



SAFETY DIRECTIVE

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| Title: Blood-borne Pathogens (BBP) and Exposure Control Plan (ECP) |
| Issuing Department: Human Resources Safety Office |
| Effective Date: June 1, 2014 |
| Updated: November 30, 2017 |
| Approved: Jamsheed Mehta, Interim Town Manager |
| Type of Action: Update |

1.0 PURPOSE

- 1.1 The purpose of this Program is to outline policies and procedures to ensure that Town of Marana employees are provided with the means and methods to reduce and/or prevent exposure to Blood-borne pathogens (BBP).
- 1.2 This program defines reporting procedures and documentation for employee exposure to the following:
 - 1.2.1 Blood-borne Pathogens or Other Potentially Infectious Material (OPIM)
 - 1.2.2 Tuberculosis
 - 1.2.3 Methicillin-resistant Staphylococcus Aureus (MRSA)
 - 1.2.4 Spinal Meningitis
- 1.3 The purpose of the Hepatitis B Vaccination program is to insure all Town employees who in the course of regular employment have exposure to Blood-borne pathogens or employees who have a potential exposure to Hepatitis B receive their vaccination series or verify their immunity.
- 1.4 The policies and procedures contained in this section are intended to assist in identifying and complying with OSHA Safety Standards. In all cases where there is a difference between specific OSHA standards and the Blood-borne Pathogens policies set forth in this directive, the stricter of the two shall apply.

2.0 DEPARTMENTS AFFECTED

- 2.1 This directive applies to all departments and employees of the Town of Marana with reasonably anticipated potential for exposure to Blood-borne pathogens and OPIM. This includes employees in the following exposure groups.

2.1.1 Employees with **exposure** in the regular course of duty as listed in Table 1.

Table 1

| <u><i>Job Title</i></u> | <u><i>Department/Location</i></u> |
|--|-----------------------------------|
| All Field, Laboratory and Patrol Positions (To include Volunteers) | Marana Police |
| All Security Positions | Magistrate Courts |
| All Maintenance, Labor and Public Involvement Positions | Parks & Recreation |
| All Positions, except administrative | Public Works |
| All Positions, except administrative | Marana Water |
| All Positions, except administrative | Waste Water Treatment Facility |
| All Positions, except administrative | Community Development |

2.1.2 Employees with **potential exposure** in the regular course of duty as listed in Table 2.

Table 2

| <u><i>Job Title</i></u> | <u><i>Department/Location</i></u> | <u><i>Task/Procedure</i></u> |
|-------------------------------------|-----------------------------------|--------------------------------------|
| Lifeguards | Parks & Recreation | Emergency Rescue; Pool Maintenance |
| Plumbers | Marana Water | Maintenance to conveyance systems |
| Utility Technicians/Service Workers | Public Works | Fleet Services; Facility Maintenance |

2.1.3 Employees with collateral duty to provide or who may provide first aid and CPR in the event of an emergency (e.g., members of field crews, employees with high exposure to the public, etc.).

2.2 The Hepatitis B vaccination program shall apply to all employees identified by their department as having exposure risk or potential exposure risk to Hepatitis B.

3.0 REFERENCES

3.1 OSHA Standard 29 CFR 1910.1030 - Blood-borne Pathogens

3.2 A.R.S. § 23-1043.04

4.0 DEFINITIONS

4.1 Blood: means human or animal blood, human or animal blood components, and products made from human or animal blood.

- 4.2 Blood-borne pathogen (BBP): means organisms that are present in blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis viruses (A, B and C) and Human Immunodeficiency Virus (HIV).
- 4.3 Clinical laboratory: means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- 4.4 Contaminated: means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 4.5 Contaminated laundry: means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- 4.6 Contaminated sharps: means any contaminated object that can penetrate the skin including, but not limited to, needles, blades, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- 4.7 Decontamination: means the use of physical or chemical means to remove, inactivate, or destroy Blood-borne 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.
- 4.8 Engineering controls: means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the Blood-borne pathogens hazard from the workplace.
- 4.9 Exposure incident: Incidental contact with blood, bodily fluids contaminated with blood or other potentially infectious material (OPIM) in which the employee is wearing their personal protective equipment (PPE) and/or the employee skin barrier is not broken or ruptured and/or the contact was not made through a mucous membrane, meaning the blood, bodily fluid, or OPIM did not enter the body of the employee.
- 4.10 Hand washing facility: means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- 4.11 Hepatitis B: An inflammation of the liver caused by the Hepatitis B Virus (HBV). The route of transmission for Hepatitis B is by direct contact with the blood or bodily fluids of a source infected with Hepatitis B (HBV). Hepatitis B is not spread through food or water. There is no cure for Hepatitis B so prevention is crucial. Vaccines can provide protection for up to 95% of healthy populations.
- 4.12 Hepatitis C: An inflammation of the liver caused by the Hepatitis C Virus (HCV). The route of transmission for Hepatitis C is by direct contact with the blood or bodily fluids of a source infected with HCV. Hepatitis C is not spread through food or water. There is no vaccination for Hepatitis C.
- 4.13 HIV: Human Immunodeficiency Virus; a systemic disease that attacks the body's immune system and is a precursor to Acquired Immune Deficiency Syndrome (AIDS). There is no cure for HIV.
- 4.14 Licensed Healthcare Professional: is a person whose legally permitted scope of practice allows him or her to independently perform the activities required for the Hepatitis B vaccination series and post exposure evaluation and follow-up.

- 4.15 Other Potentially Infectious Materials (OPIM): means the following human and/or animal body fluids:
- 4.15.1 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 that is visibly contaminated with blood.
 - 4.15.2 Any unfixed tissue or organ (other than intact skin) from a human or animal (living or dead);
 - 4.15.3 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.
- 4.16 Parenteral: means piercing mucous membranes of the skin barrier through such events as needle sticks, human/animal bites, cuts, and abrasions.
- 4.17 Personal Protective Equipment (PPE): means 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 is not considered to be personal protective equipment.
- 4.18 Regulated waste: means any of the following:
- 4.18.1 Liquid or semi-liquid blood, or OPIM;
 - 4.18.2 Contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed;
 - 4.18.3 Items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
 - 4.18.4 Contaminated sharps;
 - 4.18.5 Pathological and microbiological wastes containing blood or OPIM.
- 4.19 Sharps: means materials that have sharp edges or a point that is capable of penetrating and/or cutting through plastic waste bags, clothing, or human skin.
- 4.20 Significant exposure: means contact an employee's ruptured or broken skin or mucous membrane with a person's blood or bodily fluid, other than tears, saliva, or perspiration, of a magnitude that the Centers for Disease Control (CDC) have epidemiologically demonstrated can result in the transmission of infectious disease.
- 4.21 Source: means any individual or animal, living or dead, whose blood or OPIM may be a source of exposure to employees. 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.
- 4.22 Sterilize: means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

- 4.23 Titer testing: means testing that determines the immunity of individuals and shall be made available for all employees who have previously been vaccinated by the Town of Marana, specifically those who did not complete their vaccination series.
- 4.24 Town Physician: means the Licensed Healthcare Professional the Town designates to provide treatment to employees pursuant to this directive. The Town Physician may change from time-to-time depending upon what entity or entities the Town has contracted with.
- 4.25 Universal precautions: An approach to infection control. According to the concept of Universal Precautions, all blood and OPIM are treated as if known to be infectious for HIV, HBV, and other Blood-borne pathogens.
- 4.26 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).

5.0 POLICIES AND PROCEDURES

5.1 Training and Education The Human Resources Department Safety Office shall:

- 5.1.1 Develop and maintain employee awareness training on Blood-borne Pathogens and other similarly transmitted diseases;
- 5.1.2 Offer these training materials on a regularly scheduled basis or provide training when solicited by a department;
- 5.1.3 Develop specialized training materials for Emergency Responders (Police).

5.2 Exposure Determination

- 5.2.1 Each Department shall develop and maintain a list of job classifications (or position codes) covered by this Program. This determination of exposure does not consider the use of personal protective equipment. Employees without reasonably anticipated exposure to blood or OPIM are not included in this Program. For employees not specifically covered by this Program and who declare an exposure, the employee will be provided medical evaluation and follow-up.
- 5.2.2 The following information shall be used for identifying those employees with exposure potential:
 - 5.2.2.1 All job classifications where employees in the regular course of duty involves handling or exposure to Blood-borne pathogens, such as those listed in Table 1 above;
 - 5.2.2.2 Job classifications where all employees have a potential occupational exposure to Blood-borne pathogens, such as those listed in Table 2;
 - 5.2.2.3 Employees in a job classification where some employees have a potential exposure to Blood-borne pathogens (i.e., not all employees in a single job classification may have exposure).

5.3 Methods of Compliance Universal precautions shall be observed to prevent contact with blood or other potentially infectious material (OPIM). Under circumstances in which differentiation between body fluid types is difficult or impossible, any body fluids shall

be considered potentially infectious, specifically in situations where the fluid is visibly contaminated with blood.

5.4 Engineering and Work Practice Controls

5.4.1 Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after implementation of engineering controls, personal protective equipment shall be used.

5.4.2 Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

5.5 Disinfection

5.5.1 Hand washing facilities shall be available to all employees. In the event hand washing facilities cannot be provided, an approved antiseptic hand cleanser and paper towels shall be provided. Antiseptic hand cleaner is available throughout Town facilities in conspicuously located dispensers.

5.5.2 When antiseptic hand cleaner is used, employees shall then wash their hands with soap and water as soon as feasible. Employees shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

5.5.3 Employees shall use soap and water or other alternative methods such as approved viricides, or a 5% (maximum) bleach solution (1/4 cup bleach to 1 gallon water), to wash hands and any other exposed skin as soon as feasible following contact with potentially infectious materials.

5.5.4 If there is a mucous membrane exposure, employees shall flush eyes, mouth and nose with continuously running water for 15 minutes as soon as feasible following contact with blood or other potentially infectious materials.

5.6 Sharps

5.6.1 Sharps generated as part of work practice or evidentiary collection involving Town employees consisting of contaminated needles or other sharp material that may be contaminated with blood or OPIM shall be immediately disposed of in an appropriate sharps container.

5.6.2 Needles shall not be bent, recapped or removed unless no alternative means is available or such action is required by a specific medical procedure. Recapping of needles can only be performed with the use of an engineering device or by using the one handed technique.

5.6.3 Allowances for security and disposal of employee generated sharps due to a medical condition (*e.g.* diabetes) are considered non-regulated and are different than restrictions placed on the commercial generation and disposal of regulated medical waste. Employees should contact the Human Resources Safety Office (382-1972) for questions regarding the security and disposal of personally-generated, non-regulated waste.

5.7 Sharps Containers Sharps containers are available from a contracted vendor. All sharps containers shall meet the following specifications:

5.7.1 Puncture resistant.

- 5.7.2 Labeled or color-coded.
- 5.7.3 Leak proof on the sides and bottom.
- 5.7.4 Designed with a cover that prevents access.

5.8 General Work Practices

- 5.8.1 Eating, drinking, smoking, applying cosmetics, sunscreen or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure to blood or OPIM. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, countertops or bench tops where blood or OPIM are present.
- 5.8.2 All procedures shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of blood or OPIM. Mouth pipetting/suctioning of blood, OPIM, or reclaimed water is prohibited.

5.9 Specimen Handling

- 5.9.1 Specimens of blood or OPIM shall be placed in a container that prevents leaking during collection, handling, processing, storage, transport, or shipping.
- 5.9.2 Containers shall be labeled with a biohazard designation and/or symbol or color-coded red and closed prior to storage or transport. If outside contamination of the container occurs, the container shall be placed within another container to prevent leaking during handling, storage, and/or transport. This second container shall be labeled with a biohazard designation and/or symbol or color-coded red. If the specimen could puncture the container then a second container that is puncture resistant, labeled and/or color-coded shall be used.

5.10 Equipment

- 5.10.1 Equipment that may become contaminated with blood or OPIM shall be decontaminated prior to servicing or shipping. Decontamination of specific equipment may not be feasible due to the sensitivity of the equipment to decontamination temperatures or liquids.
- 5.10.2 Equipment that cannot be decontaminated shall be identified by a label. This label shall identify either the entire item or parts of the item that were not decontaminated. Information regarding the decontamination status of equipment shall be conveyed to all affected employees. The decontamination status shall be conveyed to any other party, such as but not limited to, servicing representatives or manufacturers that may come in contact with such equipment.

5.11 Personnel Protective Equipment (PPE)

- 5.11.1 Town of Marana employees covered by this program shall be provided, at no cost to employees, appropriate personal protective equipment (PPE). Each supervisor shall ensure that each employee is trained in the method of donning, doffing, adjusting and proper disposal of PPE. Examples of such PPE are:
 - 5.11.1.1 Disposable Gloves Gowns
 - 5.11.1.2 Laboratory Coats

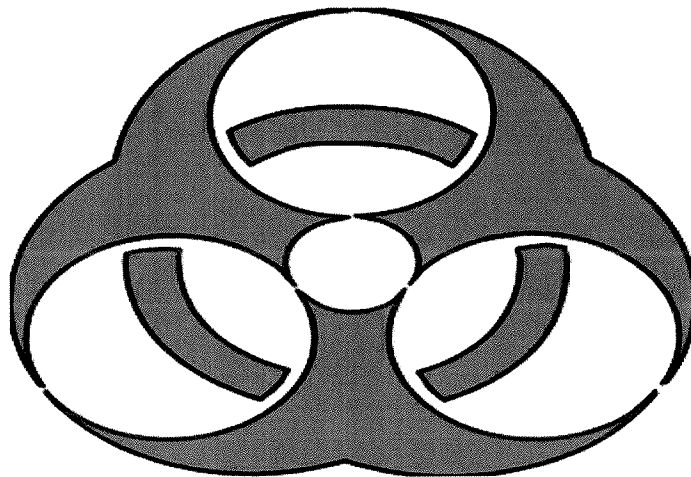
- 5.11.1.3 Face Shields
- 5.11.1.4 Eye Protection
- 5.11.1.5 CPR Mouthpieces
- 5.11.1.6 Resuscitation Bags
- 5.11.1.7 Combo Masks
- 5.11.2 Personal protective equipment will be considered “appropriate” only if it does not permit blood or OPIM from penetrating through to clothes, street clothes, undergarments, skin, eyes, mouth, or other mucus membranes under normal conditions of use.
- 5.11.3 Appropriate PPE shall be used when exposure to blood or OPIM is anticipated. Under rare and extraordinary circumstances the use of PPE may be declined by employees. Use of specific PPE may be declined if in the employee’s professional judgment the use of such PPE in specific incidences would prevent the delivery of health care or public safety services or would pose an increased hazard to safety of the worker or co-workers. In such cases where an employee declines the use of PPE, the Human Resources Safety Office shall be immediately notified by the Department. An investigation shall be conducted to determine whether changes can be instituted to prevent such occurrences in the future.
- 5.11.4 The Town of Marana shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be available to those employees who are allergic to the gloves normally provided.
- 5.11.5 All PPE shall either be disposed of after use or cleaned.
- 5.11.6 The Town of Marana shall repair or replace all PPE as needed to maintain its effectiveness, at no cost to employees.
- 5.11.7 Appropriate protective clothing shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- 5.11.8 Surgical caps, hoods, and/or shoe covers or boots shall be worn in instances when gross contamination can be reasonably anticipated.
- 5.11.9 Masks in combination with eye protection devices, such as goggles or glasses with side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated.
- 5.11.10 If a garment is penetrated by blood or OPIM, the garment shall be removed immediately or as soon as feasible.
- 5.11.11 All PPE shall be removed prior to leaving the work area.
- 5.11.12 When PPE is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- 5.11.13 Gloves

- 5.11.13.1 Gloves shall be worn when it can be reasonably anticipated that hand contact with blood or OPIM, mucous membranes, and non-intact skin will occur; when performing vascular access procedures; or when handling or touching contaminated items or surfaces.
 - 5.11.13.2 Disposable (single use) 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.
 - 5.11.13.3 Disposable gloves shall not be washed or decontaminated for re-use.
 - 5.11.13.4 Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised.
 - 5.11.13.5 Utility gloves must be discarded if they are cracked, peeling, torn, punctured or when their ability to provide a barrier is compromised.
- 5.12 Personal Clothing An employee's personal clothing that has become contaminated with blood or OPIM shall be removed as soon as feasible and placed in a plastic bag, sealed, and labeled as a biohazard. Clothing shall be cleaned and disinfected at the earliest opportunity.
- 5.13 Housekeeping
- 5.13.1 Employees shall ensure that the work site is maintained in a clean and sanitary condition. An appropriate written schedule for cleaning and decontamination shall be developed by each Department. The cleaning schedule shall be based on the location, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
 - 5.13.2 All equipment and environmental surfaces shall be cleaned and decontaminated after contact with blood or OPIM. Contaminated work surfaces shall be decontaminated with a disinfecting compound intended to eliminate the reasonably anticipated bacteria and viruses. A disinfecting compound shall be applied per the manufacturer's specifications, in the following circumstances:
 - 5.13.2.1 After completion of procedures;
 - 5.13.2.2 Immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or OPIM;
 - 5.13.2.3 At the end of the work shift if the surface may have been contaminated since the last cleaning.
 - 5.13.3 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 work shift if they may have become contaminated during the shift.
 - 5.13.4 All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regular basis. These items shall be cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

- 5.13.5 Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dust pan, tongs, pliers, or forceps.
- 5.13.6 Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into containers where these sharps have been placed.
- 5.13.7 Regulated waste shall be placed in containers which are:
- 5.13.7.1 Able to be sealed;
 - 5.13.7.2 Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
 - 5.13.7.3 Labeled appropriately or color-coded red;
 - 5.13.7.4 Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- 5.13.8 If contamination of the primary container occurs, it shall be placed in a second container that meets the above criteria. Disposal of all regulated waste shall be in accordance with applicable federal, state, county and Town regulations.

5.14 Communication of Hazard

- 5.14.1 Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers, and any other containers used to store, ship, or transport blood or OPIM. An example of a biohazard warning label is included in the figure below.



BIOHAZARD

- 5.14.2 Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color. Labels shall be affixed or attached to containers by string, wire, adhesive, or other method to prevent their loss or unintentional removal.

5.14.3 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. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirements.

5.14.4 Labels required for contaminated equipment shall be in accordance with this section and the label shall state which portions of the equipment remain contaminated.

5.15 Laundry

5.15.1 Contaminated laundry shall be handled as little as possible with a minimum of agitation.

5.15.2 Any contaminated personal protective equipment shall be placed in plastic bags, sealed and either disinfected or decontaminated or disposed of as regulated waste. Contaminated laundry shall be bagged and sealed at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in sealed bags or containers labeled or color-coded red.

5.15.3 Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage of its contents, the laundry shall be placed in bags or containers which prevent such leakage. Employees that have contact with contaminated laundry shall wear the appropriate PPE.

5.15.4 Contractors providing cleaning of contaminated laundry shall be notified of this program. All laundry sent to or picked-up by such contractor shall be in sealed, labeled or red color- coded leak proof bags.

5.16 Vaccinations

5.16.1 The Town of Marana shall provide Hepatitis B vaccination series to all employees covered by this program. Those employees that do not have reasonably anticipated exposure to blood or OPIM and have declared an occupational exposure to a BBP shall be provided treatment as recommended by the Town Physician.

5.16.2 Post exposure evaluation and follow-up shall be provided to employees that have experienced an exposure. All medical evaluations and procedures including the hepatitis vaccination series, titer testing, and post-exposure evaluation and follow-up, including prophylaxis shall be:

5.16.2.1 Made available at no cost to employees;

5.16.2.2 Made available at a reasonable time and location;

5.16.2.3 Performed by or under the supervision of a licensed physician, or another healthcare professional;

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

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

- 5.16.4 The Hepatitis B vaccination series shall be made available after each employee has received training on BBP and within ten days of initial assignment to work where occupational exposure has been determined to reasonably exist. The vaccination series shall be provided to all employees covered by this program unless:
 - 5.16.4.1 The employee has previously completed Hepatitis B vaccination series;
 - 5.16.4.2 Antibody testing (Titer) reveals that the employee is immune;
 - 5.16.4.3 The vaccine is contraindicated for medical reasons.
- 5.16.5 Participation in a prescreening program shall not be used as a prerequisite for receiving the Hepatitis B vaccination series. Any employee who initially declines the Hepatitis B vaccination series will be required to sign a declination statement (Appendix B). An employee, who initially declines the vaccination series but later decides to receive the vaccination, shall be provided the vaccination at that time, at no cost to the employee.
- 5.16.6 If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service such booster dose shall be provided at no cost to the employee.
- 5.16.7 Hepatitis antibody testing (Titer) shall be conducted at employee's request, with approval from the Human Resources Department.

5.17 Post-Exposure Evaluation and Follow-up

- 5.17.1 Following a report of an exposure incident, the employee(s) shall complete the "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" (Appendix H). Additionally, employees will complete a Supervisor's Report of Injury form ONLY if the exposure is accompanied by injury (puncture, laceration, bite wound, etc.).
- 5.17.2 The Town of Marana shall make immediately available to the exposed employee a confidential medical evaluation and follow-up including at least the following elements:
 - 5.17.2.1 Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - 5.17.2.2 Identification and documentation of the source individual, unless the identification is infeasible or prohibited by state or local law;
 - 5.17.2.3 Collection and testing of the employee's blood for viral serological status;
 - 5.17.2.4 Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
 - 5.17.2.5 Counseling;
 - 5.17.2.6 Evaluation of reported illnesses.

5.18 Source Individual's Blood

- 5.18.1 The source individual's blood shall be tested as soon as feasible provided consent is obtained in order to determine HBV and HIV status. If consent is not attained, the Town of Marana shall establish that legally required consent cannot be obtained and

may pursue legal avenues to obtain consent and/or opportunity to obtain source blood. When the source individual's consent is not required by law, the source individual's blood shall be tested and the results documented.

5.18.2 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 need not be repeated.

5.18.3 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.

5.19 Collection and Testing of Blood for HBV and HIV

5.19.1 The exposed employee's blood shall be collected within ten days of the Significant Exposure. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

5.19.2 After the initial blood sample (baseline), additional blood samples may be collected after exposure at the following intervals as recommended by the Centers for Disease Control: six weeks, three months, six months, and 18 months.

5.19.3 Employees in Arizona shall have up to 18 months to file a Workers' Compensation claim due to serum conversion related to a Significant Exposure.

5.20 Information Provided to the Healthcare Professional The Town of Marana shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided with:

5.20.1 A copy of this program and OSHA Standard 29 CFR 1910.1030;

5.20.2 A description of the exposed employee's duties as they relate to the exposure incident;

5.20.3 Documentation of the route(s) of exposure and circumstances under which exposure occurred;

5.20.4 Results of the source individual's blood testing, if available;

5.20.5 All medical records relevant to the appropriate treatment of the employee including vaccinations status which are maintained by the Town of Marana.

5.21 Healthcare Professionals Written Opinion

5.21.1 The Town of Marana shall obtain and provide the exposed employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

5.21.2 The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

5.21.3 The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following:

5.21.3.1 That the employee has been informed of the results of the evaluation;

5.21.3.2 That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment;

5.21.3.3 All other findings or diagnoses shall remain confidential and shall not be included in the written report.

5.22 Recordkeeping

5.22.1 The Human Resources Safety Office shall be responsible for establishing and maintaining accurate vaccination status records for all Town employees covered by this program. This non-confidential record shall include:

5.22.1.1 The name and employee number for each employee;

5.22.1.2 A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.

5.22.2 Human Resources shall be responsible for establishing and maintaining accurate and confidential records for all Town employees covered by this program. This confidential record shall include:

5.22.2.1 A copy of the "Report of Significant Work Exposure to Bodily Fluids or Other Potentially Infectious Material" (Appendix H);

5.22.2.2 A schedule of all examinations, medical testing, and follow-up procedures;

5.22.2.3 The Town of Marana's copy of the healthcare professional's written opinion after an exposure incident;

5.22.2.4 A copy of the information provided to the healthcare professional after an exposure incident;

5.22.2.5 A copy of the annual Hepatitis B titer test results.

5.22.3 All confidential medical records and non-confidential employee exposure reports and vaccination status shall be kept for at least the duration of employment plus 30 years. The Town of Marana shall ensure that these medical records are maintained as confidential. Medical records shall not be disclosed or reported without the employee's written consent.

5.22.4 Medical records shall be made available for examination and copying by the subject employee, anyone having written consent of the subject employee, and to OSHA.

5.22.5 Department shall maintain the non-confidential employee "Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material" for at least one year.

6.0 RESPONSIBILITIES

6.1 The Safety Coordinator has overall responsibility for the Town's safety programs. The Safety Coordinator shall consult with the Town Manager regarding appropriate changes and amendments to this administrative directive.

- 6.2 The Human Resources Safety Office shall be responsible for the following:
 - 6.2.1 Annual review of this Program;
 - 6.2.2 Coordinate and provide training for employees identified as being covered by this Program;
 - 6.2.3 Periodically audit Departmental compliance with this Program;
 - 6.2.4 Recordkeeping on employee vaccinations and training.
- 6.3 Department Heads, managers and supervisors are responsible for ensuring that the requirements of this directive are fully implemented in their work areas.
- 6.4 The Department Head of each Department where employees may be exposed to Blood-borne pathogens (BBP) shall be responsible for the following:
 - 6.4.1 Assigning an individual responsible for implementation of the BBP Program in their Department. This individual shall be afforded adequate time to implement the requirements of this Program (e.g., training, equipment, supplies, and vaccinations, etc.);
 - 6.4.2 Enforcement of compliance with this Program, which includes appropriate disciplinary action for any Town employee failing to follow policies and procedures outlined in this Program;
 - 6.4.3 Identification of employee job classifications that have potential exposure to Hepatitis, with awareness of changing work conditions which may expose workers to Hepatitis;
 - 6.4.4 Insuring that all employees who have been identified as having exposure or potential exposure to Hepatitis B have received training in Blood-borne pathogens, had the opportunity to obtain the Hepatitis vaccination(s) or have signed the vaccination declination form.
- 6.5 Each Department or Division will designate an individual to be responsible for the general coordination of the BBP Program. The designated BBP Coordinator in each Department shall be responsible for the following:
 - 6.5.1 Coordinate all aspects of this Program;
 - 6.5.2 Attendance at or completion of annual Blood-borne pathogen training class;
 - 6.5.3 Participation with the Human Resources Safety Office in annual evaluation of this Program;
 - 6.5.4 Coordination with the Human Resources Safety Office in new employee and annual training for employees that are covered by this Program;
 - 6.5.5 Performance and documentation of periodic audits of their Department/Division;
 - 6.5.6 Maintenance of copies of Report of Significant Exposure to Bodily Fluids or Other Infectious Material for a period of at least one year;
 - 6.5.7 Forwarding all required documentation (Appendix H: Report of Significant Exposure to Bodily Fluids or Other Infectious Material) to Human Resources within 72 hours of incident;

- 6.5.8 Maintenance of a current copy of the Blood-borne Pathogen Exposure Control Plan.
- 6.6 Lead personnel, such as Supervisors, involved in work where employees may have exposure to BBP shall be responsible for:
 - 6.6.1 The implementation of this Program including enforcement of employee compliance;
 - 6.6.2 Attendance at or completion of Blood-borne Pathogen training class, on an annual basis;
 - 6.6.3 Providing time for employees to obtain BBP training, vaccinations, titer testing, and medical follow-up;
 - 6.6.4 Understanding and implementing the procedures to follow in the event of an exposure incident.
- 6.7 Employees are responsible for attending all mandatory training classes, and understanding the policies and procedures outlined in this directive, as well as all Town health and safety procedures.
- 6.8 All employees who have been identified by their department/division as having exposure to BBP or potential infectious material in the regular course of employment shall complete Blood-borne Pathogen training on an annual basis;
- 6.9 Employees with exposure or potential exposure to Blood-borne pathogens shall be responsible for following the policies and procedures outlined in this Program;
- 6.10 Employees are responsible for reporting any exposure or potential exposure or changing working conditions which may promote exposure to BBP or OPIM;
- 6.11 Employees shall report for the scheduled vaccination and/or titer appointments on time and report back to their supervisors upon completion.
- 6.12 The Safety Coordinator and the Safety Committee are authorized to halt any operation of the Town where there is danger of serious personal injury.

7.0 ATTACHMENTS

- 7.1 Appendix A - Hepatitis B Vaccination Form
- 7.2 Appendix B - Report of Significant Work Exposure to Bodily Fluids or Other Infectious Material



Hepatitis B Vaccination Declination/Authorization Form

- I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with 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.
- I decline due to previous vaccination for Hepatitis B
- I have received Authorization to receive the Hepatitis B vaccination

Employee Name
(please print): _____

Employee Signature

Date

HR/Department Representative

Date

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS OR OTHER INFECTIOUS MATERIAL

(This form is not a claim form, but a report of exposure. Forms to report a claim to the Industrial Commission are available at: www.azica.gov.)

1. Exposed Employee Last Name First ML Birth Date Job Title
2. Address Phone No.
3. Employer's Full Name
4. Employer's Address
5. Date of Exposure Time of Exposure
6. Address or Location of Exposure
7. Describe the circumstances surrounding the exposure, including (if applicable) personal protective equipment worn and the names of any witnesses to the exposure (be specific)

8. What were you exposed to? (Directly or indirectly via bandages, personal items, etc.) Check all that apply.
- Blood Vaginal fluid Broken skin Urine Any other fluid(s) containing blood or infectious material (Describe)
- Semen Surgical fluid(s) Mucous membrane Feces Airborne/Respiratory/Oral Secretions Other (specify):
- Saliva Vomitus Skin infection (e.g. abscesses, boils, or pus-filled/red/swollen/painful skin lesions)

9. Source person(s) information Unknown Known
- Name DOB Phone No.
- Address City State Zip

10. What part(s) of your body was exposed to bodily fluids/infectious material? Did exposure take place through your skin or mucous membrane (be specific)?
11. Did you have any open cuts, sores, rashes, or other breaks/ruptures in your skin or mucous membrane that were exposed to bodily fluids/infectious material (please describe)?

I HAVE GIVEN THIS FORM TO MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE _____ DATE _____

Other Required Steps to Establish Prima Facie Claim for HIV, AIDS or Hepatitis C (A.R.S. §§ 23-1043.02, -03; A.A.C. R20-5-164)

1. You must file this report with your employer no later than ten (10) days after your exposure.
2. You must have blood drawn no later than ten (10) calendar days after exposure.
3. You must have blood tested for HIV or Hepatitis C by Antibody Testing no later than thirty (30) calendar days after exposure and test results must be negative.
4. You must be tested or diagnosed as HIV positive no later than eighteen (18) months after the exposure, or tested and diagnosed as positive for the presence of Hepatitis C within seven (7) months after the exposure.
5. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis or positive blood test if you wish to receive benefits under the workers' compensation system.

Other Required Steps to Establish Prima Facie Claim for MRSA (A.R.S. § 23-1043.04; A.A.C. R20-5-164)

1. You must file this report with your employer no later than thirty (30) days after your exposure.
2. For a claim involving MRSA, you must be diagnosed with MRSA within fifteen (15) days after you report in writing to your employer the details of the exposure.
3. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis if you wish to receive benefits under the workers' compensation system.

Other Required Steps to Establish Prima Facie Claim for Spinal Meningitis or TB (A.R.S. § 23-1043.04; A.A.C. R20-5-164)

1. You must file this report with your employer no later than ten (10) days after your exposure.
2. For a claim involving spinal meningitis, you must be diagnosed within two (2) to eighteen (18) days of the possible significant exposure and for a claim involving tuberculosis, you must be diagnosed within twelve (12) weeks of the possible significant exposure.
3. You must file a workers' compensation claim with the Industrial Commission of Arizona no later than one (1) year from the date of diagnosis if you wish to receive benefits under the workers' compensation system.

Employer: Keep Original (Notify Carrier) Employee: Keep Copy
THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA

REVISION HISTORY

| <i>REV</i> | <i>DESCRIPTION OF CHANGE</i> | <i>DATE</i> |
|----------------|------------------------------|-------------|
| OR | Original Release | 09/01/14 |
| Updated | Updated Safety Directive | 11/30/17 |

Caution: A copy of this Administrative Directive is an uncontrolled document. It is your responsibility to ensure you are using the current version. The electronic version is the only acceptable and controlled Administrative Directive.