Bloodborne Pathogens Exposure Control Plan

January 2023

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Note: Longboat Key Police Department has implemented General Order 2111, Communicable Diseases, that will be in effect until January 9, 2024 (effective one year).

SECTION 1

Administrative

1.1 Policy Statement

The Town of Longboat Key recognizes the importance of prevention of occupational exposure to potentially infectious materials and is committed to the plan as follows. This plan is based on provisions in OSHA's Occupational Exposure to Bloodborne Pathogens Rule, 29 C.F.R. 1910.1030.

Furthermore, this policy will ensure that all employees are protected from occupational exposure to blood and other potentially infectious material. Additionally, this policy requires that all procedures, as set forth in the OSHA Standard, are followed.

The Town recognizes that exposure to blood and other potentially infectious material (OPIM) is a hazard to some Town positions. Infectious disease transmission is possible during any aspect of emergency response. The health and welfare of the employee is of concern to the employee, their family, and the employees of the Town. Although the employee is ultimately responsible for his/her health, the Town recognizes the need to provide the employee with as safe a workplace as is possible. The goal of this policy is to provide the employee with the tools necessary to protect him/her from occupational exposure to blood or other potentially infectious material. All patient encounters will be considered infectious and blood and body fluid precautions will be taken on all potential incidents and or patients.

The Infection Control Plan (ICP) is a key document to assist the Town in implementing and ensuring compliance with the standard, thereby protecting our employees. This ICP includes:

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

Implementation methods for these elements of the standard are discussed in the subsequent pages of this ICP.

1.2 Purpose

The purpose of this plan is to eliminate or minimize exposures to employees. We will provide our employees with appropriate engineering and work practice controls (see Definitions), personal protective equipment, sanitary housekeeping, employee training, hepatitis A/B vaccinations, post exposure evaluations and follow-up, and maintain and keep appropriate records. The scope of this plan covers and must be complied with by those employees who have been identified as having all or some exposure to other potentially infectious materials.

1.3 Location of Infection Control Plan

A. A copy of the Infection Control Plan may be found in the:

G-Drive, Human Resources, Workers Comp Global File, Safety Manual

1.4 Compliance and Non-Compliance

A. Compliance Date: June 26, 1993.

B. *Town Manager* or *his Infection Control Plan Coordinator (ICPC)* is responsible for appropriate action regarding compliance and non-compliance and to maintain all records as they relate to compliance issues. The Infection Control Plan Coordinator will also be the Designated Reporting Officer (DRO).

C. We recognize the importance and effort that must be made by all of our employees identified by this plan in order for the Infection Control Plan to be successful. In their role it is expected that they:

1. Attend the bloodborne pathogen training sessions.
2. Understand the tasks or procedures they perform that have occupational exposure.
3. Conduct their work in accordance with our work practice controls.

D. The following Infection Control Plan has been established for the protection of all identified employees. Breaches in compliance of this plan will result in disciplinary action up to and including dismissal.

1.5 Exceptions

A. We are aware that the OSHA 29 CFR 1910.1030 standard addresses HIV and HBV research laboratories and production facilities. Since we are not affiliated with such a facility, those specific requirements do not apply and are not part of our Infection Control Plan.

1.6 Designated Reporting Officer (DRO) and Safety Committee

A. Compliance date: On or before June 26, 1993.

B. *The Town Manager* or *his designee*, is our Infection Control Plan Coordinator (ICPC) and Designated Reporting Officer (DRO). He/she is responsible for the overall management and support of the Town of Longboat Key Infection Control Plan (ICP). The duties and responsibilities associated with the day-to-day management of the Infection Control Plan (ICP) that may be delegated to appropriate staff members by the Town Manager, include, but are not limited to:

1. Overall responsibility for implementing the Infection Control Plan.
2. Developing and administering any additional ECP related policies, guidelines, and practices as may be required to support the effectiveness of implementing and maintaining this plan, by working with administration, managers, and employees.
3. Establishing and maintaining a suitable library regarding the OSHA Bloodborne Pathogen Standard including but not limited to, health, safety, legal, and ICP information.
4. Working knowledge of the current legal requirements as they apply to the ICP standard.
5. Acting as liaison for our operation regarding the ICP standard.
6. Conducting periodic evaluations and inspections to see that our operation complies and up-to-date with the ICP.
7. Providing updates to the ICP.
    a. Whenever employees' jobs are revised or new functions established that may involve exposure to ECPs.
    b. Whenever new or modified tasks and procedures are implemented that affect potential occupational exposure to employees.
    c. The DRO shall submit all reports to ICPC for review and disposition.
    d. Annually, on or before October 1st of each year.
8. Establishing a Safety Committee to assist the manager in carrying out the above responsibilities.

C. Safety Committee

1. Compliance date: June 26, 1993.
2. Our Safety Committee is composed of one or more designated persons from each of the following Town departments:
    a. Fire Department

b. Police Department

c. Public Works Department

d. Support Services/Human Resources, Tennis

e. Planning, Zoning, and Building

f. Information Technology

3. This committee is available to assist the ICPC in carrying out his/her responsibilities.

4. This Safety Committee meets in June and December:

   a. Discuss issues pertinent to the Engineering Control Practices and methods of compliance.

   b. Review and decide on appropriate medical equipment and personal protective equipment utilized.

   c. Decide levels of responsibility for specific aspects of the standard.

   d. Review proposed additions, changes, and deletions to the ICP policies, procedures, and guidelines which are in place.

   e. Review methods of compliance for work practices.

   f. Review methods utilized for non-compliance.

   g. Review exposure incidents for corrective recommendations and/or actions.

5. This committee shall issue an annual statement of review and revision.

1.7 Program Administration

- The Designated Reporting Officer (DRO) for the Town will be the Human Resource Manager. The DRO with the assistance, as needed, from the Town Fire Chief will administer the program. The DRO is responsible for implementation of the ICP. The DRO will maintain, review, and update the ICP at least annually, and whenever necessary to include new or modified tasks and procedures.

- Employees, who are determined to have occupational exposure, to blood or other potentially infectious materials (OPIM), must comply with the procedures and work practices outlined in this ICP.

- The Town will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard. The Town will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

- The DRO will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained. The records are maintained in a secured location(s) located at Town Hall, or at the DRO's file.
- The DRO will be responsible for training, documentation of training, and making the written ICP available to employees, OSHA, and NIOSH representatives.

A. It shall be the policy of all Town employees to:

- Support and enforce compliance with the ICP.
- Correct any unsafe acts and refer any individuals for remedial training if required.
- Mandate safe operating practices (including emergency scenes and in Town facilities).
- Ensure initial medical evaluations, immunizations if needed, and infection control training have been completed prior to allowing any individual to begin their duties.
- Participate in ongoing education and training programs.
- Ensure that immunization and vaccine records are accurate and located in the employees medical file.

B. **No Town employee assigned to emergency services (fire and police) shall be assigned to emergency response duties until certified as fit for duty by the Department:**

- New employees will have a chest x-ray with results prior to their start date.
- A test for Hepatitis B surface AB immunity will be done during pre-employment physical and if immunity is low a booster will be given.
- During annual physicals for the fire department staff, any immunizations that are needed, including boosters will be given at that time.
- New employees will be offered Hepatitis B immunization during new hire orientation.
- The Town tests Hepatitis C Antibody during orientation.
- All new employees are provided infection control education and training during their initial orientation process. Existing employees are also required to complete ongoing training as set forth by their individual departments.
- Employees exposed to communicable diseases off-duty should contact the DRO through their chain-of-command.

When a pandemic is declared the Town shall implement the Pandemic Policy and enact Directives specifically pertaining to the pandemic as per the Sarasota County Health Department.

1.8 Reporting of Exposure to Selected Infectious Diseases

Licensed facilities (i.e. hospitals) are required by law to notify EMT's and Paramedics or their employer, as well as other persons known to have been exposed to a selected infectious disease while treating or transporting ill or injured patient(s) to a licensed facility. The law requires the notification of the transporting agency within 48 hours of a confirmed diagnosis.

Licensed facilities are required to report the following twenty-two infectious diseases:

- Acquired Immunodeficiency Syndrome (AIDS)
- Anthrax
- Syphilis in an infectious stage
- Diphtheria
- Disseminated Vaccinia.
- Hansen's Disease
- Hepatitis A
- Hepatitis B
- Hepatitis C
- Legionnaires Disease
- Malaria
- Measles
- Meningococcal Meningitis
- Plague
- Poliomyelitis
- Psittacosis
- Pulmonary Tuberculosis
- Q Fever
- Rabies
- Rubella

- Typhoid
- MRSA
- COVID

B. If notification is made to the EMS provider, identification of the employee(s), or other known persons that have been in contact with an infected patient during treatment or transport is required. Notification shall be made as soon as practical as to prevent exposure to other employees and family members.

   Both written and verbal notification shall contain:

   - Name of the disease
   - Signs and symptoms of clinical disease
   - Date of exposure to the selected infectious disease
   - Incubation period of the disease
   - Mode of spread of the disease, and
   - Advisement of appropriate diagnosis, prophylaxis and treatment, if any

Note: Confidentiality of patient information must be maintained. The name of the patient will not be disclosed.

The Infection Control Officer, at the medical receiving facility will notify the Town's DRO. Once this notification is made, the DRO will notify the appropriate department head or his designee and the employee(s) of the incident with the required information and arrange any follow-up evaluation and treatment required.

The Town will be established and maintain a sharps injuries log (OSHA 300 Log) for the recording of percutaneous injuries from contaminated sharps. The information in the sharp's injury log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

- The type and brand of the device involved in the incident
- The work area where the exposure incident occurred
- An explanation of how the incident occurred

The actual risk for contracting an infectious disease is much less than the perceived risk. Knowledge of how each disease is spread and how to block the spread is a priority for all employees considered to have a potential risk for "Occupational Exposure."

Employees are not to come into work when they're feeling ill. This is to prevent a spread of any potential illness to other employees.

1.9 Definitions

The following definitions shall apply to our ECP as specified by OSHA 29 CFR 1910.1030:

A. Acquired Immunodeficiency Syndrome (*AIDS)*: The syndrome of opportunistic infections that occur as the final state of infection by the human immunodeficiency virus (HIV). There is currently no vaccination or cure.

B. Anthrax: Acute, infectious disease caused by Bacillus anthracis, usually attacking cattle, sheep, horses and goats. Persons contract it from animal hair, hides or waste. If untreated, Anthrax can be fatal.

C. Biohazardous Waste: Any solid or liquid waste which may present a threat of infection to humans. Examples include non-liquid tissue and body parts from humans and other primates; laboratory and veterinary waste which contain human disease-causing agents; discarded sharps; and blood, blood products and body fluids from humans or other primates.

D. Blood means human blood, human blood components, and products made from human blood.

E. Body Fluids: Those fluids which have the potential to harbor pathogens such as human immunodeficiency virus and Hepatitis B virus and include lymph, semen, vaginal secretions, cerebrospinal synovial, pleural, peritoneal, pericardial and amniotic fluids.

F. Body Substance Isolation means an infection control strategy that considers *all* body substances potentially infectious.

G. Contaminated means the presence of the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

H. COVID: A mild to severe respiratory illness. Is transmitted chiefly by contact with infectious material or with objects or surfaces contaminated by the causative virus, and is characterized especially by fever, cough, and shortness of breath and may progress to pneumonia and respiratory failure.

I. Contaminated Laundry: laundry which has been soiled with blood or other potentially infectious materials or may contain sharp objects (sharps).

J. Contaminated Sharps: any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, and broken glass, etc.

K. Decontamination: The process of rendering an object, person or area free of a contaminating substance such as live bacteria, poison gas or radioactive substance.

L. Designated Reporting Officer: Employee appointed by the Town Manager with the responsibility of serving as a liaison, investigating officer and contact person in the event of a significant exposure.

M. Diphtheria: An acute infectious disease characterized by the formation of a false membrane on any mucous surface and occasionally on the skin. Usually accompanied by great prostration.

N. Disseminated Vaccinia: A contagious disease of cattle produced in humans by inoculation with cowpox virus to confer immunity against smallpox.

O. ECPs: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

P. ECPC**:** Exposure Control Plan Coordinator.

Q. Engineering Controls: Controls (sharps disposal, self-sheathing needles, red plastic bags) that isolate or remove ECP's from the workplace.

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

S. Hansen's Disease (Leprosy): A chronic communicable disease caused by the acid-fast Mycobacterium leprae. The two principal forms are lepromatous and tuberculoid.

T. Hepatitis A: A viral infection causing inflammation of the liver normally caused by a variety of agents including viral infections, bacterial invasion and physical or chemical agents.

U. Hepatitis B (HBV): A viral infection caused by the Hepatitis B virus; transmitted through blood, body fluids and body tissues.

V. Hepatitis C: A viral infection caused by the Hepatitis C virus; spread by blood to blood and/or blood to mucous membrane contact. Hepatitis C virus can survive on surfaces or in medical equipment for as long as 3-4 weeks.

W. Infection Control Plan: Town of Longboat Key's plan to implement education, awareness, prevention, and control procedures for all employees.

X. Infectious Agent: Infection/virus capable of being transmitted with or without contact.

Y. Legionnaires Disease: A severe often fatal disease characterized by pneumonia, dry cough, myalgia, and sometimes gastrointestinal symptoms. Disease is transmitted by being inhaled from aerosols produced by water cooling towers, air conditioning units, water faucets, shower heads, humidifiers, and contaminated respiratory therapy equipment.

Z. Malaria: An acute and sometimes chronic infectious disease due to the presence of protozoan parasites within red blood cells, transmitted to the human by bite of an infected female anopheles' mosquito; one of the most important infectious diseases in the world; 200 million humans infected each year.

AA. Measles: A highly communicable disease characterized by fever, general malaise, sneezing, nasal congestion, brassy cough, conjunctivitis, spots on the buccal mucosa, and a maculopapular eruption over the entire body caused by rubeola virus.

BB. Meningococcal Meningitis: Inflammation of the membranes of the spinal cord or brain; moderate irregular fever, loss of appetite, constipation, intense headache, intolerance to light and sound, contracted pupils, delirium, retraction of head, convulsions, and coma.

CC. Mucous: Having the nature of resembling mucus; secreting mucus.

DD. Mucus: A viscid fluid secreted by mucous membranes and glands, consisting of mucin, leukocytes, inorganic salts, water, and epithelial cells.

EE. Occupational Exposure: When occupation of job responsibilities can potentially cause a hazard to an employee.

FF. Other Potentially Infectious Materials means 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**.**

GG. Pandemic: A disease epidemic that has spread across a large region, for instance multiple continents or worldwide

HH. Parenteral: Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

II. Personal Protective Equipment (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes, (uniforms, pants, shirts, etc.) not intended to function as protection against a hazard are not considered to be personal protective equipment.

JJ. Plague: A word once associated with any widespread contagious disease associated with a high death rate; now applied specifically to the highly fatal disease caused by Yersinia pestic (previously classed as Pasteuerla pestis) infection. The pneumonic form can be spread from person to person.

KK. Poliomyelitis: An acute viral disease causing an inflammation of the gray matter of the spinal cord, causing fever, sore throat, headache, vomiting, and often stiffness of the neck and back. There may also be subsequent atrophy of groups of muscles ending in contradiction and permanent deformity and possible paralysis.

LL. Psittacosis: An infection disease caused by Chlamydia psittaci, of parrots and other birds that may be transmitted to humans; causes headaches, epistaxis, nausea, chill followed by fever, constipation, and sometimes pulmonary disorders.

MM. Pulmonary Tuberculosis: An infectious disease caused by the tubercle bacillus; must commonly affecting the respiratory system; infection usually is acquired from contact with another person.

NN. Regulated Waste: means 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 are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

OO. Significant Exposure: A percutaneous injury (e.g. needlestick or cut with a sharp object) of contact of mucous membrane or non-intact skin (e.g. exposed skin that is chapped, abrades, or affected with dermatitis) with blood, tissue or other body fluids that are potentially infectious. In addition to blood and body fluids containing visible blood, semen and vaginal secretions are considered potentially infectious. The following fluids are also considered potentially infectious. The following fluids are also considered potentially infectious; cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid and amniotic fluid. Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomitus are not considered potentially infectious unless they contain blood.

PP. Source Individual: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

QQ. Syphilis: An infectious chronic venereal disease characterized by lesions that may involve any organ or tissue.

RR. Typhoid Fever: An acute infectious disease characterized by define lesions in Peyer's patches, mesenteric glands, and spleen accompanied by fever, headache, and abdominal pain.

SS. Universal Precautions: 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, and other ECPs.

TT. Work Practice Controls: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (prohibiting recapping of needles, by a two-handed technique, prohibiting or overfilling sharps containers, use of self-sheathing catheters).

TOWN OF LONGBOAT KEY INFECTION CONTROL PLAN UPDATE

Our ICP has been reviewed and updated over the past year in regard to job revisions, new functions, new or modified tasks and procedures that affect potential occupational exposure to our employees. The entire ICP has been reviewed, revised and updated on or before June _____, _____.
(Date) (Year)

Approved:

_____ ___/___/___
DRO Date

Our ICP has been reviewed and updated over the past year in regard to job revisions, new functions, new or modified tasks and procedures that affect potential occupational exposure to our employees. The entire ICP has been reviewed, revised and updated on or before June _____, _____.
(Date) (Year)

Approved:

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(Date) (Year)

Approved:

_____ ___/___/___
DRO Date

SECTION 2

Exposure Determination

2.1. Exposure Determination

A. Compliance date: On or before June 26, 1993. Updated January 2023

B. The occupational hazards of HIV, AIDS, Hepatitis, and other communicable diseases are both unseen and real. An effective Infection Control Program provides policy and applies to all personnel who have a potential for occupational exposure to blood or other infectious materials.

SECTION 3

Universal Precautions

3.1. Universal Precautions

B. Compliance date: On or before June 26, 1993.

C. The Town Manager or his designee is responsible for ensuring that universal precautions are observed in our operation.

D. Universal precautions basically mean treating all persons and their body fluids as though they were infectious.

E. Body Substance Isolation shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. These universal precautions have been developed by the Center for Disease Control (CDC).

F. Summary of CDC Universal Precautions:

1. Universal precautions should be used in care of all persons, especially including those in emergency care settings in which the risk of blood exposure is increased and the infection status of the patient is usually unknown.

2. Disposable equipment should be used whenever possible.

3. Universal precautions include but are not limited to the following:

   a. **Gloves:** Should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all persons, for handling items or surfaces soiled with blood or body fluids, or performing venipuncture or other vascular access procedures. Gloves should be changed when torn and after contact with each patient.

   b. **Hands:** Hands and other surfaces should be washed immediately and thoroughly if contaminated with blood or body fluids. Hands should be washed immediately after gloves are removed.

   c. **Gowns:** Appropriate gowns or plastic aprons are indicated if blood splattering, spraying, or splashing is likely.

d. **Mask and Protective Goggles:** Should be worn if splattering, spraying, or splashing are likely such as in certain dental and surgical procedures, wound irrigations, irrigating eyes, and suctioning procedure.

e. **Resuscitation:** To decrease need for emergency mouth-to-mouth resuscitation, mouth pieces, resuscitation bags, or other ventilation devices should be strategically located and available for use in areas where the need for resuscitation is predictable.

f. **Sharps:** Sharp objects should be handled in such a manner to prevent accidental cuts or punctures. Used needles should not be bent, broken, reinserted into their original sheath or unnecessarily handled, unless no alternative is feasible or is required by medical procedure. They should be discarded intact immediately after use into an impervious needle disposal box which should be readily accessible. All needle stick accidents, mucosal splashes or contamination of open wounds with blood or body fluids should be reported immediately.

g. **Blood Spills:** Blood spills (regardless of the amount) should be cleaned up promptly with a disinfectant solution such as 1:10 dilution of bleach. Utility gloves should be worn.

h. **Specimens:** ALL blood specimens should be considered bio-hazardous.

i. **Healthcare Worker Cautions:** Healthcare workers who have exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition is resolved.

j. **Pregnant Healthcare Workers:** Pregnant health care workers are not known to be at greater risk of contracting HIV infection than Health Care Workers who are not pregnant; however, if a Health Care Worker develops HIV infection during pregnancy, the infant is at risk of infection resulting from perinatal transmission.

SECTION 4

Engineering and Work Practice Controls

4.1. Engineering and Work Practice Controls

A. Compliance date: On or before August 25, 1993.

B. The Town Manager or his designee is responsible for overseeing these areas in our operation working with directors, managers, and supervisors to ensure employees are aware of and trained appropriately regarding use of Engineering and Work Practice Controls, Personal Protective Equipment, Personnel Practices, Specimens and Equipment, ensuring that Engineering Controls are examined, maintained or replaced monthly.

C. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

D. The Town shall utilize the following Engineering Controls:

1. Red plastic bags for biohazardous wastes.

2. Biohazard warning labels.

3. Red disposable sharps containers.

4. Brooms and dustpans.

5. Personnel protective equipment - including latex, vinyl or nitrile gloves, utility gloves, Tyvek gowns, face shields, and pocket mask.

6. Engineering practice controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness (# F-K 29 CFR 1910.1030).

7. Handwashing facilities shall be readily accessible to employees.

8. When provision of handwashing facilities is not feasible, a substitution of antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes shall be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

9. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

10. Employees shall wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

11. Resuscitation mouthpieces, bags or other ventilation devices shall be available.

12. Work practice controls (29 CFR 1910.1030) shall assure:

    a. Sharps containers are in appropriate location and are not to be overfilled.

    b. Red bags are readily available for use and are placed in appropriate location for use.

    c. Staff disposes of biohazardous waste appropriately.

    d. Adequate supply of personal protective equipment is readily available to staff.

13. Staff utilize the personal protective equipment when appropriate.

14. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses shall be prohibited in work areas where there is a reasonable likelihood of occupational exposure.

15. It shall not be acceptable for food and drink to be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

16. Any procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

E. Contaminated Sharps (29 CFR 1910.1030):

1. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.

    a. Contaminated needles and other contaminated sharps shall not be recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure.

b. Such recapping or needle removal shall be accomplished through the use of a mechanical device or a one-handed technique in which all employees shall be trained.

2. Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

    a. closable;

    b. puncture resistant;

    c. leak-proof on sides and bottom, and;

    d. labeled or color-coded.

3. During use, containers for contaminated sharps shall be:

    a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found.

    b. Maintained upright throughout use;

    c. Replaced routinely and not be allowed to overfill.

4. When moving containers of contaminated sharps from the area of use, the containers shall be:

    a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

    b. Placed in a secondary container if leakage is possible. The second container shall be:

        I. Closable;

        II. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and

        III. Labeled or color-coded.

5. Reusable sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

6. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned using mechanical means such as a brush and dust pan or tongs. A vacuum shall not be used.

F. Specimens (29 CFR 1910.1030):

1. All specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

2. Containers for storage, transport, or shipping shall be closed prior to being stored, transported, or shipped. Labeling or color-coding is required when such specimens/containers leave the facility. Labeling/color-coding of specimens is not required provided containers are recognizable as containing specimens and do not leave the facility. This exemption only applies while specimens/containers remain within the facility.

3. If outside contamination of the primary container has occurred, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping.

4. If the specimen could puncture the primary container, it shall be placed within a secondary container which shall be puncture-resistant in addition to the above characteristics.

G. Equipment (29 CFR 1910.1030):

1. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

2. A readily observable label shall be attached to the equipment stating which portions remain contaminated.

3. This information shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions shall be taken.

SECTION 5

Personal Protective Equipment

5.1. Personal Protective Equipment

A. Compliance date: On or before August 25, 1993.

B. It is the responsibility of each employee with potential occupational exposure to blood or other potentially infectious materials to be aware of and adhere to the following provisions: Appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection, resuscitation bags, or other ventilation devices shall be provided at no cost to the employee when there is occupational exposure. Personal protective equipment shall be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's street clothes, work clothes, undergarments, eyes, skin, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment shall be used.

C. Use (29 CFR 1910.1030). Employees shall use appropriate personal protective equipment unless the employee temporarily and briefly declines to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance, its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

D. Accessibility (29 CFR 1910.1030). Appropriate sizes of personal protective equipment shall be readily available at the worksite or issued daily to employees. (See chart page 24.)

E. Cleaning, Laundering, and Disposal (29 CFR 1910.1030). The Town shall clean, launder, and dispose of the personal protective equipment required by this plan at no cost to the employee.

F. Repair and Replacement (29 CFR 1910.1030).

1. The Town shall repair or replace personal protective equipment to maintain its effectiveness, at no cost to the employee.

2. Garment(s) penetrated by blood or other potentially infectious materials, shall be removed immediately or as soon as feasible.

3. Before leaving the work area, all personal protective equipment shall be taken off and be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

G. Gloves (29 CFR 1910.1030):

1. Gloves shall be worn for all patient contact or when it is reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.

2. Disposable (single-use) gloves (i.e. surgical or examination gloves) shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

3. Disposable (single-use) gloves are not to be washed or decontaminated for re-use.

4. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must 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.

5. Glove allergy - If an allergy has been documented regarding the gloves normally provided, hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily available.

H. Masks, Eye Protection, and Face Shield (29 CFR 1910.1030). Masks in combination with eye protection devices (i.e. goggles or glasses with solid side shields, or chin-length face shields) shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials could be generated and eye, nose, or mouth contamination could be reasonably anticipated.

I. Gowns, Aprons, and Other Protective Body Clothing (29 CFR 1910.1030). Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

SECTION 6

Housekeeping/Janitorial

6.1 Housekeeping/Janitorial (#D-G 29 CFR 1910.1030)

A. Compliance date: On or before August 25, 1993.

B. The Town Manager or his designee is responsible for providing and maintaining a clean and sanitary operation according to the following.

C. The Town shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. Fire Rescue employees shall refer to the most current version of the Directives for further information.

D. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.

E. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the day if the surface may have become contaminated since the last cleaning.

F. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the day if they may have become contaminated during the day.

G. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination. These receptacles shall be cleaned starting at the lip and working downward.

6.2 Cleaning Post-Exposure

If exposure to blood or other potentially infectious material occurs to objects such as floor, counter, sink, toilet, stretchers, walls, etc., the following methods shall be implemented:

A. Spills: Puddle/Pool like larger than a teacup saucer, follow steps 1-9.

1. Put on utility gloves and, if needed, other Personal Protective Equipment.
2. Spread Clorox Bleach on spill.
3. Allow to set for two minutes.
4. Wipe up visible spill using paper towels wiping from outer edge of spill to c enter - place used towels in biohazard bag.
5. Repeat as needed until visible spill is removed.
6. Remove utility gloves, place in red biohazard bag, or labeled contaminated laundry bag.
7. Put on clean utility gloves.
8. Clean area of spill with hot soapy water. (If soap and water cannot be used, follow manufacturer's recommendations for cleaning and disinfecting object.)
9. Apply appropriate disinfectant according to manufacturer's recommendations for strength of chemical used and length of time.

B. Splash/Spray/Droplet, follow steps 1-4:

1. Put on utility gloves and, if needed, other Personal Protective Equipment.
2. Cleanse area with hot soapy water. (If area cannot be cleansed with soap and water, follow manufacturer's recommendation for cleaning and disinfecting object.)
3. Apply appropriate disinfectant to object according to manufacturer's recommendations for strength of chemical and length of time.
4. Remove and dispose of Personal Protective Equipment in appropriate red biohazard bag, or labeled contaminated laundry bag.

C. Disposable Method

1. Dispose in appropriate red biohazard bag receptacle.
2. Dispose in appropriate red sharps container.

D. Immersion Method

1. Put on appropriate Personal Protective Equipment.
2. Rinse item under cool running water to remove visible debris.
3. Thoroughly scrub surface.
4. Immerse into clean solution of disinfectant for 10-15 minutes.
5. Remove, rinse, dry, and store.

E. Spray/Wipe/Spray Method

1. Put on appropriate Personal Protective Equipment.
2. Clean by spraying disinfectant spray directly on surface. Allow to remain wet for about 30 seconds. Wipe away solution and debris using a clean paper towel. Discard towel in biohazard receptacle.
3. Re-spray surface and allow to dry.

SECTION 7

Biohazard and Other Regulated Waste

7.1. Biohazard and other Regulated Waste (# C-E CFR 1910.1030)

A. Compliance date: On or before August 25, 1993.

B. The Town Manager or his designee is responsible for disposing of biohazard and other regulated waste

C. Regulated waste shall be placed in containers which are: (Fire/Rescue shall refer to the most recent Directive)

1. Closable;

2. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

3. Labeled or color-coded; and

4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

D. If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be:

1. Closable;

2. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

3. Labeled or color-coded; and

4. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

E. Labels and signs:

1. Warning labels shall be affixed to containers of regulated waste refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious materials.

2. Labels required by this section shall include the following legend:

3. Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

4. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements.

5. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

6. Regulated waste that has been decontaminated need not be labeled or color-coded.

SECTION 8

Contaminated Laundry

8.1. Contaminated Laundry (# D-F 29 CFR 1910.1030)

A. Compliance date: On or before August 25, 1993.

B. The Town Manager or his designee is responsible for ensuring that personnel use Personal Protective Equipment (PPE) and handle laundry in a safe and appropriate manner.

C. Contaminated laundry shall be handled as little as possible with a minimum of agitation. Fire/Rescue shall refer to the most recent Directive.

1. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

2. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded. Universal Precautions shall be utilized in the handling of all soiled laundry.

3. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

D. Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

E. When contaminated laundry is sent off-site to a second facility which does not utilize Universal Precautions in the handling of all laundry, the town shall place such laundry in bags or containers which are labeled or color-coded.

F. Protocol for handling laundry that has been contaminated:

1. Fire Department/Patient Linens

a. Put on appropriate Personal Protective Equipment.

b. Handle linen as little as possible and with minimal agitation.

c. When removing linens from cot/stretcher, fold linens inward so as to contain potential airborne contaminants.

d. Place contaminated articles in appropriate receptacle, one that has been identified as biohazardous at the medical receiving facility

e. Clean and disinfect the stretcher.

f. Remove gloves, wash hands, and prepare stretcher.

2. Fire/Police/Streets and Utilities/Towels, Clothes, Uniforms, Linen

a. Put on Personal Protective Equipment.

b. Handle linen as little as possible and with minimal agitation.

c. Fold inward to avoid potential airborne contaminants.

d. Place contaminated articles in appropriate receptacle, one that has been identified as biohazardous.

e. Remove and dispose of Personal Protective Equipment in appropriately marked container, wash hands, or;

f. If doing laundry at the Town's designated sight, follow steps A through C as listed above, then:

I. Change gloves, wash hands, put on clean gloves

II. Take to designated contaminated laundry area at Fire Department.

III. Contaminated laundry may be pre-soaked with appropriate intermediate-level disinfectant (i.e., Lysol II) following manufacturer's specifications, then washed in regular wash/rinse cycle, or;

IV. Wash in machine designated for contaminated laundry (hot water 71 Degrees C or 160 Degrees F for more than five minutes with clorox or similar detergent known to inactivate HIV and HBV (Hepatitis B virus) and HCV (Hepatitis C virus)

V. Remove gloves, place in appropriate receptacle, wash hands.

SECTION 9

Hepatitis B Vaccination

9.1 Hepatitis A and B Vaccination (# C-F 29 CFR 1910.1030)

A. Compliance date: On or before August 25, 1993.

B. The Town Manager or his designee is responsible for establishing, operating, and maintaining records for our vaccination program. Documentation will be in individual personal files.

C. The Town shall make available the Hepatitis A/B vaccine and vaccination series to all employees who have occupational exposure and post-exposure evaluation and follow-up to all employees who have had an exposure incident.

D. The Town shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee at a reasonable time and place.

2. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.

3. Provided according to recommendation of the U.S. Public Health Service current at the time these evaluations and procedures take place.

E. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

F. Vaccination: (Fire Rescue personnel will have their file reviewed annually to ensure all required vaccinations are up to date)

1. Hepatitis A/B vaccination shall be made available after the employee has received the required training and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis A/B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

2. Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis A/B vaccination.

3. If the employee initially declines Hepatitis A/B vaccination but at a later date decides to accept the vaccination, the employer shall make available hepatitis A/B vaccination at that time.

4. The employer shall assure that employees who decline to accept Hepatitis A/B vaccination offered by the employer sign the appropriate declination statement.

5. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the US. Public Health Service at a future date, such booster dose(s) shall be made available, at no charge to employee.

6. Health care professionals written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis A/B vaccination is indicated for an employee, and if the employee has received such vaccination.

IMPORTANT INFORMATION ABOUT HEPATITIS B

AND HEPATITIS B VACCINE

WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV). The term "viral hepatitis" is often used for and may include Hepatitis B and other similar diseases which affect the liver but are caused by different viruses.

Acute hepatitis generally begins with mild symptoms that may or may not become severe. These symptoms may include loss of appetite, a vague feeling of oncoming illness, extreme tiredness, nausea, vomiting, stomach pain, dark urine, and jaundice (yellow eyes and skin). Skin rashes and joint pain can also occur. Up to 50% of individuals with HBV infection may be asymptomatic (no symptoms).

In the United States about 300,000 persons, mostly young adults, catch Hepatitis B each year. About one-quarter will develop jaundice, and more than 10,000 will need to be hospitalized. About 350-400 people die each year from severe acute Hepatitis B. Between six and ten of every 100 young adults who catch Hepatitis B become chronic carriers (have HBV in their blood for six or more months) and may be able to spread the infection to others for a long period of time. Infants who catch Hepatitis B are more likely to become carriers than adults. About one-fourth of these carriers go on to develop a disease called "chronic active hepatitis". Chronic active hepatitis often causes cirrhosis of the liver (liver destruction) and death due to liver failure. In addition, HBV carriers are much more likely than others to get cancer of the liver. An estimated 4,000 persons die from Hepatitis B-related cirrhosis each year in the United States and more than 1,000 die from Hepatitis B-related liver cancer.

The risk of catching hepatitis is higher in certain groups of people because of their occupation, lifestyle, or environment. Because of the risks of serious problems associated with Hepatitis B infection, vaccination to help prevent infections is recommended for these groups.

Mode of Transmission: By transfer of HBV infected blood or body fluids through (1) sexual contact; (2) percutaneous puncture (e.g. illicit drug injection, tattooing, accidental needle sticks/sharps injury, blood transfusion); (3) skin lesions/abrasions and microlesions of mucosal surfaces; and (4) perinatal (mother to child).

Incubation Period: 45-160 days average 120 days. Any person whose blood tests positive for Hepatitis B surface antigen (HBsAg) is considered potentially infectious.

Diagnosis: Laboratory studies will show elevated liver enzymes. However, definitive diagnosis is based on serologic testing for the antigen-antibody markers associated with HBV infection. The presence or absence of particular markers in the blood indicates whether the infection is acute, resolved, or chronic.

Treatment: There is no specific treatment or therapy for Hepatitis B infection. Adequate nutrition, hydration, and rest are very important for healing and liver cell regeneration.

Prevention: Before exposure to HBV, vaccination with Hepatitis B vaccine series is recommended for high risk and moderate risk individuals. The treatment of choice after exposure to HBV is Hepatitis B Immune Globulin (HBIG) plus initiation of the Hepatitis B vaccine series, according to U. S. Public Health and Center for Disease Control recommendations. Education to promote understanding of transmission mechanisms and changes in high-risk behavior is essential.

Hepatitis B Vaccine: The recombinant vaccine is made from common baker's yeast cells through genetic engineering. The yeast-derived vaccine does not contain human blood products. The vaccine is given by injection on three separate doses. The first two doses should be given one month apart, and the third does five months after the second. After three doses, the Hepatitis B vaccine is 85%-95% effective in preventing Hepatitis B infection in those who received vaccine. The protection for normal adults and children given vaccine properly lasts at least five years. Booster doses of vaccine will be given according to the latest U.S. Public Health Service recommendations. Hepatitis B vaccine will not prevent Hepatitis A or Hepatitis C virus. Hepatitis B vaccine (Recombinant) is not recommended for persons with a hypersensitivity to yeast, molds, or any other component of the vaccine.

Who should get Hepatitis B vaccine? The vaccine is recommended for persons at high risk of catching HBV infection who are or may be unprotected. These groups include:

1. Health care workers. Health care workers who are exposed to blood or blood products or who may have accidental occupational exposures should be vaccinated.

2. Homosexually active men.

3. Users of unlawful injectable drugs. Sharing needles is an extremely high-risk activity for transmitting Hepatitis B.

4. Recipients of certain blood products. Persons such as hemophiliacs who receive special products to help their blood clot are at high risk of infection.

5. Household and sexual contacts of HBV carriers. When HBV carriers are identified, household and sexual contacts should be offered vaccine.

6. Special populations from areas with high rates of Hepatitis B. These groups include Alaskan natives, native Pacific Islanders, and immigrants and refugees from eastern Asia and sub-Saharan Africa.

Vaccine also should be considered for:

7. Heterosexuals who come in for treatment of sexually transmitted diseases and who have histories of sexual activity with multiple sexual partners.

8. Persons who plan to travel to areas outside the United States that have high rates of Hepatitis B infection, stay in these areas for more than six months, and have close contact with the local population; and, persons traveling for shorter durations who may have sexual contact with local persons in areas where HBV infection is common. Persons traveling abroad who will perform medical procedures in areas where HBV infection is common are at very high risk.

Additional Vaccines:

Hepatitis B vaccine is also recommended as part of the therapy used to prevent Hepatitis B infection after exposure to HBV. Post exposure use of Hepatitis B vaccine is recommended for the following persons: (1) infants born to mothers who have a positive blood test for Hepatitis B surface antigen (Hbsag); and, (2) persons having accidents involving HBsAG-positive blood where there is entry through the skin or a mucous membrane. In addition, vaccination may be recommended for persons having sexual contact with someone who has a positive blood test for HBsAg. The Hepatitis B vaccine series should be started at the same time as other therapy, primarily, treatment with Hepatitis B immune globulin (HBIG).

Possible side effects from the vaccine:

The most common side effect is soreness at the site of injection. Others may include fever, headache, dizziness, or flu-like symptoms. Other illnesses, such as neurological reactions, have been reported after vaccine is given but Hepatitis B vaccine is not believed to be the cause of these illnesses. As with any drug or vaccine, there is a rare possibility that allergic or more serious reactions or even death could occur. No deaths, however, have been reported in persons who have received this vaccine. Giving Hepatitis B vaccine to persons who are already immune or to carriers will not increase the risk of side effects.

Pregnancy:

No information is available about the safety of the vaccine for unborn babies; however, because the vaccine contains only particles that do not cause Hepatitis B infection, there should be no risk. In contrast, if a pregnant woman gets a Hepatitis B infection, this may cause severe disease in the mother and chronic infection in the newborn baby. Therefore, pregnant women who are otherwise eligible can be given Hepatitis B vaccine.

Questions:

If you have any questions about Hepatitis B or Hepatitis B vaccine, please ask us now or call your doctor or health department before you sign this form.

Reactions:

If the person who received the vaccine gets sick and visits a doctor, hospital, or clinic during the four weeks after receiving the vaccine, please report it to your county health department.

HEPATITIS B VACCINE 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 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 materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ ___/___/___

SIGNATURE OF PERSON DECLINING DATE

_____ ___/___/___

WITNESS **DATE**

SECTION 10

Post-Exposure Evaluation and Follow-up

10.1 Post-Exposure Evaluation and Follow-up (29 CFR 1910.1030)

A. Compliance date: On or before August 25, 1993. – Updated January 2023

B. *The Town Manager or his designee* is responsible for maintaining the post exposure follow-up program.

C. Following a report of an exposure incident defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral (e.g. needle stick), contact with blood or other potentially infectious materials that result from the performance of their duties, the town shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.

2. Identification and documentation of the source individual, unless the Town can establish that identification is infeasible or prohibited by state or local law.

D. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented in the employee's medical record.

1. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status shall not be repeated.

2. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

E. Collection and testing of blood for HBV and HIV serological status:

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

F. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service; Counseling and evaluation of reported illnesses.

1. The employer will be responsible for the employee's Hepatitis B vaccination information.

2. The healthcare professional evaluating an employee after an exposure incident shall be provided the following information:

    a. A copy of OSHA's ECP Standard.

    b. A description of the exposed employee's duties as they relate to the exposure incident.

    c. Documentation of the route(s) of exposure and circumstances under which exposure occurred.

    d. Results of the source individual's blood testing, if available.

    e. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain.

10.2 Post-Exposure Evaluation Follow-up Procedure

A. Employee incurs exposure.

B. Cleanse as follows:

    1. Hands and other skin surfaces shall be washed thoroughly with soap and water and immediately (as soon as possible) if accidentally contaminated with blood or body fluids.

    2. Contact enters the eye or mouth of an employee, the area shall be irrigated with copious amounts of normal saline or water.

C. All Town Employees shall report exposure to the Town DRO. If unable to contact the Town DRO, immediately contact the Designated Infectious Control Officer, Dr. Repp, at cell number: 941-779-7739 or Joetta Troyer at (941-350-6365 (24-hour phone).

D. The Town DRO shall notify ECPC immediately of exposure.

E. The Designated Infectious Control Officer shall determine if occupational exposure has occurred.

F. Post Exposure Follow-up Packet (following this section) shall be used and completed by the Designated Infectious Control Officer.

G. The Designated Infectious Control Officer will obtain consent form.

H. Arrangements shall be made by the Designated Infectious Control Officer for counseling employee, baseline blood testing and every attempt shall be made to identify and test source individual's blood as provided by law.

I. The Designated Infectious Control Officer shall provide all test results to employee face-to-face and establish continued follow-up at three (3) months and six (6) months.

J. The Designated Infectious Control Officer will provide medical test results for Employee Confidential File.

Post Exposure Protocols
Twenty-Four Hour Source Antibody Testing Protocol

Provider: Concentra
Designated Infectious Control Officer: Dr Repp
Effective: 03.01.23

Protocol: Upon suspecting that an exposure has occurred, the appropriate supervisor should do the following:

1. Wash the affected area, if applicable.

2. Notify immediate supervisor and Human Resources department. Human Resources will complete the first report of injury to the State.

3. If during weekday hours of 8:00 AM – 5:00 PM, Human Resources will contact Concentra clinic in Sarasota to arrange for a telemedicine visit.

4. If after 5:00 PM, or before 8:00 AM, or on the weekends, Human Resources/Fire Chief will authorize visit on Concentra HUB/Portal or email to telemed@concentra.com or call Concentra National Telemedicine phone line to arrange for a Telemedicine consultation.

5. Follow instructions provided by Concentra National Telemedicine.

6. Injured employee needs to let the Emergency Room Doctor know that an exposure occurred and we need the Employee and the Source Individual tested for a rapid HIV.

7. Complete the Supervisor Accident Report that can be found in the (G) Drive under Exposure Control Plan.

8. Notify Human Resources, and the appropriate department head.

Telemed

You can access care from anywhere, anytime

Tips for virtual visits:

1. Employees need a quiet, private location for the visit.
2. Employee will need a computer, smartphone, or mobile device with a webcam and microphone.
3. A strong internet connection is required
    a. Desktop/laptop – www.concentratelmed.com
    b. Tablet/smartphone – Visit mobile website at www.concentratelmed.com or download the Concentra Telemed app via the Apple App Store or Google Play.
    c. For the best web experience, we recommend using Google Chrome, Microsoft Edge, or Mozilla Firefox (PC and Android mobile device users) and Safari (Mac and Apple mobile device users).
4. **Employees will need an active email address and create a password.**
5. **When the visit starts, employees will present a valid photo ID, such as a driver's license.**

SUPPORT:
Employers and employees can call 855-835-6337 for technical support an to address any questions on care, deliver, case process, etc.

TOWN OF LONGBOAT KEY POST EXPOSURE

OCCUPATIONAL INCIDENT REPORT

(EMPLOYEE/SUPERVISOR TO COMPLETE PAGES 43 - 48)

EMPLOYEE NAME: _____ DATE ___/___/___

SUPERVISOR NAME: _____ DATE ___/___/___

DATE OF BIRTH: ___/___/___ SOCIAL SECURITY NUMBER: ___/___/___

LOCATION OF INCIDENT: _____

DESCRIBE HOW INCIDENT OCCURRED: _____

_____

DESCRIBE DUTIES AS THEY RELATE TO INCIDENT: _____

_____

LIST MATERIALS, BLOOD, OR BODY FLUIDS EXPOSED TO: _____

_____

TYPE OF DECONTAMINATION: _____

LENGTH OF EXPOSURE (TIME): _____

SYMPTOMS (IF ANY): _____

_____

PERSONAL PROTECTIVE EQUIPMENT BEING USED DURING INCIDENT (LIST ALL):

_____

_____

EMPLOYEE HEPATITIS B VACCINE STATUS (CHECK (√) ALL THAT APPLY):

____ HAS COMPLETED HEPATITIS B VACCINE SERIES

____ IMMUNE STATUS IS POSITIVE ____/___/_____ DATE TESTED

____ IMMUNE STATUS IS NEGATIVE ____/___/_____ DATE TESTED

____ IMMUNE STATUS IS UNKNOWN

____ IS RECEIVING HEPATITIS B VACCINE

____ HAS HAD: 1_____ 2 _____ 3 _____ OF HEPATITIS B VACCINE SERIES
DATE DATE DATE

____ HAS SIGNED HEPATITIS B VACCINE DECLINATION STATEMENT

TOWN OF LONGBOAT KEY POST EXPOSURE

OCCUPATIONAL INCIDENT REPORT - CONTINUED

(EMPLOYEE/CHIEF TO COMPLETE PAGES 43 - 48)

____ SOURCE INDIVIDUAL KNOWN

____ SOURCE INDIVIDUAL

____ _____
Name

Unless employer can establish

Identification is infeasible or prohibited by state or local law.

____ UNKNOWN

____ HIV POSITIVE

____ HIV NEGATIVE

____ HIV UNKNOWN

____ Hbsag POSITIVE

____ Hbsag NEGATIVE

____ Hbsag UNKNOWN

____ SOURCE INDIVIDUAL TESTED, RESULTS TO FOLLOW.

TREATMENT AT SCENE: _____

_____

TREATMENT BY MEDICAL FACILITY: _____

_____

_____

ADDITIONAL INFORMATION: _____

_____

_____

EMPLOYEE SIGNATURE: _____ DATE: ___/___/___

SUPERVISOR SIGNATURE: _____ DATE: ___/___/___

CONSENT FOR RELEASE OF INFORMATION

(TO BE COMPLETED BY EMPLOYEE)

TO: _____
(NAME)

_____
(ADDRESS)

_____ _____ _____
(CITY) (STATE) (ZIP CODE)

THIS CONSENT FOR RELEASE WILL AUTHORIZE YOU TO RELEASE TO:

_____
(NAME)

_____
(ADDRESS)

_____ _____ _____
(CITY) (STATE) (ZIP CODE)

The specific information to be released is the HIV antibody test results.

The information is to be released for the purpose of: _____

_____

This information shall be disclosed from records whose confidentiality is protected by state law. State law prohibits any further disclosure of such information without the specific written consent of the person to whom such information pertains, or as otherwise permitted by state law. A general authorization for the release of medical or other information is not sufficient for this purpose.

I understand that if I do not consent, the information sought to be disclosed will not be disclosed except as provided by law. I hereby release the Town of Longboat Key from any liability which may arise as a result of the use of the information contained in the copy of record released.

I understand that this consent is subject to revocation in writing at any time, but such revocation can have no effect on disclosures previously made. Upon fulfillment of the above stated purpose or six months after the date signed, this consent will automatically expire without my expressed revocation.

_____ _____
Witness Employee Signature

Date: ___/___/_____ Date: _____/_____/_____

Serving Florida Public Entities

SUPERVISOR ACCIDENT INVESTIGATION REPORT FOR WORKER'S COMPENSATION INJURY

(PURPOSE TO PREVENT REOCCURRENCE)

The Report of Injury is to be submitted within 24 hours following the date of injury. If the employee is unable to complete his/her account of the accident, the supervisor is to provide information, in addition to the analysis of the accident.

EMPLOYEE'S ACCOUNT OF THE ACCIDENT

Employee's Name: _____ Department: _____ Classification Code: _____ Date: _____

Date of Accident: _____ Day of the Week: S M T W Th F S Time of Accident ☐AM ☐ PM Place of Accident: _____

In your own words, explain in detail, what you were doing immediately prior to the accident and then how you believe the accident happened. _____

Employee's Signature: _____

SUPERVISOR'S ANALYSIS OF THE ACCIDENT

Date/Time Employee reported injury _____ ☐ AM ☐ PM

Was Employee seen by a physician? ☐ Yes ☐ No ☐ Unknown

If yes, name of Physician/Hospital

Hospitalized? ☐ Yes ☐ No ☐ Unknown

Did Employee lose time from work (other than for medical treatment? ☐ Yes ☐ No If yes, date last worked: _____

Date Expected to Return: _____ Date Returned: _____

Nature of injury and part of body involved (e.g. cut left hand, strained back, bruised leg, etc.)

Name of Witnesses to the Accident:

1. _____ 2. _____

Do you concur with the Employee's account of the accident? ☐Yes ☐ No ☐ Unsure

If you answer no or unsure, please explain: _____

What factors do you believe were instrumental in causing the accident? Please explain your rationale:

Describe actions taken, planned or needed to prevent reoccurrence (example: job instruction, guard installed, tool repaired, improved inspection: _____

Supervisor Signature: _____ Date: _____

DEPARTMENT DIRECTOR REVIEW

☐ Investigation Sufficient ☐ Suggested additional actions on reverse ☐ Report to be submitted to Safety Committee

Department Director Signature: _____ **Date:** _____

SECTION 11

Information and Training

11.1 Information and Training (# C-I 29 CFR 1910.1030)

A. Compliance date: On or before July 26, 1993.

B. *The Town Manager* or *his designee* is responsible for providing information and training to those employees who have been identified as having potential for exposure to ECPs, according to the following and 29 CFR 1910.1030.

C. Employees with occupational exposure shall participate in a training program which shall be provided at no cost to the employee and during working hours and will present certificate of completion to Human Resources.

D. Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;

2. Within 90 days after the effective date of the standard; and

3. At least annually thereafter.

E. For employees who have received training on ECPs in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

F. Annual training for all employees shall be provided upon hire and annually.

G. Additional training shall be provided when changes such as modification of task or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created. The training must be documented per training records, of this plan.

H. Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

I. The training program shall contain at a minimum the following elements;

1. An accessible copy of the regulatory text 1910.1030 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 employer's ECP and the means by which the employee can obtain a copy of the written plan;

5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;

6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment;

7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

8. Explanation of the basis for selection of personal protective equipment;

9. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination shall be offered free of charge;

10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that shall be made available;

12. Information on the post-exposure evaluation and follow-up that is provided for the employee following an exposure incident;

13. An explanation of the required signs and labels and/or color coding;

14. An opportunity for interactive questions and answers with the person conducting the training session; and;

15. The person conducting the training shall be knowledgeable in the subject matter covered by the elements in the training program as it relates to the workplace that the training shall address.

J. Responsibilities also include:

1. An up-to-date list of personnel requiring training.

2. Developing and/or reviewing appropriate educational/training material and programs.

3. Scheduling training as defined in our ECP.

4. Scheduling additional periodic training programs as they relate to ECPs for our employees.

5. Review periodically these educational/training programs with Directors, Managers, and Supervisors to be up-to-date with any new information that requires additions, changes, or deletions.

K. Methods of Training include:

1. Optional use of video, overheads, or slides.

2. Copy of OSHA Standard 29 CFR 1910.1030.

3. Bloodborne Questions & Answers Handout

SECTION 12

Recordkeeping

12.1 Recordkeeping (B, D, E, F, G, 29 CFR 1910.1030)

A. Employee Medical Records:

1. Compliance date: On or before July 26, 1993.

2. *The Town Manager* or *his designee* is responsible for setting up and maintaining accurate training records and accurate medical records for each employee with occupational exposure.

3. This record shall include:

   a. Name and social security number.

   b. A copy of his/her hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to his/her ability to receive vaccination;

   c. Copy of all results of examinations, medical testing, and follow-up procedures;

   d. Employer's copy of the healthcare professional's written opinion;

   e. Copy of information provided to the healthcare professional.

4. Employee medical records shall be:

   a. Confidential.

   b. Not disclosed or reported without his/her express written consent to any person within or outside the workplace except as required by law.

5. Employer shall maintain these records for at least the duration of employment plus 30 years (or per the State retention requirements, whichever is longer).

B. Training Records (I, K, L, 29 CFR 1910.1030):

1. Training records shall include:

   a. Dates of the training sessions.

b. Contents or a summary of training sessions.

c. Names and qualifications of persons conducting the training.

d. Names and job titles of all persons attending training sessions.

e. Training records shall be maintained for three years from the date on which training occurred.

f. Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Department of Labor or designee.

g. Medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the Department of Labor or designee.

2. If the employer ceases to do business and there is no successor employer to receive and retain these records for the prescribed period, the employer shall notify the Department of Labor (director) at least three months prior to their disposal, and transmit them if required to do so, within that three-month period.

All New Hires (General) will be required to complete this training upon hire
All General Employees Annually

Streamery - Bloodborne Pathog

learn.streamery.co/Topics/Safety/OSHA-Compliance/Bloodborne-Pathogens/Bloodborne-Pathogens-Training-for-Employees-en

Help

COURSES CATALOG

Topics > Safety > OSHA Compliance > Bloodborne Pathogens

Bloodborne Pathogens Training for Employees

2008 / 17 min / SKU: 2524 + 2524-S / English & Spanish

Many workers make the mistake of thinking that only healthcare providers are at risk from exposure to bloodborne pathogens, but almost all employees in the workforce can be exposed, often when they least expect it. To protect themselves from these microorganisms, employees must receive training and learn specific precautions, which is the purpose of this new program. Viewers will learn the hazards associated with bloodborne pathogens and how to protect themselves from exposure to these hazards by following universal precautions in each and every potential exposure situation.

Topics covered also include:

- diseases caused by bloodborne pathogens
- the exposure control plan
- universal precautions
- handling & disposal of contaminated items
- responding to exposure situations
- decontaminating work areas and equipment

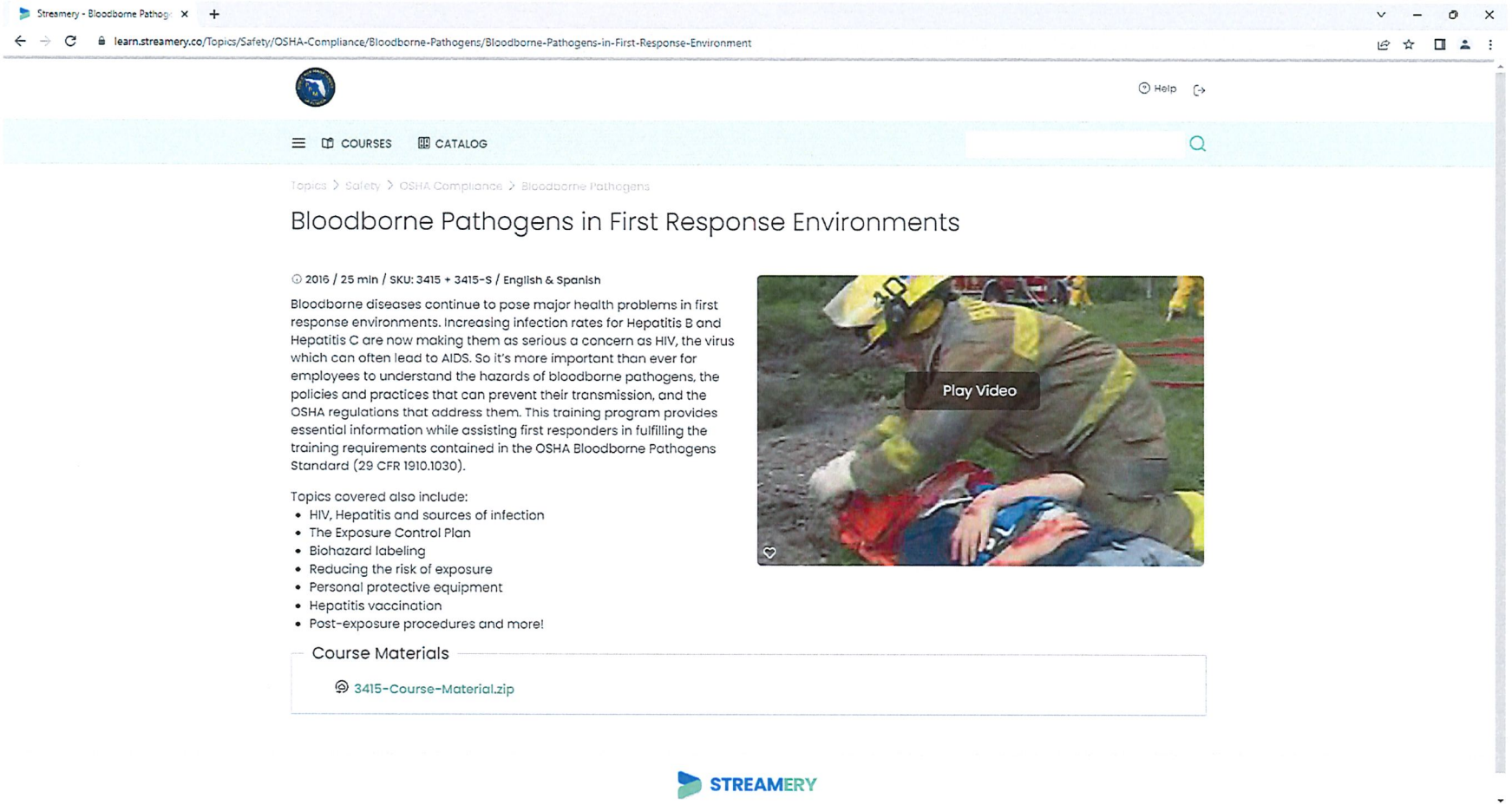
Course Materials

2524-Course-Material.zip

STREAMERY

Powered by AgileSite V11

All New Hires in Fire and Police will be required to complete this training upon hire
All Fire and Police Employees Annually



NEW EMPLOYEE ORIENTATION & ONBOARDING CHECKLIST

Employee Name:	Job Title:	Start Date:
Department:	Supervisor: Lead Person:	Work Hrs. (Schedule)

WELCOME

_____ Introduce yourself
_____ Brief history of the organization
- Mission & Vision Statement
- Town Manager's BOAT principles (**B**e Responsive; **O**ffer Solutions; **A**ctively Communicate; **T**hink Team)
- Expectations for all Employees

_____ Virtual tour of the Town
_____ Meet & Greet Town Manager
_____ Introduce employee to lead person at the beginning or end of orientation (if possible), or inform employee who, where, and when they need to meet after completion of orientation

NEW HIRE ORIENTATION – HUMAN RESOURCES

_____ Town Org Chart
_____ Offer Letter Sign Off – Rate of Pay
_____ Copy of Job Description – Review Essential Functions - sign off
_____ Review Pre-Employment Physical – Hepatitis Status - Declination Form – Exposure Control Plan
_____ Employee ID and New Hire Book
_____ Pay Dates, Direct Deposit, Paycheck distribution, Paycheck discrepancies, 3 checks in a month
_____ **STATPORTALS** procedures – Supervisor/Manager approve timecard bi-weekly
_____ List of Commissioners
_____ Town Computer Workstation Policy and Internet Policy
_____ Town Holidays – (**PBA & IAFF**)
_____ Town PRR's
_____ Town Collective Bargaining Agreements
_____ New Hire completes Laserfiche Forms (30 minutes) – *I9 & W4 on paper*
_____ Standards of Conduct "Good Will Ambassador", Gift Policy, Dress Code, Laundry Allowance
_____ Types and Terms of Employment – Probationary Employees (90 days, six months, one year), second jobs
_____ Hiring Procedures – Job Vacancies, Job Postings and Selection
_____ Types of Separations – Resignation, Retirement, Disability, Dismissal or Discharge, Exit Interview
_____ Promotions/Demotions
_____ Attendance/Tardiness "report to work at scheduled time"
_____ Attendance and Leave Policy Under Pandemic Conditions – Administrative Directive
_____ Remote Working – Administrative Directive
_____ Disciplinary Action - Group 1 and Group 2 offenses, Grievance Procedures for Disciplinary Actions
_____ Hours of Work and Overtime, Call Backs, Comp Time
_____ Vacation Accrual, Accumulation of Vacation, Converted Medical Leave, Manager Hours
_____ Medical Accrual, Use of Medical Leave, Accumulation of Medical Leave – 50% paid upon retirement
_____ Emergency Leave (32 hours General, 42 hours Fire, 36 hours Police)
_____ Family Medical Leave "FMLA"
_____ Jury Duty, General Leave without Pay

_____ Misconduct and Harassment Policy
_____ Performance Evaluations – MERIT Increase, Step Increases
_____ Town Core Values and Mission & Vision Statement as it relates to EMPLOYEE GOALS
_____ Strategic Plan
_____ Educational Incentives and Benefits "Tuition Reimbursement"
_____ Drug Free Workplace and Alcohol Policy, Random Testing, Reasonable Suspicion, DOT queries
_____ Employee Assistance Program
_____ Reporting injuries and car accidents and Bloodborne Exposures
_____ Copy of Exposure Control Plan and Reporting Exposures
_____ Cell Phone Policy/Stipend
_____ Town Vehicles & Take-Home Vehicles
_____ Safety Meetings and Safety Inspections
_____ MVR Driver License Checks
_____ Reporting Moving Traffic Violations – DUI's
_____ Required New Hire Training and NIMS Training
_____ Required Annual Training and Employee Development – part of Annual Performance Review
_____ G Drive – Global
_____ Purchasing - P Card
_____ Retirement Selection and Enrollment, ICMA meetings, FRS Employment Certification Form (FRS)
_____ Employee Health Insurance, Rates, Dental, Vision, Life, STD, LTD, EAP, Teledoc, Legal Shield, Credit Union, LBK Bucks, Open Enrollment, Life Event Changes
_____ Date for Benefit Orientation – marriage certificate, birth certificates, SS numbers, DOB
_____ Wellness Program & Wellness Days Off
_____ Employee permission for 'welcome' message on Town social media
_____ Employee Tour Support Services, Finance, PZB, IT, Commission Chambers
_____ Employee Badge – Tour of Police, Fire, PW
_____ STATPORTALS Training
_____ Public Records Training – Swearing In
_____ Information Technology Training
_____ New Hire finishes with HR Department
_____ HR introduces new hire to lead person

DEPARTMENT - THE JOB

_____ Tour of department
_____ Town Website
_____ Explain department structure
_____ Employee's job duties and job scope
_____ Uniforms and or Dress Code
_____ Employee's job as it relates to "big picture"
_____ Performance expectations
_____ Job Vacancies and Job Postings
_____ Quality requirements
_____ Tools/tool procedures
_____ Additional Training: NIMS, Continuing Education, Health Information Privacy (HIPAA), Red Flag Policy, Annual Training

DEPARTMENT SAFETY

_____ Employee received and read "General Safety Rules"

_____ Eye protection and other protective equipment requirements
_____ Storage and disposal of solvents and hazardous chemicals
_____ Job and/or equipment hazards
_____ Proper clothing and footwear
_____ Fire extinguishers and emergency exits
_____ Proper lifting technique
_____ Location of MSDS
_____ Reporting accidents and illnesses, including auto accidents, exposures specifically BBP
_____ Town Vehicles
_____ Town Smoking Policy – Town FFP affidavit – Firefighter Cancer Bill – Reporting Exposures (BBP)

DEPARTMENT PROCEDURES AND REGULATIONS

_____ Importance of being on time
_____ Explain work hours (start time and stop time)
_____ Tardiness
_____ Absenteeism
_____ Tardiness/absenteeism call-in procedure
_____ Employee's phone number, plus an alternate phone number
_____ Personal phone calls, texting, etc., during work hours
_____ Initial ninety (90) day review
_____ Probation (six months for general employees and one year for police and fire)
_____ Emergency Roles/Responsibilities

DEPARTMENT GENERAL

_____ Care of equipment
_____ Employee Assigned Town Equipment – Asset Tracking List
_____ Confirm Employee Badge – Police Department issues
_____ Location of restrooms, cafeteria, vending machines, lockers, storage areas, personal protective equipment
_____ Parking location
_____ Locker
_____ Keys
_____ Business Cards
_____ "GO TO PERSON" Assign a lead person or other responsible employee to assist the new employee with questions for the first few days.
_____ PCARD

DEPARTMENT FOLLOW-UP

_____ One (1) day follow-up
_____ Five (5) day follow-up
_____ Other

Employee Signature:	Date:
Supervisor's Signature:	Date:

Please return completed form to Human Resources for filing.

REPORTING EXPOSURE INCIDENTS

OSHA's bloodborne pathogens standard includes provisions for medical follow-up for workers who have an exposure incident. The most obvious exposure incident is a needlestick. But any specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials is considered an exposure incident and should be reported to the employer.

Exposure incidents can lead to infection from hepatitis B virus (HBV) or human immunodeficiency virus (HIV) which causes AIDS. Although few cases of AIDS are directly traceable to workplace exposure, every year about 8,700 health care workers contract hepatitis B from occupational exposures. Approximately 200 will die from this bloodborne infection. Some will become carriers, passing the infection on to others.

WHY REPORT?

Reporting an exposure incident right away permits immediate medical follow-up. Early action is crucial. Immediate intervention can forestall the development of hepatitis B or enable the affected worker to track potential HIV infection. Prompt reporting also can help the worker avoid spreading bloodborne infection to others. Further, it enables the employer to evaluate the circumstances surrounding the exposure incident to try to find ways to prevent such a situation from occurring again.

Reporting is also important because part of the follow-up includes testing the blood of the source individual to determine HBV and HIV infectivity if this is unknown and if permission for testing can be obtained. The exposed employee must be informed of the results of these results.

Employers must tell the employee what to do if an exposure incident occurs.

MEDICAL EVALUATION AND FOLLOW-UP?

Employers must provide free medical evaluation and treatment to employees who experience an exposure incident. They are to refer exposed employees to a licensed health care provider who will counsel the individual about what happened and how to prevent further spread of any potential infection. He or she will prescribe appropriate treatment in line with current U.S. Public Health Service recommendations. The licensed health care provider also will evaluate HIV or HBV development.

The first step is to test the blood of the exposed employee. Any employee who wants to participate in the medical evaluation program must agree to have blood drawn. However, the employee has the option to give the blood sample but refuse permission for HIV testing at the time. The employer must maintain the employees' blood sample for 90 days in case the employee changes his or her mind about testing—should symptoms develop that might relate to HIV or HBV infection.

The health care provider will counsel the employee based on the test results. If the source individual was HBV positive or in a high risk category, the exposed employee may be given hepatitis B immune globulin and vaccination, as necessary. If there is no information on the source individual or the test negative, and the employee has not been vaccinated or does not have immunity based on her or her test, he or she may receive the vaccine. Further, the health care provider will discuss any other findings from the tests.

The standard requires that the employer make the hepatitis B vaccine available, at no cost to the employee, to all employees who have occupational exposure to blood and other potentially infectious materials. This requirement is in addition to post exposure test and treatment responsibilities.

WRITTEN OPINION?

In addition to counseling the employee, the health care provider will provide a written report to the employer. This report simply identifies whether hepatitis B vaccination was recommended for the exposed employee and

whether or not the employee received vaccination. The Health care provider also must note that the employee has been informed of the results of the evaluation and told of any medical conditions resulting from exposure to blood which require further evaluation or treatment. Any added findings must be kept confidential.

CONFIDENTIALITY?

Medical records must remain confidential. They are not available to the employer. The employee must give specific written consent for anyone to see the records. Records must be maintained for the duration of employment plus 30 years in accordance with OSHA's standard on access to employee exposure and medical records.

WHAT ARE BLOODBORNE PATHOGENS?

Bloodborne pathogens are infectious materials in blood that can cause disease in humans, including hepatitis B and C and human immunodeficiency virus, or HIV. Workers exposed to these pathogens risk serious illness or death.

What protections does OSHA's Bloodborne Pathogen standard provide? The full text of OSHA's Bloodborne Pathogens standard, published in Title 29 of the Code of Federal Regulations 1910.1030, details what employers must do to protect workers whose jobs put them at a reasonable risk of coming into contract with blood and other potentially infectious materials. The standard requires employers to do the following.

What is an established exposure control plan? This is a written plan to eliminate or minimize employee exposures. Employers must update the plan annually to reflect technological changes that will help eliminate or reduce exposure to bloodborne pathogens. In the plan, employers must document annually that they have considered and implemented safer medical devices, if feasible and that they have solicited input from frontline workers in identifying evaluating, and selecting engineering controls.

Why Use engineering control? These are devices that isolate or remove the bloodborne pathogen hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices such as sharps with engineered sharps-injury protection and needless systems.

What are work practice controls? These are practices that reduce the likelihood of exposure by changing the way a task is preformed, They include appropriate procedures for hand washing, sharps disposing, label specimen packaging, laundry handling, and contaminated material cleaning.

Who provides personal protective equipment? Such as gloves, gowns, and masks. Employers must clean, repair, and replace this equipment as needed.

Who should make available Hepatitis B vaccinations? Employers to all employees with occupational exposure to blood borne pathogens with 10 days of assignment.

What is post-exposure follow up? To any worker who experiences an exposure incident, at no cost to the worker. This includes conducting laboratory tests; providing confidential medical evaluation, identifying, and testing the source individual, if feasible; testing the exposed employee's blood, if the worker consents; performing post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. All diagnoses must remain confidential.

Why Use labels and signs to communicate hazards? The standard requires warning labels affixed to containers of regulated waste, refrigerators and freezers, and other containers use to store or transplant blood or other containers instead of labels. Employers also must post signs to identify restricted areas.

Who should provide information and training to employees? Employers must ensure that their workers receive regular training that covers the dangers of bloodborne pathogens, preventative practices, and post-exposure procedures. Employers must offer this training on initial assignment, then at least annually. In addition, laboratory and production facility workers must receive specialized initial training.

Who Maintains employee medical and training records? The employer also must maintain a Sharps Injury Log unless classified as an exempt industry under OSHA's standard on Recording and Reporting Occupational Injuries and Illnesses.

HEPATITIS B VACCINATION PROTECTION FOR YOU

WHAT IS HBV?

Hepatitis B virus (HBV) is a potentially life-threatening bloodborne pathogen. Centers for Disease Control (CDC) estimates there are approximately 280,000 HBV infections each year in the U.S.

Approximately 8,700 health care workers each year contract hepatitis B, and about 200 will die as a result. In addition, some who contract HBV will become carriers, passing the disease on to others. Carriers also face a significantly higher risk of other liver aliments which can be fatal, including cirrhosis of the liver and primary liver cancer.

HBV infection is transmitted through exposure to blood and other infectious body fluids and tissue. Anyone with occupational exposure to blood is at risk of contracting the infection.

Employers must provide engineering controls; workers must use work practices and protective clothing and equipment to prevent exposure to potentially infectious materials. However, the best defense against hepatitis B is vaccination.

WHO NEEDS VACCINATION?

The OSHA standard covering bloodborne pathogens requires employers to offer the three-injection vaccination series free to all employees who are exposed to blood or other potentially infectious materials as part of their job duties. This includes health care workers, emergency responders, morticians, first-aid personnel, law enforcement officers, correctional facilities staff, launderers, as well as others.

The vaccination must be offered with 10 days of initial assignment to a job where exposure to blood or other potentially infectious materials can be "reasonably anticipated."

WHAT DOES VACCINATION INVOLVE?

The hepatitis B vaccination is a noninfectious, yeast – based vaccine given in three injections in the arm. It is prepared from recombinant yeast cultures, rather than human blood or plasma. Thus there is no risk of contamination from other bloodborne pathogens nor is there any chance of developing HBV from the vaccine.

The second injection should be given one month after the first, and the third injection six months after the initial dose. More that 90 percent of those vaccinated will develop immunity to the hepatitis B virus. To ensure immunity, it is important for individuals to receive all three injections. At this point it is unclear how long the immunity lasts, so booster shots may be required at some point in the future.

The vaccine causes no harm to those who are already immune or those who may be HBV carriers. Although employees may opt to have their blood tested for antibodies to determine need for the vaccine, employers may not make such screening a condition of receiving vaccination nor are employers required to provide prescreening.

Each employee should receive counseling from a health care professional when vaccination is offered. This discussion will help an employee determine whether inoculation is necessary.

WHAT IF I DECLINE VACCINATION?

Workers who decide to decline vaccination must complete a declination form. Employers must keep these forms on file so that they know the vaccination status of everyone who is exposed to blood. At any time after a worker initially declines to receive the vaccine, he or she may opt to take it.

WHAT IF I AM EXPOSED BUT HAVE NOT YET BEEN VACCINATED?

If a worker experiences an exposure incident such as a needle stick or a blood splash in the eye, he/she must receive confidential medical evaluation from a licensed health care professional with appropriate follow-up. To the extent possible by law, the employer is to determine the source individual for HBV as well as human immunodeficiency virus (HIV) infectivity. The worker's blood will also be screened if he/she agrees.

The healthcare professional is to follow the guidelines of the U.S. Public Health Service in providing treatment. This would include hepatitis B vaccination. The health care professional must give a written opinion on whether or not vaccination is recommended and whether the employee received it. Only this information is reported to the employer. Employee medical records must remain confidential. HIV or HBV status must NOT be reported to the employer.

HOLDING THE LINE ON CONTAMINATION

Keeping work areas in a clean and sanitary condition reduces employees risk of exposure to bloodborne pathogens. Each year about 8,700 health care workers are infected with hepatitis B virus, and 200 die from contracting hepatitis B through their work. The chance of contraction of human immunodeficiency virus (HIV), the bloodborne pathogen which causes AIDS, from occupational exposure is small, yet a good housekeeping program can minimize this risk as well.

WHY IS DECONTAMINATION INPORTANT?

Every employer whose employees are exposed to blood or other potentially infectious materials must develop a written schedule for cleaning each area where exposures occur. The methods of decontaminating different surfaces must be specified, determined by the type of surface to be cleaned, the soil present and the tasks or procedures that occur in that area.

For example, different cleaning and decontamination measures would be used for a surgical operatory and patient room. Similarly, hard surfaced flooring and carpeting require separate cleaning methods. More extensive efforts will be necessary for gross contamination than for minor spattering. Likewise, such varied tasks as laboratory analyses and normal patient care would require different techniques for clean-up.

Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving exposure to blood. Many laboratory procedures are performed on a continual basis throughout a shift. Except as discussed below, it is not necessary to clean and decontaminate between procedures. However, if the employee leaves the area for a period time, for a break or lunch, then contaminated work surfaces must be cleaned.

Employees also must clean (1) when surfaces become obviously contaminated; (2) after any spill of blood or other potentially infectious material; and (3) at the end of the work shift if contamination might have occurred. Thus, employees need not decontaminate the work area after each patient care procedure, but only after those that actually result in contamination.

If surfaces or equipment are draped with protective coverings such as plastic wrap or aluminum foil, these coverings should be removed or replaced if they become obviously contaminated. Reusable receptacles such as bins, pails and cans that are likely to become contaminated must be inspected and decontaminated on a regular

basis. If contamination is visible, workers must clean and decontaminate the item immediately, or as soon as feasible.

Should glassware that may be potentially contaminated break, workers need to use mechanical means such as brush and dustpan or tongs or forceps to pick up the broken glass—never by hand, even when wearing gloves.

Before any equipment is serviced or shipped for repairing or cleaning, it must be decontaminated to the extent possible. The equipment must be labeled, indicating which portions are still contaminated. This enables employees and those who service the equipment to take appropriate precautions to prevent exposure.

WHAT IS REGULATED WASTE?

In addition to effective decontamination of work areas, proper handling of regulated waste is essential to prevent unnecessary exposure to blood and other potentially infectious materials. Regulated waste must be handled with great care—i.e., liquid or semi liquid blood and other potentially infectious materials, items caked with these materials, items that would release blood or other potentially infected materials, items that would release blood or other potentially infected materials if compressed, pathological or microbiological wastes containing them and contaminated sharps.

Containers used to store regulated waste must be closable and suitable to contain the contents and prevent leakage of fluids. Containers designed for sharps also must be puncture resistant. They must be labeled or color coded to ensure that employees are aware of the potential hazards. Such containers must be closed before removal to prevent the contents from spilling. If the outside of a container becomes contaminated, it must be placed within a second suitable container.

Regulated waste must be disposed of in accordance with applicable state and local laws.

WHATS THE SCOOP ON LAUNDRY CONTAMINATION?

Laundry handlers must wear gloves and handle contaminated laundry as little as possible, with a minimum of agitation. Contaminated laundry should be bagged or placed in containers at the location where it is used, but not sorted or rinsed there.

The worker must use Standard Precautions when handling all soiled laundry. If laundry is wet and it might soak through laundry bags, then workers must use bags that prevent leakage.

PERSONAL PROTECTIVE EQUIPMENT CUTS RISK

Wearing gloves, gowns, masks, and eye protection can significantly reduce health risks for workers exposed to blood and other potentially infectious materials. The OSHA standard covering bloodborne disease requires employers to provide appropriate personal protective equipment(PPE) and clothing free of charge to employees.

Workers who have direct exposure to blood and any other potentially infectious materials on their jobs run the risk of contracting bloodborne infections from hepatitis B (HBV), human immunodeficiency virus (HIV) which causes AIDS, and other pathogens. About 8,700 health care workers each year are infected with HBV, and 200 die from the infection. Although the risk of contracting AIDS through occupation exposure is much lower, wearing proper personal protective equipment can greatly reduce potential exposure to all bloodborne infections.

HOW IMPORTANT IS SELECTING PPE?

Personal protective clothing and equipment must be suitable. This means the level of protection must fit the expected exposure. For example, gloves would be sufficient for a laboratory technician who is drawing blood, whereas a pathologist conducting an autopsy would need considerably more protective clothing.

PPE may include gloves, gowns, laboratory coats face shields or masks, eye protection, pocket masks, and other protective gear. The gear must be readily accessible to employees and available in appropriate sizes.

If an employee is expected to have contact with blood or other potentially infectious materials or contaminated surfaces, he/she must wear gloves. Single use gloves cannot be washed or decontaminated for reuse. Utility gloves may be decontaminated if they are not compromised. They should be replaced when they show signs of cracking, peeling, tearing, puncturing, or deteriorating. If employees are allergic to latex gloves, the employer must provide hypoallergenic gloves or similar alternatives.

Routine gloving is not required for phlebotomy in voluntary blood donation centers, though it is necessary for all other phlebotomies. In any case gloves must be available in voluntary blood donation centers for employees who want to use them. Workers in voluntary blood donation centers must use gloves (1) when they have cuts, scratches or other breaks in the skin, (2) while they are in training: and (3) when they believe contamination might occur.

Employees should wear eye and mouth protection such as goggles and masks, glasses with solid side shields, and masks with chin-length face shields when splashes, sprays, splatters, or droplets of potentially infectious materials pose a hazard through the eyes, nose or mouth. More extensive coverings such as gowns, aprons, surgical caps and hoods, and shoe covers or boots are needed when gross contamination is expected; this often occurs, for example, during orthopedic surgery or autopsies.

Employers must provide the PPE and ensure that their workers wear it. This means that if a lab coat is considered PPE, it must be supplied by the employer rather than the employee. The employer also must clean or launder clothing and equipment and repair or replace it as necessary.

AN EXCEPTION?

There is one exception to the requirement for protective gear, an employee may choose, temporarily and briefly, under rare and extraordinary circumstances, to forego the equipment. It must be the employee's professional judgment that using the protective equipment would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker or co-worker. When one of these excepted situations occurs, employers are to investigate and document the circumstances to determine if there are ways to avoid it in the future. For example, if a nurse's resuscitation devise is damaged, perhaps another type of device should be used or the device should be carried in a different manner. Exceptions must be limited-this is not a blanket exemption.

IS DECONTAMINATING AND DISPOSING OF PPE IMPORTANT?

Employees must remove personal protective clothing and equipment before leaving the work area or when the PPE becomes contaminated. If a garment is penetrated, workers must remove it immediately or as soon as feasible. Used protective clothing and equipment must be placed in designated containers for storage, decontamination, or disposal.

HOW ABOUT OTHER PROTECTIVE PRACTICES?

If an employee's skin or mucous membranes come into contact with blood, he or she is to wash with soap and water and flush eyes with water as soon as feasible. In addition, workers must wash their hands immediately or as soon as feasible after removing protective equipment. If soap and water are not immediately available, employers may provide other hand washing measures such as moist towelettes. Employees still must wash with soap and water as soon as possible.

Employees must refrain from eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses in areas where they may be exposed to blood or other potentially infectious materials.

General Order 2111
Communicable Diseases
Police

Revised 1/9/2023

	General Order: 2111	COMMUNICABLE DISEASES
	Initial Effective Date: 08/24/2021 Rescinds:	Revised: 12/31/2022; 01/09/2023
	CFA Standard(s): 29.01	

2111 COMMUNICABLE DISEASES – EXPOSURE CONTROL PLAN

The purpose of this general order is to minimize employee exposure to communicable diseases. This order is authorized by U. S. Department of Labor Code 29 of Federal Regulations 1910.1030, Occupational Exposure to Blood borne Pathogens: Final Rule.

The Town of Longboat Key Police Department will continuously provide members with up-to-date procedures and communicable disease information that will assist in minimizing potential exposure, while increasing understanding of the nature and potential risks of communicable diseases. Following any exposure to a potentially communicable disease, the department will provide testing for evidence of infection of the exposed member and treatment free of charge. The department will make available to members who may run the risk of exposure to Hepatitis through contact with blood all appropriate vaccinations for the Hepatitis B virus, free of charge.

2111.1 **Definitions**

Body Fluids
Liquid secretions including blood, semen, vaginal or other secretions that might contain these fluids such as saliva, vomit, urine, or feces.

Communicable Disease
Those infectious illnesses that can be transmitted from one infected person, animal to another. It is also known as a contagious disease.

Source Individual
Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the member.

Biohazardous Evidence
Any evidence containing blood or body fluids, or any evidence stained or contaminated by blood or body fluids. All evidence of this type is presumed to be hazardous and will be handled accordingly. Members will take blood or body fluid stained property into custody only when needed for evidence.

Acquired Immune Deficiency Syndrome (AIDS) [CFA 29.02b]
AIDS is a syndrome characterized by complications indicative of an underlying immune deficiency. The viral agent identified with AIDS is known as Human Immune-deficiency Virus (HIV). As a result of this deficiency, victims develop a variety of infections as well as certain forms

of cancer. An AIDS infection is usually characterized by sudden extreme weight loss, swollen glands, joint pain and ulcerated sores or lesions on the body. However, many infected persons may exhibit no immediate symptoms.

Any members engaged in high-risk investigatory activities such as those dealing with drug abuse, prostitution, crime scenes where blood or other body fluids are present, serious accident investigation, or are involved in the collection, analysis, and storage of blood-smeared and otherwise possibly contaminated evidence are at risk of being exposed to the AIDS virus. AIDS is a blood-borne disease transmitted by direct contact with blood, semen, and possibly other body secretions of an infected person. Sexual activity and intravenous drug abuse are the primary methods of transmission of the AIDS virus. There is no evidence that the disease is transmitted through casual contact, or through the air.

Tuberculosis (TB) [CFA 29.02b]
TB is a serious, highly infectious bacterial disease which primarily infects the lungs of its victims, although it may also be present in the bones and other parts of the body. TB is usually characterized by persistent cough, fatigue, chest pain, breathing difficulty, or spitting up blood. Persons with active TB may appear well, in spite of the facts that they may be in an advanced stage of the disease. TB is contracted almost exclusively by inhalation of infectious airborne particles. High risk conditions include:

- Having a person displaying TB symptoms or with a known TB history sneeze, cough, laugh, shout, spit, cry, or project droplets of saliva directly into a member's face.
- Drinking from the same glass, eating with the same utensils, or smoking the same cigarette used by a person displaying TB symptoms or with a known TB history.
- Performing cardio-pulmonary resuscitation (CPR) on a possible TB infected person without the use of the departmental issued CPR mask.
- Close contact with persons with poor personal hygiene, especially those with severe coughing or other TB symptoms.
- Entering unsanitary environments and overcrowded residences with poor sanitary facilities, particularly if inhabited by known TB carriers.

Hepatitis [CFA 29.02b]
Hepatitis is an infection of the liver caused by either the hepatitis virus type A or hepatitis virus type B. Hepatitis A infection is usually characterized by yellowing of the whites of the eyes and skin, fever, fatigue, upset stomach, possible vomiting, abdominal pain, and dark-colored urine. Hepatitis B infection carries the same symptoms as Hepatitis A, only more severe in nature and with much longer recovery period. Hepatitis B symptoms also may include skin rashes, muscle aches, and pain in joints. Many persons infected with hepatitis show no symptoms. The manner in which Hepatitis is transmitted is nearly identical to that of AIDS.

COVID-19 [CFA 29.02b]
COVID-19 is a disease caused by a virus called SARS-CoV-2. Most people with COVID-19 have mild symptoms, but some people become severely ill. Older adults and people who have certain underlying medical conditions are more likely to get severely ill. COVID-19 is spread in three main ways: Breathing in air when close to an infected person who is exhaling small droplets and particles that contain the virus; having these small droplets and particles that contain virus land on the eyes, nose, or mouth, especially through splashes and sprays like a cough or sneeze; and touching the eyes, nose, or mouth with hands that have the virus on them. Symptoms include fever,

cough, shortness of breath, muscle aches, sore throat, and loss of taste or smell.

Universal Precautions
An approach to infection control. According to the concept of Universal Precautions, all human blood and human body fluids are treated as if known to be infectious for communicable diseases such as Hepatitis B virus (HBV) and Human Immunodeficiency Virus (HIV) which causes AIDS.

Contaminated
Means the presence or the reasonably anticipated presence of blood or other potentially infectious materials.

2111.2 **Line of Duty Exposures to Communicable Diseases**

Occupational exposure to potentially infectious materials is anticipated for the following job classifications: (29.01a)

Chief of Police
Deputy Chief
Captain
Sergeant
Police Officer
Marine Officer
Reserve Officers
Police Services Technician

The Chief of Police will ensure that health care professionals are responsible for employee's Hepatitis B vaccination and post-exposure evaluation, and that they are given a copy of the OSHA Blood Borne Standard. The Chief will also ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident.
- Route(s) of exposure.
- Circumstances of exposure.
- If possible, results of the source individual's blood test; and
- Relevant employee medical records, including vaccination status.

2111.3 **Procedures**

The following measures shall be adhered to prevent communicable diseases. [CFA 29.01 b & 29.02c]

In order to minimize potential exposure to communicable diseases, members will exercise universal precautions and assume that all persons are potential carriers [CFA 29.01 & 29.02d]. Disposable latex gloves will be worn when handling any persons, clothing or equipment with blood or body fluids on them. Disposable masks, protective eye wear and a disposable smock or apron will be worn where blood or body fluids may be splashed on a member for any reason. A disposable mask may be placed on a subject when the potential for airborne transmission of disease exists. Plastic mouthpieces or other authorized barrier resuscitation devices will be used whenever a member performs CPR. All sharp instruments such as knives, scalpels and needles will be handled

with extraordinary care and should be considered to be contaminated items. Members should exercise extreme caution when placing their hands in areas where sharp instruments might be hidden. An initial visual search of the areas should be conducted, using a flashlight where necessary. The suspect should also be asked to remove such objects from his person.

Needles will not be recapped, broken, removed from a disposable syringe or otherwise manipulated by hand.

Needles recovered in the field will be handled one of two ways. If the member must recover the needle for public safety it will be placed in a patrol unit's biohazard puncture-resistant container. If the needle is needed for evidence, it will be placed in the patrol unit's biohazard puncture-resistant sleeve/tube. Needles will be placed in a biohazard puncture-resistant container or sleeve/tube in the station rather than the patrol vehicle. [CFA 29.01d]

Members should not smoke, eat, drink, or apply cosmetics around body fluid spills [CFA 29.02c].

Any evidence contaminated with blood or body fluid will be dried, boxed or bagged, and marked as a "BIOHAZARD" either by a red biohazard bag or red/red orange biohazard sticker to identify potential or known communicable disease contamination. This evidence will include the DUI evidence collection kit as well as the sexual assault evidence kit and all sexual assault evidence. Evidence collection kits will be labelled as a biohazard before leaving the hospital. Biohazard bags and stickers are available at the station. [CFA 29.01g]

2111.4 **Transport and Custody of Persons Suspected of Carrying a Communicable Disease**

When appropriate protective equipment is available, no member will refuse to arrest or otherwise physically handle any person who may have a communicable disease. Members will not put their fingers in or near any person's mouth. The individual may be required to wear a suitable protective covering if they are bleeding or otherwise emitting body fluids. Individuals with body fluids on their person shall be transported in separate vehicles from other individuals. Members have an obligation to notify relevant support personnel during a transfer of custody when the suspect has blood or body fluids on their person. Members will advise relevant support personnel to use "Universal Precautions" when there is a possibility of contamination. Members will document on the appropriate arrest or related report forms when a suspect taken into custody has blood or body fluids on his person, or has stated that he has a communicable disease.

All members are advised to familiarize themselves with Florida's Omnibus AIDS Act, which specifically prohibits anyone from disclosing HIV information when not authorized to do so.

2111.5 **Disinfection of Exposed Personnel**

Any unprotected skin surfaces that come into contact with blood or body fluids should immediately and thoroughly be washed with hot running water and soap for at least 15 seconds before rinsing and drying. Antiseptic/germicide towelettes or an alcohol-based cleaning solution may be used where soap and water are unavailable. These towelettes will be available in all department vehicles and at the station [CFA 29.02e]. Disposable gloves will be rinsed before removal and subsequent disposal. Gloves will be removed by turning the glove inside out from the wrist. The hands and forearms should then be washed. Gloves will be removed prior to entering department vehicles to prevent cross contamination. Gloves will be disposed of in appropriate receptacles in department vehicles and at the station [CFA 29.01b]. Hand lotion should be applied after disinfection to

prevent chapping and to seal cracks and cuts on the skin. All open cuts and abrasions will be covered with waterproof bandages before reporting for or returning to duty. Members should remove clothing that has been contaminated with blood or body fluids as soon as practical. Contaminated clothing will be separated from uncontaminated items. Contaminated clothing will be placed in biohazard red bags for disposal. [CFA 29.01e]. Any contacted skin area should then be cleansed in the prescribed fashion.

Disinfection procedures will be initiated whenever blood or body fluids are spilled, or an individual with blood or body fluids on his person is transported in a department vehicle. A supervisor will be notified and the vehicle taken to the station as soon as possible. All excessive blood and body fluids will have an absorbent material placed on them. After absorption the material will be secured in a biohazard bag for disposal. All affected areas should be disinfected using hot water and detergent or alcohol, and allowed to air dry. The interior of all police vehicles will be routinely cleaned with an approved disinfectant. Cleaning products and equipment will be made available at the station. Additional supplies will be obtainable from the duty sergeant. [CFA 29.01c]

Non-disposable equipment and areas upon which blood and body fluids have been spilled will be disinfected with a generous solution of disinfectant and water. A freshly prepared solution of one part bleach to 10 parts warm water or a fungicidal-mycobactericidal disinfectant is sufficient to neutralize a spill. All disposable equipment, cleaning materials or evidence contaminated with blood or body fluids will be bagged and placed in the appropriate receptacle and labelled a biohazard. A contracted waste disposal company will provide the service for the disposal of the Department's regulated waste and bio-hazardous materials. The police services technician is responsible for periodically checking the bio-waste bins and contacting the contracted bio-waste removal company when necessary to schedule a pick-up. [CFA 29.01d & 29.02g]

2111.6 **Supply Procurement, Storage and Distribution** [CFA 29.01 b]

Supervisors are responsible for continuously maintaining and storing an adequate amount of communicable disease control supplies for their officers in a convenient location. Supervisors are responsible for dissemination of supplies for infectious disease control. Protective gloves, other first aid supplies and disinfecting materials will be made readily available at all times. An additional supply will be made available and accessible in the station and will be replenished immediately when necessary.

All departmental vehicles occupied by any member who through his duties may be exposed to communicable disease will be continuously stocked with the following communicable disease control supplies:

- Disposable gloves
- Absorbent cleaning materials
- Disposable germicidal towelettes
- Waterproof bandages
- Sealable plastic bags red in color or clearly identified with the Biohazard label.
- Puncture-resistant containers for sharps (syringes, knives, etc.)
- "Biohazard" stickers/signs [CFA 29.02f]

Members using any of the supplies listed above are responsible for their immediate replacement. Members are reminded to keep disposable gloves in their possession while on patrol. Any item

above that has been contaminated is to be placed in the bags provided and turned over to the infection control officer for immediate disposal (these items will be forwarded to Anytime Biohazard). The police services technician will also keep available a supply of appropriately marked bags, containers and labels for identification and storage of evidence.

2111.7 **Line of Duty Exposures to Communicable Diseases – Member Responsibility** [CFA 29.02e]

It is the responsibility of each member to document and follow-up any situation that might lead to possible infection of the member or fellow members. Therefore, it is recommended that any member with knowledge of potential high-risk situation or persons;

- Obtain names of suspected disease carriers, their associates and any places they may frequent.
- Document possible and confirmed exposure to disease on an incident report.
- If an individual transported to a medical facility is suspected of having a communicable disease, the transporting member will advise any medical service providers attending the individual of the transporting member's name, shield number and department phone number so that the member can be notified in the event the individual tests positive for any disease (e.g., TB, Hepatitis).
- Human Resources will be notified of all exposures.

Any member who has been bitten by an individual or who has had physical contact with blood or body fluids of another person while in the line of duty will be considered to have been exposed to a communicable disease. Immediately after exposure, the member will appear at the appropriate health care facility for clinical and serological testing for evidence of infection. If a test for Hepatitis-B is positive, the attending physician will administer the appropriate Hepatitis vaccination. A supervisor will be contacted, and all appropriate duty injury and medical forms will be completed by the affected member. Unless disclosure to an appropriate departmental official is authorized by the member or by state law, the member's test results will remain confidential. [CFA 29.01 f]

Any person responsible for potentially exposing the member to a communicable disease will be encouraged to undergo testing to determine if the person has a communicable disease. An attempt to obtain consent to test the source individual for a communicable disease will be made and following such consent the subject will be tested immediately at a hospital. The consent form will also provide for a release of information to the member involved in the incident. Criminal charges may be sought against any person who intentionally acts to expose a member to a communicable disease.

Members who test positive for a communicable disease may continue working as long as they maintain acceptable performance and do not pose a safety and health threat to themselves, the public or members of the department. The department will make all decisions concerning the member's work status solely on medical opinions and advice of the department's health care officials. At the discretion of the Chief of Police, a member may be required to be examined by a physician to determine if the member is able to perform his duties without hazard to himself or others. All personnel will treat members who have contracted a communicable disease fairly, courteously and with dignity.

2111.8 **Training**

All employees will receive annual training pertaining to occupational exposure to blood borne pathogens. [CFA 29.02i] Classes will provide training on the epidemiology, symptoms, and transmission of blood borne diseases. In addition, the training program will cover, at a minimum, the following elements:

- A copy and explanation of this Communicable Diseases/Exposure Control Plan.
- Epidemiology and symptoms of blood borne pathogens.
- Modes of transmission.
- Methods to recognize exposure tasks and other activities that may involve exposure to blood.
- Use and limitation of engineering controls, work practices, and personal protection equipment.
- Personal protection equipment: types, use, location, removal, handling, decontamination and disposal.
- Personal protection equipment and the basis for selection.
- Hepatitis B Vaccine offered free of charge with appropriate training.
- Emergency Procedures for blood and other potentially infectious materials.
- Exposure incident procedures.
- Post-exposure evaluation and follow up
- Signs, labels and/or color coding
- Point of Contact for question-and-answer session – Town of Longboat Key Human Resources Director [CFA 29.02h]

An employee training record will be completed for each employee and be secured in the employee's training record file.

2111.9 **Annual Review** [29.01h]

The Chief of Police or his/her designee shall perform an annual review of this Exposure Control Plan.

Approved:

George B. Turner, Chief of Police

Anytime Biohazard

15804 Brothers Court #1
Fort Myers, Florida 33912
(239)297-0622
anytimebiohazard@yahoo.com

SERVICES Anytime Biohazard, LLC ("Contractor") will remove, transport, and take responsibility for the destruction of all biohazard waste generated by Longboat Key Police Department ("Customer"). Anytime Biohazard agrees to destroy "Customer's" waste by autoclave at Medigreen Waste Management in West Palm Beach, Florida. Biohazard waste as defined in chapter 64E-16 as any solid or liquid waste which may present a threat of infection to humans, including non liquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps.

Contractor will supply Customer with proper labeling and a container to store biohazard waste for up to 30 days, as regulated by the Florida Department of Health. Contractor will assist customer with a biohazard waste operating plan required by the Department of Health as stated in chapter 64E-16. Contractor will carry all permits and insurance required by law, and the Florida Department of Health. Contractor will take responsibility for updated and accurate manifests. Ownership of the waste generated by customer will belong to contractor when the waste enters the transport vehicle. Contractor takes full legal responsibility for the waste once ownership takes place.

RATES Contractor and Customer agree to a price of $35.00 for each office visit or 32-gallon box picked up. No additional charges will be applied for boxes, bags, or labels. This fee includes one office as needed as regulated by the Florida Department of Health. The fee will be collected monthly. The weight will be determined at the office before removal. This price is guaranteed for one year regardless of changes in the economy, fuel prices, or supply costs to the Contractor. The price includes the disposal of sharps containers, but does not include the purchase of sharps containers. Sharps containers are available for purchase.

INTELLECTUAL PROPERTY Contractor agrees to indemnify, defend, and hold customer free and harmless from and against any and all claims by Contractor, Contractor's employees, or any third parties for damages resulting from personal injury, illness, death, and/or property loss or damage arising in any matter from the performance of Services the Contractor or its employees hereunder.

TERMS AND TERMINATION The term of this Agreement is for a one (1) year term beginning May 27th, 2022 and shall automatically renew unless either party terminates by written notice to the other party. Both Contractor and Customer reserve the right to terminate this agreement within 90 days. Any changes must be agreed to in writing by both parties. Notices must be delivered by certified mail to the address listed herein.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Registration

36-64-1279689
Reg No: 7475

36-BID-6087129

Transporter Number of Trucks: 4

Biomedical Waste - Transporter

Issued To: Anytime Biohazard
15804 Brother's Court, Unit 1
Fort Myers, FL 33912

Mail To: Anytime Biohazard, LLC
1954 Park Meadows Drive, Suite 5
Fort Myers, FL 33907

Owner: Anytime Biohazard, LLC

County: **Lee**
Amount Paid: $180.00
Date Paid: 08/31/2022
Issue Date: 10/01/2022
Permit Expires On: 09/30/2023

Issued By:
Department of Health in Lee County
2295 Victoria Avenue 206
Fort Myers, FL 33901

(239) 690-2100

Original Customer: Anytime Biohazard (NON-TRANSFERABLE)

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

STATE OF FLORIDA
DEPARTMENT OF HEALTH
Registration

36-64-1279689
Reg No: 7475

36-BID-6087129

Biomedical Waste - Transporter

Issued To: Anytime Biohazard
15804 Brother's Court, Unit 1
Fort Myers, FL 33912

Mail To: Anytime Biohazard, LLC
1954 Park Meadows Drive, Suite 5
Fort Myers, FL 33907

Owner: Anytime Biohazard, LLC

County: **Lee**
Amount Paid: $180.00
Date Paid: 08/31/2022
Issue Date: 10/01/2022
Permit Expires On: 09/30/2023

Issued By:
Department of Health in Lee County
2295 Victoria Avenue 206
Fort Myers, FL 33901

(239) 690-2100