

PURPOSE OF PLAN



The City of Sedalia strives to promote a safe work environment for their employees. The purpose of the Exposure Control Plan is to provide all members of the City of Sedalia's workforce with the necessary information to assist in preventing the exposure and spread of infectious disease in the workplace. This information includes, but is not limited to, principles of infection control, the infectious disease process and the use of personal protective equipment and supplies as they relate to the prevention of occupationally acquired infectious disease(s).

Because of the potential hazards associated with bloodborne disease viruses, (i.e. Human Immunodeficiency Virus, Hepatitis B Virus, etc.), the City has instituted an Exposure Control Plan. This Exposure Control Plan is an integral part of the City of Sedalia's safety program developed with the intent of possibly limiting employees to infectious diseases within the scope of their employment with the City of Sedalia.

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SECTION 1: INTRODUCTION TO EXPOSURE CONTROL PLAN

SECTION 1.1 EMPLOYEE EXPOSURE SITUATIONS

Employees of the City of Sedalia must understand how they are potentially exposed to infectious materials. Some examples are as follows:

- a. Office staff may occasionally enter areas where samples of bloodborne pathogens may be handled or where potentially infection items are stored.
- b. Custodial staff may manage wastes containing contaminated items, or clean toilets and sinks which are potentially contaminated with infectious materials.
- c. Emergency response personnel may be called to situations where a biological hazard exists such as:
 1. bleeding accident victims,
 2. alcohol abusers,
 3. illegal drug users,
 4. sexually promiscuous individuals,
 5. hemophiliacs,
 6. persons with open or infected wounds, and
 7. persons who state they may have hepatitis B, HIV, or AIDS.
- d. In addition to emergency response personnel, sanitation, street, water pollution control and building maintenance may be involved in incidents where infectious disease material is present and biological hazards exist.
- e. Other exposure situations:
 1. visible body fluids are present,
 2. homes with unsanitary conditions,
 3. death scenes, especially situations where body fluids are present with a corpse,
 4. trauma situations, especially where bleeding occurs,
 5. incidents where sharp objects are present, and
 6. other situations where independent judgment is necessary to protect the employee

SECTION 1.2 EXPOSURE CONTROL PLAN COMPONENTS

The following components form the City of Sedalia's exposure control plan.

- a. Compliance Methods (work practices, personal protective equipment) Section 2.
- b. Exposure Situations and Safe Work Practices Section 3
- c. Training and Record Keeping Section 4
- d. Response Procedures Section 5
- e. Definitions Section 6
- f. Forms Section 7

SECTION 1.3 EXPOSURE PLAN LOCATIONS

The exposure control plan will be available for review at the following locations:

- Personnel Office – City Hall
- Sedalia Police Department
- Sedalia Fire Department
- City Garage located on East 3rd street
- Water Pollution Control Plants
- Sedalia Park Department
- City Clerk’s Office

SECTION 1.4 EXPOSURE CONTROL PLAN RESPONSIBILITIES

The following persons will be responsible for the administration and operation of the city’s exposure control plan;

- a. Executive Officer – City Administrator

Responsible for overseeing all biological safety issues at the main facility. Provides continuous support, both motivational and financial, for the exposure control program.

- b. Plan coordinator – Personnel Director

Responsible for coordinating with the various departments the exposure control plan and monitoring its implementation. Reports to the city administrator and the safety committee of all exposures and significant events.

- c. Plan implementation – Managerial and supervisory staff.

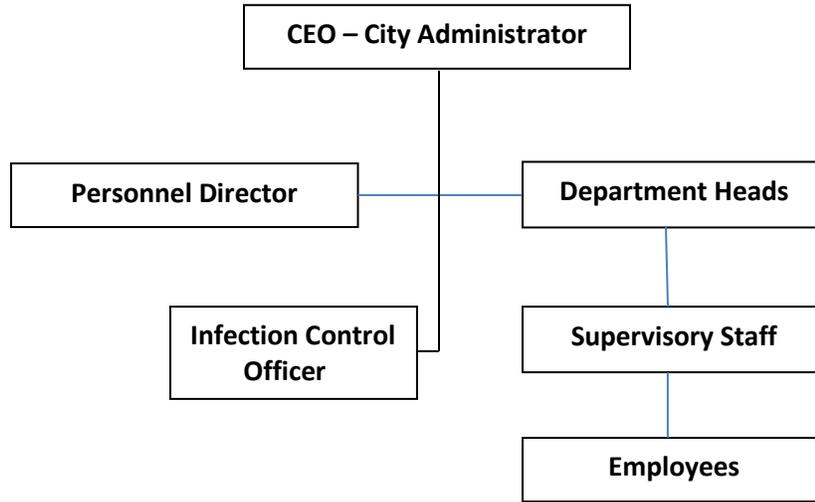
1. Ensure that workers know and follow procedures in the Exposure Control Plan.
2. Ensure that protective equipment is available and in good working order.
3. Determine that proper training has been conducted in the use of personal protective clothing.
4. Determine the required levels of personal protective equipment.
5. Inform the city clerk’s office of all exposures for purposes of workmen’s compensation; and, ensure that facilities and training for tasks involving potential contact with infectious materials are adequate.

- d. Plan Compliance – Employees
 - 1. Minimize all potential exposures to infectious materials or contaminated items;
 - 2. Avoid unsafe practices;
 - 3. Report unsafe conditions;
 - 4. Label containers and samples holding potentially infectious materials appropriately;
 - 5. Be familiar with all hazards in their work area, biological or otherwise;
 - 6. Learn what precautions and protective equipment are needed for specific jobs;
 - 7. Practice good hygiene; and
 - 8. Take responsibility for themselves and co-workers.

- e. Infection Control Officer – Designated individual
 - 1. Assist the city departments in insuring compliance with Federal, State and local laws/regulations.
 - 2. Institutes a comprehensive program for exposure notification and medical follow-up.
 - 3. Review incidents and make recommendations to the city’s safety committee to ensure that best practices are followed on infectious materials.
 - 4. Serve as a liaison between medical facilities, medical examinations, and public health officer.
 - 5. Complies with and follows all guidelines established by the Center for Disease Control (CDC).

SECTION 1.5

LINES OF AUTHORITY FOR ECP



SECTION 1.6

JOB CLASSIFICATION DETERMINATION

The following job classifications have been identified as having potential occupational exposure risks:

Police Department

Covered employees: all patrol officers, command officers, trainees

Tasks: Restraint of suspects and other individuals, first aid/CPR, accident/crime scene investigations, housekeeping duties

PPE: gloves, resuscitation masks

Fire Department

Covered employees: all firefighters, fire inspectors, command officers

Tasks: first aid/CPR

PPE: gloves, resuscitation masks

Street and Sanitation Department

Covered employees: supervisors, equipment operators, mechanics, clerks and other laborers

Tasks: first aid/CPR, garbage collection, housekeeping duties

PPE: gloves, resuscitation masks, protective eyewear

Water Pollution Control

Covered employees: lab technician, supervisors, wastewater operators I and II, equipment operators, permit/ECS

Tasks: first aid/CPR, sewer line repair, sample collection, pump maintenance, housekeeping duties

PPE: gloves, resuscitation masks, protective eyewear

Cemetery

Covered employees: equipment operators, crew leader

Tasks: first aid/CPR, burials, body exhumations, grounds keeping, housekeeping duties

PPE: gloves, resuscitation masks, protective eyewear

City Hall Maintenance

Covered employees: building services worker, building maintenance worker

Tasks: first aid/CPR, custodial duties, light carpentry

PPE: gloves, resuscitation masks, protective eyewear, possible bio-hazard gowns

Sedalia Park Department

Covered employees: park maintenance technician(s) I,II,III and head groundskeeper

Tasks: first aid/CPR, custodial duties, other maintenance duties

PPE: gloves, resuscitation masks, protective eyewear, possible bio-hazard gowns

SECTION 2: COMPLIANCE METHODS

SECTION 2.1 INTRODUCTION

Potential hazards associated with a job task can be minimized or eliminated by using the appropriate combination of engineering controls, work practices, and personal protective equipment commonly known as PPE's. The basic safety rule applies to all occupational hazards, whether they are routine work hazards (such as slips or falls), chemical hazards, or contact hazards associated with potentially infectious materials.

Section 2 focuses on employee protection and how to avoid possible exposure to biological hazards through the use of engineering controls and personal protective equipment that the city supplies for employees who may come into contact with potential hazards. This section also delineates specific work practices which must be followed by every employee who may be exposed to infectious agents.

SECTION 2.2 UNIVERSAL PRECAUTIONS

The principle of Universal Precautions is a conservative approach to infection control. In its simplest terms, "All Human Blood and Body Fluids are treated as if they are known to contain Hepatitis B virus, human immunodeficiency virus, or other bloodborne pathogens.

In order to ensure the safety of all employees, a precautionary approach must be made by all involved whenever handling blood, bodily fluids, or other potentially infectious materials. It is the policy of the city that universal precautions be observed whenever employees are exposed to blood or other potentially infectious materials. These exposures may include feces, nasal secretions, sputum, sweat, tears, urine or vomitus if a trace amount of blood is present. Employees should use precautionary measures when in contact with all types of bodily materials.

SECTION 2.3 PRECAUTIONARY MEASURES

- a. Hand Washing – Hands and other skin surfaces should be washed thoroughly as soon as possible if contaminated with blood or other potentially infectious materials. When universal precautions apply, the following should be performed by the employee:
 1. Even if gloves were utilized in handling potential infectious materials, employees should ensure that proper hand washing is performed in an approved location or restroom facility as soon as possible. Hand washing to remove potentially infectious materials should not be performed in locations where food is prepared.
 2. Hand washing should be done with warm water and soap. Antiseptic hand cleaner should be provided to members when proper hand washing facilities are not readily available.
 3. In performing proper hand washing techniques, employees should inspect not only the gloves used for any signs of cuts or perforations, but also the hands for breaks in the skin where potential infectious materials could enter the body.

4. If gloves were utilized in handling potentially infectious materials, they should be removed in a manner consistent with training to avoid contamination with non-exposed areas of the body and discarded in an approved manner.
- b. Protective Clothing – In handling, or dealing with possible contaminated infectious materials, employees should utilize disposable gloves, goggles, face masks, gowns (if applicable). In certain cases disposable shoe coverings may be necessary when large volumes of blood or other potentially infectious materials are present. These large volumes may be present at major trauma scenes such as accidents, suicides, etc. In these instances, employees should perform the following:
 1. Don the appropriate clothing as soon as practical such as gloves, gown, face masks, goggles, shoe coverings, etc. In the case of exigent circumstances, employees should use all possible methods to avoid contact with infectious materials or other bodily fluid(s).
 2. Use disposable gloves at all times when encountering a situation where contact with infectious materials or bodily fluids is anticipated. (When dealing with multiple persons at a scene, employees should change gloves, if possible, before coming into contact with other persons), and
 3. ensure that safety equipment necessary for the scene is worn at all times.
 - c. Handling of Sharp Objects – One of the more dangerous situations an employee can encounter is the handling of sharp objects such as needles, knives, broken glass, razor blades, etc. These types of devices can puncture or lacerate the skin and inadvertently expose the employee to contaminated surfaces. In addition, the improper handling of these types of objects can expose other employees, the general public, or other personnel to adverse harm. Employees who deal with these types of objects should perform the following:
 1. Anticipate the possible presence of sharp objects when dealing with persons or scenes where these may be present. Recognition of possible hazards is the first step in preparing to deal with the possible exposure to contaminated material or other infection materials.
 2. Handle with extreme care all needles, sharp objects such as knives, etc. or any other substances that has the potential to cut, tear, puncture, or penetrate a bodily surface and if possible, handle these objects with proper safety equipment, and
 3. If objects are retrieved by the employee, ensure that it is properly placed, stored, labeled and secured in a proper container to ensure that it cannot be a threat to another person.
 - d. Cleaning of Equipment & Clothing – Items such as clothing, equipment, shoes, etc. may carry contaminated infectious materials and other biological fluids to other locations exposing employees, family members, and the public. At times, these materials may be present on employee’s clothing, uniforms, shoes and other apparel worn by the employee. Items that are classified in this category will be handled with gloves and other appropriate personal protective equipment as necessary. If contaminated, employees should change as soon as possible and contact their

immediate supervisor or the designated infection control officer. In general, the following safety practices should be observed:

1. Contaminated uniform and non-uniform items should be handled by personnel wearing appropriate gloves, bagged in a leak proof plastic bag that is red in color or marked with the international bio-hazard symbol. (Any soiled uniform items should be decontaminated by laundering according to the manufacturer's instruction).
2. Boots and other leather items - These items may be scrubbed with brushes with a soap and hot water mixture to remove contamination.
3. Personal items - Items such as combs, pens, bracelets, wallets, etc. should not be handled while wearing contaminated gloves.
4. First Aid Equipment - Equipment used in rendering first aid to victims such as breathing masks, pocket masks, disposable airways or other types of equipment should be handled appropriately. Disposable items of equipment are preferred in the treatment of any persons where bloodborne pathogens may be present. Durable medical equipment must be thoroughly cleaned using established procedures with approved disinfectant after each use.

SECTION 2.4 ADDITIONAL PRACTICES – HOUSEKEEPING, ETC.

All work-sites and vehicles will be maintained in a clean and sanitary condition. Each department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location, type of surface to be cleaned, and tasks or procedures being performed in this area.

The following practices should be utilized to prevent employee exposure to infectious materials:

- a. Equipment – All equipment and work areas shall be cleaned and decontaminated after contact with blood or other potentially infectious materials. Cleaning should be performed with proper equipment and chemicals suitable for the potentially infectious material.
- b. Work Areas – The work area shall be cleaned with an appropriate disinfectant as soon as possible after a spill of blood or any other potentially infectious material.
- c. Wastebaskets and Receptacles – These areas that are visibly contaminated shall be cleaned immediately.
- d. Personal Conduct – Employees shall not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses in work areas where there is a reasonable likelihood of occupational exposure to infectious materials.
- e. Food Items & Drinks – Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops where blood or other potentially infectious materials may be present.

SECTION 2.5

VACCINATIONS

- a. The City of Sedalia will offer the Hepatitis B vaccination to all full-time employees of the city and/or to other employees who may have occupational exposure through an approved provider. The offer of vaccination will be made after members have received information about the Hepatitis B vaccination. Employees may decline to accept the Hepatitis B vaccination by signing a waiver which includes a statement that the member acknowledges the risk associated with contracting Hepatitis B have been explained.
- b. Employees who initially decline the Hepatitis B vaccination may at a later date decide to accept the vaccination. Employees who request the vaccination at a later date will receive it as soon as possible.

SECTION 3: POST EXPOSURE PROCEDURE

SECTION 3.1 INTRODUCTION

All employees of the City of Sedalia should review this information to familiarize themselves with the process involved in an exposure situation. The aim of a exposure procedure is to ensure that all employees receive the proper medical care if necessary and that all applicable State and Federal regulations are followed. Each individual department will be responsible to identify routine tasks that will potentially expose employees to bloodborne pathogens and to develop best practices to reduce or eliminate the risk.

Since medical history and examinations cannot reliably identify all persons infected with bloodborne pathogens, precautions must be used by employees to try and prevent contact with blood and bodily fluids. This approach is often referred to as “Universal Blood and Bodily Fluid Precautions” or “Universal Precautions”.

A significant exposure occurs when blood or other potentially infectious material comes into direct contact with eyes, nose, mouth, an open cut or by a sharp object such as a needle or knife.

SECTION 3.2 EXPOSURE PROCEDURE

An employee who has experienced a significant exposure to blood or other potentially infectious materials, or experiences a situation where a significant exposure is likely to have occurred, will do the following:

- a. Report the incident to the supervisor on duty as soon as possible.
- b. Complete a “Biohazard Exposure Report Form”. (See appendix A). The report will document specifically the method of potential transmission or the exposure.
- c. The employee’s supervisor will complete any additional forms required by the city and forward the forms to the department head and the city clerk’s office.
- d. Notify the Infection Control Officer as soon as possible.
- e. If the contamination has resulted from an individual, the person should be tested as soon as possible at Bothwell Regional Health Center or a physician service selected by the city to determine the presence of Hepatitis B virus or the Human Immunodeficiency Disorder Virus. Consent should be obtained prior to any testing. If the person will not give consent, documentation should be made. When possible, even if not required by law, the person’s individual blood should be tested and the results documented.
- f. If the individual is already known to be infected with HBV or HIV, testing of the individual’s blood need not be done.
- g. Results of the testing shall be made available to the employee who has been exposed. The member shall be informed of any applicable laws and regulations concerning the disclosure of the identity and infectious nature of the person tested.

- h. The employee's blood shall be collected as soon as possible after consent is given. Testing can be performed at the physician selected by the city during normal business hours. Testing that needs to be performed after hours will be handled by Bothwell Regional Health Center. Employees' who consent to base line blood testing, but not HBV or HIV, shall have the sample preserved for at least 90 days. Election to have the sample tested for HBV or HIV within the 90 days shall be done as soon as possible.
- i. Testing performed during this period will be done at no charge to the employee.

SECTION 3.3 CLEANUP PROCEDURES

Employees who have been exposed to blood or other potentially infectious materials should follow the prescribed cleanup procedures contained within Section 2.3 or as directed by the Infectious Control Officer. Infectious materials that are present in city owned facilities or vehicles owned by the City of Sedalia should follow the prescribed guideline:

- a. Small bio-hazard amount – Usually does not exceed two (2) ounces in volume. Examples of this would be small amounts of blood, urine, etc., that may be present on surfaces such as vehicles, countertops, desks and other surfaces.
 - 1. Universal precautions should be used in clean-up, decontamination and disposal.
 - 2. If possible, absorb all bio-hazardous materials with some type of absorbent material such as a 4" x 4" gauze pad until no visible sign of the material is present.
 - 3. After the initial bio-hazard has been absorbed, a gauze pad or other material saturated in a solution of hot water and antibacterial soap should be used to wipe the affected area down for the secondary step in the process.
 - 4. The final step in cleaning the affected area is to use a gauze pad or other material that has been saturated in a 1/10 part solution of chlorine and water and cover the area again.
 - 5. All cleanup material that is contaminated, cloths, other materials, etc. is to be placed into a bio-hazard bag, sealed properly and disposed of in an approved secure location that has been designated by the Department Head for bio-hazard storage.
 - 6. An exposure report form should be prepared and forward to the department head documenting the spill and cleanup.
- b. Large bio-hazard amount – These are amounts of bio-hazards that exceeds 2 ounces or more. An example of these types of bio-hazards would be large volumes of blood, vomit, urine, feces, etc.
 - 1. After it has been determined that the incident involves a large bio-hazard amount, the supervisor in charge of the location shall notify their department head and the building maintenance supervisor. Information

that should be communicated should include; nature of the spill, location, suspected type of spill, and whether the spill constitutes an immediate public hazard.

2. The area of the spill will be isolated until the appropriate response personnel arrive.
3. Personnel who have been exposed to the bio-hazard material should wash with antibacterial soap and water for 15 minutes, then wash with a solution of 1/10 chlorine, then again with hot water and antibacterial soap if practical. The infection control officer should also be contacted as soon as possible to determine the proper protocol to follow which may include treatment by a medical facility. If it is determined that medical treatment is necessary, the infection control officer will notify the applicable medical facility of the possible type of exposure and any other information that may be necessary.
4. Items of clothing that have been contaminated will be placed in a red Bio-Hazard bag and sealed for proper cleaning.
5. An exposure report form will be completed and forward to the Department Head documenting the spill, cleanup, and any possible exposure to personnel of the city.
6. All materials that are contaminated such as cloths, other materials, etc. are to be placed into a bio-hazard bag, sealed properly and disposed of in an approved secure location that has been designated by the Department Head for bio-hazard storage.

SECTION 3.4 VIOLATION OF EXPOSURE CONTROL PLAN

Employees who violate procedures of the exposure control plan will be subject to discipline under the Personnel Regulations of the City of Sedalia. Employees who have violated the provisions of the ECP will also be subject to retraining on the procedures or policies that were violated.

SECTION 4: TRAINING AND RECORD KEEPING

SECTION 4.1 INTRODUCTION

Individual departments shall ensure that all employees are familiar with the guidelines contained within Bloodborne Pathogens and Exposure Control Plan of the city. Additional training, as well as refresher training, may be necessary when changes in equipment, tasks, or procedures create new potential exposure situations. This recommendation for additional training may be made by the immediate supervisor, department head or the City's Safety Committee.

SECTION 4.2 ELEMENTS OF BASIC TRAINING PROGRAM

Basic training shall be provided either prior or at the time of initial assignment to tasks where occupational exposure may take place. Training should include the following elements:

- a. Terms and definitions as contained within this manual or Federal Regulations 29 CFR 1910.1030 entitled bloodborne pathogens.
- b. An overview of the methods of transmission of bloodborne pathogens.
- c. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.
- d. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- e. Explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- f. Information on the types of personal protective equipment available and the proper use, location, removal, handling and disposal.
- g. Information on the Hepatitis B vaccination and its effectiveness, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered at no cost to the employee.
- h. Appropriate actions to take in emergencies involving potentially infectious materials.
- i. Information on what to do when exposed, reporting procedures, and seeking medical assistance.
- j. Required reporting on post-exposure incidents and vaccinations that are available.
- k. Explanation of signs and labels used to convey information.
- l. Interactive question and answer session with the person conducting the training.

SECTION 4.3 TRAINING RECORDS

- a. Training records shall include the following information:
 1. Dates of training sessions;
 2. Contents or a summary of the training sessions;
 3. Names and qualifications of persons conducting the training; and
 4. Names and job titles of all persons attending the training sessions.

Training records shall be maintained for 3 years from the date on which the training occurred.

- b. Availability of Records:
 - 1. The City of Sedalia will ensure that all training records to be maintained shall be made available upon request.
 - 2. Employee training records shall be provided upon request for examination and copying to employees, employee representatives, and to other agencies as needed.
 - 3. Employee medical records required shall be provided upon request for examination and copying to the employee affected, or to anyone having written consent from the employee, or to other Federal agencies in accordance with 29 CFR 1910.1020.

SECTION 4.4 MEDICAL RECORDS

Medical records shall be established and maintained for each employee with occupational exposure. This will be done in accordance with Federal regulation 29 CFR 1910.1020. These records shall include:

- a. The name and social security number of the employee;
- b. A copy of the employee's hepatitis B vaccination status including the dates of all hepatitis B vaccinations and any medical records relative to the employee;
- c. A copy of the results of any examination, medical testing and follow-up procedures due to an occupational exposure;
- d. A copy of the healthcare professional's written opinion as required after an exposure;
- e. Copy of the information provided to the healthcare professional as required;
- f. Confidentiality: All medical records required by this section are:
 - 1. Kept confidential;
 - 2. Not disclosed or reported without the employee's express written consent to any person within or outside the city except as required by law; and
 - 3. Records shall be maintained for at least 30 years past the duration of employment.

SECTION 4.5 AVAILABILITY OF RECORDS

The City of Sedalia will maintain records in accordance with the requirements of 29 CFR 1910.1020. Records that are required to be maintained shall be made available to the following upon request:

- a. Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services or the Assistant Secretary of their designated representative.
- b. Training records required to be maintained shall be provided upon request for examination and copying to employees, employee representatives, to the Director or Assistant Secretary of OSHA.
- c. Medical records required by this section shall be provided upon request for examination and copying to the subject employee, to anyone having written consent

of the subject employee, to the Director and to the Assistant Secretary in accordance with 29 CFR 1910.1020.

SECTION 4.6 TRANSFER OF RECORDS

All training and medical records maintain by the City of Sedalia under the provisions of the Code of Federal Regulations, section 29, subsection 1910.1020 shall be transferred in accordance with subsection (h) of this regulation for legitimate purposes as set forth.

SECTION 4.7 SHARPS INJURY LOG

The City of Sedalia will establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information on the injury log shall be maintained in such manner as to protect the confidentiality of the injured employee. Injury logs shall contain the minimum of the following information:

- a. the type and brand of device involved in the incident,
- b. the Department or work area where the exposure incident occurred, and
- c. an explanation of how the incident occurred.

SECTION 5: RESPONSE PROCEDURES

SECTION 5.1 INTRODUCTION

There is always the potential for incidents in the work place. Some of these incidents may involve potentially infectious materials. Employees should be aware of emergency procedures that are taken whenever an incident involving potential biological hazards occurs.

SECTION 5.2 RESPONSE PLAN

Departments that have routine exposures to bloodborne pathogens shall establish procedures to minimize the risk to employees of the city. These procedures shall consist of the following:

- a. **Prevention** – individual departments are responsible for ensuring that all employees who have routine exposures are adequately trained and familiar with the normal safety procedures consistent with their respective job function
- b. **Containment** – familiarize employees with safety controls associated with designated work tasks in facilities and on equipment used during performance of normal tasks
- c. **Clean-up** – familiarize employees with procedures for handling spilled materials and who to contact in cases of a significant release
- d. **Significant release response** – familiarization with the procedure to contact trained personnel to clean-up significant releases of potentially infectious materials
- e. **Reporting** – employees should also be aware of when to report spills to the appropriate personnel and when to notify outside agencies

SECTION 5.3 RESPONSE PLAN COORDINATION

The city administrator or his designee shall ensure that responses to significant releases are coordinated through the various departments of the city to lessen the exposure of the employee workforce and the general public.

SECTION 5.4 RESPONSE PLAN REVIEW

All exposures to bloodborne pathogens shall be reviewed by the Safety Committee established by the City of Sedalia. This review shall consist of the following:

- a. Review the circumstances that led up to the exposure
- b. Review the response to the exposure including any medical attention, cleanup performed, etc., and
- c. If problems are noted, to make recommendations to the city administrator as to ways that the incident could be avoided or what elements of the response that need to be changed

SECTION 5.5 EXPOSURE CONTROL OFFICER

The city administrator may designate one or more persons to serve as the exposure control officer for the city. The duty of the exposure control officer is to serve as the point of contact for all departments to determine the best practice(s) in the event that an employee has been exposed to a bloodborne pathogen or a significant release has been detected that may require an advance response by the city or other agencies. The exposure control officer(s) may consist of members of solely one department or a combination of personnel from different departments.

Exposure control officers shall be familiar with best practices utilized in exposure control situations and for making recommendations to the city administrator on an annual basis for any changes that are needed in the City of Sedalia's response plan to ensure compliance with provisions of 29 CFR 1910.

SECTION 6: HAZARD COMMUNICATION

SECTION 6.1 INTRODUCTION

Employees can be exposed to other substances, such as chemicals, that may prove hazardous to health. It is the city's policy that all chemical information should be readily available to employees in case of emergencies. Under these guidelines, employees must be aware of the hazardous properties of chemicals that they may be exposed to, the safe handling procedures and measures to take for protection.

All departments are required to participate in a program that makes information available to the employee(s) and the safe handling and emergency procedures of chemical exposures.

The Safety Committee of the City of Sedalia will act as the program's coordinator for the purpose of reviewing and updating information as needed.

SECTION 6.2 CHEMICAL LABELING

Department heads or their designee will ensure that all containers received for use will be clearly labeled as to the contents, note the appropriate hazard warning, and list the manufacturer's name and address.

If chemicals are divided up between departments, each section will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with labels marked with the identity and appropriate hazard warning. In any assistance is needed in labeling, department heads should consult with members of the safety committee.

SECTION 6.3 MATERIAL DATA SHEETS (MDS)

Department heads or their designee will be responsible for establishing and monitoring the department's compliance with MDS program. Procedures should be developed to obtain MDS's on all chemicals under the care and control of the individual departments.

All new MDS's will be reviewed for new or significant health and safety information. If any new information has been developed, the individual departments will be responsible to communicate this information to affected employees.

Copies of MDS's will be readily available to employees during their respective work shifts. If an MDS is not available, this information should be communicated to the department head as soon as possible.

Whenever revised MDS's are received, department heads will ensure that the old one has been removed and the new one is filed in its proper location. The revised MDS should bear the date of the revision.

SECTION 6.4 EMPLOYEE TRAINING AND INFORMATION

Department heads or their designee is responsible for the implementation of the Hazard Communication Program to ensure that all program elements are carried out.

Employees who work with or are potentially exposed to hazardous chemicals will received initial training on the hazard communication standard and the plan as soon as practical. Every new employee who may be potentially exposed to a hazardous chemical should complete an orientation that includes the following information:

- a. An overview of the hazard communication standard for the City of Sedalia
- b. Hazardous chemicals that may be present in their work area
- c. Physical and health risks of these chemicals
- d. Symptoms of exposure
- e. How to determine the presence or release of hazardous chemicals in the work area
- f. How to prevent exposure to hazardous chemicals through the use of control procedures, work practices and personal protective equipment
- g. Steps that the department has taken to reduce or prevent exposure
- h. Procedures to follow if employees are overexposed to hazardous chemicals
- i. How to read MDS labels and obtaining hazardous information
- j. Location of the MDS file and the written Hazard Communication Standard

SECTION 6.5 HAZARDOUS NON-ROUTINE TASKS

Periodically, employees are required to perform non-routine tasks that are hazardous. Examples of non-routine tasks are: confined space entry, painting / cleaning in limited space areas. Prior to starting work on such projects, employees will be given information by their immediate supervisor about the hazardous chemicals that may be encountered during such activity. This information will include the specific chemical hazards, protective and safety measures the employee should use, and the methods taking to reduce the hazard such as ventilation, respirators, or the presence of another employee. Emergency procedures should also be covered.

SECTION 6.6 OUTSIDE CONTRACTORS / OTHER EMPLOYERS

Department heads will ensure that other outside contractors or employers are made aware about any hazardous chemical(s) known on a job site that they may be exposed to. Outside contractors / other employers will be provided with MDS's as well as any precautions taken with the potential exposure.

SECTION 7: DEFINITIONS

For the purposes of the City of Sedalia's Exposure Control Plan, the following definitions shall apply:

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

Bloodborne Pathogens – means 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).

City Administrator - means the administrator for the City of Sedalia or his representative.

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

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

Contaminated Sharp(s) – means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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

Engineering Controls – means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

Licensed Healthcare Professional – is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by 29 CFR 1910 including but not limited to Hepatitis B vaccinations and post-exposure evaluation and follow-up.

HBV – means hepatitis B virus.

HIV- means human immunodeficiency virus.

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

Other Potentially Infectious Materials – means:

- (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- (3) HIV – containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral – means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment – is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

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

Sterilize – means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

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

Work Practice Controls – means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

**Note: The following definitions contained within this section have been selectively obtained from Code of Federal Regulations, Section 1910.103(b).*

SECTION 8. FORMS

EXPOSURE REPORT FORM

PATIENT INFORMATION:

Name: _____ Sex: _____ Age: _____ Run#: _____

Exposure Information: Blood Borne Airborne

Exposed to: Blood Bloody Fluid Other _____

Area Exposed: Hands Face Nose Mouth Other _____

Personal Protective Equipment Used: No Yes Type: _____

Task being performed: _____

Needle Safe Device used: Yes No

EMPLOYEE INFORMATION:

Name: _____ Last 4 SSN# _____

Phone: (home) _____ (Cell) _____

Exposure Date: _____ Exposure Time: _____ am pm

Exposure Location: _____

Reported To: _____ First Aid Performed: Yes No

Source Patient Blood Drawn: (HIV Rapid Test, HBV, HCV Rapid Test) Yes No

REPORTING PROCESS:

Scene Supervisor: Yes No Shift Supervisor: Yes No ICO: Yes No

POST-EXPOSURE FOLLOW UP:

Employee Given Source Patient Test Results: Yes No

Date: _____ Time: _____ am pm

Employee Medical Follow Up Referral to: _____

Employee: Must attach a written explanation of how the exposure event occurred within 24 hours of the incident. This is to be sent to the Designated Infection Control Officer.

DESIGNATED INFECTION CONTROL OFFICER



(Date)

(Name)
(Address)

Dear _____:

This letter is sent to inform you that I have been named to the position of “Designated Infection Control Officer for the City of Sedalia. This position will assist the city with any OSHA notifications and compliances required by the bloodborne pathogens/tuberculosis standards.

As the Designated Infection Control Officer (ICO), I would like to schedule a meeting with you to discuss any questions that you may have, and to establish an effective post-exposure notification and medical follow-up. I can be reached by calling _____ or my cell at _____. I look forward to working with you and assisting in any questions that you may have.

Attached for your information and review is a copy of the material found in the Ryan White Care Act that was reauthorized by Congress in 2009. This act offers a comprehensive process in post-exposure incidents.

Sincerely,

XXXXXXXXXXXX

Attachment

REFUSAL OF POST-EXPOSURE MEDICAL EVALUATION

For Bloodborne Pathogen Exposure
City of Sedalia

Supervisor: Print and complete this form only if the exposed individual refuses post-exposure medical evaluation by a health care professional.

Exposed Individual Information

Name: _____

Exposure Date: _____

Social Security Number: (last 4) _____

Exposure Information

Run #: _____

Type of Protection equipment used (gloves, eye protection, etc.): _____

Describe how you were exposed: _____

Statement of Understanding

I have been fully trained in the City of Sedalia’s Exposure Control Plan, and I understand I may have contracted an infectious disease such as HIV, HCV, or HBV. I also understand the implications of contracting these diseases.

I have been offered follow-up medical care in the form of counseling and medical evaluation of any acute febrile illness (new illness accompanied by fever) that occurs within twelve weeks post-exposure.

Despite all the information I have received, for personal reasons, I freely decline this post-exposure evaluation and follow up care.

Exposed Individual’s Signature: _____ Date: _____

Witness Name: _____ Signature: _____

EMPLOYEE CONSENT FORM



This is to certify that I, have been informed of my need to take the Hepatitis B vaccination due to the potential exposure created by my employment.

I have read the prescribed information for the Hepatitis B vaccine and understand the usage, contraindications, precautions, adverse reactions, dosage and administration related to the vaccine.

I understand that I must have three (3) doses of the vaccine to confer immunity and that the cost of the Hepatitis B vaccine will be assumed by the City of Sedalia.

I also understand that there is no guarantee that I will become immune or that I will not experience any adverse side effects from the vaccine.

Employee's Signature

Date

Witness Signature

Date

Vaccination Schedule Date: _____

Time: _____

HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my potential occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine at no charge. However, I decline the Hepatitis B vaccination at this time. I understand that by declining vaccination, I continue to be at risk of acquiring Hepatitis B virus infection.

If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want the Hepatitis B vaccination, I can receive the series at no cost to me through the City of Sedalia's provider.

I have read this form and understand its contents. **Employee's initials:** _____

Employee's Name: _____

Employee's Signature

Date

Witness Signature

Date



VOLUNTARY TESTING CONSENT FORM

PERSON BEING TESTED:

Name: _____ Sex: _____ DOB: _____

Address: _____

Phone Contact Number: _____ Alt. Number: _____

EXPOSED EMPLOYEE INFORMATION:

Name: _____ Last 4 SSN# _____

Phone: (home) _____ Cell No.: _____

Exposure Date: _____ Exposure Time: _____ am pm

Exposure Location: _____

Reported To: _____ First Aid Performed: Yes No

INFORMED CONSENT- VOLUNTARY TESTING SUBJECT

According to Missouri law (Chapter 191, sections 191.226-191.703), you can't be tested for HIV antibodies unless; (1) you have signed a consent form and "know that the test is being performed", (2) "the nature of the test", (3) "the persons to whom the results of the test may be disclosed", (4) "the purpose for which the test results may be used", and (5) "any reasonable foreseeable risks and benefits resulting from the test." The only people who are exempt from signing consent forms are those persons who are being tested at an anonymous test site, and certain others specified by law.

This test is for diagnostic purposes and/or to inform you, and those providing your care, of the possible presence of HIV in your blood and body fluids. This is not a test for AIDS. A positive HIV test indicates that you are infected with HIV and that you can pass the virus to other people. Inaccurate positive and negative test results occur occasionally. For this reason, a negative test result does not guarantee that you are not infected. Rarely, a positive test result is inaccurate and indicates that you are carrying HIV even if you are not.

These test results will become part of your medical records, but according to Missouri law, can be disclosed only to your physician, a state agency if you are in custodial care, or the

Missouri Department of Health and Human Services. Any other release of information regarding this test must be authorized by you in writing.

Missouri law also requires that you be offered in-person consultation prior to being administered the test. This consultation may include your test results and their meaning, the social and emotional effects of the test results, information on preventing the spread of the virus, and referral for medical care and support, if needed. If information about your HIV antibody test becomes known to others, you could suffer various forms of discrimination. Another risk of being tested is that you may suffer emotional distress. In order to be tested for HIV antibodies, you will have to have your blood drawn. This will include having a needle puncture and perhaps some bruising around the site of the puncture.

I have read the above information and I understand it. All of my questions about the HIV test have been answered. I give my consent to _____ to draw my blood and test it for the presence of HIV antibodies or antigen. This consent is completely voluntary and I have not been forced directly or indirectly to provide this consent.

Signature of Subject or Guardian

Date

Witness Signature

Printed Name of Subject

RESULTS OF CONSENT

Source Patient Blood Drawn: (HIV Rapid Test, HBV, HCV Rapid Test) Yes No

If no, please note the date and time of refusal: Date: _____ Time: _____

Refusal witness by: _____ Agency: _____

SHARPS INJURY LOG

Sharps Injury Log

Month _____

Employee Name	Device Used	Task Performed	Location of Incident	Description of How Incident Occurred