when doing any procedures involving blood or other potentially infectious materials.
- Mouth pipetting, suctioning, of blood or other potentially infectious material is prohibited,
- Use leakproof containers for collecting, handling, processing, storage, transport, or shipping of blood specimens or other potentially infectious materials,
- The container for storage, transport, or shipping shall be labeled or color-coded and closed prior to being stored, transported or shipped. If outside contamination of the primary container occurs, the primary container shall be placed within a second container to prevent leakage during processing.
- If a specimen could puncture the primary container, place the primary within a second container for protection.

The Borough shall solicit and document any other suggestions made by staff who have direct patient care responsibilities. The solicitation shall be done annually and recorded on a log in the ECP.

**As a general rule, all staff using personal protective equipment (PPE) must observe the following precautions:**

- Wash hands immediately, or as soon as feasible, after removal of gloves or other PPE,
- Remove protective equipment properly before leaving the work area or work site, after a garment becomes contaminated. Prevent exposure to the face.
- Place used PPE in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.

Staff must also flush exposed mucous membranes: Eyes, mouth, nose, etc., with large amounts of warm water for a minimum of 15 minutes.

Report any actual or suspected exposure incident to a supervisor and Department Safety Coordinator. Staff will immediately be referred to a hospital for confidential follow-up care, provided at no cost to staff. Department Safety Coordinator will inform the Borough Administrator, and Risk Manager.

Gloves are to be worn when it can be reasonably anticipated that staff may have contact with blood or other potentially infectious materials, and handling, or touching contaminated items or surfaces. Replace gloves when they become torn, punctured, contaminated, show signs of cracking, peeling, tear or deterioration, or when their ability to function as a BBP barrier is compromised.

Dispose non-functional gloves in appropriate containers.

## **Personal Protective Equipment**

Wear personal protective equipment (PPE) that is impervious to fluids when exposure cannot be avoided by other means. Wear PPE while responding to bodily fluid spills.

**(PPE) Personal Protective Equipment includes:**

- Safety glasses - Incidents with minimal exposure potential (i.e., lacerations with minimal bleeding),
- Face shield - Incidents with a potential of bodily fluids becoming airborne (i.e., a laceration with spurting, arterial bleeding),
- Disposable liquid proof gloves - All incidents,
- Apron/gown/disposable suit and shoe covers - Incidents with a potential of bodily fluid becoming airborne or incidents in which response personnel could walk through a spill or move against material contaminated with a spill,
- Barrier mask, Bag Valve Mask, or Laerdal mask with disposable mouthpiece - Incidents requiring mouth to mouth, or mouth to nose breathing.

Personal protective equipment must be accessible and available in sizes to fit all staff. It should be removed and put in designated containers for cleaning, repair, or disposal, if it becomes contaminated or damaged. All staff are required to wash their hands with soap and warm water, or antiseptic hand sanitizer if no potable water is available, immediately after removing PPE.

**(PPE) Personal Protective Equipment supplies are kept in these locations:****Department      Location**

Fire Dept.                      -PPE are in the fire truck. Surplus PPE in the Fire Department.

Police Dept.                      -PPE kits are in the trunk of every police vehicle. Surplus PPE supplies are kept in a metal cabinet in the Sally Port, garage, at HP police station.

Ambulance Corps. -PPE, and Jump Kits are in the, Rig, ambulance. Surplus PPE supplies are kept in the Bay, ambulance garage, on shelves along the wall.

DPW                                      -PPE consisting of heavy work gloves are worn on person. Surplus PPE are kept in the DPW main office-garage.

**Personal Protective Equipment by department:**

PPE training will be included in BBP classes provided by Harrington Park, and by individual Department Safety Coordinators, or their designee, in the use of appropriate PPE for staff's specific job or task.

**Designated locations for additional supplies of PPE by department:**

**Fire** - All fire department members carry a pair of extra heavy weight gloves in their turnout coat. PPE are kept in the fire truck and are retrieved as needed. Additional PPE supplies are located in the firehouse, located at 13 Kline Street, H.P., in the cupboards.

**Police** - All police officers carry a pair of gloves on their duty belt. A PPE kit consisting of face mask, foot cover, paper suit, gloves, and a face shield is located in the trunk of each patrol vehicle. Extra supplies are located in police headquarters, located at 49 LaRoche Avenue, H.P, in a N.W. storage cabinet of the garage.

**Ambulance Corps** - Gloves, face shield and safety glasses are located in the first response kit that is carried into every call. Complete PPE items are located in clear compartments along the walls of the ambulance. Extra supplies are located in the corps' garage, located at 15 Kline Street, H.P., in clear containers upon storage shelves.

**DPW** - DPW is not a first responder in an emergency. PPE, consisting of heavy work gloves are kept on the belt. Rubber gloves, are located in the DPW main office, located at 66 Schraalenburgh Road, H.P.

Following any contact of body areas with blood, or any other infectious materials, staff must wash their hands and any other exposed skin with soap and warm water as soon as possible. Refer to Appendix M for additional information regarding PPE.

**Implementation of Various Methods of Exposure Control**

Appropriate PPE is required for the following task\*, with the specific equipment \*\* to be used listed, following the task:

**Legend: \*Task                      \*\*Equipment**

**A.\*** First Aid with small amounts of blood or Other Potentially Infectious Material (OPIM).

**\*\*** Standard Precautions and latex gloves.

**B. \*** Blood or OPIM in large amounts, or spurting, or splashing.

**\*\*** Standard Precautions, latex gloves, gowns, safety glasses, face shield.

**C. \*** Handling of staff, the public with the circumstances of A. or B.

**\*\*** Standard Precautions, latex gloves, gowns, safety glasses, face shield.

**D. \*** Handling or cleaning of contaminated reusable equipment.

**\*\*** Standard Precautions, latex gloves or utility gloves.

**E. \*** Handling or disposing of contaminated disposable PPE.

**\*\*** Standard Precautions, latex gloves, brown bags, or biohazard labels, or red bags as appropriate.

**F. \*** Handling of contaminated sharp objects.

**\*\*** Standard Precautions, latex gloves, mechanical devices i.e., tongs, dust pan and brush, sharps container.

**G. \*** Cardiopulmonary resuscitation (CPR).

**\*\*** Standard Precautions, reusable mask with disposable mouthpiece or reusable mechanical CPR mask on oxygen unit.

**Implementation of Various Methods of Exposure Control (continued)**

**Legend: \*Task                      \*\*Equipment**

**H. \* Clean up of blood and OPIM.**

**\*\* Standard Precautions, latex gloves, gown, and supplies as needed with EPA approved cleaning solutions.**

**I. \* Handling of blood samples.**

**\*\* Standard Precautions, latex gloves, impervious, leakproof, and puncture resistant containers with labels.**

**J. \* Emergency Childbirth.**

**\*\* Standard Precautions, latex gloves, gown, face shield, and safety glasses.**

**K. \* Oral/Nasal suctioning, manual cleaning of airway.**

**\*\* Standard Precautions, latex gloves, face shield, and safety glasses.**

**L. \*\* Use of any other additional protective equipment deemed appropriate to protect the safety and health of staff and/or patient.**

### **III. Implementation of Various Methods of Exposure Control**

#### **A. Standard Precautions Training and Communication of Hazards**

All staff who are authorized to respond to potential occupational exposure to BBP will receive training conducted by the Borough of Harrington Park through the MEL Safety Institute. Police department will receive training through the police academy.

The Borough of Harrington Park will provide training on the epidemiology of bloodborne pathogen diseases. Fact sheets located in the Appendix Section and other informational literature will be used to inform staff of the epidemiology, symptoms, and transmission of bloodborne diseases. In addition, the training program will cover at a minimum, the following elements:

- A copy and explanation of the standard,
- Epidemiology and symptoms of bloodborne pathogens,
- Modes of transmission,
- Our Exposure Control Plan and how to obtain a copy,
- Methods to recognize exposure tasks and other activities that may involve exposure to blood,
- Use and limitations of Engineering Controls, Work Practices, and PPE,
- PPE - types, use, location, removal, handling, decontamination, and disposal,
- PPE - the basis for selection,
- Hepatitis-B Vaccine - offered free of charge. Training will be given prior to vaccination on its safety, effectiveness, benefit, and administration. Appendix N-1,
- Hepatitis-B antibody testing (when applicable for new first responders),
- Emergency procedures - for blood and other potentially infectious materials,
- Exposure incident procedures.



### **III. Implementation of Various Methods of Exposure Control**

#### **A. Standard Precautions Training and Communication of Hazards (continued)**

- Post - Exposure evaluation and follow-up,
- Signs and labels - and/or color - coding
- Questions and answers session

Staff education training records, Hepatitis B Virus Vaccine Consent/ Declination Training Record (Form C-1), Hepatitis B Antibody Test Consent/Declination (Form C-1-A), will be completed for each staff upon completion of training.

The document will be kept with the staff's records by the Department Safety Coordinator.

A duplicate record will be centrally maintained by the Board of Health Secretary.

### **III. Implementation of Various Methods of Exposure Control**

#### **B. Hepatitis B Vaccination**

The Borough of Harrington Park will provide information on Hepatitis B vaccinations addressing its safety, benefits, efficacy, methods of administration, and availability. A general overview of these considerations is given in Appendix N. The Hepatitis B vaccination series will be made available at no cost and within 10 days of initial assignment to staff who have occupational exposure to blood or other potentially infectious materials unless:

- Staff has previously received the series,
- Antibody testing reveals the staff is immune,
- Medical reasons prevent taking the vaccine,
- Staff chooses not to participate and completed the appropriate form to decline.

### **III. Implementation of Various Methods of Exposure Control**

## **B. Hepatitis B Vaccination and Post Exposure Follow Up**

All staff are strongly encouraged to receive the Hepatitis B vaccination series. However, if a staff person chooses to decline the vaccine, then s/he must sign a statement to document this effect.

Staff who decline may request and obtain the vaccination at a later date at no cost.

Documentation of consent or refusal of the Hepatitis B vaccination (Appendix C1) will be maintained by the Department Safety Coordinator, who will inform the Board of Health Secretary in writing by email.

The information will be kept in a separate file, as part of the training records, maintained at the designated locations by department listed below:

Fire Department - 13 Kline Street, H.P.

Ambulance Corps - 15 Kline Street, H.P.

Police - 49 LaRoche Avenue, H.P.

DPW - 66 Schraalenburgh Road, H.P.

Board of Health (copies) 85 Harriot Avenue, H.P.

### **III. Implementation of Various Methods of Exposure Control**

#### **C. Hepatitis B Antibody Testing (when applicable)**

Staff classified as I. a. on page 5 who are at on-going risk for percutaneous injuries are offered blood testing after 1-2 months following completion of the 3 dose vaccination series for antibodies, hepatitis B surface antigen (anti-HBs), form C1-A.

Employer does not have to offer antibody testing to those staff who have been previously vaccinated according to PEOSH BBP Standard (29 CFR 1910.1030).

#### **Post Exposure Evaluation**

##### **Post Exposure Evaluation and Follow-up, and Procedures for Reporting, Documenting and Evaluating the Exposure**

Should an exposure incident occur contact your Department Safety Coordinator immediately. Each exposure must be documented by the staff on an "Exposure Report Form" (see Appendix D). The Department Safety Coordinator will add any additional information as needed.

An immediately available confidential medical evaluation and follow-up will be conducted by Bergen Risk Managers, Inc., P.O. Box 901, Ramsey, NJ 07446. Phone:888-525-3454, or 201-825-0357. Fax:201-825-2230, or the nearest hospital Emergency Room.

The following elements will be performed:

- Document the routes of exposure and how exposure occurred.
- Identify and document the source individual (see Appendix E) unless the Departmental Safety Coordinator can establish that identification is infeasible or prohibited by State or local law (See note # 1\* on page 21).
- Obtain consent (See note # 2\* on page 21) and test source individual's blood as soon as possible to determine HIV, HBV, and HCV infectivity, and document the source's blood test results. If the source individual's consent is not obtained, the Departmental Safety Coordinator must document this in writing.

- PEOSH BBP Standard 29 CFR 1910.1030 (f) (3) (ii) (A) states that when the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented. Before testing blood without consent, seek the advice of your counsel as there are exceptions or state privacy laws to consider.
- If the source individual is known to be infected with either HIV, HBV, or HCV, testing need not be repeated to determine the known infectivity.
- Provide the exposed staff with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed staff's blood as soon as feasible after the exposure incident and test blood for, HIV, HBV, and HCV serological status.
- If the staff member does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days (See note # 3 on page 21).

**Note:** The following will be provided to the source individual and/or staff, also referred to as employee on the standardized PEOSH forms, as appropriate, so they may bring them along with any additional relevant medical evaluations.

- Appendix D ~ "Exposure Incident Report",
- Appendix E ~ "Documentation and Identification of Source Individual",
- Appendix E-1 ~ "Request For Source Individual Evaluation",
- Appendix F ~ "Employee Exposure Follow-Up Record" (See Note # 4\* on page 22).

Original copies of these appendixes will be maintained with the staff's medical records.

The Departmental Safety Coordinator will review the circumstances of the exposure incident to determine if procedures, protocols and/or training need to be revised.

### **III. Implementation of Various Methods of Exposure Control**

#### **Post Exposure Evaluation**

##### **Post Exposure Evaluation and Follow-up, and Procedures for Reporting, Documenting and Evaluating the Exposure**

###### **Note # 1\***

New Jersey Law (N.J.S.A.,26-5C et.seq.) and Regulation (N.J.A.C. 8:57-2) requires information about AIDS and HIV to be kept confidential. While the law requires reporting of positive HIV results to the State Health Department, the law strictly limits disclosure of HIV-related information. When disclosure of HIV-related information is authorized by a signed release, the person who has been given the information **MUST** keep it confidential. Re-disclosure may occur **ONLY** with another authorized signed release.

###### **Note # 2\***

If, during this time, the exposed staff elects to have the baseline sample tested, testing shall be done as soon as feasible.

###### **Note # 3\***

Appendixes D, E, E-1, F, and F-1 are optional forms that assist Department Safety Coordinators with gathering information that is required by the Standard. Department Safety Coordinators may use another format as long as the same information is captured and recorded in accord with the Standard.

The following forms can be obtained by contacting the New Jersey State Department of Health and Senior Services Data Analysis Unit:

(Contact information is provided on page 22.)

- HIV Confidential Case Report form,
- AIDS Adult Confidential Case Report form,
- HIV Testing Policy information applicable to New Jersey public sector employers.

### **III. Implementation of Various Methods of Exposure Control**

#### **B. Hepatitis B Vaccination and Post Exposure Follow Up**

The address for the New Jersey State Department of Health and Senior Services Data Analysis Unit is:

New Jersey State Department of Health

and Senior Services Data Analysis Unit

P. O. Box 363

Trenton, New Jersey 08625-0363

609-984-6204

#### **Note # 4\***

Following an exposure incident, prompt medical evaluation and prophylaxis is imperative. Timeliness is, therefore, an important factor in effective medical treatment. If, however, the exposed staff refuses post-exposure follow-up and medical treatment, the Department Safety Coordinator must document this in writing. The Bergen County Department of Health Services has a Refusal of Medical Evaluation Form (Appendix F-4) to be used if the staff member refuses post-exposure medical evaluation and hepatitis B prophylaxis.

The Bergen County Department of Health and Senior Services has provided a "Bloodborne Pathogens Post-Exposure Checklist" as a guide for Post-Exposure Follow-up. From the OSHA Office of Health Compliance Assistance, a copy of the recommendations for Hepatitis B prophylaxis following a potential exposure to BBP is provided (Appendixes F-2, and F-3)

### **III. Implementation of Various Methods of Exposure Control**

#### **Highlights of Post Exposure Evaluation and Follow-Up Requirements:**

- Documentation of exposure routes and how exposure incident occurred,
- Identification and documentation of source individual's infectivity, if possible,
- Collection and testing of staff's blood for HIV, HBV, and HCV serological status (staff consent required),
- Post-exposure prophylaxis when medically indicated,
- Counseling,
- Evaluation of reported illnesses.

For Health Care Providers and Health Care Professionals there is a 24 hour hotline where clinicians can obtain post exposure prophylaxis treatment guidelines. The hotline also provides counseling on treatment issues for staff that have been exposed. On-call staff can always be reached, 24 hours a day, 7 days a week by calling 1-888-448-4911.

The internet address is: [www.ucsf.edu/hivcntr](http://www.ucsf.edu/hivcntr)

Once you access the website, go onto the PEPlne (Post Exposure Prophylaxis)

### **III. Implementation of Various Methods of Exposure Control**

#### **D. Methods of Compliance**

##### **Health Care Professionals**

The Department Safety Coordinators will ensure that health care professionals responsible for staff's Hepatitis B vaccination and post exposure evaluation and follow up be given a copy of the PEOSH Bloodborne Pathogens Standard.

The Department Safety Coordinators will also ensure that the health care professional evaluating staff after an exposure incident receives the following:

- A description of the staff's job duties relevant to the exposure incident,
- Route(s) of exposure,
- Circumstances of exposure,
- If possible, results of the source individual's blood test; and ,
- Relevant employee medical records, including vaccination status.

##### **Healthcare Professional's Written Opinion**

The Treating Physician will provide the Borough Administrator with a copy of the evaluating healthcare professional's written opinion. The Board of Health Secretary will obtain and provide the affected staff with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

For Hepatitis B vaccinations, the healthcare professional's written opinion will be limited to whether Hepatitis B vaccination is indicated for the staff member and whether s/he has received the Hepatitis B vaccination.

The written opinion for post-exposure evaluation and follow-up will be limited to information indicating that the staff member has been informed of the results of the medical evaluation and any medical conditions resulting from exposure to blood or other potentially infectious materials which may require further evaluation and treatment.



All other diagnoses must remain **confidential** and not be included in the written report.

### **III. Implementation of Various Methods of Exposure Control**

#### **D. Methods of Compliance**

##### **Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

The Department Safety Coordinator will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time of exposure,
- Work practices followed,
- A description of the device being used (including type and brand),
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc),
- Location of the incident,
- Procedure being performed when the exposure incident occurred,
- Staff's training.

The Department Safety Coordinator will notify the Board of Health Secretary of all percutaneous injuries from contaminated sharps. The Board of Health Secretary will record such injuries in the Sharps Injury Log.

If it is determined that revisions are necessary, the Board of Health Secretary will ensure that appropriate changes are made to this ECP. The needed changes will be communicated to the Department Safety Coordinators for implementation. Changes may include an evaluation of safer devices, adding staff to the exposure determination list, etc.

### **III. Implementation of Various Methods of Exposure Control**

#### **D. Methods of Compliance**

##### **Housekeeping**

Decontaminate work surfaces with an appropriate disinfectant after completion of procedures, immediately when overtly contaminated, after any spill of blood or other potentially infectious materials, and at the end of the work shift when surfaces have become contaminated since the last cleaning.

Remove and replace protective coverings such as plastic wrap and aluminum foil when contaminated.

Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood of becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.

Always use mechanical means such as tongs, forceps, or a brush and dust pan to pick up contaminated broken glassware; never pick up with hands even if gloves are worn.

Place regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.

When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leak-proof.

Store or process reusable sharps in a way that ensures safe handling.

Ensure that sharps containers are easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers also must be kept upright throughout use, replaced routinely, closed when moved, and not allowed to overfill.

### **III. Implementation of Various Methods of Exposure Control**

#### **D. Methods of Compliance Housekeeping (continued)**

Never manually open, empty, or clean reusable contaminated sharps disposal containers. See Appendix H, H-1, and H-2 New Jersey Department of Environmental Protection and Energy Regulations, Information of Regulated Medical Waste, and Regulated Medical Waste Autumn 1991 Update.

Discard all regulated medical waste according to federal, state, and local regulations, i.e., liquid or semi-liquid blood or other potentially infectious materials (OPIM); items contaminated with blood or OPIM that would release these substances in a liquid or semi-liquid state if compressed; items caked with dried blood or OPIM and capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

**Note:** Items such as band-aids, gauze wipes, adhesive materials and dressings commonly generated as a result of first aid, and are not dripping with blood or OPIM, and are not capable of releasing these fluids while handling, should not be considered regulated medical waste. They may be disposed of in the regular trash, in a plastic bag of sufficient strength to resist tearing.

Contaminated vehicles that need to be taken out of service will be cleaned.

### III. Implementation of Various Methods of Exposure Control

#### D. Methods of Compliance

##### Laundry

If and when laundering must be done, the clothing or equipment involved will be properly packaged, labeled, laundered on site or by a commercial laundry service.

The following requirements must be met, with respect to contaminated laundry:

- Handle contaminated laundry as little as possible, with a minimum of agitation.
- Use appropriate PPE when handling contaminated laundry.
- Place wet contaminated laundry in leak-proof, labeled or color coded containers before transport.
- If hot water is used, it should contain detergent, with water at least 140 degrees Fahrenheit to 160 degrees Fahrenheit, for 25 minutes.

##### Labeling

One of the following labeling methods will be used at our facilities.

Red Bags, or Biohazard Labeled bags.

The following Department Safety Coordinators will ensure warning labels are affixed or red bags are used as required. Staff are to notify their Department Safety Coordinator if they discover unlabeled regulated waste containers:

Ambulance Corps:	<u>Captain</u>
Board of Health:	<u>Borough Administrator</u>
Borough Hall:	<u>Borough Administrator</u>
DPW:	<u>Superintendent</u>
Fire Department:	<u>Fire Chief</u>
Police:	<u>Chief of Police</u>
Recreation:	<u>Borough Administrator</u>

The Department Safety Coordinator will specify which warning methods are used and communicate this information to all staff.

The standard requires that fluorescent orange or orange-red warning labels be attached to:

- 1) Containers of regulated waste,
- 2) Refrigerators and freezers containing blood and other potentially infectious materials (OPIM),
- 3) Sharps disposal containers,
- 4) Laundry bags and containers,
- 5) Contaminated equipment for repair (portion contaminated),
- 6) Other containers used to store, transport, or ship blood, or OPIM.

Labels shall be affixed as close as feasible to the container to prevent loss or unintentional removal. Use string, wire adhesive or other method as appropriate.

The warning label must be fluorescent orange or orange-red, contain the biohazard symbol, and the word "BIOHAZARD" (see appendix I) in a contrasting color, and be attached to each object by string, wire, adhesive, or other method to prevent loss or unintentional removal of the label.

These labels are not required when:

- 1) Red bags or red containers are used,
- 2) Containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use,
- 3) Individual containers of blood or OPIM are placed in a labeled container during storage, transport, shipment or disposal.

### **III. Implementation of Various Methods of Exposure Control**

#### **E. Record-keeping**

##### **Medical Records**

Medical records are maintained for each staff with occupational exposure in accordance with 29 CFR 1910.1020.

The Department Safety Coordinator is responsible for maintenance of the required medical records, and they are kept separate and confidential at the designated locations for storehouse of PPE, by department (see page 13). These records are to be made available to the Board of Health Secretary if necessitated by OSHA or PEOSH.

Note: Refer to the Appendix Section for copies of applicable medical record forms.

In addition to the requirements of 29 CFR 1910.1020, the medical records will include:

- The name and social security number of the staff,
- A copy of the staff member's Hepatitis B vaccinations and any medical records relative to the staff's ability to receive vaccination,
- A copy of all results of examinations, medical testing, and follow-up procedures as required by the standard,
- A copy of all healthcare professional's written opinion(s) as required by the standard.

All staff medical records will be kept confidential and will not be disclosed or reported without the staff member's express written consent, to any person within or outside the workplace, except as required by the standard or as may be required by law (see appendix J).

Staff medical records shall be maintained for at least the duration of service plus 30 years in accord with 29 CFR 1910.1020.

Staff medical records shall be provided upon request of the staff, or to anyone having written consent of the staff, within 15 working days.

### **III. Implementation of Various Methods of Exposure Control**

#### **E. Record-keeping (continued)**

##### **Training Records**

Bloodborne pathogen training records/Consent Declination Forms will be maintained by the Department Safety Coordinators at the designated locations for storehouse of PPE, by department (see page 13). A summary report will be given to the Board of Health Secretary annually, at Harrington Park Borough Hall, 85 Harriot Avenue, Harrington Park, NJ 07640.

##### **The training record shall include:**

- Dates of the training session,
- Contents or a summary of the training sessions (see appendix K),
- Names and qualifications of persons conducting the training (see appendix L),
- Names, job titles of all persons attending the training sessions (see appendix B1).

Training records will be maintained for a minimum of three (3) years from the date on which the training occurred.

Staff training records will be provided upon request to the staff or the staff's authorized representative within 15 working days.

##### **Transfer of Records**

If the Borough of Harrington Park ceases to do business and there is no successive employer to receive and retain the records for the prescribed period, the Borough of Harrington Park shall notify the Director of the National Institute for Occupational Safety and Health (NIOSH) at least three (3) months prior to scheduled record disposal and prepare to transmit them to the Director.

### **III. Implementation of Various Methods of Exposure Control**

#### **E. Record-keeping (continued)**

##### **Highlights of Medical Records**

- Staff name and social security number,
- Staff Hepatitis B vaccination status,
- Medical testing and post-exposure follow-up results
- Healthcare professional's written opinion
- Information provided to the healthcare professional

##### **Highlights of Training Records**

- Training dates
- Training session content or summary
- Names and qualifications of trainers
- Names and job titles of all trainees

##### **PEOSH Record-keeping**

An exposure incident is evaluated to determine if the case meets PEOSH's Record-keeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Department Safety Coordinator.



### **III. Implementation of Various Methods of Exposure Control**

#### **E. Record-keeping (continued)**

##### **Sharps Injury Log**

In addition to the 29 CFR 1904 Record-keeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log **OSHA LOG 300**.

##### **All Incidences must include at least:**

- Date of the injury,
- Type and brand of the device involved,
- Department of work area where the incident occurred,
- An explanation of how the incident occurred.

This log is reviewed at least annually as part of the annual evaluation of the program, and is maintained for at least five years following the end of the calendar year that they cover. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

The Borough of Harrington Park shall ensure that all records required to be maintained shall be made available upon request to the Assistant Secretary and the Director for examination and copying.