



City of Barre
Safety and Health Program
BBP/ OPIM

11/26/2018

Blood Borne Pathogens/ Other Potentially Infectious Materials

PURPOSE: Reduce the risk of occupational exposure to bloodborne pathogens, and/or other potentially infectious materials (OPIM), as required by VOSHA 10190.1030. The City of Barre has developed this plan to comply with the Bloodborne Pathogen standard and provide written documentation of the required exposure determination, as well as how exposures are managed, controlled and where appropriate, medically evaluated and treated.

EXPOSURE DETERMINATION

Occupational exposure is defined as "**Reasonably anticipated skin, eye, mucous membrane, or "parental" contact with blood or other potentially infectious materials that may result from the performance of an employer's duties**". With this in mind, we have reviewed the tasks performed by our employees and have identified individuals within specific job classes that have occupational exposure and thus fall under the requirements outlined in this program.

These jobs classes include:

Group A

- The City of Barre Fire Department - Maintains own Policy
- The City of Barre Police Department - Maintains own Policy
- Waste Water Treatment Facility
- Sewer Department
- Facilities Personnel

All individuals identified as belonging to Group A have occupational exposure because, they may be exposed to blood or OPIM at any time during the performance of their duties.

The City of Barre has an ambulance service and is not required to have emergency responders trained within each work place.

It should be noted that the exposure assessment evaluated the exposure, without consideration of the use of PPE.

Lastly, employees not listed above were deemed to not have occupational exposure to bloodborne pathogens and therefore are not covered under this program. Still, we will provide "non-covered" employees with awareness level training on BBP so that they know who is authorized to address situational exposures that they may observe.



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METHOD OF COMPLIANCE

It should be noted that this program relies on the definitions and elements within the standard and establishes a commitment to abide by them. For simplicity sake, it does not reframe them here. As outlined in the standard, key provisions of compliance include the implementation of the following.

- **Universal Precautions** will be used and adhere to by all employees, except in extraordinary circumstances where the use of precautions would interfere with the delivery of health care or jeopardize the life or safety of an employee or patient.
- **Engineering Controls** such as self-retracting needles or needless systems will be used by employees providing medical care whenever these devices available.
- **Work Practices** that follow the concept of universal precautions must be used. Key elements include:
 - The consideration that blood or OPIM exposures are pathogenic and therefore precautions such as PPE, workpractices and other controls must be used in each instance of exposure, regardless of whether the serologic status of the person is known.
 - The use of task specific PPE, with impervious gloves (non-allergenic/nitrile) being the minimum level of PPE required when BBP exposures are anticipated. Additional PPE including eye/face protection, surgical mask and gowns may be required with there is expected exposure to blood/OPIM splashes or aerosols. The use of other exposure control equipment such as resuscitation bags, pocket masks, etc. will be used as appropriate.
 - Surface decontamination with suitable disinfectant
 - Proper disposal of contaminated materials (both as standard and "regulated waste" when appropriate)
 - Proper personal hygiene after each exposure event, whether an "exposure incident" occurred or not. This consists of thorough hand washing as a minimum.
 - Proper disposal of contaminated sharps into a sharps container. This must be performed using a one hand technique. Note that law enforcement collection of sharps for evidence purposes must still be performed using a one-handed technique or via other means that prevents exposure to the needlestick hazard.
 - Location of sharps containers in areas where sharps will be generated. Current locations for sharps containers are as follows
 - City Hall - Mens and Womens bathroom.
 - Auditorium -
 - B.O.R. -
 - Other Locations -



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- PPE usage will be based on the exposure that is anticipated for each exposure situation. Exposure situations warranting various PPE will be reviewed as part of the required annual training for employees covered under this program.
 - We commit to provide PPE to all affected employees in locations and in sufficient quantities so as to protect all employees.
 - We assume all responsibility for the provision, cleaning (if appropriate) and disposal of all contaminated PPE that is used in accordance with this exposure control program.
 - All contaminated PPE that is disposable will be immediately disposed of in a suitable container and will not be re-used.

CLEANING AND DECONTAMINATION OF SURFACES

Workers tasked with cleaning surfaces that may be contaminated with Bloodborne Pathogens, must be protected from exposure. Employers are responsible for ensuring that workers are protected from exposure and that workers are not exposed to harmful levels of chemicals used for cleaning and disinfection.

GUIDELINES FOR CLEANING AND DISINFECTION

- Immediately clean and disinfect any visible surface contamination from blood, urine, feces, vomit, or other body fluids.
- Isolate areas of suspected contamination until decontamination is completed to minimize exposure to individuals not performing the work.
- Cover spills with absorbent material (e.g., paper towels), then pour disinfectant on to saturate the area, and allow bleach to soak into spills for at least 30 minutes before cleaning to allow it to kill any virus or other infectious agents that may be present.
- Treat any visible contamination or bulk spill matter with a suitable disinfectant before cleaning up and removing bulk material.
- After disinfecting and removing bulk material, clean and decontaminate the surface using the disinfectant.
- Ensure adequate ventilation in areas where workers are using disinfectants, including by opening windows and doors, or using mechanical ventilation equipment.

USE APPROPRIATE PROTECTIVE EQUIPMENT

Employers must select personal protective equipment (PPE) (such as gloves, gowns, goggles and facemasks) that will protect workers against Bloodborne Pathogens to which they may be exposed. Workers must wear PPE to help minimize exposure to the virus via mucous membranes or broken skin. PPE suitable for contact-transmissible diseases, includes:

- Nitrile gloves (consider using double-gloves for extra protection);



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- Fluid-resistant or fluid-impermeable gowns;
- Goggles or face shields; and
- Facemasks that cover the nose and mouth.

Wearing protective sleeve, leg, and shoe coverings or fluid-resistant or fluid-impermeable coveralls further reduces the risk of contact with infectious materials. In some cases, additional respiratory protection (e.g., respirators) may be necessary to protect workers from exposure to Bloodborne Pathogens and/or chemical disinfectants.

- Use tools, such as tongs from a spill kit, as much as possible rather than doing cleanup work directly with gloved hands.
- After cleaning and disinfection work is complete, remove PPE as follows: gloves, face shield/goggles, gown, and then mask/respirator. Wash hands with soap and water, or use an alcohol-based hand gel if no running water is available.
- Avoid cleaning techniques, such as using pressurized air or water sprays, that may result in the generation of bio-aerosols (aerosolized droplets containing infectious particles that can be inhaled).

DISINFECTANTS

- Use an EPA-registered disinfectant suitable for non-enveloped viruses (e.g., adenovirus, norovirus, poliovirus) to treat contamination/spills and to disinfect surfaces after bulk spill material has been removed. See www.epa.gov/oppad001/chemregindex.htm. Follow manufacturer instructions for the specific disinfectant.
- When commercial disinfectant products are unavailable, common household bleach and other appropriate disinfectants may be effective alternatives.
- Use a 1:10 solution of bleach to water (e.g., 1 cup of bleach in 9 cups of water).
- Never mix chemicals together. Certain combinations of chemicals can be deadly or can reduce the effectiveness of the disinfectant.

GUIDELINES FOR WASTE DISPOSAL

- Soak materials and PPE used in cleanup and decontamination in disinfectant, double-bag, and place in a leak-proof container to further reduce the risk of worker exposure. Use a puncture-proof container for sharps or place them in an approved sharps container as defined in work practices above.
- It may be necessary to dispose of contaminated objects with porous surfaces that cannot be disinfected.
- Dispose of waste from surface cleanup in accord with CDC guidelines and the U.S. Department of Transportation's (DOT) Hazardous Materials Regulations (HMR), at phmsa.dot.gov/hazmat/transporting-infectious-substances.



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USE APPROPRIATE RESPIRATORY PROTECTION

- In instances where workers may be exposed to bio-aerosols (e.g., as a result of spraying liquids or air during cleaning) suspected of or known to Bloodborne Pathogens, additional respiratory protection is needed. In these cases, medically qualified workers must use, at a minimum, a NIOSH-approved, fit-tested N95 respirator. (See Respiratory Protection Program)

INFECTIOUS WASTE DISPOSAL AND REGULATED WASTE

Where small amount of blood is present on disposable PPE or absorbents, these often may be safely disposed of in the standard trash (i.e. non-regulated waste). All contaminated sharps will be considered as regulated waste and labeled and disposed of accordingly. Some municipalities may be able to adopt a procedure as follows:

Our procedure is to give these small quantities of materials to Our Fire/EMS Department who safely disposes of them for us.

VACCINATIONS AND POST-EXPOSURE FOLLOW-UP

All group A and Group B employees are offered Hepatitis B (HBV) vaccination at no charge. Those wishing to decline the vaccine will sign the City of Barre declination form, but may at any time change their mind and choose to receive the vaccine series. Employees are encouraged to receive the vaccine series, unless they have previously received it or have evidence of antibodies to HBV.

Each employee who reports an exposure incident (as defined in the standard and outlined in the annual training) will be provided the opportunity for a confidential medical evaluation and follow-up. The evaluation will, at a minimum include:

- Document the route(s) of entry, the name of the source patient(s), if known, and the circumstances under which the exposure occurred.
- Provide for the collection and testing of the source patient's blood to determine HIV or HBV infection if the source patient is known and consents to testing.
- Provide treatment according to standard recommendations for medical practices if the source patient is unknown or consent for testing cannot be obtained.
- Provide follow-up of the exposed employee, including counseling and illness reporting, regardless of the HIV or HBV status of the source patient.
- The counseling will cover risk reduction behaviors related to sexual contact, pregnancy, and other behaviors. It will also cover the risks and benefits of HIV testing in accordance with state law.



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- Provide for the collection and testing of employees' blood to determine HBV or HIV status as soon as possible after exposure incidents if, after counseling, they request it. Actual antibody testing of the blood may be done at the time of collection or at intervals that are optimal for the development of detectable antibody titers.
- Provide safe and acceptable post-exposure prophylaxis for HIV and HBV

We will provide the evaluating physician with the information required by the standard and also provide the employee the written opinion information (outlined in the standard) within 15 working days of the completion of the post-exposure evaluation. Medical records will be maintained by the treating healthcare provider, although if any are received by us, we will maintain them in a confidential manner under lock and key.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Any container of regulated waste will be properly labeled as regulated waste and exhibit the biohazard symbol.

RECORDKEEPING

We will retain the employees HBV vaccination records and medical history as they relate to the ability to use PPE. In addition, we will retain the physician's written opinion and documentation of post-exposure follow-up activities. We expect the treating healthcare provider to maintain copies of these medical records and in general we will maintain the minimum amount of records when these are duplicated by the healthcare professional. All healthcare/medical records will be maintained so as to protect employee confidentiality and comply with HIPAA.

Any needlesticks or other percutaneous exposure incidents will be recorded in a needlestick log.

EMPLOYEE TRAINING AND INFORMATION

We believe that comprehensive training in exposure control practices, universal precautions, exposure incident reporting and the other requirements of the standard are critical to the implementation of a successful exposure control program. Annually, all employees identified as having occupational exposure must attend a comprehensive training session that includes all of the elements outlined in 1910.1030(g)(2) (Information & Training).

Our approach to training will be to use competent trainers (Fire/ EMS Personnel) to deliver the sessions and answer questions. A record of attendees and a training syllabus will be retained by each department and master lists for all departments will be maintained at the Human Resources office, Fire Chief Office or Police Chief Office. The training records will also include Name of the trainer, an outline of the materials covered and the dates of training.



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PROGRAM REVIEW

This program will be reviewed annually to ensure that procedures and equipment are the most current, appropriate and up to date, with regard to technological advances.