



**BLOODBORNE PATHOGENS  
EXPOSURE CONTROL PLAN**

**CITY OF BURLINGTON**

**August 18, 2014**

**ADOPTED BY THE  
CITY OF BURLINGTON  
CENTRAL SAFETY COMMITTEE**

**DATE: OCTOBER 8, 2002**

# EXPOSURE CONTROL PLAN

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**I. PURPOSE**

The City of Burlington is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist the City of Burlington in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure;
- Implementation of various methods of exposure control, including:
  - ◆ Universal precautions,
  - ◆ Engineering and work practice controls,
  - ◆ Personal protective equipment, and
  - ◆ Housekeeping
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping; and
- Procedures for evaluating circumstances surrounding an exposure incident.

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

**II. SCOPE AND AUTHORIZATION**

Those employees who are determined to have, or reasonably anticipated to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

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**III. DEFINITIONS**

**Blood**

Blood is defined as human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens**

Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to the Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

**Clinical Laboratory**

A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

**Contamination**

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on any item or surface.

**Contaminated Laundry**

Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**Contaminated Sharps**

Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, pipettes and exposed ends of dental wires.

**Decontamination**

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

**Engineering Controls**

Hazard controls (e.g., sharps disposal containers, self-sheathing needles) that prevent, isolate or remove the bloodborne pathogens exposure potential from the workplace.

**Exposure Incident**

A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

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**Handwashing Facilities**

A facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

**Licensed Healthcare Professional (LHCP)**

Person whose legally permitted scope of practice allows him or her to independently perform the activities listed in **Sections X & XI** of this exposure Control Plan (Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up).

**HBV**

Hepatitis B virus.

**HCV**

Hepatitis C virus.

**HIV**

Human Immunodeficiency Virus.

**Occupational Exposure**

Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials (OPIM)**

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead);

(3) HIV-containing cell or tissue cultures, organ cultures, and HIV-, HBV- or HCV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV or HCV.

**Parenteral**

Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions other than through ingestion.

**Personal Protective Equipment**

Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function

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as protection against a hazard are not considered to be personal protective equipment.

**Production Facility**

A facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

**Regulated Waste**

Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

**Research Laboratory**

A laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV, but not in the volume found in production facilities.

**Source Individual**

Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

**Sterilize**

The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions**

Is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

**Work Practice Controls**

Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles).

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**IV. ADMINISTRATIVE DUTIES**

The Certified Occupational Health Nurse (COHN) is responsible for the implementation of the ECP. The COHN will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. The COHN can be reached in the Occupational Health Clinic at telephone number 336-229-3584.

The COHN or designee will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The COHN or designee will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes. Information regarding PPE, sharps containers, labels and/or red bags can be obtained from the Occupational Health Clinic at telephone number 336-229-3584.

The COHN will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The COHN will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

**V. EMPLOYEE EXPOSURE DETERMINATIONS**

**A. Job Classifications**

JOB CLASSIFICATIONS BY DEPARTMENT IN WHICH **ALL** EMPLOYEES HAVE  
EXPOSURE RISK TO BLOODBORNE PATHOGENS

Human Resources / Occupational Health

1. Physician
2. Cert. Occupational Health Nurse
3. Contract Nurse
4. Student Nurse

Fire Department

1. Uniformed Firefighter Personnel

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Police/ Animal Services

1. Sworn Police Officers
2. Victim Assistance Coordinator
3. Records Supervisor
4. Identification Supervisor
5. Identification Laboratory Technician
6. Parking Enforcement Supervisor
7. Custodial Personnel
8. Animal Services Supervisor
9. Animal Services Assistant Supervisor
10. Animal Services Field Operators

Customer Service

1. Commercial Meter Readers
2. Custodial Personnel

Water Resources

1. Water Resources Director
2. Field Operations Manager
3. WSPM Assistant Supervisor
4. Field Supervisor
5. Crew Leader
6. Equipment Operator
7. Chief Operator
2. Plant Operator 1
3. Plant Operator 2
4. Environmental Specialist
5. Water and Wastewater Maintenance Workers
6. General Maintenance Worker
7. Water and Sewer Pipes Maintenance Personnel
8. Plants Maintenance Supervisor
9. Plants Maintenance Assistant Supervisor
10. Plants Maintenance Mechanic
11. Superintendant Lab Services
12. Chemist
13. Laboratory Tech
14. Pretreatment Specialist

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Public Works

1. Equipment Services Supervisor
2. Assistant Equipment Services Supervisor
3. Building Maintenance Superintendent
4. Assistant Building Maintenance Superintendent
5. Traffic Signs & Markings Supervisor
6. Traffic Signs & Markings Tech I
7. Streets Maintenance Superintendent
8. Assistant Streets Maintenance Superintendent
9. Street Maintenance Supervisor II
10. Cemetery & Grounds Superintendent
11. Assistant Cemetery & Grounds Superintendent
12. Sanitation Personnel
13. Custodial Personnel

Recreation & Parks

1. Amusement Park Supervisor
2. Assistant Senior Programs Supervisor
3. Assistant Turf Supervisor
4. Director Lake Operations
5. Golf Course Manager/ Professional
6. Golf Course Superintendent
7. Lifeguards Assistant
8. Park Manager
9. Park Maintenance Manager
10. Senior Programs Supervisor
11. Paramount Theater Director
12. Safety Compliance Supervisor

JOB CLASSIFICATIONS BY DEPARTMENT IN WHICH **SOME** EMPLOYEES HAVE  
EXPOSURE RISK TO BLOODBORNE PATHOGENS

Police

1. Office Assistant III

Trained employees performing the following task with potential exposure are covered by this policy.

1. 1st aid

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2. CPR
3. Decontamination

Recreation and Parks

1. Parks & Facilities Supervision
2. Specifically Designated Afterschool/Day Camp staff
3. Recreation Specialist I
4. Recreation Specialist II
5. Custodial worker
6. Marina Operator

Trained Employees performing any of the following tasks with potential exposure are covered by this policy.

1. 1st aid
2. CPR
3. Decontamination

- ❖ All city employees who have been designated and authorized by the City of Burlington to render first aid treatment and/or CPR shall receive training in the Bloodborne Pathogens Standard and are included in this Exposure Control Plan.

**B. Part Time and Temporary Employees**

Part-time, temporary and/or per diem employees are covered by the standard if they have been identified to be at risk of exposure to blood or other potentially infectious materials. All such employees meeting this criteria shall be included in these listings.

**C. Other Employers**

In accordance with the requirements set forth by OSHA for potential exposure to bloodborne pathogens, it is the policy of the City of Burlington to request compliance documentation from all other employers who may face contact with blood and other potentially infectious materials while conducting work on behalf of the City of Burlington. This documentation must be provided by the other employer prior to conducting any work on behalf of the City of Burlington and such documentation includes, but is not limited to written procedures for bloodborne pathogens, as well as current training documentation. Additionally, any other employer who may face exposure to blood or other potentially infectious materials while conducting work on behalf of the City of Burlington shall be provided with a

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written copy of this program and must be informed about their potential exposure. Other employers who have not met the requirements of this standard are prohibited from conducting work at any city facility, as well as any work that they may conduct on behalf of the City of Burlington if such work poses a risk of potential exposure to blood or other potentially infectious materials.

**VI. Methods of Implementation and Control**

**A. Universal Precautions**

All employees will utilize universal precautions. For the purposes of the Exposure Control Plan, Universal Precautions means to treat all blood and bodily fluids as if infectious.

**B. Exposure Control Plan**

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting the COHN. If requested, the City of Burlington will provide an employee with a copy of the ECP and within 15 days of the request.

The COHN and the Director of Safety are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

1. The review and update of such plans must also:
  - a) Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
  - b) Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. The COHN documents all devices considered or used.
2. The COHN solicits input from non-managerial employees responsible for performing First Aid and others in the identification, evaluation, and selection of effective engineering and work practice controls. Only those employees

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who are potentially exposed to injuries from contaminated sharps need be contacted.

**C. Engineering and Work Practice Controls**

Engineering and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

1. Engineering controls shall be used as a primary means to other control methods for eliminating or minimizing employee exposure to blood or other potentially infectious materials. Engineering controls must be examined and maintained or replaced on a regular scheduled basis to ensure their effectiveness. The specific engineering controls used are listed below:
  - Properly adjusted Machine Guards and Shields are installed on machines to prevent cuts to hands.
  - Puncture-resistant and leak-proof sharps containers for disposal of needles and sharp objects are placed in all areas used.
  - Tasks such as servicing machinery and equipment, cutting/threading objects, etc. where there is a likely potential for cuts and punctures, shall require the use of cut resistant gloves as is consistent with departmental PPE assessments.
  - Sharps disposal containers are inspected and maintained or replaced by the COHN or designee every month or whenever necessary to prevent overfilling.
2. Work Practice controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of an employee's exposure to blood and other potentially infectious materials. OSHA requires the employee to use these as a primary means of reducing or minimizing employee exposure.

Work Practice Controls are utilized as follows:

- a) Hand-Washing
  - Readily accessible hand-washing facilities are available to employees who incur exposure and are located in each facility.

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- Employees shall immediately remove Personal Protective Gloves and shall wash their hands and any other potentially contaminated skin area with soap and water and dispose accordingly.
  - If employees incur blood and bodily fluid exposure to their skin or mucous membranes, employees shall wash these areas with soap and water immediately following contact.
- b) Sharps Containers for Disposal of used Needles and Glassware Regulated Waste
- Sharps Containers shall be made available to all departments by the COHN.
  - All contaminated and non-contaminated needles or glassware shall be disposed of into Sharps Containers.
- c) Other Work Practice Controls
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where exposure may occur.
  - Food and drinks are not permitted to be stored in areas or refrigerators where exposure or blood material may be present.
  - Mouth Pipetting is strictly prohibited.
  - Equipment that has been contaminated or has the possibility of being contaminated with blood or other bodily fluids shall immediately be cleansed and decontaminated in accordance with OSHA and Environmental Protection Agency (EPA) standards. Approved disinfectants include EPA-registered tuberculocidal disinfectants, EPA registered disinfectants that are labeled as effective against HIV, HBV and HCV or a fresh solution of 1½ cup of bleach to one (1) gallon of water. EPA registered disinfectants should not be used if the contaminated surface is contaminated with agent(s) or volumes of or concentrations of agent(s) for which a higher level of disinfection is recommended. If this situation exists, the bleach solution is the preferred method of decontamination. See

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Appendix E for the compliance directive issued by OSHA regarding proper decontamination. In the event that a disinfectant product is used in lieu of a bleach solution, strict adherence to label instructions is required. For example, the EPA-approved label on a disinfectant product has a section titled "SPECIAL INSTRUCTIONS FOR CLEANING AND DECONTAMINATION AGAINST HIV-1 AND HBV OF SURFACES/OBJECTS SOILED WITH BLOOD/BODY FLUIDS." These instructions require:

- 1) personal protective equipment for the worker performing the task,
- 2) that all blood or other potential infectious materials must be decontaminated thoroughly before it is considered clean,
- 3) that the disposal of the infectious waste be in accordance with federal, state, or local regulations, and
- 4) that the surface is left wet with the disinfectant for 10 minutes. Solutions used for decontamination shall not be reused and must be fresh or stored per manufacturer's recommendations.

The City of Burlington identifies the need for changes in engineering controls and work practices through:

Review of Incident Reports  
Review of the OSHA 300 Log  
Suggestions from Departmental Sub-Committees  
Suggestions from the City of Burlington Central Safety Committee

The following staff is involved in this process:

Director of Safety  
City of Burlington Physician  
COHN  
Contract Nurse

The COHN will ensure effective implementation of these recommendations.

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**VII. PERSONAL PROTECTIVE EQUIPMENT (PPE)**

Personal Protective Equipment (PPE) is provided to our employees at no cost to them. Training is provided by the COHN in the use of the appropriate PPE for the tasks or procedures employees will perform. Personal Protective Equipment shall be chosen based on the anticipated exposure to blood or other potentially infectious materials. Personal 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.

The types of PPE available to employees are as follows:

Face Shields, Surgical Masks, Latex/Nitrile Gloves, Splash Resistant Goggles, Gowns, Lab Coats and Shoe Covers.

- 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.
- The Department Supervisor will periodically check compliance with PPE requirements, as well as ensuring that all PPE will be cleaned, laundered and/or disposed of properly.
- The Department Supervisor will ensure that all used PPE will be removed prior to leaving the work area. When PPE is removed, it shall be without contact and placed in a labeled leak-proof bag for storage and taken to an appropriately designated area for washing, decontamination or disposal.

PPE is located in each department with additional items obtained through the COHN or designee. All employees using PPE must observe the following precautions:

1. Avoid cross contamination
2. Know the limitations of all PPE
3. Realize it is the last line of defense against exposure

The procedure for handling used PPE is as follows:

1. All disposable contaminated PPE is to be placed in a red biohazard bag. The bag is then double bagged, sealed and labeled with the biohazard label. It is

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then sent to the Occupation Health Clinic where the COHN or designee will arrange for disposal. All employees designated by this program have received training in the proper removal and containment of contaminated PPE.

2. Disposable gloves used at any site 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. Certain utility gloves can be reused if cleaned in accordance with OSHA and (EPA) standards. See Section on disinfectants. Any glove will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to those employees who are allergic to the latex gloves normally provided. Contaminated gloves shall be removed inside out without contact with contaminants. These gloves are single use and must include using only new, unused latex or nitrile gloves as replacements and then disposing of all used gloves in the red biohazard bag as instructed above.
3. Laundry that is contaminated with blood or other potentially infectious materials or that may contain contaminated needles or sharps shall be treated as if it was HBV/HCV/HIV infectious and handled as little as possible with a minimum of agitation.
4. Contaminated laundry shall be bagged at the locations where it was used and shall not be sorted or rinsed in employee areas.
5. Contaminated laundry shall be placed and transported in leak-proof bags that are Biohazard labeled or color-coded.
6. Contaminated laundry can be washed in regular washers with regular washing powder and put through two (2) rinse cycles.

## **VIII. HOUSEKEEPING**

### **A. Sharps**

Contaminated sharps shall be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled and/or color-coded appropriately. Sharps disposal containers are available in the Occupational Health Clinic. Sharps shall not be handled without

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appropriate PPE and needles shall not be recapped. Broken glass or similar materials shall be cleaned up using a broom and dustpan and shall not be handled by hand. Uncontaminated glass shall be disposed of in puncture resistant boxes that are labeled “Broken Glass” or preferably sharps containers if sized to fit.

The procedure for handling sharps disposal containers is as follows:

1. Containers may not be opened by unauthorized personnel.
2. Full sharps containers will be capped/sealed and brought to the Occupational Health Clinic for disposal.
3. The COHN will arrange for disposal through Alamance Regional Medical Center.
4. Containers shall not be over filled

**B. Other Regulated Waste**

Regulated waste is placed in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels section), and closed prior to removal to prevent spillage or protrusion of contents during handling.

The procedure for handling other regulated waste is as follows:

1. All infectious waste must be placed in closed, leak-proof red biohazard bags that are labeled and tagged and taken to the Occupational Health Clinic for disposal.
2. The COHN shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials.
3. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange red.
4. 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.

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**C. Additional Housekeeping Procedures**

- Personnel charged with decontamination duties shall wear either latex or nitrile gloves during all cleaning of blood or other potentially infectious materials. **Non-trained personnel shall not perform decontamination and must isolate and notify trained departmental staff.**
- A cleaning schedule for rooms or facilities where human blood or bodily fluids are reasonably anticipated shall be established. Schedules shall be as frequent as necessary to maintain sanitary conditions, depending on the area of the worksite and the type of surface to be cleaned.
- Initial clean up of blood or other potentially infectious materials shall be followed with the use of an approved disinfectant or chemical germicide that is Tuberculocidal or a fresh solution of household bleach diluted 1:10 with water (i.e. 1½ cup of bleach to 1 gallon of water).
- Equipment contaminated with blood or other potentially infectious materials shall be checked routinely and decontaminated if possible prior to servicing or shipping.
- Clothing and/or equipment contaminated with blood or other potentially infectious materials or that may also contain contaminated needles or sharps shall be treated as if it was HBV/HCV/HIV infectious and handled as little as possible with a minimum of agitation.
- Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.
- Contaminated laundry/uniforms that are transferred offsite must be contained and labeled as biohazard prior to releasing to Uniform vendor.

**IX. LABELS**

The following labeling method(s) is used:

- Tags must comply with 29 CFR 1910.145 (F) and shall be used to identify the presence of an actual or potential biological biohazard.
- Tags shall contain the word “Biohazard” or biological hazard symbol and state the specific hazardous condition of the instruction to be communicated to employees.

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- The word and message must be understandable to all employees who may be exposed. Information shall be given to employees through training and education of various labels, tags and color coding system.
- Labels and tags must be an integral part of the container or affixed as close as safely possible to their respective hazards by string, wire or adhesive to prevent the loss of unintentional removal.
- Red bags or red containers may be substituted for labels on containers of infectious waste.

Designated Personnel and/or the COHN will ensure warning labels are affixed and red bags are used as required if regulated waste or contaminated equipment is brought into any worksite. Employees are to notify the COHN and their respective Supervisor if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc., without proper labels.

**X. HEPATITIS B VACCINATION**

The COHN or designee will provide training to employees on Hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.

The Hepatitis B vaccination series is available at no cost after training. Should a covered employee complete and submit an Acceptance Form (Appendix A), the first vaccination must be administered, if medically advisable, within calendar 10 days.

Vaccination is encouraged unless:

1. Documentation exists that the employee has previously received the series,
2. The employee has had reactions to egg or yeast based vaccines,
3. Antibody testing reveals that the employee is immune, or
3. Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form (Appendix B). Employees who decline may request and obtain the vaccination at a later date at no cost. HBV Acceptance and Declination forms are located in Appendices A & B of this document and signed forms are maintained by the COHN.

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Vaccination will be provided by the COHN and will be administered in the Occupational Health Clinic.

Following HBV Acceptance, the LHCP Written Opinion will be limited to whether the employee requires the Hepatitis vaccine and whether the vaccine was administered.

**XI. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

Should a suspected exposure incident occur, employees should notify their respective Supervisor **and** contact the COHN immediately. Contact telephone numbers for the COHN are as follows:

Occupational Health Clinic	336-229-3584.
Cell Phone	336-516-6593

**A. Post Exposure Procedures**

An immediately available confidential medical evaluation and follow-up will be conducted by Alamance Regional Medical Center, Kernodle Center, Kernodle Clinic East Town, West Kernodle Clinic, Mebane Kernodle Clinic, Elon Kernodle Clinic, Yanceyville Family Practice, Scott Clinic, Doctors Urgent Care or the COHN. Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following activities will be performed:

1. Documentation of the route of exposure and the circumstances related to the incident.
2. If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV/HCV infectivity. As a last resort the status of the source individual may be determined without consent by obtaining a court order.
3. Results of the testing of the source individual will be made available to the exposed employee, as provided by law, with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
4. The employee will be offered the option of having blood collected for testing to determine the employee's HIV/HBV/HCV serological status. The blood sample will be preserved for up to 90 days to allow the employee time to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to the time that testing will or will not be

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conducted, then the appropriate action can be taken and the blood sample discarded.

5. The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
6. The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

**B. Administration of Post-Exposure Evaluation and Follow-up**

The COHN ensures that health care professional(s) responsible for employee's post-exposure evaluation, treatment and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The COHN ensures that the health care professional evaluating an employee after an exposure incident receives the following information:

- Name of Employee
- Date and Time of Exposure
- Circumstances Surrounding the Exposure Incident
- Routes of Exposure (if known)
- Status of the Source Individual (if known)
- Contact Personnel and Telephone Numbers
- Employee Consent Forms for the Release of Medical Information
- Copies of Employees Medical Records
- Instructions for the Submission of the Employee Evaluation
- Any other information that may assist the health care professional with diagnosis and/or treatment

The COHN provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

**C. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

The COHN will review the circumstances of all exposure incidents to determine the circumstances surrounding the exposure and what steps can be taken in the future to avoid this type of exposure.

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If it is determined that revisions need to be made, the COHN will ensure that appropriate changes are made to this Exposure Control Plan.

## **XII. EMPLOYEE TRAINING**

All employees who have been determined to have “reasonably anticipated” risk of occupational exposure to bloodborne pathogens receive training conducted by the COHN or as instructed through the Train-the-Trainer program. “*Awareness Only*” training is currently covered during New Employee Orientation and is not considered adequate for these covered employees with potential for occupational exposure.

All employees who have been determined to have “reasonably anticipated” risk of occupational exposure to bloodborne pathogens receive annual training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. **Initial training for covered employees shall occur prior to assignment of covered duties.**

In addition, the training program covers, at a minimum, the following elements:

1. The OSHA standard for Bloodborne Pathogens
2. The City of Burlington Bloodborne Pathogens Exposure Control Plan
3. Procedures which might cause exposure to blood or other potentially infectious materials at the worksite.
4. Post exposure evaluation and follow-up.
5. Hepatitis B vaccination program.
6. Procedures for Incident and First Aid Reporting.

Training materials for the City of Burlington are available in the Occupational Health Clinic.

## **XIII. RECORDKEEPING**

### **A. Training Records**

Training records are completed for each covered employee upon completion of training. Training documents will be maintained for the required period of 3 years. *Any roster found to have incomplete information will be returned to the trainer.*

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The training records shall include:

1. Date of Training
2. Employee's Name
3. Employee's Signature
4. Employee's Job Classification
5. Instructor's Name/Title
6. Employee ID#
7. Employee's Hire Date

Employee training records are provided upon written request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Director of Safety.

**B. Medical Records**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."

The COHN is responsible for the maintenance and retention of the required medical records. These confidential records are kept in Occupational Health Clinic for the duration of employment plus thirty years. The telephone number for the Occupational Health Clinic is 336-229-3584.

Employee medical records are provided upon written request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the COHN. Procedures for making such requests are outlined in the City of Burlington written "Access to Employee Exposure and Medical Records" program. The scope of the "Access to Employee Exposure and Medical Records" program will be discussed during bloodborne pathogens training and each employee receiving this training will be provided with a copy of this program. Additionally, this program is available for review by any interested employee in the Human Resources Department, located in the City of Burlington Municipal Annex Building.

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**C. OSHA Recordkeeping**

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the COHN. Any incident where an exposure has been determined will be recorded as a Privacy Case on the departmental OSHA 300 Log.

**D. Hepatitis B Vaccine Acceptance/Declination Forms**

All covered employees must sign either an HBV acceptance or declination form at the time of initial training. These forms are included as **Appendix A and B** of this document. Signed forms shall be kept on file in the Occupational Health Clinic.

**XIV. PROGRAM AVAILABILITY**

A copy of this Exposure control Plan along with 29 CFR 1910.1030, OSHA's BBP Standard will be made available, upon request, to employees and/or their representatives. This written program will be available in the City of Burlington's Occupational Health Clinic for review by any interested employee. Copies of this Exposure Control Plan can also be found on the City's website. [www.burlingtonnc.gov](http://www.burlingtonnc.gov)

**XV. DISCIPLINARY ACTION**

Employees failing to follow established safety procedures will be subjected to the progressive discipline process outlined in Sections 2-398, 2-399 and 2-400 of the City's Personnel Ordinance.

**XVI. AUDITS**

The Exposure Control Plan will be audited and reviewed at least annually by the Safety Director and the COHN. Department heads wishing to change their Employee Exposure Determination must contact the Safety Director for consideration.

**ACKNOWLEDGEMENT OF INITIAL TRAINING AND  
ACCEPTANCE OF HBV VACCINE**

I hereby acknowledge that I have been informed of my risk of occupational exposure to blood and other potentially infectious materials in my job.

My employer has provided me with training on the risks, how they may be minimized, and made available personal protective equipment to me at no charge.

I have reviewed a copy of the Exposure Control Plan, and have received written instructions on procedures to follow should I have an exposure incident with blood or other potentially infectious materials, and hereby agree to comply with city policies in these and other matters.

Due to the possibility of exposure to Hepatitis B, a serious disease, my employer has made available (at no cost to me), a vaccination for this disease. I agree to take this vaccine series and provide my employer with evidence of vaccination. I will follow the schedule for obtaining the vaccine.

The above training and offering of the Hepatitis B vaccine was provided prior to my initial assignment and the first of the vaccination series to be scheduled and received within 10 days of my initial assignment.

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Signature of Employee

Date

---

Signature of Supervisor

Date

Cc: Occupational Health  
Departmental Training File

## HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection.

I have been given the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself. However, I decline this 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.

In the future, if I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated against Hepatitis B, I can receive the vaccination series at no charge to me.

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Signature of Employee

Date

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Signature of Supervisor

Date

Employee's  
Comments: \_\_\_\_\_

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Cc: Occupational Health  
Departmental training File

Appendix B



## Bloodborne Pathogens Training Roster

Page: \_\_\_\_ OF \_\_\_\_

Date: \_\_\_\_\_

**Department:** \_\_\_\_\_

**Trainer:  
Qualifications:** \_\_\_\_\_

**Title:** \_\_\_\_\_

- \_\_\_ Copy and permanent location of Exposure Control Plan and Regulatory Text
- \_\_\_ Epidemiology and symptoms of HIV, HBV, HCV and their modes of transmission
- \_\_\_ Explanation of the Exposure Control Plan
- \_\_\_ Use and limitations of control methods (eng. controls, universal precautions, etc.)
- \_\_\_ Explanation of signs and symbols used to denote Biohazards

- \_\_\_ Information on Personal Protective Equipment
- \_\_\_ Acceptance or Declination forms completed
- \_\_\_ Explanation of Post Exposure Procedures
- \_\_\_ Opportunity for interactive questions and answers
- \_\_\_ Other \_\_\_\_\_

Employee Name (Print)	Employee ID#	Job Title	Hire Date	Signature

**Route Copy to: 1. Director of Safety      2. Department training file**

**HEALTHCARE PROFESSIONAL'S WRITTEN OPINION FOR  
HEPATITIS B VACCINATION**

**Note: This form is to be completed prior to the administration of an employee's first Hepatitis B Vaccination.**

To the Evaluating Healthcare Professional:

After you have determined whether there are contra indications to vaccination of this City of Burlington employee with Hepatitis B Vaccine, please state in the space below only

(A) if the vaccine was indicated      \_\_\_\_\_ YES      \_\_\_\_\_ NO

(B) if the vaccine was received      \_\_\_\_\_ YES      \_\_\_\_\_ NO

*(All other findings are to remain confidential and are not to be included on this page)*

Date first shot was administered: \_\_\_\_\_

Scheduled date of second Shot: \_\_\_\_\_

Scheduled date of third Shot: \_\_\_\_\_

Please provide a copy of this form to the employee, \_\_\_\_\_.  
(name of employee)

Thank You for your evaluation of this employee.

\_\_\_\_\_  
Healthcare Professional's Signature

\_\_\_\_\_  
Healthcare Professional's Name (printed)

\_\_\_\_\_  
Date

**Route Copy to: 1. Employee**

**2. COHN**

Appendix D

## REVIEW OF EMPLOYEE EXPOSURE TO BLOOD/INFECTIOUS MATERIAL

*To be taken with employee at the time a health evaluation is needed.*

Employee Name: \_\_\_\_\_ Date of Report: \_\_\_\_\_

Date/Time of incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Other Personnel Present: \_\_\_\_\_

Was Exposure a: Needlestick \_\_\_\_\_ Cut \_\_\_\_\_ Splash \_\_\_\_\_ Other \_\_\_\_\_

Has this employee received the HBV Vaccination series: \_\_\_\_\_ Yes \_\_\_\_\_ No

Post-exposure prophylaxis indicated: \_\_\_\_\_ Yes \_\_\_\_\_ No

Was the source individual or object identified? \_\_\_\_\_

Describe the circumstances leading up to and including the exposure: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe measures taken after the exposure: \_\_\_\_\_

\_\_\_\_\_  
Name of supervisor notified: \_\_\_\_\_ Date/Time: \_\_\_\_\_

List PPE being worn at the time of exposure: \_\_\_\_\_

\_\_\_\_\_  
How do you feel the incident could have been prevented: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of person completing form: \_\_\_\_\_

Printed name of person completing form: \_\_\_\_\_

Signature of healthcare provider if different from above: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of healthcare provider: \_\_\_\_\_

**Route Report to:** City of Burlington  
Occupational Health Clinic, COHN  
Municipal Annex Bldg.  
244 West Davis Street  
Burlington, NC 27216

Appendix E