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APPENDIX A: PROCEDURE FOR BLOOD CONTAMINATION CLEAN-UP

1.0 PURPOSE

The purpose of this written program is to ensure that all employees with potential exposure to bloodborne pathogens and other body fluids understand the hazards associated with their exposure and the corrective actions necessary to protect them from injury and illness in accordance with 29 CFR 1910.1030.

This document serves as a policy for the development, implementation, and maintenance of programs for BBP (bloodborne pathogens), First Aid / CPR, and AED requirements for the Village of Pleasantville.

There are no jobs with responsibilities that present inherent exposure to bloodborne pathogens in the Village of Pleasantville. The jobs we've identified in this plan have collateral duties that may expose Village of Pleasantville employees to potentially infectious materials. This procedure pertains to all employees that have the potential for exposure to BBP's in work-related situations.

The purpose of this Exposure Control Plan (ECP) is to outline the protective measures we will take to eliminate or minimize Village of Pleasantville employee exposure incidents.

2.0 SCOPE

This program applies to all Village of Pleasantville employees, who through our exposure determination may incur occupational exposure to blood or other potentially infectious materials.

The extent of employee exposure shall be limited through the use of engineering controls and personal protective equipment. This document is designed to provide a formal procedure for identifying and controlling all potential BBP exposures.

Violation of established BBP procedures is a serious offense and failure to comply with this plan shall result in appropriate disciplinary action. Any violation of this procedure shall be reported immediately to the Safety Officer.

This ECP has been developed in accordance with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

3.0 RESPONSIBILITIES

3.1 Plan Administrator: Safety Officers Michael Ferguson, Michael Newman and Jesse Wolman has overall responsibility for maintaining the ECP. Any questions concerning the plan should be addressed to the Safety Officer. They are responsible for the following:

- 3.1.1 Evaluating new tasks or procedures that may require the use of new safer medical devices;
- 3.1.2 Evaluating new safer medical devices available on the market;
- 3.1.3 Soliciting input from employees on the selection and use of safer medical devices.
- 3.1.4 Reviewing this plan on an ongoing basis, and/or at least annually.

3.2 Only trained and authorized employees shall be allowed to respond to situations that pose an occupational risk of exposure.

4.0 EXPOSURE DETERMINATION

The Village of Pleasantville has conducted an exposure determination for all job classifications that may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment).

4.1 It has been determined by The Village of Pleasantville that persons working in the following job classifications may have occupational exposure to hazards of bloodborne pathogens or other potentially infectious materials (OPIM):

JOB CLASSIFICATION	TASKS WITH POTENTIAL RISK
Recreation Supervisor	CPR/First Aid response
Lifeguards	CPR/First Aid response Changing and dressing open wounds
Public Works	Picking up and disposing of trash
Police	CPR/First Aid response

These job classifications define the jobs which some of the employees have been assigned certain tasks where there is occupational exposure. Those employees in these job classifications not assigned and trained to perform these tasks safely to our ECP, shall not perform those tasks listed.

4.2 Employees who are covered by the Bloodborne Pathogen Standard will receive an explanation of the ECP during their initial training session. It shall also be reviewed in their annual refresher training. All employees have the opportunity to review this plan at any time during their work shifts by contacting the Safety Officer.

Note: Good Samaritan acts which result in exposure to blood or other potentially infectious materials as a result of assisting fellow employees such as giving CPR or first aid are not included in the Bloodborne Pathogen Standard. However, employees should be encouraged to offer post-exposure medical evaluation and follow-up.

5.0 EXPOSURE CONTROL PROCEDURES

5.1 Universal Precautions

In all circumstances, Universal Precautions, as recommended or defined by the Centers for Disease Control (CDC) and/or the Occupational Safety and Health Administration (OSHA), will be observed in order to prevent contact with blood and other potentially infectious materials, unless they interfere with the proper delivery of healthcare or would create a significant risk to the personal safety of the worker.

All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. These precautions and practices include the following four areas:

5.1.1 Personal hygiene,

5.1.2 Engineering and work practice controls,

5.1.3 Personal protective equipment (PPE),

5.1.4 Equipment cleaning and disinfecting.

While the concept of “Universal Precaution” is generally accepted as prudent and effective, a more complete worker protection program is required to ensure maximum protection. The approach for the safe handling of infectious agents involves the use of a combination of strategies.

5.2 Engineering Controls

Wherever possible, engineering controls will be utilized to reduce potential exposure. The Safety Officer will be responsible for inspection and maintenance of these controls. Records will be maintained for frequency of inspection and repairs.

5.2.1 Sharps Containers: Sharps containers shall be used to make sure contaminated “sharps” (needles, blades, etc.) cannot injure other workers.

5.2.2 Labels: The Safety Officer shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange red. Red bags or containers may be substituted for labels. However, regulated wastes must be handled in accordance with the rules and regulations of the organization having jurisdiction. Engineering and work practice controls will be used to eliminate and/or minimize potential exposure. When potential exposure remains, PPE shall be used;

5.2.3 Machine Guarding: The elimination of sharp, edges, pinch points, run-in points, and other standard practices to minimize worker injury is an ongoing and active process. Through the elimination of items that can cause physical injury, workers will be protected from unnecessary exposure to bloodborne pathogens.

5.2.4 Hand-washing Facilities: Hand-washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. These facilities are readily accessible after incurring exposure. Hand-washing facilities are located throughout the facility.

5.2.5 For handling other regulated waste: The Village of Pleasantville will provide containers sufficient to contain regulated wastes, other than those regulated by the Bloodborne Pathogens rule, capable of resisting punctures and labeled as a biohazard (as appropriate). These are located in the Safety Officer’s office. The waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Note: Disposal of all regulated waste shall be in accordance with applicable United States, state and local regulations.

5.3 Work Practices Controls

5.3.1 Employees shall wash their hands immediately or as soon as possible after removal of gloves or other personal protective equipment and after hand contact with blood or other potentially infectious materials.

5.3.3 All PPE must be removed immediately upon leaving the work area or as soon as possible if overtly contaminated and placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

5.3.3 Used needles and other sharps may not be sheared, bent, broken, re-capped, or re-sheathed by hand. Used needles may not be removed from disposable syringes. Recapping is permitted only if no other alternative is feasible and must be done using an approved mechanical device or one-handed technique.

5.3.4 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for occupational exposure.

5.3.5 Food and drink shall not be stored in refrigerators, freezers, or cabinets where blood or other potentially infectious materials are stored or in areas of possible contamination.

5.3.6 All procedures involving blood or other potentially infectious materials will be done in a manner which minimized splashing, spraying, and aerosolization of these substances.

5.3.7 Mouth pipetting/suctioning is prohibited.

5.3.8 If conditions are such that hand washing facilities are not available, antiseptic hand cleaners are to be used. Because this is an interim measure, employees are to wash hands at the first available opportunity.

5.3.9 Exposed employees wash hands and exposed skin as soon as possible after exposure; and contaminated materials are properly disposed of as Red Bag Waste or medical waste or bio-hazard waste.

5.3.10 Supervisors shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

5.3.11 Supervisors shall ensure that if employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as soon as feasible following contact.

5.3.12 Decontamination will be accomplished by following the procedure for blood contamination clean-up flowchart in appendix E. This process describes the cleanup activities to follow when any blood is found on the processing line blood detected in the production line or on the product. Only trained employees shall be allowed to undertake decontamination activities.

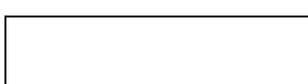
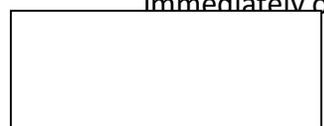
5.4 Personal Protective Equipment

5.4.1 All PPE used at this facility will be provided without cost to employees. PPE will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, 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.

5.4.2 The Safety Officer shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued without cost to employees. 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.

5.4.3 The Safety Officer shall ensure that all PPE will be cleaned, laundered, and disposed of by the employer at no cost to the employees. All repairs and replacements will be made by the employer at no cost to employees.

5.4.4 The Supervisor shall ensure that all garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area. When PPE is



removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

5.4.5 Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

5.4.6 Disposable gloves used at this facility are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re use provided that the integrity of the glove is not compromised. Utility gloves will 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.

5.4.7 Additional PPE selections, such as use of hairnets, smocks, foot covering, and aprons, may be necessary to ensure employee safety in regards to bloodborne pathogens in certain workplace situations.

5.4.8 Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked – “biohazard” –, labeled, or color-coded red bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

6.0 EMPLOYEE COMMUNICATION AND TRAINING:

The Village of Pleasantville shall assure that all employees with the potential for exposure to blood or other infectious materials understand the associated hazards and are trained to minimize their exposure.

6.1 To accomplish these requirements The Village of Pleasantville shall ensure that a competent person, who shall include but is not limited to the following, conducts training:

- 6.1.1 Ensure that signs and labels conform to 1910.1030;
- 6.1.2 Provide training at no cost to the employee;
- 6.1.3 Conduct training prior to any potential exposure;
- 6.1.4 Conduct training at least annually or as conditions change;
- 6.1.5 Conduct training in English and other languages as required;
- 6.1.6 Provide warning signs and labels; and
- 6.1.7 Utilize current training aids.

6.2 Training Program: Employee training shall include:

- 6.2.1 A review of 1910.1030;
- 6.2.2 Discussions of bloodborne diseases;
- 6.2.3 Modes of transmission;
- 6.2.4 Review of the exposure control plan;
- 6.2.5 Recognition of tasks that may involve exposure;

- 6.2.6 Procedures for handling contaminated waste;
- 6.2.7 Right to have the HEP B vaccination;
- 6.2.8 Procedure for recording an incident;
- 6.2.9 Post exposure evaluation; and
- 6.2.10 First Aid / CPR and AED

7.0 EXPOSURE INCIDENT EVALUATIONS

An exposure incident is specific eye, mouth, other mucous membrane, non-intact skin, or parental contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Should an employee be exposed to a potentially infectious material (via needle stick, splash, etc.) post-exposure evaluations will be provided.

7.1 Employees should immediately report exposure incidents or suspected exposure incidents to the Safety Officer. The exposed employee must be immediately directed to a licensed health care professional for testing and medical evaluation. This allows for timely medical evaluation and follow-up by a licensed health care professional as well as for timely testing of the source individual's blood for HIV and HBV.

7.2 All exposure incidents shall be investigated and documented. The findings of the documented investigation must be sent with the exposed employee to the treating health care professional. The Safety Officer shall investigate and document the incident using the form in appendix C. When evaluating an exposure incident, thorough assessment and confidentiality are critical issues. All reports must be treated with strict confidence.

7.2.1 The written documentation shall include: the route of exposure and circumstances under which exposure occurred, HBV and HIV antibody status of the source patient(s) (if known), the employees involved, and consent to test the blood of all involved in the incident.

7.2.2 If the source patient can be determined, permission is obtained and, where it is not prohibited by law, collection and testing of the source patient's blood to determine the presence of HIV or HBV infection shall be done as soon as possible after the exposure incident.

7.2.3 If consent is not obtained The Village of Pleasantville must show that legally required consent could not be obtained.

7.2.4 If the source is known to be infectious for HBV or HIV, testing need not be repeated to determine the known infectivity.

7.2.5 All samples will be preserved for at least 90 days.

7.3 Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow up. The attending physician or licensed health care professional will be provided the following information:

7.3.1 A copy of the OSHA regulation "Bloodborne Pathogens" and its appendices;

7.3.2 A description of the affected employee's duties as they relate to the employee's occupational exposure;

7.3.3 Results of the source individual's blood testing, if available;

7.3.4 All employee medical records, including vaccination records, relevant to the treatment of the employee.

7.4 The attending physician will provide a written opinion to The Village of Pleasantville concerning the following:

7.4.1 Specific findings or diagnoses which are related to the employee's ability to receive the HBV vaccination.

7.4.2 A statement that the employee has been informed of the results of the medical evaluation and 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.

7.4.3 Any other findings and diagnoses shall remain confidential.

7.4.4 For each evaluation under this section, the company will obtain and provide the employee with a copy of the attending physician's written opinion within 15 days of the completion of the evaluation.

8.0 SHARPS INJURY LOG

Workers Comp. submission will serve as the Village's formal sharps injury log. This will be maintained at Pleasantville Village Hall, located at 80 Wheeler Avenue, Pleasantville, NY. These incidents will serve as record of all percutaneous injuries from contaminated sharps. All entries on the sharps injury log will be recorded in a manner that maintains the confidentiality of the injured employee.

Note: This requirement applies only to employers required to maintain a log of occupational injuries and illnesses under 29 CFR 1904. Maintenance of this sharps injury log is covered in 29 CFR 1904.6.

APPENDIX A

PROCEDURE FOR BLOOD CONTAMINATION CLEAN-UP

Purpose: This process describes the clean-up activities to follow when any blood is found on the processing line Blood Detected on the lone or in the product

