**City of San Angelo**

**Annex A**

**Bloodborne Pathogens**

**Exposure Control Plan**

Established 2001

\*Reviewed and Updated August 2016

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**City of San Angelo**

**Bloodborne Pathogen Exposure Control Plan**

**Section One**

**Purpose of the plan**

The major goal of this Bloodborne Pathogen (BBP) Exposure Control Plan is to promote safe work practices and precautions in an effort to minimize the incidence of illness and injury experienced by the employees in the affected department’s relative occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency virus (HIV) and other bloodborne pathogens and infectious materials.

The City of San Angelo (COSA) believes that there are a number of “good general principles” that should be followed when working with bloodborne pathogens. These include that:

1. It is prudent to minimize all exposure to bloodborne pathogens
2. The risk of exposure to bloodborne pathogens should never be underestimated
3. Each Department/Division should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

The COSA Exposure Control Plan has been implemented to meet the requirements of the following laws that were enacted to facilitate the creation of employee safeguards and controls relative to HBV, HCV, HIV and other bloodborne pathogen and infectious materials:

1. Communicable Disease Prevention and Control Act’

Texas Board of Health, T.A.C. Sections 97.10, 97.12, 97.15, 97.17, 97.21 and 97.22 September 1, 1987.

1. US Public Law 100-607, the Health Omnibus Programs Extension Act of 1988;

Programs with respect to Acquired Immune Deficiency Syndrome (AIDS).

1. Communicable Disease Prevention and Control Act, (Article 4419b-1),

Vermon’s Texas Civil Statutes, Section 81.301, Subchapter H.

1. Human Immunodeficiency Virus Services Act, Senate Bill 959, 9/1/89.
2. Title 29 Code of Federal Regulation 1910.1030, Occupational Safety and Health Administration (OSHA), Bloodborne Pathogens Standard as specified in the

Health and Safety Code 81.304.

The objective of this plan is twofold:

1. To protect our employees from health hazards associated with bloodborne pathogens.
2. To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

**THIS IS THE MASTER PLAN FOR COSA. THE FOLLOWING DEPARTMENTS’ SPECIFIC EXPOSURE CONTROL PLAN WILL BE APPENDICES TO THIS PLAN:**

1. Health Department
2. Lake and Park Control
3. Airport fire and Security
4. City Marshals
5. Fire Department and Fire Marshals
6. Police Department

1.1

**Rules of Confidentiality**

Reports, medical records, information and test results furnished to or provided by COSA and/or the affected departments that relate to cases of HIV/AIDS, HBV or HCV exposure must be considered confidential and private information. His includes information about a person’s serio-virus status, however it is obtained. Anyone who has access to this information is charged with maintaining strict confidentiality. This information will be kept under lock and key and not conveyed, in whole or in part, in any oral, written or other manner to any person. This is required by law. To breach these confidentiality laws is a serious offense and will subject offending officers, agents or employees of COSA to possible criminal and civil lawsuits and penalties as well as COSA disciplinary action.

1-2

**City of San Angelo**

**Bloodborne Pathogen Exposure Control Plan**

**Section Two**

**General Program Management**

**Responsible Persons**

There are four major categories of responsibility that are central to the effective implementation of the COSA BBP Exposure Control Plan. These are:

1. Department Directors/Division Managers
2. Exposure Control Officer (Risk Management)
3. Education/Training Instructors
4. Employees

The following sections define the roles played by each of the groups in carrying out the COSA BBP Exposure Control Plan. Throughout this written plan, employees with specific responsibilities are identified. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, Risk Management is to be notified of the change, so that he/she can update their records.

**Department Directors/Division Managers**

Department Directors/Division managers have the overall responsibility for the BBP Plan within their Departments/Divisions. They will work with the employees in their Departments/Divisions to ensure that proper exposure control procedures are followed.

**Exposure Control Officer**

The Risk Manager will be the BBP Exposure Control Officer for COSA. Each Department/Division will also appoint an individual who will be responsible for the overall management of their Department/Division BBP Plan. Activities which may be delegated to the Department/Division by Risk Management typically include, but are not limited to:

1. Overall responsibility for implementing the BBP Exposure Control Plan for their Department/Division.
2. Working with administrators and other employees to develop and administer any additional bloodborne pathogen related policies and/or practices needed to support the effective implementation of this plan.
3. Looking for ways to improve the BBP Exposure Control Plan as well as to revise and update the plan when necessary.
4. Collecting and maintaining a suitable reference library on bloodborne pathogens and bloodborne pathogens safety and health information.
5. Knowing current legal requirements concerning bloodborne pathogens.
6. Acting as the Department/Division liaison during inspections.
7. Conducting periodic Department/Division audits to maintain an up-to-date Exposure Control Plan.
8. Being the Investigative Officer to investigate reported possible exposures.

2-1

**Education/Training**

Each Department/Division will also be responsible for providing information and training to all employees who have the potential for exposure to bloodborne pathogens. Responsibilities include, but are not limited to:

1. Maintaining an up-to-date list of Department/Division personnel requiring training/retraining.
2. Scheduling of employees for training/seminars

Additionally, the COSA Training/Development Specialist will:

1. Develop suitable education/training programs.
2. Coordinate with Department Directors/Division Managers and/or Supervisors on scheduling of classes.
3. Maintain appropriate training documentation such as Sign-in Sheets, Quizzes, etc.
4. Periodically review the training programs with the Risk Manager to include new materials.

**Employees**

As with each of the Department/Division activities, employees have the most important role in the COSA BBP Exposure Control Program, for the ultimate execution of much of the Plan rest in their hands. Therefore, employees must:

1. Attend BBP training sessions.
2. Know what tasks they perform that have the potential for occupational exposure.
3. Plan and conduct all operations in accordance with COSA Safe Work Practices.
4. Develop/practice good hygiene habits.

**Availability of the Exposure Control Plan to Employees**

In order to help them with their efforts, the COSA BBP Exposure Control Plan is available to employees at any time. Employees are advised of this availability during education/training sessions. Copies of the BBP Plan will be kept in the following locations:

1. Risk Management Office
2. Health Department
3. Fire Department
4. Police Department
5. COSA Extranet

**Review and Update of the Plan**

COSA recognizes that it is important to keep the BBP Plan up-to-date. To ensure this, the plan will be periodically reviewed and updated as follows:

1. Whenever new or modified tasks and procedures are implemented which affect occupational exposure of the employees.
2. Whenever jobs are revised such that new instances of occupational exposure may occur.
3. Whenever new functional positions are established in a Department/Division that may involve exposure to bloodborne pathogens.
4. As needed in order to keep the Program up-to-date with changes in regulations, procedures and /or practices.

2-2

**City of San Angelo**

**Bloodborne Pathogen Exposure Control Plan**

**Section Three**

**Exposure Determination**

One of the keys to implementing a successful BBP Exposure Control Plan is to perform an exposure determination for employees who have the possibility for occupational exposure to blood or potentially infectious materials. The determination is made without regard to the use of Personal Protective Equipment (PPE). This exposure determination is required to list all job classifications in which employees have the potential for occupational exposure regardless of frequency. To facilitate this, each Department/Division will prepare their individual exposure determination list using the Job Classification Exposure to Bloodborne Pathogen Form (figure 3-1) and the Work Activities form (figure 3-2). The following job classifications apply:

1. Health care provider
2. Nurse
3. Police
4. Firefighter
5. First responder
6. Ambulance personnel
7. Parks and Recreation personnel

The job descriptions for the above employees encompass the potential for exposure risks from bloodborne pathogens

Each affected Department/Division should use the following page to list the job classifications filled by employees who handle blood and other potentially infectious materials, which may result in possible exposure to bloodborne pathogens.

3-1

**Job Classifications in Which All Employees Have Potential Occupational Exposure to Bloodborne Pathogens**

Below are listed the job classifications within this Department/Division where employees potentially handle human blood or other potentially infectious materials, which may result in possible exposure to bloodborne pathogens.

**Job Title Department/Division**

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Figure 3-1

**Work Activities Involving Potential Exposure**

**To Bloodborne Pathogens**

Below are listed the tasks and procedures within this Department/Division in which human blood and other potential infectious materials could be handled and which may result in exposure to bloodborne pathogens:

**Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Job Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tasks/Procedures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Figure 3-2

**City of San Angelo**

**Bloodborne Pathogen Exposure Control Plan**

**Section Four**

**Methods of Compliance**

COSA understands that there are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in each Department/Division. Those areas include:

1. The use of Universal Precautions.
2. Establishing appropriate Engineering Controls.
3. Implementing appropriate Work Practice Controls.
4. Using necessary PPE.
5. Implementing appropriate Housekeeping Procedures.

Each of these areas is reviewed with affected Department/Division employees during BBP training sessions. By rigorously following the requirements of the BBP Plan in the above areas, employees can eliminate or significantly minimize occupational exposure to bloodborne pathogens.

**Universal Precautions**

In each Department/Division employees will observe the practice of Universal Precautions (sometimes called Standard Precautions) in order to prevent contact with blood and other potentially infectious materials. As a result, all employees will treat all human blood and the following bodily fluids as if they are known to be infectious for HBV, HCV, HIV and/or other bloodborne pathogens:

1. Semen
2. Vaginal secretions
3. Cerebrospinal fluid
4. Synovial fluid
5. Pleural fluid
6. Pericardial fluid
7. Peritoneal fluid
8. Amniotic fluid

Universal Precautions DO NOT include the following body substances unless blood or the bodily fluids mentioned above, are present:

1. Feces
2. Sweat
3. Saliva
4. Vomitus
5. Tears
6. Breast milk
7. Nasal secretions
8. Urine
9. Sputum

4-1

In circumstances where it is difficult or impossible to differentiate between bodily fluid types, employees will assume that ALL bodily fluids are potentially infectious.

**Engineering Controls**

One of the key aspects to each Department/Division BBP Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, each Department/Division employs equipment such as sharps disposal containers, self-sheathing needles and ventilating laboratory hoods as appropriate.

Each Department/Division will periodically review tasks and procedures performed where engineering controls are, or could be, used in order to update and/or implement controls as needed. As a part of this review, the Department/Division will complete an Engineering Control Equipment Form (Figure 4-1) which will assist in identifying the following three areas:

1. Areas where engineering controls are currently being employed.
2. Areas where engineering controls can be updated.
3. Areas currently not employing engineering controls but where engineering controls could be beneficial.

The results of this survey will be filed with the Department/Division BBP Exposure Control Plan.

Each of these forms will be reviewed by the Department Director/Division Manager in order to determine the need and/or feasibility of the suggested controls. Additionally, all existing engineering controls will be reviewed for proper function and needed repair or replacement.

The following are engineering controls that are to be used throughout each Department/Division:

1. Hand washing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes) which are readily accessible to all employees who have the potential for exposure.
2. Containers for contaminated reusable sharps having the following characteristics:
3. Puncture-resistant
4. Color-coded or labeled with a biohazard warning label
5. Leak-proof on the sides and bottom
6. Specimen containers
7. Leak-proof
8. Color-coded or labeled with a biohazard warning label
9. Puncture-resistant, when necessary
10. Secondary containers which are:
11. Leak-proof
12. Color-coded or labeled with a biohazard warning label
13. Puncture-resistant, if necessary

4-2

**Work Practice Controls**

In addition to engineering controls each Department/Division will use a number of Work Practice controls to help eliminate or minimize employee exposure to bloodborne pathogens. Many of these Work Practice Controls have been in effect for some time. Any controls that each Department/Division is using for the first time will be fully implemented as soon as possible.

Each Department Director/Division Manager will oversee the implementation of these Work Practice Controls. They will work in conjunction with the Supervisors and Crew Leaders in order to implement these controls.

Each Department/Division will adopt the following Work Practices as part of their BBP Exposure Control Plan:

1. Employees will wash their hands immediately, or as soon as feasible, after removal of gloves or other PPE.
2. Following any contact with human blood or any other potentially infectious bodily fluid, employees will wash their hands and any other exposed skin with soap and water as soon as possible. They will also flush exposed mucous membranes with water.
3. Contaminated needles and other contaminated sharps will be discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area and will not be bent, recapped or removed unless:
4. It can be determined that there is no feasible alternative.
5. The actions are requires by specific medical procedures.
6. In the two situations mentioned above, the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
7. Contaminated reusable sharps will be placed in appropriate containers immediately, or as soon as possible, after use.
8. Eating, drinking, smoking, applying of cosmetics or lip balm and handling contact lenses will be prohibited in work areas where there is a potential for exposure to bloodborne pathogens.
9. Food and drinks will not be kept in refrigerators, freezers, on counter tops or in other storage areas where blood or other potentially infectious materials are present.
10. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
11. All procedures involving blood and other potentially infectious materials will be minimized from splashing, spraying or other actions that generate droplets of these materials.
12. Specimens of blood or other bodily fluids or body parts will be placed in designated leak-proof containers, which have been appropriately labeled, for handling and/or storage.
13. If outside contamination of a primary specimen occurs, that container will be placed within a second leak-proof container, which has been appropriately labeled, for handling and/or storage. (if the specimen can puncture the primary container, the second container must be puncture resistant.
14. Equipment which becomes potentially contaminated will be examined prior to servicing or shipping and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible)

4-3

1. An appropriate biohazard warning label will be attached to any contaminated equipment, identifying the contaminated part.
2. Information regarding the remaining contamination will be conveyed to all affected employees, the equipment manufacturer and equipment service representative prior to handling, servicing or shipping.

When a new employee comes into a different Department/Division or an employee changes jobs within the Department/Division, the following process will take place to ensure that they are trained in the appropriate work practice controls:

1. The employee’s job classification, the tasks and/or procedures that they will perform are checked against the Job Classification and Tasks Lists which each Department/Division has identified in their BBP Exposure Control Plan.
2. If the employee is transferring from one job to another within the same Department/Division, the job classification and task/procedures pertaining to their previous job are also checked against these lists.
3. The employee will then be trained by the Department Director/Division Manager or Supervisor regarding any work practice controls the employee has yet to experience.

**Personal Protective Equipment (PPE)**

PPE is the employee’s “last line of defense” against bloodborne pathogens. Because of this, each Department/Division provides (at no cost to their employees the PPE that they need to protect themselves against such exposure. This equipment includes, but it not limited to:

1. Gloves
2. Gowns
3. Laboratory Coats
4. Face Shields/Masks
5. Safety Goggles
6. Mouthpieces
7. Resuscitation Masks
8. Pocket Masks
9. Hoods
10. Safety Shoes/Boots
11. Shoe Covers

Each Department/Division will tailor a specific kit for their employees and list the content of those kits in their BBP Exposure Control Plan.

Hypoallergenic gloves, glove-liners and similar alternatives will be readily available to employees who are allergic to the gloves that each Department/Division uses normally.

Each Department Director/Division Manager working with Supervisors will be responsible for ensuring that their Department/Division and work areas have appropriate PPE available to employees.

Employees will be trained regarding the use of the appropriate PPE for their job classification and task/procedures that they perform. Initial training about PPE will be completed in each Department/Division. Additional training will be provided, as necessary, if an employee takes a new position or new job functions are added to their current position.

4-4

To determine whether additional training is needed the employee’s previous Job Description and tasks will be compared to those for any new job or function that they undertake. Any needed training will be provided by their Department Director/division manager and/or Supervisor.

To ensure that PPE is not contaminated and is in the appropriate condition to protect employees from potential exposure, each Department/Division will adhere to the following procedures:

1. All PPE will be inspected periodically and repaired or replaced as needed.
2. Reusable PPE will be cleaned, laundered and decontaminated as needed.
3. Single-use PPE (or equipment that cannot be decontaminated) will be disposed of by forwarding that equipment to the facility/entity identified in each Department/Division PPE Exposure Control Plan.

To be sure that this equipment is used as effectively as possible, employees will adhere to the following practices when using their PPE:

1. Any garments penetrated by blood or other potentially infectious materials will be removed immediately or as soon as possible.
2. All PPE will be removed prior to leaving a work area.
3. Gloves will be worn in the following circumstances:
4. Whenever employees anticipate hand contact with potentially infectious materials.
5. When performing vascular access procedures.
6. When handling or touching contaminated items or surfaces.
7. Disposable gloves will be replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an “exposure barrier”.
8. Utility gloves will be decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they will be disposed of and replaced.
9. Masks and eye protection (goggles, face shields, etc) will be used whenever splashes or sprays may generate droplets of potentially infectious materials.
10. Protective clothing (Gowns, aprons, etc) will be worn whenever potential exposure to the body is anticipated.
11. Surgical caps/hoods and/or shoe covers will be used in situations where “gross contamination” is anticipated (autopsies, crime scenes, etc).

**Housekeeping**

Maintaining each Department/Division in a clean and sanitary condition is an important part of this BBP Exposure Control Plan. Each affected Department/Division must set up a cleaning schedule in order to comply with this Plan. There is a Cleaning Schedule Form (figure 4-2) in this section that can be used to document the following:

1. The area to be decontaminated
2. Day and time of scheduled cleaning
3. Cleansers and disinfectants used
4. Any special instructions that are appropriate

Using this schedule, each Department/Division’s housekeeping or environmental services staff will use the following practices:

4-5

1. All equipment and surfaces will be cleaned and decontaminated contact with blood or other potentially infectious materials
2. After the completion of medical procedures
3. Immediately when surfaces are overtly contaminated
4. After any spill of blood or other potentially infectious materials
5. At the end of the work shift if the surface may have been contaminated during that shift
6. Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) will be removed and replaced
7. As soon as it is feasible when overtly contaminated
8. At the end of the work shift if they may have been contaminated during that shift
9. All pails, bins, cans and other receptacles intended for use routinely will be inspected, cleaned and decontaminated as soon as possible if visibly contaminated
10. Potentially contaminated broken glassware will be picked up by using mechanical means (such as dustpan, brush, tongs, forceps, etc)
11. Contaminated reusable sharps will be stored in containers that do not require “hand-processing”

Each Department Director/Division Manager will be responsible for setting up their Department/Division’s cleaning and decontamination schedule and making sure it is carried out in their Department/Division

Each Department/Division will be very careful in handling contaminated waste. Starting with implementation of this plan, the following procedures will be used with all of these types of waste:

1. They are discarded or ‘bagged” in containers that are;
2. Closeable
3. Puncture-resistant
4. Leak-proof
5. Red in color or labeled with the appropriate biohazard warning label
6. Containers for this regulated waste will be located throughout each Department/Division within easy access of each employee and as close as possible to the source of the waste
7. Waste containers will be maintained upright, routinely replaced and not allowed to overfill
8. Contaminated laundry will be handled as little as possible and is not stored or rinsed where it is used
9. Whenever employees move containers of regulated waste from one area to another, the containers will be immediately closed and placed inside of an appropriate secondary container if leakage is possible from the first container

Each Department Director/Division Manager shall appoint an employee who will be responsible for the collection and handling of their Department/Division Department’s contaminated waste

4-6

**Engineering Control Equipment**

The following areas have, or could possibly benefit from having Engineering Control Equipment to eliminate or minimize employee exposure to bloodborne pathogens. If equipment would be beneficial but not yet installed “none” would be indicated in the “Control Equipment” column.

**Department/Division Control Equipment**

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Figure 4-1

**Cleaning Schedule**

**Area Date/Time Cleaners & Special**

**Disinfectants Instructions**

Figure 4-2

**City of San Angelo**

**Bloodborne Pathogen Exposure Control Plan**

**Section Five**

**Post Exposure Management-HIV, HBV & HCV**

Even with good adherence to all exposure prevention practices, exposure incidents can still occur. As a result, COSA has implemented an Exposure Management System which includes a Hepatitis B Vaccination Program, as well as set up procedures for post-exposure evaluation and follow-up should an exposure to bloodborne pathogens occur.

The rules of confidentiality as defined in Section 1 will be followed in all cases.

**Transporters Initial Exposure Reporting Responsibilities**

It is the responsibility of the transporter (Police Officer, Firefighter or EMS personnel) to notify the receiving hospital if there has been an exposure to a patient being transported.

The transporter shall complete the “Report of possible Exposure of Transporter” form. This form will be available to the transporter at the receiving hospital. Transporters may also be provided this form by their Department Director/Division Manager or from Risk Management. The transporter will provide the following information to the hospital:

1. Transporter’s name
2. Transporter’s home & work phone
3. Name, address and phone number for the transporter’s employing agency
4. Patient’s name
5. Type of exposure and description of how the exposure occurred
6. Date of transport

The transporter will leave the top copy of the completed form at the collection point established by the receiving hospital and return the second copy to their Department Director/Division Manager as soon as possible. If an exposure occurs, as defined in 25 TAC 97.11 and 25 TAC 97.13, the transporter will immediately contact their Department Director/Division Manager or Risk Management.

If the transporter is notified that an exposure has occurred, the transporter will contact the Health Department in accordance with the instructions in this policy. The health department will advise the transporter of ay medical prophylaxis or treatment that may be necessary.

It is the responsibility of the hospital to notify the Health department when a transporter has had an exposure to a patient to a patient with a reportable disease. The hospital will also provide the “Report of Possible Exposure of Transporter” form in a place that is readily accessible to transporters.

**Occupational Exposure to HIV**

If an employee has a possible occupational exposure to HIV due to a contaminated sharp stick, the sharps injury must be reported to the Health Department using the Texas Department of Health E59-10666 “Contaminated Sharps Injury Reporting Form”.

5-1

If an employee has a known history of HIV infection:

1. If the employee gives a history of HIV infection or has documentation of HIV positive status, no testing of either the source or the employee is necessary

If the source of HIV exposure is known:

1. The source should be assessed clinically and epidemiologically to determine the risk or likelihood of HIV infection. The source should be informed of the exposure and asked to be tested. It should be stressed to the source that the results will be kept confidential. If the source has no clinical evidence of infection, is HIV antibody negative and has no history of high risk behavior, no further follow-up of the source is indicated.

Testing the exposed employee:

1. The exposed employee should be tested at the time of the initial exposure or as soon as possible after the initial exposure
2. Repeat testing should be done six (6) weeks, twelve (12) weeks, six (6) month and one (1) year after exposure.

If the source has evidence of possible HIV infection, a confirmed positive HIV antibody test, a history of high risk behavior, cannot be tested, refuses to be tested or is unknown then the following steps should be taken:

1. The exposed individual should be evaluated clinically for evidence of HIV infection and HIV antibody testing should be recommended as soon as possible after exposure. Refusal to submit a specimen must be documented. The exposed individual should be advised to report and seek medical evaluation for any acute febrile illness that occurs within twelve (12) weeks after exposure. Such an illness, particularly one characterized by fever, rash or lymph adenopathy may be indicative of recent HIV infection.
2. If the exposed individual’s baseline test is negative for HIV antibody, he/she should have repeat testing for HIV antibody in six (6) weeks, twelve (12) weeks, six (6) months and again in one (1) year. Again, refusal to submit a specimen must be documented. Risk behavior during each testing interim must be assessed and documented.
3. Both the source, if known, and the exposed individual should be counseled.
4. If the source is unknown, decisions regarding appropriate follow-up should be individualized. Serologic testing should be made available by the employer to all workers who may be concerned that they have been infected with HIV through an occupational exposure.

Post exposure counseling should be given within two (2) weeks of exposure and should include information on the potential risk of infection and specific measures to prevent transmission.

**Occupational Exposure to Hepatitis B**

If an employee has a possible occupational exposure to the Hepatitis B Virus (HBV) due to a contaminated sharp stick, the contaminated sharps injury must be reported to the Health Department using the Texas Department of Health E59-10666 Contaminated Sharps Injury Reporting Form.

If the source of the exposure is known and is HbsAG-Positive:

1. If the exposed person has not been vaccinated or has not yet completed the vaccination series, the HBIG injection should be administered within 24 hours of exposure. Follow-up with the HBV Vaccination Program within seven (7) days.

5-2

1. If the exposed person has already been vaccinated against HBV and the anti-HBs response status is known then follow these steps:
2. If the exposed person is known to have had an adequate response in the past, the anti-HBs level should be tested unless an adequate level has been demonstrated in the last 24 months
3. If the anti-HBs level is adequate, no treatment is necessary.
4. If the anti-HBs level is inadequate, administer a booster dose of the Hepatitis B Vaccination.
5. If the exposed person is known not to have responded to the primary vaccine series, he/she should receive the Hepatitis B vaccine as soon as possible.
6. If the exposed person has already been vaccinated against HBV and the anti-HBs response is unknown, the exposed person should be tested for anti-HBs.
7. If the exposed person has adequate antibody, no additional treatment is necessary.
8. If the exposed person ahs inadequate antibody, one dose of HBIG should be administered immediately and a standard booster of vaccine administered at a different site.

If the source of the exposure is known and HBsAG-Negative, then the following would apply:

1. If the exposed person has not been vaccinated or has not completed the vaccination series, he/she should be administered the first dose of the Hepatitis vaccine within seven (7) days of the exposure and complete the vaccination series as recommended.
2. If the exposed person has already been vaccinated against HBV, no treatment is necessary.

If the source of the exposure is unknown or not available for testing, the following would apply:

1. If the exposed person has not been vaccinated or has not completed the vaccination series, he/she should be administered the first dose of the Hepatitis B vaccine within seven (7) days and complete the vaccination series as recommended.
2. If the exposed person has already been vaccinated against HBV and the anti-HBs response is known:
3. If the exposed person is known to have had adequate response in the past, no treatment is necessary.
4. If the exposed person is known to have not responded to the primary vaccine series, he/she should receive hepatitis B vaccine as soon as possible.

**Occupational Exposure to Hepatitis C**

If an employee has a possible occupational exposure to the Hepatitis C Virus (HCV) due to a contaminated sharp stick, the contaminated sharps injury must be reported to the Health Department using the Texas Department of Health E59-10666 Contaminated Sharps Injury Reporting Form.

If an employee has a known history of HCV infection:

1. If the employee gives a history of HCV infection or has documentation of HCV positive status, no testing of either source is required.

5-3

If the source of HCV exposure is known:

1. The source should be assessed clinically and epidemiologically to determine the risk or likelihood of HCV infection. The source should be informed of the exposure and should be ask to be tested. It should be stressed to the source that the results will be kept confidential. If the source has no clinical evidence of infection, then no further follow-up of the source is indicated.
2. Testing the exposed employee:
3. The exposed employee should be tested at the time of the initial exposure or as soon as possible after the initial exposure.
4. Repeat testing should be done eight (8) weeks, twelve (12) weeks and six (6) months after exposure.

If the source has evidence of possible HCV infection, cannot be tested, refuses to be tested or is unknown then the following steps should be taken:

1. The exposed individual should be evaluated clinically for evidence of HCV infection. Refusal to submit a specimen must be documented. The exposed individual should be advised to report and seek medical evaluation for any acute illness that occurs within twelve (12) weeks after exposure.
2. If the exposed individual’s baseline test is negative for HCV, he/she should have repeat testing for HCV in eight (8) weeks, twelve (12) weeks and six (6) months. Again, refusal to submit a specimen must be documented. Risk behavior during each testing interim must be assessed and documented.
3. Both the source, if known, and the exposed individual should be counseled.
4. If the source is unknown, decisions regarding appropriate follow-up should be individualized.

Post exposure counseling should be given within two (2) weeks of exposure and should include information on the potential risk of infection and specific measures to prevent transmission.

**Vaccination Program**

To protect employees as much as possible from potential HBV infection, COSA has implemented a vaccination program. This program will be available, at no cost, to all employees who have occupational exposure to BBP. The vaccine is offered after BBP training and within 10 working days of their initial assignment to work unless the employee has previously received the complete HBV vaccine is contraindicated for medical reasons.

The vaccination program consists of a series of three inoculations over a six-month period. As part of the BBP training employees will receive information regarding HBV vaccinations, including its safety and effectiveness.

The Health Department will be responsible for setting up and operating the vaccination program.

Vaccinations will be performed under the supervision of a licensed physician or other healthcare professional. Employees taking part in the vaccination program will be tracked by the Health Department. Employees who have declined to take part in the program will also be tracked as well, and have signed a “Vaccination Declination Form” (form A5-1 at end of this section) in their files. Employees who initially decline the vaccination but who later elect to receive it may then have the vaccine provided at no cost.

5-4

To ensure that all employees will be aware of the vaccination program, it will be thoroughly discussed in each Department/Division’s BBP training. Additionally, Each Department/Division will post vaccination program policy in their areas.

**Post-Exposure Evaluation and Follow-up**

If an employee is involved in an incident where exposure to BBP may have occurred are two areas which need immediate focus:

1. Investing the circumstances surrounding the exposure incident.
2. Ensuring the employee receives medical consultation and treatment (if required) as expeditiously as possible.

Each Department Director/Division Manager or his/her designee will investigate every exposure incident that occurs in their Department/Division. This investigation will be initiated within 24 hours after the incident occurs or is reported and involves gathering the following information:

1. Date and time when incident occurred
2. Location where the incident occurred
3. What potentially infectious materials were involved
4. What is the source of the material
5. Under what circumstances did the incident occur (what work was being performed)
6. How the incident was caused:
7. Accident
8. Unusual circumstances
9. What PPE was being used at the time
10. Actions taken as a result of the incident
11. Employee decontamination process
12. How was site clean-up accomplished
13. Were notifications made

After this information is gathered and evaluated, a written summary of the incident and its causes will be prepared and recommendations made for avoiding similar incidents in the future. To help with this, each Department/Division may use the “Exposure Incident Investigation Form” (form A5-2 at the end of this section).

In order to make sure that each employee receives the best and most timely treatment if an exposure to BBP should occur, the Health Department has set up a comprehensive post-exposure evaluation and follow-up process. The Post-Exposure Evaluation and Follow-Up Checklist (form A5-3 at the end of this section) or a vehicle designed by the Health Department should be used to verify that all the steps in the process have been taken correctly may be used.

COSA recognizes that much of the information involved in this process must remain confidential, and will follow the rules of confidentiality identified in Section 1.

As the first step in this process, the Health Department will provide an exposed employee with the following confidential information:

1. Documentation regarding the routes of exposure of exposure and circumstances under which the exposure incident occurred.
2. Identification of the source individual (unless infeasible or prohibited by law)

5-5

Next, if possible, the health Department will test the source individual’s blood to determine HBV, HCV or HIV infectivity. This information will also be available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.

The employee is offered the option to have his/her blood collected for testing of the employee’s HIV, HBV and/or HCV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted then testing will be done as soon as is feasible.

Once these procedures have been completed, an appointment will be arranged for the exposed employee with a qualified healthcare professional to discuss the employee’s medical status. This includes an evaluation of any reported illness, as well as any recommended treatment. The employee is offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

The Health Department’s Exposure Control Plan will include a more thorough discussion of the post-exposure and follow-up treatment program.

**Information Provided to the Attending Health Care Professional (Health Department or Emergency Room Physician)**

To assist the healthcare professional, a number of documents are forwarded to them including the following:

1. A copy of this Exposure Control Plan
2. A description of the employee’s duties as they relate to the exposure incident
3. A documentation of the route(s) of exposure and circumstances under which the exposure occurred
4. Results of the source individual’s blood tests (if applicable)
5. Medical records relevant to the appropriate treatment of the employee

**Healthcare Professional’s Written Opinion**

After the consultation, the healthcare professional (when other than Health Department) will provide the Health Department with a written opinion evaluating the exposed employee’s situation. The Health Department, in turn, will furnish a copy of this opinion to the exposed employee.

In keeping with this process and with emphasis on confidentiality, the written opinion will contain only the following information:

1. Whether HBV vaccination is indicated
2. Whether the employee has received the HBV vaccination
3. The post-exposure incident evaluation
4. Whether the employee has been informed of the results of the evaluation
5. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which require further evaluation or treatment
6. Whether the healthcare professional’s written opinion is provided to the employee within 15 days of completion of the evaluation

All other findings or diagnosis will remain confidential and will not be included in the written report.

5-6

**Medical Record Keeping**

To make sure that we have as much medical information available at a central location to give to the participating healthcare professional, the Health Department will maintain medical records on all employees. Each medical record will contain a minimum of the following:

1. Name of the employee
2. Social Security number of the employee
3. A copy of the employee’s HBV vaccination status
4. Date(s) of vaccination
5. Medical records relative to the employee’s ability to receive vaccinations
6. A copy of the information provided to the consulting healthcare professional as a result of any exposure to BBP.

As with all information in these areas, COSA recognizes that it is important to keep the information in these medical records confidential. COSA will not disclose or report this information to anyone without the employee’s written consent (except as required by law).

All medical records will be separate from personnel records and will be kept locked.

All medical records of employees will be kept for 30 years after they leave COSA employment.

As with all records, these medical records will be kept in compliance with the Records Management Law.

5-7

**Vaccination Declination Form**

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

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee SSN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that due to my occupational exposure to blood and/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 the HBV vaccine, at no charge to myself. However, I decline the HBV vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring HBV, a serious disease. If, in the future, I continue to have occupational exposure to blood and/or other potentially infectious materials and I decide to be vaccinated with the HBV vaccine, I can, at that time, receive the vaccination series at no charge to me.

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

Employee Signature Date

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

Facility Representative Signature Date

Figure A5-1

**Exposure Incident Investigation Form**

Name of individual exposed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/Division: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Potentially infectious materials involved:

Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circumstances (work being performed, etc):

How incident was caused (accident, equipment malfunction, etc):

Personal Protective Equipment being used:

Action taken (decontamination, clean-up, reporting, etc):

Recommendations for avoiding repetition:

Copy sent to: Health Department: \_\_\_\_\_\_ Risk Management: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Figure A5-2

**Post-Exposure Evaluation and Follow-Up Checklist**

The following steps must be taken, and information transmitted, in the case of an employee exposure to bloodborne pathogens.

**Activity Completion Date**

Employee furnished with documentation regarding exposure incident \_\_\_\_\_\_\_\_\_\_\_

Source individual Identified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Source Name

Source individual’s blood tested and results given to exposed employee \_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_Consent has NOT been obtained

Exposed employee’s blood collected and tested \_\_\_\_\_\_\_\_\_\_\_

Appointment arranged for employee with healthcare professional \_\_\_\_\_\_\_\_\_\_\_

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

Healthcare Professional

Documentation forwarded to healthcare professional:

\_\_\_\_\_\_\_ Exposure Control Plan

\_\_\_\_\_\_\_ Description of employee’s duties as they relate to the exposure incident

\_\_\_\_\_\_\_ Documentation of the route(s) of exposure and circumstances under which the exposure occurred

\_\_\_\_\_\_\_ Results of the source individual’s blood test (if available)

\_\_\_\_\_\_\_ Medical records relevant to the appropriate treatment of the employee

Figure A5-3

**City of San Angelo**

**Bloodborne Pathogen Exposure Control Plan**

**Section Six**

**Labels and Signs**

For employees, the most obvious warning for the prevention of possible exposure to BBP are the biohazard warning labels. Because of this, COSA implemented a comprehensive biohazard warning labeling program in each Department/Division using labels of the type shown on the following page (figure A6-1), or when appropriate, using red “color-coded” containers. Each Department Director/Division Manager will be responsible for setting up and maintaining this program in their Department/Division.

The following items in each Department/Division will be labeled:

1. Containers of regulated waste
2. Refrigerators/freezers containing blood or other potentially infectious materials
3. Sharps disposal containers
4. Launder bags and containers
5. Contaminated equipment

The labels that are affixed to contaminated equipment will also indicate which portions of the equipment are contaminated.

COSA recognizes that biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. If COSA should ever maintain such a laboratory, appropriate bio-hazard signs will be posted.

6-1

**Biohazard Sign/Label**





Red-Orange in Color

6-2

**City of San Angelo**

**Bloodborne Pathogen Exposure Control Plan**

**Section Seven**

**Information and Training**

Having well informed and educated employees is extremely important when attempting to eliminate or minimize employee exposure to BBP. Because of this, all employees who have the potential for exposure to BBP will be put through a comprehensive training program and furnished with as much information as possible on this issue prior to initial assignment to tasks where occupational exposure may occur.

Employees will be retrained at least annually to keep their knowledge current. Also, all new employees, as well as employees changing jobs or job functions, will be given any additional training that their new position requires at the start of their new job assignment.

Each Department Director/Division Manager will be responsible to ensure that all of their employees who have potential exposure to BBP receive this training. They will be assisted, if necessary, by the Health Department.

Additionally, all new full time employees will receive training on BBP hazards. This training will be part of the Orientation week program and typically, will be conducted by the Training/Development Specialist or the Risk Manager.

**Training Topics**

The topics covered in each Department/Division’s training program will include, but are not limited to, the following:

1. Chapter 96, Bloodborne Pathogen Control
2. OHSA Bloodborne Pathogen Final rule
3. The epidemiology and symptom of bloodborne diseases
4. Each Department/Division’s Exposure Control Plan and where employees may obtain a copy
5. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and/or other potentially infectious materials
6. A review of the use and limitations of methods that will prevent or reduce exposure, including:
7. Engineering controls
8. Work practice controls
9. Personal protective equipment (PPE)
10. Selection and use of PPE including;
11. Types available
12. Proper use
13. Locations within each Department/Division
14. Removal
15. Handling
16. Decontamination
17. Disposal
18. Visual warnings of biohazard within each Department/Division including labels,

signs and color-coded containers

7-1

1. Information on HBV vaccination, including its:
2. Efficiency
3. Safety
4. Methods of administration
5. Benefits from vaccination
6. Free vaccination program
7. Actions to take and persons to contact in case of an emergency involving blood or other potentially infectious materials.
8. The procedures to follow if an exposure incident occurs, including incident reporting
9. Information on post-exposure evaluation and follow-up, including medical consultation

**Training Methods**

Each Department/Division can make use of several training techniques including, but not limited to, the following:

1. Classroom type atmosphere with personal instruction
2. Videotape/DVD programs
3. Training manuals/employee handouts
4. Employee review sessions
5. Other methods as approved by Risk Management and/or Training/Development Specialist

Because employees need an opportunity to ask questions and interact with their instructors, time will be allotted for these activities in each training session.

**Record Keeping:**

To facilitate the training of employees, as well as to document the training process, each Department/Division will maintain training records that contain the following information:

1. Dates of training sessions
2. Contents/summary of training sessions
3. Name(s) and qualifications of the instructor(s)
4. Names and job titles of employees attending the training sessions

Each Department/Division will use one of the forms at the end of this section (figures A7-1 and A7-2), or a similar form, to facilitate this record keeping.

These training records will be available for examination and copying by employees.

Training records will be kept in each Department/Division. The records will be kept for a period of three (3) years. All records will conform to the Records Management law.

7-2

**City of San Angelo**

**Bloodborne Pathogen Training**

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

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

Instructor Qualification

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

Instructor Qualification

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

Instructor Qualification

**Employees in Attendance**

**Printed Name Signature Job Title**

Figure A7-1



**Class: Bloodborne Pathogens**

**Instructor:**

**Location:**

**Date:**

**Start Time:**

**End Time:**

PRINT NAME DEPT SIGNATURE

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

14. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

24. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

25. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Figure A7-2