

EXPOSURE CONTROL PLAN

**PROCEDURES AND GUIDELINES
FOR**

**The Town of Cape Carteret
102 Dolphin Street
Cape Carteret, NC 28584**

**Written in accordance with
OSHA Code of Federal Regulations
1910.1030**

Effective Date:

February 20, 2017

Reviewed Date:

February 13, 2017

EXPOSURE CONTROL PLAN

As part of the Occupational Safety & Health Administration's continuing efforts to safeguard employee health, OSHA has enacted the Bloodborne Pathogens standard, 29 CFR 1910.1030. The purpose of the Bloodborne Pathogens standard is to reduce occupational exposure to the Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV), Hepatitis C Virus (HCV) and other Bloodborne Pathogens that employees may encounter in their workplace or in the performance of their assigned job tasks. This standard is intended to cover all employees who could be reasonably anticipated to encounter blood or other potentially infectious materials.

Infectious materials may include but are not limited to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, or other bodily fluids that are visibly contaminated with blood; and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

TOWN POLICY

It is the policy of the Town of Cape Carteret to determine which employees are reasonably anticipated to have exposure to Bloodborne Pathogens. This determination will be performed by Department Heads and the Human Resources Director. Employees who are considered First Responders or work in a potentially hazardous exposure area receive Bloodborne Pathogens training annually. See training information included with this policy.

A licensed medical professional employed at the Carteret County Health Department will administer the Hepatitis B vaccination series. Any employee who is offered the Hepatitis B vaccination series has the option of declining the series. All Category I and II employees will be offered the Hepatitis B vaccination series upon their initial hire date. Should the employee decline, an employee declination form will be provided for the employee's signature. It should be noted that if the employee changes his/her mind and desires to receive the vaccination series, it shall be provided as soon as reasonably possible.

Should any employee experience an exposure incident, it should be reported to the Department Supervisor and the Human Resources Officer immediately. If the employee has not received his or her vaccination series (even in cases of voluntary First Aid/CPR), the employee will be offered and counseled to receive the Hepatitis B vaccination series within 24 hours. Appropriate medical evaluation will follow through a medical provider approved by the Town. Please contact the Human Resources Officer to ensure the proper facility is used.

EXPOSURE DETERMINATION

It is the opinion of the Town that the following job tasks could potentially expose employees to Bloodborne Pathogens:

Category I Personnel:

1. All Police Department Employees.

Category II Personnel:

1. All Public Works employees.

All Category I and II personnel will receive blood borne pathogens training on an annual basis.

PERSONAL PROTECTIVE EQUIPMENT

Universal precautions will be practiced for all employees who are reasonably anticipated to have exposure to Bloodborne Pathogens. Universal precautions assume all blood or other potentially infectious materials are infectious regardless of the perceived status of the source individual. The practice of universal precautions requires the use of personal protective equipment consisting of, at minimum, disposable gloves when handling all contaminated materials such as in a case of voluntary first aid response. Additional personal protective equipment including face shield, apron and one way air mask should be used in the event of profuse bleeding, CPR or spewing bodily fluids or cleanup that may be particularly messy.

When employees have completed tasks requiring personal protective equipment, they will wash their hands and other exposed body parts with soap and water. In the absence of soap and water, antiseptic towelettes (located in first aid kits) are provided for the employees' use. As soon as hand washing facilities are available, employees must wash hands and other exposed body parts with soap and water.

GENERAL WORK PRACTICES

All work procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, generating droplets and splattering.

Equipment that may have been contaminated during a task involving infectious materials will be checked and decontaminated properly with a 1:10 bleach and water mixture.

Eating, drinking, applying cosmetics or lip balm and handling contact lenses is prohibited in all situations where there is a potential for exposure to Bloodborne Pathogens.

CONTAMINATED LAUNDRY

In the event clothing or other laundry items are exposed to potentially infectious materials, the clothing or other items should be placed into biohazard bags for disposal or cleaning. The bags shall be labeled with the appropriate biohazard symbol and sent to an approved laundry or dry cleaning service.

All First Responders including Police employees have the option of laundering or disposing of their contaminated clothing/uniforms. In the event the clothing is to be laundered, an appropriate washing machine must be utilized. In addition, a 1:10 bleach and water mixture will be used during the laundering process. In the event the clothing is discarded; new uniform clothing will be provided to the employee at no cost to the employee.

HANDLING OF SHARPS/SHARP OBJECTS

Sharps potentially containing Bloodborne Pathogens such as needles, razor blades, broken glass, etc. must be collected with a pick-up stick or broom and dust pan then properly placed in a sharps container for future disposal. Evidence such as knives collected by the Police Department that contain blood or bodily fluid must be placed in container that will prevent accidental punctures, cuts or lacerations during the evidence handling process. All containers will be properly labeled with the biohazard symbol.

APPENDIX A
(Hepatitis B Vaccination Series Consent Form)

Appendix A

Town of Cape Carteret

HEPATITIS B VACCINE- EMPLOYEE CONSENT FORM

This is to certify that I, _____, have been informed of my right to be vaccinated against the Hepatitis B virus (HBV) since there is a reasonable possibility that I may have an occupational exposure to bloodborne pathogens or other potentially infectious materials.

I have been given a vaccination fact sheet and am knowledgeable of the usage, precautions, adverse reactions, dosage, and administration of the Hepatitis B Vaccine.

I understand that vaccination consists of three (3) doses over a six-month period, and that there is no guarantee that I will become immune or that I will not experience any adverse side effects from the Hepatitis B vaccine.

I understand that the Town of Cape Carteret will cover the cost of the Hepatitis B Vaccine and/or Hepatitis B Immune Globulin.

I request that the Hepatitis B vaccine be administered to me.

Employee Name (print) _____

Employee Signature (sign) _____ **Date:** _____

Vaccine Administered By _____ **Date:** _____

<u>Date Vaccinated</u>	<u>Lot Number</u>	<u>Manufacturer</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

APPENDIX B
(Hepatitis B Vaccination Series Declination Form)

Appendix B

Town of Cape Carteret

HEPATITIS B VACCINE— EMPLOYEE DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of contracting the Hepatitis B virus (HBV). I have been given the opportunity to receive the 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. I also understand that if I contract the Hepatitis B virus during my employment with the Town of Cape Carteret, I cannot hold the Town liable for the infection based on this declination. If in the future I want to be vaccinated with Hepatitis B vaccine, I can receive this vaccination series at no charge.

Employee Name (Print)

Employee Signature

Date