# EXPOSURE CONTROL PLAN

# **Purpose**

The purpose of the plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials. The City of Portage will comply with the OSHA 29 CFR 1910.1030, Bloodborne Pathogens Standard.

# **Exposure Determination**

- 1. 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).
- 2. Occupational exposure means a reasonably anticipated non-intact skin, eye, mucous membrane, or parentarel contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- 3. The City of Portage has performed an exposure determination. The following is a list of job classifications in which some employees may have occupational exposure:
  - Department of Public Works, Water Utility and Wastewater Treatment Facilityemployees who perform tasks such as:
    - a. Confined Space entrants, attendants, and rescuers
    - b. Sewer line repairs and inspections
    - c. Employees/Custodians assigned housekeeping duties for restrooms
    - d. Employees required in first aid and CCR for emergency medical care
    - e. Library personnel performing housekeeping duties, etc.
    - f. Law enforcement employees
      - assigned to decontamination areas (See Custodians Clean-up under House-keeping practices)
      - detaining individuals.
- 4. This exposure determination has been made without regard to the use of personal protective equipment.

# **Compliance Methods**

- 1. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials.
  - All Blood and other potentially infectious materials will be considered infectious for HIV, HBV, and other Bloodborne pathogens.
  - Hand washing facilities will be provided and readily accessible to employees.
  - Appropriate antiseptic towelettes and cleansers will be provided when hand washing
    facilities are not feasible, such as; worksites, employees working out of vehicles, and
    non-plumbing buildings.
  - Employees are required to wash their hands and any other skin with soap and water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials, after removal of gloves or other personal protective equipment.
- 2. The City of Portage will ensure engineering and work practice controls will be used to eliminate or minimize employee exposure.
  - Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
  - Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
  - Germicidal soaps will be available and used.

- 3. The City of Portage will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
  - Each department supervisor will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the work site or is issued at no cost to the employees.
  - Personal protective equipment will be considered "appropriate" only if it does not
    permit blood or other potentially infectious material to pass through to or reach the
    employee's 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.
  - Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
  - The City of Portage shall clean, launder, and dispose of personal protective equipment required by the exposure control plan at no cost to the employee.
- 4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible, while wearing clean gloves, placed in an unbroken plastic bag that is clearly identified. The bag will be brought to the fire station where a member of the departments IDC committee will wash in the departments washing machine used especially for this purpose
- 5. All personal protective equipment shall be removed prior to leaving the work area.
- 6. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- 7. Gloves shall be worn when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials, mucous membrane, and non-intact skin.
  - Manhole entry with sewer laterals, sewer line repairs, and other confined spaces that involves possible contact with raw sewage will require rubber gloves.
  - Possibility of splashing will also require rubber suit (rain suit), eye and face protection.
  - Non-Latex gloves and any other appropriate personal protective equipment shall be worn by Law enforcement employees when there is contact or care with injured person (s) and body searches.
- 8. Disposable (single use) gloves such as surgical or examination gloves (non-latex) shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
  - Disposable (single use) non-latex gloves shall not be washed or decontaminated for re-use.
- 9. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised
  - They must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.
  - Wash gloves before removing them; be careful not to touch the outside of the gloves when removing them
- 10. 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 blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be

- reasonably anticipated.
- 11. In work areas where there is a likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.
  - Portage does not have refrigerators, freezers, shelves, cabinets, or on countertops or benches where blood or other potentially infectious materials are present
- 12. At a minimum, first aid kits shall contain pocket masks with one-way valves, non-latex gloves, appropriate antiseptic towelettes and cleaners, and bio-hazard bags with ties.
- 13. Each department supervisor will periodically reevaluate this plan and the use of personal protective equipment.
- 14. Annual reports of updates to Safety Coordinator for inclusion.

# **HBV Vaccination**

- 1. The City of Portage shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident as addressed in the Post Exposure Evaluation in this section.
- 2. The City will ensure that all medical evaluations and procedures including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are;
  - Made available at no cost to the employee.
  - Made available to the employee after training and within 10 days of initial assignment.
  - Given according to recommendations for standard medical practice, including informed consent signed by the employee.
  - Provided if the employee initially declines, but later accepts the treatment.
- 3. Persons who decline the vaccine must sign a declination statement.
  - The statement can only be signed by the employee following appropriate training regarding hepatitis B, hepatitis B vaccine, and efficacy, and safety, method of administration, vaccination benefits, vaccine availability, and free vaccination for the employee.
  - The statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

# I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to me. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature\_\_\_\_\_\_ Date\_\_\_\_\_

- 1. All exposure incidents shall be reported, investigated, and documented.
  - When an employee incurs and exposure incident, it shall be reported to the department supervisor.
- 2. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following:
  - Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
  - Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
  - The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the department supervisor shall establish that legally required consent cannot be obtained. 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.
  - 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;
  - 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.
- 3. Collection and testing of blood for HBV and HIV serological status will comply with the following:
  - The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
  - The employee will be offered the option of having their blood collected for testing of the employee's HIV/HVB serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

# **Housekeeping Practices**

- 1. The work site shall be maintained in a clean and sanitary condition.
- 2. All equipment and working surfaces that could become contaminated shall be cleaned and checked routinely and shall be decontaminated as necessary.
  - Disinfectant and cleaners will be provided when washing facilities are not feasible, such as; work sites, employees working out of vehicles, and non-plumbing buildings.
- 3. All custodians shall wear appropriate PPE including general-purpose utility gloves during cleaning of blood or vomit, feces, or other potentially infectious materials and during decontamination.
  - 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 blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- 4. 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 a brush and dust pan, tongs, or forceps and disposed of in an appropriate sharps container that is located in their facility. (Facilities list attached)
- 5. Any tools used to clean up sharps or equipment shall be cleaned using a bleach solution of

fresh 10% (10 gallons water to 1 gallon bleach) and cleaned in an appropriate sink or pail.

- a. Any tool that cannot be cleaned can be discarded in the trash and thrown away in the regular trash once it is decontaminated.
- b. Any tools grossly contaminated shall be red bagged and taken to the Fire Station for proper disposal.
- c. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on side and bottom and labeled or color coded.
- 6. Contaminated needles and other contaminated sharps will not be bent, recapped, sheared, or purposely broken.
- 7. Clean up:
  - Materials such as paper towels, gauze squares or clothing, used in the treatment of blood or other potentially infectious materials spills that are blood-soaked or caked with blood shall have the 10% fresh bleach solution poured on or sponged on them. It shall set for 5 minutes and then it can be disposed of in the regular waste.
  - All tools used in the cleanup will also be cleaned in the fresh 10% bleach solution and can be used if they come clean. (**Do not spray or cause splashes**)
  - Spots on the walls can be soaked with the fresh 10% bleach solution and let stand for 5 minutes, then be wiped off with a rag or towel then disposed of in the regular trash.
  - Bags designated as biohazard (containing blood or other potentially infectious materials) shall be red in color and be located in each biohazard care kit.
  - The library will have larger bags (20-gallon or larger) available because of the possibility of books being contaminated.
  - Biohazard waste for this standard's purpose shall only include items that are blood-soaked, caked with blood or contain liquid blood that could be wrung out of the item. This would also include items such as sharps, broken glass or plastic on which there is fresh blood.
- 8. The custodian shall respond immediately to any major or other potentially infectious materials incident so that it can be cleaned, decontaminated and removed immediately.
  - a. Library personnel will perform custodian duties after hours and follow the procedures outlined in this Exposure Control Plan if the choice is not to outsource the decontamination.
  - b. Incidents at the library after hours will be reported immediately to the custodian on the following morning.
  - c. The library will be closed or a portion of the library will be closed when there is a possibility of public exposure, when there is any blood or other potentially infectious materials spill to protect the public during decontamination cleanup.
  - d. An outsource service can be used if after daytime hours.
  - e. Only Items at the library that can be decontaminated such as plastics, metals, or glass objects will be according to the procedures.
  - f. Paper materials will be disposed of according to the procedures in #6 of this section.
- 9. The custodian shall respond immediately to any call of a backed up toilet to unclog the unit

And decontaminate any area where it may have overflowed.

- a. If there is an overflow of the toilet:
  - The janitor shall wear rubber boots and Non-latex gloves.
- b. If the toilet is plugged:
  - He will make a small hole in the clear plastic garbage bag.
  - He will insert the plunger handle thru the hole.
  - He will place the plunger in the toilet.
  - He will then pull the bag over the toilet.
  - Once the clog is cleared he will enlarge the hole in the bag.
  - He will pour the bleach solution of 10% into the toilet and swish the plunger around.
  - He will then remove the plunger and remove the bag throwing it away in regular garbage.
  - He will then clean up the area with a bleach solution of fresh 10% (10 gallons water to 1 gallon bleach) on the floor and any other surfaces.
- 10. Employees administrating First aid and CCR for emergency medical care:
  - The employee shall first try avoiding contact of blood or feces.
  - Try to hand absorbent material to the individual.
  - If not possible glove up and place absorbent on wound.
  - Materials will be disposed of according to the procedures in #6 of this section.
- 11. Officers detaining individuals:
  - If Officer is detaining a subject and is at risk for exposure to blood or other infectious materials, he will don proper PPE.

# Communication of Hazards to Employees

- 1. Labels required by 29CFR 1910.130 shall include the following legend:
- 2. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.
  - Red bags or red containers may be substituted for labels.
- 3. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- 4. Regulated waste that has been decontaminated need not be labeled or color-coded.

### **Information and Training**

The city of Portage shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during work hours.

- 1. Training shall be interactive and cover the following:
  - A copy of the standard and an explanation of its contents.
  - A discussion of the epidemiology and symptoms of Bloodborne diseases.
  - An explanation of the modes of transmission of Bloodborne pathogens.
  - An explanation of the City of Portage's Exposure Control Plan, and a method for obtaining a copy.
  - The recognition of tasks that may involve exposure.
  - An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).



- Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment (PPE).
- An explanation of the basis of selection of personal protective equipment (PPE).
- Information on the hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- Information on the appropriate actions to be taken and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- Information on the evaluation and follow-up required after an employee exposure incident.
- An explanation of the signs and labels and/or color coding required by CFR 1910.1030 (g)
- An opportunity for interactive questions and answers with the instructor conducting the training session will be given to the employees.
- 2. Training records shall be maintained for 3 years from the date on which the training occurred. Training records shall include the following information:
  - Dates of the training sessions.
  - Contents or a summary of the training sessions.
  - Names and qualifications of persons conducting the training.
  - Names and job titles of all persons attending the training sessions.

# Recordkeeping

- 1. The City of Portage will establish and maintain accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20.
- 2. The records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years.
  - The employee medical records shall not be disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by OSHA 29 CFR 1910.1030 (h)(1) or as may be required by law.
  - The records will be kept at City Hall, City Administrator's office, 115 W. Pleasant Street, Portage, WI.
- 3. The records shall include the following:
  - The name and social security number of the employee.
  - A copy of the employee's HBV vaccination status, including the dates of vaccination.
  - A copy of the results of examinations, medical testing, and follow-up procedures.
  - A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
  - Copy of healthcare provider written opinion.