



RESOLUTION 2-2015

A RESOLUTION TO UPDATE THE CITY OF GREER BLOOD BORNE PATHOGEN STANDARD TO COMPLY WITH OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION REQUIREMENTS

WHEREAS, The City of Greer Safety Committee has reviewed the City's Blood Borne Pathogen Standard for compliance with Occupational Safety and Health Administration requirements; and

WHEREAS, the Safety Committee finds that the Blood Borne Pathogen Standard is in compliance with OSHA requirements;

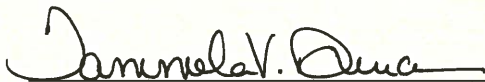
NOW, THEREFORE, BE IT RESOLVED by the Mayor and Council of the City of Greer in Council duly assembled that;

- a) No revisions were made to the plan.
1. Each department head is hereby directed to attach a copy of this resolution and attachment to the Personnel Policies and Procedures Manual on file in his/her department and post where employees can have access to this information twenty-four hours a day.

CITY OF GREER, SOUTH CAROLINA


Richard W. Danner, Mayor

Attest:


Tammela Duncan, Municipal Clerk

Approval Date: January 13, 2015

Exposure Control Plan
For the City of Greer

Occupational Safety & Health Administration

Blood Borne Pathogen Standard

29 C.F.R. 1910.1030

Statement of Policy

Hepatitis B Virus (HBV) has long been recognized as a pathogen capable of causing serious illness and death. The virus is transmitted through blood and certain body fluids. Personnel who handle blood and other potentially infectious materials as part of their jobs have an increased risk of contracting HBV. The Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immune Deficiency Syndrome (AIDS). Because the transmission of HIV is considerably less efficient than HBV, the risk of HIV infection to employees who must handle blood or other potentially infectious material is less than for HBV. The consequences of HIV infection are grave however because HIV causes the fatal disease AIDS. Accordingly, the following policy is established to further our efforts to provide a City-wide environment for an employee which is free from recognized hazards that cause or are likely to cause serious physical harm or death.

The policy of universal precautions is hereby established. Universal precautions are a system of infectious disease control which assumes that every direct contact with body fluids is considered infectious and requires that every employee exposed to direct contact with body fluids be protected as though such body fluids were HBV or HIV infected. Body fluids which have been directly linked to the transmission of HBV or HIV and to which universal precautions apply include ***blood, semen, blood products, vaginal secretions, cerebrospinal fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV virus.*** Universal precautions are intended to prevent firefighters, jailors, law enforcement personnel and others from exposures to blood borne pathogens.

Occupational exposure may occur in many ways including needle sticks and cut injuries. City employees employed in certain occupations are assumed to be at high risk for blood borne infections due to their routinely increased exposure to body fluids from potentially infected sources. These high risk occupations include but are not limited to Firefighters, Law Enforcement, Jailors, and Sanitation workers. Employees in any occupation where they are directly exposed to body fluids are considered to be at substantial risk of exposure to HIV or HBV. Neither HIV nor HBV is transmitted by casual contact in the workplace.

Personal protective equipment, including personal protective equipment for eyes, face, head and extremities, protective clothing and protective shields and barriers, shall be provided used and maintained in sanitary and reliable condition whenever it is necessary by reason of the processes or environment to protect against contamination by blood or body fluids. This equipment or clothing must be provided by the department concerned and available in the work area at all times.

The use of gloves will vary according to the procedure involved. The use of disposable gloves is required where body fluids are handled and is particularly important if the employee has cuts, abraded skin, chapped hands, dermatitis or the like.

Gloves must be of appropriate material and quality for the procedures to be performed, and of appropriate size for each worker. Surgical and examination gloves must be disposed of after use and may not be washed or disinfected. General purpose utility (rubber) gloves worn by maintenance, housekeeping and other non-medical personnel may be decontaminated and reused. No gloves shall be used if they are peeling, cracked, or discolored or if they have punctures, tears, or other evidence of deterioration.

Gowns, aprons, lab coats, or similar garment must be worn when splashes to skin or clothing with body fluid are likely to occur. Gowns, including surgical gowns shall be made of, or lined with, impervious material and shall protect all areas of exposed skin.

Masks and protective eye wear and/or face shields are required when contamination of eyes, mouth or nose is likely to occur due to splashes or aerosolized materials.

Pocket masks, resuscitation bags (BVM), or other ventilation devices shall be provided in strategic locations and to key personnel where the need for resuscitation is likely to occur to eliminate the need for emergency mouth to mouth resuscitation.

When an employee's skin or mucous membrane may come in contact with body fluids; gowns (or like), mask, and eye protection shall be worn.

Persons performing or assisting in postmortem procedures are required to wear personal protective clothing to avoid exposure to blood or body fluids.

Housekeeping and environmental services operations involving substantial risk or direct exposure to body fluids shall take into account the proper precautions while cleaning rooms and blood spills. Cleaning schedules shall be frequent as is necessary depending upon the area to be cleaned, the type of surface to be cleaned and the amount and type of contaminant present. Chemical germicides that are approved for use as hospital disinfectant and the tuberculocidal when used as recommended shall be used to decontaminate spills and other fluids. A solution of 5.25 percent sodium hypochlorite (household bleach) diluted 1:10 with water or other suitable disinfectant shall be used for disinfections.

All specimens of body fluids shall be put in a well constructed container with a secure lid to prevent leaking during transport and shall be disposed of in an approved manner. All persons at substantial risk of directly contacting blood or body fluids are offered Hepatitis B Vaccinations in the amounts and at the times prescribed by standard practice.

All laundry operations involving direct exposure to body fluids shall be identified by bagging in red bio hazard bags which prevent leakage in the area where it was removed and transported to be laundered.

Hands and other skin surfaces shall be washed thoroughly after removing gloves and immediately after contact with body or body fluids.

If a City of Greer employee has a percutaneous (needle stick or laceration) or mucous membrane (splash to eye, nasal mucosa, or mouth) exposure to body fluid or has a cutaneous exposure to blood when the worker's skin is chapped, abraded, or otherwise non-intact, the source person shall be informed of the incident and tested for HIV and HBV infections after consents obtained. If source person's consent is refused, follow **Blood/Body Fluid Exposure Management for GMHER's** (attached to all policies). The city employee shall be evaluated clinically by HIV antibody testing and advised to report and seek medical evaluation of any acute febrile illness that occurs within 12 weeks after exposure. The testing will be performed by the City's designated Physician.

HIV serum-negative workers shall be retested 6 weeks after exposure and on a periodic basis thereafter (2 weeks and 6 months after exposure). Follow-up procedures shall be taken for and employee potentially exposed to HBV. The types of follow-up depend on the immunization status of the employee and the HBV serologic status of the source person of the source person. If an employee refused to submit to the foregoing procedures when such procedures are medically indicated no adverse action can be taken on that ground alone since the procedures are designed for the benefit of the exposed employee.

All high risk employees shall receive education on precautionary measures, epidemiology, and modes of transmission and prevention of HIV/HBV. This education shall be provided by Spartanburg Regionals' designated person to explain possible and future risks. In addition, such high risk employees must receive training regarding the location, availability and proper use of personal protective equipment. They shall review with their supervisor, medical control officer, or designated person concerning proper work practices and shall understand the concept of universal precaution as it applies to their work practices. They shall be trained and by their supervisor, medical control officer, or designated person about the meaning of color coding, the biological and infectious waste. Additionally, workers shall receive training about procedures to be used if they are exposed to needle sticks or body fluids.

All employees who may reasonably anticipated skin, eye, mucous membrane, or parietal contact with blood or other potentially infectious materials in the performance of their duties must participate in a training program at the time of initial employment and **before being assigned work or permitted to enter the work area.** The material must be appropriated in content and vocabulary to the educational level, literacy, and language background of the participants. The training program must contain the following elements...

1. A copy of the OSHA Blood borne pathogen Standard and an explanation of its contents
2. A general explanation of the epidemiology and symptoms of bloodborne diseases.
3. An explanation of the modes of transmission of bloodborne pathogens.
4. An explanation of the City of Greer Bloodborne Pathogenic Control Policy
5. An explanation of appropriate methods for recognizing tasks and other potentially infectious materials.
6. An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.

7. Information on the type, proper use, location, removal handling and/or disposal of personal proactive equipment
8. An explanation of the basis for the selection of personal protective equipment
9. Information on the availability of Hepatitis B Vaccine including information on its efficiency, safety and benefits of being vaccinated
10. Information on the appropriate actions to take and persons to contact in an emergency
11. An explanation of the procedure to follow if an exposure occurs including the method of reporting the incident and the medical follow-up that will be made available, including medical counseling which will be provided to exposure individuals.
12. An explanation of signs, labels and/or color coding

Exposure Determinations

Within this plan blood: is defined as human blood, human blood components and products made from human blood. The following body fluids are defined as “other potentially infectious material” : human semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiated between body fluids; any unfixed tissues or organ (other than intact skin) from a human (living or dead); and HIV-containing culture medium or other solutions, and blood organs or other tissue from experimental animals infected with HIV or HBV.

All employees in the following job classifications are considered to have occupational exposure to bloodborne pathogen:

Fire Department

Chief
 Fire Marshal
 Training Officer
 Captain
 Lieutenant
 Senior Engineer
 Firefighter/Engineer
 Firefighter
 Fire Volunteers

Police Department

Chief
 Captain
 Lieutenant
 Sergeant
 Corporal
 Patrol Officer
 Detention Officers
 Field Training Officers
 Resources Officer
 Detective division

Other job titles

Animal Control
 Recreation Program Director
 Nuisance Abatement Officer
 City Engineer
 Storm Water Engineer
 Storm Water Inspector

This list is not absolute and may be updated (added to or deleted from at the discursion of department head, city administrator, or medical coordinator.

Method of Implementation for Eliminating or Minimizing Employee Exposure to Blood and Other Potentially Infectious Materials

The personnel manager and safety committee chairman shall be responsible for evaluating the need for and implementing the following requirements of the OSHA Bloodborne pathogen Standard. All controls must be reviewed and updated and least annually.

Universal Precautions:

The City of Greer has adopted the practice of Universal Precautions to prevent contact with blood and other potentially infectious materials. Under circumstances where differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

Engineering Controls:

Evidence such as sharps (needles) and other potentially infectious materials shall be stored and maintained in containers in accordance with this policy. Where occupational exposure remains after these controls, personal protective equipment (PPE) must be used.

Work Practice Controls:

The following controls are applicable to City of Greer employees who may reasonably anticipate skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials in the performance of their duties.

1. Hand washing facilities are generally readily accessible. When hand washing facilities are not feasible, the employee's department shall provide and appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or antiseptic towelettes are used hand shall be washed with soap and running water as soon as possible in accordance to BBP training.
2. Employees shall wash their hands immediately after removal of gloves or other protective equipment.
3. Employees shall wash hands and any other skin with soap and running water immediately after contact with blood or other potentially infectious material
4. Bending or shearing of contaminated needles is prohibited. Recapping of needles by two handed technique is prohibited. No pipetting or suctioning by mouth.
5. Contaminated sharps (needles) shall be placed in appropriate containers until properly disposed. Containers must be puncture resistance, labeled with the biohazard warning label, leak proof on the sides and bottom and packaged in such a manner that employees are not required to reach by hand into the container. Located near services rendered if possible. Dispose of container when needed by container manufacture instruction. Daily inspections to ensure no overfilling.
6. Eating, drinking, smoking, use of smokeless tobacco, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.
7. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, counter top or desk tops where blood or other potentially infectious materials are present.

8. All procedures involving blood or other potentially infectious materials shall be performed in manner to minimize splashing, spraying, spattering or the generation of droplets.
9. Blood or other potentially infectious material shall be placed in containers which prevent leakage during collections, handling, storage, transport, or shipping
10. Internal container for storage, transport or shipping shall be color coded **RED** and marked with biohazard symbol.
11. The high risk occupation employee's department shall provide, at no cost to the employee, access to appropriate personal protective equipment such as gloves, gowns, lab coats, face shields, masks, eye protections (with side shields), mouth pieces, resuscitation bags, pocket masks and other such personal protection as required to protect the employee from exposure.
12. The employee's department shall provide protective clothing and equipment in appropriate sizes which are readily available or are issued to employees. Hypoallergenic gloves, glove liners, powerless gloves must be readily available for employees who are allergic to gloves normally provided.
13. The employee's department shall clean, launder and dispose of personal protective clothing and equipment at no cost to the employee. Disposable protective clothing and equipment provided by the department is an acceptable alternative to cleaning and laundering.
14. All personal protective clothing and equipment shall be removed prior to leaving a contaminated work area and place in appropriately designated container for storage, cleaning or disposal.
15. Gloves and other personal protective clothing and equipment shall be worn when the possibility of contamination exists.
16. Employees shall immediately report to management any exposure or potential exposure to contamination and immediate action shall be taken initiate the Control Plan.

HBV Vaccination and Post Exposure Evaluation and Follow-Up

Hepatitis B Vaccination

Hepatitis B Vaccination is offered at no cost to the employee through the City of Greer designated physician with 10 working days of the initial assignment to a position where occupational exposure to bloodborne pathogen is possible and at anytime thereafter that the employee chooses to receive the vaccine. Refusal to receive the vaccine will be in writing utilizing the statement found in appendix A to Section 1990.1010 of the OSHA Standards. This form may be obtained at the City of Greer personnel office.

Procedures after exposure report

Following a report of an exposure incident the employee receives a confidential medical evaluation and follow-up including documentation of routes of exposure and the circumstances and documentation of the source individual unless that identification is infeasible or prohibited by state or local law. Post exposure prophylaxis when medically indicated will be provided

along with counseling and evaluation of reported illness. All blood samples will be held for ninety (90) days.

Record keeping

Medical Records

The City of Greer personnel department shall establish an accurate record for each employee with occupational exposure, in accordance with 29 CFR 1910.20

1. This record shall include:
 - a. The name and social security number of the employee
 - b. A copy of the employee's hepatitis B vaccinations and any medical record relative to the employee's ability to receive vaccination
 - c. A copy of the employee's declination letter of the hepatitis B vaccination is declined
 - d. A copy of all results of examinations, medical testing and follow-up procedures.
 - e. The employer's copy of the health care professional's written opinion, when one is consulted after and employee exposure to blood or other potentially infectious material.
 - f. A copy of the information provided to the healthcare professional who is responsible for evaluating an employee after an exposure incident.

2. The employer shall ensure that employee medical records are...
 - a. **Kept confidential**
 - b. **Are not disclosed or reported with out the employee's express written consent to any person within or outside the work place except as required by this section or as may be required by law. The employer shall maintain the records require for at least the duration of employment , plus 30 years in accordance with 29 CFR 1910.20**

Training Records: Training records shall include the following information

1. The dates of the training session(s)
2. The contents or a summary of the training sessions including documentation of employee's receipt of OSHA standard 1910.20
3. The names and qualification of person(s) conducting the training
4. The names and job titles of all persons attending the training session
5. Training records shall be maintained for three (3) years from the date on which the training occurred.
6. Records of any subsequent yearly training

Waiver of Hepatitis B Vaccination

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

Date _____ Employee Signature _____

Date _____ Witness Signature _____