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BLOODBORNE PATHOGENS

Last Update: 06/07/2022

PURPOSE

This document serves as the written procedures Bloodborne Pathogens Exposure Control Plan (ECP) for *the City of Geneseo*. These guidelines provide policy and safe practices to prevent the spread of disease resulting from handling blood or other potentially infectious materials (OPIM) during the course of work. The hazard of exposure can be eliminated or minimized by the use of a combination of engineering and work practice controls, personal protective equipment and clothing, training, medical surveillance, Hepatitis B vaccination, signs and labels, housekeeping and other provisions. This ECP provides for all of these.

This ECP has been developed in accordance with the Illinois OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030. The purpose of this ECP includes:

- Eliminating or minimizing occupational exposure of employees to blood or certain other body fluids.
- Complying with Illinois OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.
- Inform employees of the dangers of Bloodborne pathogens.

SCOPE

This ECP addresses the requirements and safe practices to ensure the safety of employees who are exposed or have the potential to be exposed to blood or other potentially infectious materials during the course of work. Illinois OSHA defines occupational exposure as “reasonably anticipated skin, eye, mucous membrane, or parenteral (under the skin) contact with blood or OPIM that may result from the performance of an employee’s duties.” The standards do not cover “good Samaritan” assistance provided in an emergency. However, if an employee is exposed while providing such assistance in the workplace, we offer post-exposure evaluation and follow up as described herein.

In addition, while all contractors and subcontractors who perform services are responsible for having and implementing their own ECPs, they must meet any ECP requirements as described in this Plan.

POLICY STATEMENT

The City of Geneseo will provide safe work environments for employees who are or may be occupationally exposed to human blood and other potentially infectious materials (OPIM) in accordance with Illinois OSHA Standard 29 CFR 1910.1030.

LEADERSHIP COMMITMENT

Municipal leaders commit to:

- Visiting job sites when possible to observe safety issues when possible and to ask for demonstrations of safety activities
- Holding supervisors accountable for loss prevention and safety
- Ensuring adequate resources and equipment are available and used
- Requiring documentation and recordkeeping in compliance with the ECP
- Recognizing employees for using safe work practices

PLAN ADMINISTRATION

The HR Director has been appointed to function as the Administrator of this ECP. The Administrator will ensure that this ECP is developed, implemented, and evaluated annually as to compliance with the 29 CFR 1910.1030 standard or changes in municipal operations or equipment that may affect the ECP, and to ensure that all affected employees are trained annually in the potential exposure hazards within their workplace and job functions.

AVAILABILITY

A copy of this ECP is located in the Plan Administrator's office and at each municipal location.

EMPLOYEE INPUT

If after reading this program, any affected employee finds that improvements can be made, please contact your supervisor. We encourage all suggestions because we are committed to the success of our written ECP. We strive for clear understanding, safe behavior, and involvement from every level of our municipal workforce.

REVIEW AND UPDATES

This ECP will be reviewed and updated annually and when necessary to reflect new/modified tasks or procedures that affect occupational exposure, and new/revised employee positions with occupational exposure.

ROLES AND RESPONSIBILITIES

Plan Administrator

- Ensures that this Plan is developed.
- Ensures that all supervisors and management personnel are aware of the Plan and its required procedures.
- Ensures that Bloodborne Pathogens training is provided to all employees with a need for training under the Plan.
- Enforces the Plan requirements.
- Periodically audits the Plan including how the Plan is being used throughout the workplaces and review and update the Plan at least annually.
- Monitors compliance with the Plan.
- Maintains all documentation and records as outlined in the Documentation and Recordkeeping section.

Department Heads

- Ensure that all supervisors and employees are provided with required Bloodborne Pathogens training on an annual basis and as required by this Plan.
- Ensure that all training activities are documented and that a copy of the training record is maintained in accordance with the Documentation and Recordkeeping Section of this Plan.
- Handle concerns of employees or supervisors.
- Monitor and enforce compliance with the Plan.
- Notify the Plan Administrator of any change(s)/modification(s) which affect work practices.

Supervisors

- Ensure that all subordinates are provided with Bloodborne Pathogens training on an annual basis and as required by this Plan.
- Document all training activities as required under the Documentation and Recordkeeping Section of this Plan.
- Handle concerns of employees.
- Monitor and enforce compliance with the Plan.
- Audit employees at least quarterly on how they follow established Bloodborne Pathogens procedures. Notify the Plan Administrator of any change(s)/modification(s) which affect work practices.

Affected Employees

- Comply with this Plan and required procedures.
- Know where to obtain information about Bloodborne Pathogens.
- Provide input regarding the use of effective engineering and work practice controls to prevent exposures.

DEFINITIONS

Blood. Means human blood, products made from it, and human blood components.

Bloodborne Pathogens. Includes any pathogenic microorganism that is present in human blood and can infect and cause disease in persons who are exposed to blood containing the pathogen. e HBV and HIV are specifically identified in the IDOL standard.

Engineering Controls. Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Control Plan. Detailed plan to identify potential exposures to bloodborne pathogens and control those exposures through such measures as vaccinations, engineering and work practice controls, housekeeping, training, and personal protective equipment.

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

Handwashing Facilities. means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV. Hepatitis B virus.

HCV. Hepatitis C virus.

HIV. 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.

OPIM (Other Potentially Infectious Materials). Include the following human body fluids: semen, vaginal secretions, cerebrospinal 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; Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and HIV-containing cell or tissue cultures, organ cultures, and HIV- or HCV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV or HCV.

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

Personal Protective Equipment. Specialized clothing or equipment worn by an employee for protection against a hazard, including uniforms if decontamination procedures are followed. General work clothes (e.g., uniforms, pants, shirts or blouses) are not intended to function as protection against a hazard are not considered to be personal protective equipment unless these are properly decontaminated.

Universal precaution. Rule that all human blood and all human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

Work Practice Controls. 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).

EXPOSURE DETERMINATION

We have determined which jobs, tasks and procedures may incur occupational exposure to blood or OPIM. We have made these exposure determinations without regard to the use of personal protective equipment (i.e., employees are considered to be exposed even if they wear personal protective equipment). In making our determinations, we have followed Illinois OSHA standards and guidance. We will continue to review our exposure determinations and make additions and deletions from the below if needed.

Job classes & tasks where employees have a risk of potential exposure				
Location	Job Class		Job Task	Control Method
Water & Waste Water	Chief Operators Operators		Operating Plant Equipment Maintenance and Emergency Repair of Sewer Related Infrastructure	Use of PPE: • Goggles, Face Shields, Gloves
Police	Police Chief Deputy Chief Police Sergeants Police Officers		Arrest Transport Detention Crime Scene Technical	Engineering: • Splashguards in cruisers Use of PPE: • Gloves, safety glasses, goggles
Public Works - Parks Custodial	Custodial staff Parks Laborers & Seasonal Staff		Cleaning restrooms Cleaning facilities Cleaning facilities Handling garbage Handling waste	Use of PPE: • Gloves (vinyl or utility) • Face shield, safety glasses, goggles • If area is grossly contaminated, use of disposable gown and booties worn over shoes

HEPATITIS B VACCINATION

We offer the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure to bloodborne pathogens, and post-exposure evaluation and follow-up to employees who have had an exposure incident [See Appendix – [Attachment B—Sample Hepatitis B Vaccination Consent](#)].

All medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow up, including prophylaxis are:

- Made available at no cost to the employee.
- Made available to the employee at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.
- Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests are conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination is made available:

- After employees have been trained in occupational exposure (see Information and Training).
- Within 10 working days of initial assignment or within 10 working days of transfer or reclassification to a job that has the exposure to bloodborne pathogens.

The above is true unless an employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination. If the employee initially declines Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination will be made available. All employees who decline the Hepatitis B vaccination offered must sign the Illinois Department of Labor-required waiver indicating their refusal [See Appendix – Attachment C—Sample Hepatitis B Vaccination Declination Statement].

POST-EXPOSURE ACTION AND NOTIFICATION

All exposure incidents are reported, investigated, and documented.

Should an exposure incident occur, wash hands and any other skin with soap and water or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM. If soap and water aren't available, an antiseptic towelette should be used, with soap and water used as soon as possible.

Report the incident immediately to *your supervisor* for determination of the severity of exposure and for initial investigation of the incident. An Exposure Incident Report [See Appendix—Attachment E—Sample Bloodborne Pathogens Exposure Incident Report] should be attached to the Employee Accident Report Form. Investigation must document:

- The route(s) and circumstances of exposure.
- Identification and documentation of the source individual, unless that identification is not feasible.
- Procedural changes identified which would prevent reoccurrence of any conditions that increased the risk of exposure.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

When an employee is occupationally exposed, he or she will receive a confidential medical evaluation and follow-up, including at least the following elements:

- Documentation of the route(s) of exposure, and the circumstances under which the exposure occurred.
- Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law. State or local laws affecting the investigation or documentation of exposure incidents are: none.
- **HR will** contact the exposure source and request that person be tested at our expense. The request is not mandatory and if the exposure source is another employee who refuses, the refusal will not affect

that employee's future employment. [See Appendix – Attachment F—Sample Source Individual Medical Release/Refusal Form]

- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV, and HIV infectivity. If consent is not obtained, **HR will document** that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented.
- When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be performed.
- Results of the source individual's testing are made available to the exposed employee, and the employee is informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV, HCV and HIV serological status will comply with the following:

- The exposed employee's blood is collected as soon as possible and tested after consent is obtained.
- If the employee does not give consent for HIV serologic testing, we will preserve the baseline blood sample for at least 90 days. If the exposed employee elects to have the baseline sample tested during this 90-day period, we will perform testing as soon as feasible.
- Post-exposure HBV vaccination will be offered to the affected employee.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up according to the Illinois Department of Labor standard. All post exposure follow-up will be performed by authorized physician. [See Appendix – Attachment G—Sample Form Letter to Health Care Provider]

After an exposure, the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- A copy of 29 CFR 1910.1030.
- A written description of the exposed employee's job duties as they relate to the exposure incident.
- Written documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing, if available.
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

We will obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

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

The healthcare professional's written opinion for post-exposure follow-up is limited to the following information:

- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and will not be included in the written report.

The Ryan White Act (a notification process for emergency responders who may have had an exposure incident with a victim of an emergency) will be followed for all emergency responders: EMS, Fire, and Police personnel who assisted during the emergency and may have had an exposure.

ENGINEERING AND WORK PRACTICE CONTROLS

COMPLIANCE STRATEGIES

“Universal precaution” techniques developed by the Centers for Disease Control and Prevention (CDC) will be observed to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, employees are required to wear personal protective equipment (PPE).

Engineering Controls include proper storage facilities and containers, syringes designed to prevent accidental needle sticks, autoclaves and disinfectant equipment. Engineering controls that we have put into place will be examined and maintained or replaced on a regular basis to ensure their effectiveness.

Administrative Controls include universal precautions, assignment of PPE, employee training, use of spill kits specifically designed for blood and body fluids, restricted access to waste collection points and waste disposal procedures.

- Procedures shall be in place for the cleaning and decontamination of the inside of police cruisers.
- Removing soiled PPE as soon as possible.
- Cleaning and disinfecting all equipment and work surfaces potentially contaminated with blood or OPIM.
- Thorough hand washing with soap and water immediately after providing care or provision of antiseptic towelettes or hand cleanser where hand washing facilities are not available.
- Prohibition of eating, drinking, smoking, applying cosmetics, handling contact lenses, and so on in work areas where exposure to infectious materials may occur.
- Use of leak-proof, labeled containers for contaminated disposable waste or laundry.
- All hand tools are required to have the proper guards in place to help eliminate accidents and injuries.

HAND WASHING FACILITIES

Hand washing facilities are available to employees who have exposure to blood or OPIM. Sinks for washing hands after occupational exposure are near locations where exposure to Bloodborne pathogens could occur.

Hand washing facility locations will vary in workplaces and on job sites.

When circumstances require hand washing and facilities are not available (e.g. if exposure occurs in the field), either an appropriate antiseptic cleanser and clean cloth/paper towels or antiseptic towelettes are provided. Employees must then wash their hands with soap and water as soon as possible.

Supervisors make sure that employees wash their hands and any other contaminated skin after immediately removing personal protective gloves, or as soon as feasible with soap and water. Supervisors also ensure that if employees' skin or mucous membranes become contaminated with blood or OPIM, then those areas are washed or flushed with water as soon as feasible following contact.

WORK AREA RESTRICTIONS

In work areas where there is a reasonable likelihood of exposure to blood or OPIM, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present.

HANDLING REGULATED WASTES

Contaminated needles and sharps shall not be bent, recapped, broken, or removed. When handling regulated wastes, including contaminated needles and sharps, we make sure regulated wastes are

- Placed in containers which are:
 - Closeable, constructed to contain all contents, puncture-resistant, and able to prevent fluid leaks during handling, storage, transportation, or shipping.
 - Labeled or color coded in accordance with the requirements of the Illinois Department of Labor standard (See Section below on Communication of Hazards to Employees).
 - Easily accessible to personnel and located close to the area where sharps are used.
 - Maintained upright throughout use.
 - Replaced routinely and not allowed to be overfilled.
 - Closed prior to transport for disposal.
- Note: Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.
- Disposed of in accordance with applicable United States, state and local regulations.

All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.

PERSONAL PROTECTIVE EQUIPMENT (PPE) SELECTION

When there is an occupational exposure, we will provide appropriate personal protective equipment (PPE) (e.g. gloves, gowns, laboratory coats, face shields, masks, eye protection, head and foot coverings, mouthpieces, resuscitation bags, pocket masks, or other ventilation devices) without cost to employees. PPE is chosen based on the anticipated exposure to blood or OPIM. The protective equipment is considered “appropriate” only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

We make sure that appropriate PPE are:

- Available in all sizes.
- Readily accessible at the worksite or is issued without cost to employees to carry with them.
- Laundered at no cost to the employee.
- Repaired or replaced at no cost to the employee.
- Removed and replaced immediately or as soon as feasible if penetrated by blood or OPIM.
- Removed prior to leaving the work area.
- Placed in an appropriate container for disposal, storage, washing, or decontamination when removed.
- Any employee who has not been advised by his/her supervisor that any such item of PPE is prescribed under this Plan, but who desires to wear it while at work, may obtain the desired PPE by

requesting it from his/her immediate supervisor.

SPECIFIC PPE

Gloves

Employees must wear gloves when they anticipate hand contact with blood or OPIM, non-intact skin, and mucous membranes, when the employee has cuts, abraded skin, chapped hands, dermatitis, etc., and when handling or touching contaminated items or surfaces.

- Disposable gloves used are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- Utility gloves:
 - May be decontaminated for re-use provided that the integrity of the glove is not compromised.
 - Will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

Masks

Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn when splashes, spray, spatter, aerosolization or droplets of blood or other potentially infectious materials may be generated and mucosal membranes (eye, nose, or mouth) contamination can be reasonably anticipated.

Protective clothing

Protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations or when splashes of blood or OPIM on skin or clothing is possible. The type and characteristics will depend upon the task and degree of exposure anticipated.

Shoe covers

Shoe covers or boots shall be worn in instances when gross contamination can be reasonably anticipated.

Resuscitation equipment

Resuscitation equipment, pocket masks, resuscitation bags, or other ventilation equipment must be provided and used to eliminate the need for direct mouth to mouth contact.

HOUSEKEEPING

Work areas must be maintained in a clean and sanitary condition. This includes:

- Immediately decontaminating all equipment and surfaces with a disinfectant after overt contamination with blood or OPIM. A bleach solution (1/4 cup of bleach per gallon of water) or other acceptable disinfectant is used for work surfaces and equipment that have been contaminated with blood. A general purpose disinfectant is used for other surfaces. Gloves are worn during all cleaning procedures.
- Inspection and decontamination of all bins, pails, cans, and mops that are intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM.

- Contaminated broken glass will be picked up with tongs, forceps, dust pan and spatula or other equipment. A brush should not be used to avoid splashing or generation of aerosols.
- Contaminated sharps (including needles, lancets, and broken glass) shall be disposed of in sharps containers or other non-pervious containers.
- Only trained personnel are authorized to clean-up potentially infectious materials.

LAUNDRY

Contaminated laundry will be:

- Handled as little as possible with a minimum of agitation.
- Bagged or containerized at the location where it was used.
- Not be sorted or rinsed in the location of use. Bags shall be color-coded and labeled.
- Never take home to wash.
- Washed only by commercial laundries that have established guidelines in place for cleaning of contaminated laundry.

COMMUNICATION OF HAZARDS TO EMPLOYEES

All infectious waste containers will be labeled or color coded in accordance with the requirements of the Illinois Department of Labor standard:

- Labeled with the words “bio-hazard” and the universal biohazard symbol.
- Labels will be fluorescent orange or orange-red with lettering and symbols in a contrasting color.
- Labels affixed to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
- Red bags or containers may be substituted for labels.

TRAINING

We ensure that bloodborne pathogens trainers are knowledgeable in the required subject matter as it relates to the workplace that the training will address.

We make sure that employees covered by the bloodborne pathogens standard are trained:

- At the time of initial assignment to tasks where occupational exposure may occur.
- At least annually thereafter within one year of the previous training.
- When changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee’s occupational exposure.

All supervisors with occupationally exposed staff must also attend training.

We train employees using the following method(s): ***Annual Online Refresher Training***

Training material used is appropriate in to the education level, literacy and language of the employee, and offered during the normal work shift. The training will be interactive and cover the following:

- An accessible copy of the standard and an explanation of its contents.
- A general explanation of bloodborne diseases.
- The modes of transmission of bloodborne pathogens.

- Our Bloodborne Pathogen ECP, and a method for obtaining a copy.
- The recognition of tasks and other activities that may involve exposure to blood and OPIM.
- The use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).
- The types, use, location, removal, handling, decontamination, and disposal of PPEs.
- The basis of selection of PPEs.
- The Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- The appropriate actions to take and procedures to follow if an exposure incident occurs, including the method of reporting and post-exposure evaluation and medical follow-up.
- The signs, labels, and color coding systems.
- An opportunity for interactive questions and answers with the person conducting the training session.

Additional training is provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure. Employees who have received training on bloodborne pathogens in the 12 months preceding the effective date of this plan will only receive training in provisions of the plan that were not covered.

All Employees not affected by this Program will receive an overview of the program requirements during scheduled department Safety Meetings with documentation by Safety Meeting Minutes Form.

DOCUMENTATION AND RECORDKEEPING

Plan Administrator is responsible for maintaining any documents or records related to this ECP.

Annual documentation will show that we have:

- Considered and implemented an annual evaluation of commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure (for emergency responders who use needleless devices)
- Solicited input from non-managerial employees who are responsible for direct patient care on the identification, evaluation, and selection of effective engineering and work practice controls.

Training records shall be maintained for three years from the date of training. The following information shall be documented:

- The dates of the training sessions
- An outline describing the material presented
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Occupationally contracted HBV or HIV will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses as an illness (for employers who are required to maintain such logs). Exposures to blood-borne pathogens from contact with sharps will be recorded on the OSHA 300 Log of Occupational Injuries and Illnesses if treatment such as gamma globulin, hepatitis B immune globulin or hepatitis B vaccine is prescribed by a Physician.

Medical records shall be maintained in accordance with Illinois OSHA standard 29 CFR 1910.1020. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name and social security number of the employee.
- A copy of the employee's HBV vaccination status, including the dates of all Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination. [See Appendix – Attachment D—Sample Hepatitis B Vaccination Record]
- A copy of all results of examinations, medical testing, and follow-up procedures.
- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
- The employer's copy of the healthcare professional's written opinion.

SHARPS INJURY LOG

We will establish and maintain a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. The information in the Sharps Injury Log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. [See Appendix – Attachment H—Sample Sharps Injury Log]

The Sharps Injury Log shall contain, at a minimum:

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

The Sharps Injury Log shall be maintained for five years following the end of the calendar year that these records cover.

CONFIDENTIALITY OF RECORDS

We shall ensure that employee medical records are:

- Kept confidential.
- Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by the standard or as may be required by law.

AVAILABILITY OF EMPLOYEE RECORDS

All employee training records shall be provided upon request for examination and copying to employees, to employee representatives, to the state and federal agencies.

Employee medical records shall be made available upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to state and federal agencies.

TRANSFER OF RECORDS

If this municipality is dissolved or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH shall be contacted for final disposition.

CONTRACTORS

All contractors and subcontractors must have their own Exposure Control Plan (ECP) for Bloodborne Pathogens that are in compliance with federal and any applicable state and local regulations. They must also comply with the requirements of this Plan and any additional requirements stipulated by the plan administrator.

ENFORCEMENT OF SAFETY PROCEDURES

All employees, including all levels of management, will be held accountable for obeying the worksite safety and health rules, including the requirements outlined in this Plan. Because failure to comply with policies and procedures regarding health and safety can result in employee injuries as well as Illinois OSHA citations and fines, an employee who does not comply with this program will be disciplined for noncompliance.

APPENDIX

Attachment B—Sample Hepatitis B Vaccine Consent Form
Attachment C—Sample Hepatitis B Vaccine Declination Form
Attachment D—Sample Hepatitis B Vaccination Record
Attachment E—Sample Exposure Incident Report Form
Attachment F—Sample Source Individual Consent Form
Attachment G—Sample Form Letter to Healthcare Provider

ATTACHMENT B—SAMPLE HEPATITIS B VACCINATION CONSENT

Employee Name: _____

Social Security: _____

Job Title: _____

Consent

I have chosen to receive the Hepatitis B vaccination due to my possible occupational exposure to blood or other potentially infectious materials that may place me at risk for Hepatitis B Virus (HBV) infection.

I have no known sensitivity to yeast or any other preservatives, am not pregnant, have not had a previous Hepatitis B infection, or am currently receiving immunosuppressive therapy.

I have been given written informational materials explaining the benefits and risks involved in receiving the Hepatitis B vaccination.

Employee Signature: _____

Date: _____

ATTACHMENT C—SAMPLE HEPATITIS B VACCINE DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B (HBV) infection. I have been given the opportunity to be vaccinated with 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. 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.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses will be made available.

Employee Signature: _____ Date: _____

Employee Job Title: _____

Witness Signature: _____ Date: _____

Witness Job Title: _____

ATTACHMENT D—SAMPLE HEPATITIS B VACCINATION RECORD

Employee
Name: _____

Social Security
#: _____

Hepatitis B Vaccinations:

	Dose #1	Dose #2	Dose #3
Date:			
Signature:			
Lot Number:			

Documentation of Previous Vaccination:
Copy Attached _____ Date Done: _____

Results of Antibody Testing: Copy Attached _____ Date Done: _____

Documentation of Medical Contraindication:
Copy Attached _____ Date Done: _____

Consent form for HBV Immunization Signed:
Copy Attached _____ Date Done: _____

ATTACHMENT E—SAMPLE BLOODBORNE PATHOGENS EXPOSURE INCIDENT REPORT

BLOODBORNE PATHOGENS - EXPOSURE INCIDENT REPORT	
<p>Date: _____ Time: _____ _____</p> <p>Location: _____</p> <p>Exposed Employee: _____</p> <p>Witnesses: _____ _____</p>	<p>What was employee doing at the time of exposure (e.g. first aid, cleaning, waste hauling, arresting subject, etc.)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>What was the route of exposure (check all that apply):</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Non-Intact Skin <input type="checkbox"/> Mucuous membrane <input type="checkbox"/> Parenteral (under the skin, e.g. needle stick bites) </p>	<p>Did employee receive immediate first aid or medical care?</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, where:</p> <p>_____</p>
<p>Source individual identified? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If source individual can't be identified, describe why:</p> <p>_____</p> <p>_____</p> <p>Who contacted source individual to discuss testing?</p> <p>_____</p>	<p>Did employee receive post-exposure medical evaluation?</p> <p style="padding-left: 40px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, where:</p> <p>_____</p>
<p>Describe the specific circumstances of the exposure incident. What was the employee doing?</p> <p>_____</p> <p>_____</p>	
<p>Describe any procedures intended to prevent exposure which were not being followed.</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p>What steps could be taken to prevent a similar exposure from occurring in the future?</p> <p>_____</p> <p>_____</p>	

Signature of Investigator: _____ Date:

Signature of Department Head: _____ Date:

ATTACHMENT F—SAMPLE SOURCE INDIVIDUAL MEDICAL RELEASE/REFUSAL FORM

Source Individual Name: _____

Address: _____

You have been involved in an incident that has exposed the following employees to your blood or body fluids:

Permission for Source Individual's Medical Release:

I hereby grant permission to have my blood drawn and tested to determine if I am a carrier of a bloodborne disease. I also grant permission to have the test results released to the individuals listed above, and to the health care providers performing the follow-up evaluations.

Source Individual's Signature: _____ Date: _____

Refusal for Source Individual's Medical Release:

I have had the exposure evaluation process explained to me and I hereby refuse to consent to blood testing to determine my infectious status with regard to bloodborne pathogens, including but not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), or Human Immunodeficiency Virus (HIV). I understand that by refusing to do so, those individuals who were exposed to my blood or body fluids will have limited information to determine their potential for contracting these diseases.

Source Individual's Signature: _____ Date: _____

ATTACHMENT G—SAMPLE FORM LETTER TO HEALTH CARE PROVIDER

Dear Health Care Provider:

Based upon the attached Exposure Incident Report, the following employee sustained an occupational exposure to bloodborne pathogens. Under the Illinois Department of Labor Bloodborne Pathogen Standard 29 CFR 1910.1030, we are obligated to request a medical evaluation and follow-up for this employee.

You are being provided with the following information:

- A copy of the OSHA Standard.
- A copy of the Exposure Incident Report.
- Information on the source individual.
- A copy of the exposed employee's medical records relevant to this exposure and his/ her HBV vaccine status.

Please verify within 15 days, that the exposed employee has been informed of the following:

- The results of the evaluation.
- Any medical condition resulting from exposure.
- Any further evaluation or treatment needed.

Please send the verification letter to my attention. If you have any questions, please contact me.

Sincerely,

Name

Title

