TOWN OF NORTH YARMOUTH

Bloodborne Pathogen Exposure Control Plan

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ATTACHMENTS

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

I - INTRODUCTION

Statement of Purpose:

The State of Maine Department of Labor and the Federal Occupational Safety and Health Administration both mandate the training, vaccination, and equipping of any employees at risk of exposure to bloodborne pathogens.

The Town of North Yarmouth recognizes the potential of exposure to communicable disease, in particular to bloodborne pathogens, to certain members of the Town's personnel. In order to minimize the risk of exposure, the Town has implemented an infectious disease control program.

This program includes:

1. Initial training and continuing education in infection control practices;
2. Standard Operating Procedures;
3. A vaccination program for all employees covered under this plan;
4. Provision and use of Personal Protective Equipment (PPE);
5. A procedure for reporting and managing exposures;
6. A procedure for tracking exposures and ensuring confidentiality

Exposure to communicable disease shall be considered an occupational health hazard and any communicable disease contracted as the result of a documented workplace exposure shall be considered an occupational exposure.

The purpose of this Exposure Control Plan is to provide and maintain a safe working environment for all employees by eliminating and/or minimizing occupational exposure to Bloodborne pathogens, including, but not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV). It is the responsibility of the Town of North Yarmouth as employer to provide and maintain appropriate engineering controls and personal protective equipment, and to develop and promote safe work practices. It is also expected that employees will practice and follow the guidelines and procedures set forth by this plan.

Scope:

This plan covers all employees who could be "reasonably anticipated", as a result of the performance of their job duties, to come into contact with blood or other potentially infectious materials. "Good Samaritan" acts, such as assisting a co-worker with a nosebleed, would not be considered an occupational exposure.

Definitions:

AMNIOTIC FLUID: a colorless liquid that surrounds and protects a baby inside the amniotic sac within the uterus.

BLOOD: Human blood, human blood components, and products made from human blood.

BLOODBORNE PATHOGENS: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to: Hepatitis B virus (HBV) and Human Immunodeficiency virus (HIV).

CEREBROSPINAL FLUID: The watery fluid that fills the spaces in and around the brain and spinal cord. Also called CSF.

CONTAMINATED: The presence, or the reasonably anticipated presence, of blood or other potentially infectious materials or may contain sharps.

CONTAMINATED LAUNDRY: Laundry which has been soiled with blood or other potentially infectious materials on an item or surface.

CONTAMINATED SHARPS: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends or dental wires.

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

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

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

HANDWASHING FACILITIES: Facility providing an adequate supply of running potable water, soap, and single-use towels or a hot air drying machine.

LICENSED HEALTHCARE PROFESSIONAL: Person whose legally permitted scope of practice allows him or her to perform the activities required for Hepatitis B vaccination and post-exposure follow-up

HBV: Hepatitis B virus.

HIV: Human Immunodeficiency virus, or the virus that causes AIDS.

OCCUPATIONAL EXPOSURE: Reasonable anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM):

- blood/blood product or components
- semen
- vaginal secretions
- synovial fluid
- any body fluid visibly contaminated with blood
- peritoneal fluid
- amniotic fluid
- saliva
- cerebrospinal fluid
- pleural fluid

- pericardial fluid

AND all body fluids in situations where it may be difficult or impossible to differentiate between body fluids.

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

PERICARDIAL: Referring to the pericardium, the sac of fibrous tissue that surrounds the heart. The inner surface of the pericardium is lined by a layer of flat cells (mesothelial cells). The pericardial sac normally contains a small amount of fluid which acts as a lubricant to allow normal heart movement within the chest.

PERITONEAL FLUID: Fluid from the *peritoneum*, which is the membrane that lines the abdominal cavity and covers most of the abdominal organs.

PERSONAL PROTECTIVE EQUIPMENT: Specialized equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment (PPE).

PLEURAL FLUID: The lubricating fluid between the linings surrounding the lungs. There are two layers of pleura; one covering the lung and the other covering the inner wall of the chest.

POST-EXPOSURE PROPHYLAXIS: A treatment administered following exposure to a harmful agent which attempts to block or reduce injury or infection. Prophylaxis means a defense or protection. Post-exposure prophylaxis (PEP) might be the treatment of an employee exposed by a needle stick to HIV with a drug such as AZT to protect them from being infected with HIV.

REGULATED WASTE: For the purpose of this standard, regulated waste is defined as liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state is compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; and contaminated sharps.

SHARPS: any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

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

STERILIZE: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

SYNOVIAL FLUID: The slippery fluid that lubricates joints and provides nutrients to the cartilage. Also known as the synovia.

WORK PRACTICE CONTROLS: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

Background:

The Center for Disease Control (CDC) has recognized the following Other Potentially Infectious Materials (OPIM) as linked to the potential transmission of HBV, HIV, and other bloodborne pathogens in the occupational setting:

- blood/blood product or components
- semen
- vaginal secretions
- synovial fluid
- any body fluid visibly contaminated with blood
- pericardial fluid
- peritoneal fluid
- amniotic fluid
- saliva
- cerebrospinal fluid
- pleural fluid

AND all body fluids in situations where it may be difficult or impossible to differentiate between body fluids.

These substances shall be collectively referred to as blood and "other potentially infectious material" (OPIM) for the remainder of this document.

II - EXPOSURE DETERMINATION

Purpose

In order to protect employees, those at risk must first be identified. An "Exposure Determination" is attached to this document as Attachment 1. It specifically lists positions with potential occupational exposure. This determination has been made for all job classes where some or all employees with that job description have potential occupational exposure without regard to personal protective equipment. **This exposure determination will be reviewed at least annually, or whenever job classifications or tasks with potential occupational exposure are added or changed.**

III - CONTROL METHODS

A. UNIVERSAL PRECAUTIONS

Universal Precautions (UP) is an approach to infection control. It is the practice of assuming all blood and "other potentially infectious material" (OPIM) is potentially infectious regardless of the source.

UP shall apply to all human blood, blood products, and OPIM as well as any body fluids, tissues or inanimate objects contaminated or potentially contaminated with same. UP shall apply to all employees who have been classified as having potential occupational exposure.

UP requires placing effective barriers between the employee and the blood or OPIM in order to interrupt the transmission of bloodborne pathogens through parenteral contact, or contact to the skin, eyes, or mucous membranes.

UP guidelines are outlined more fully in Attachment 2.

B. ENGINEERING CONTROLS

Engineering controls employ mechanical devices designed to remove or reduce exposure hazards. These include, but are not limited to, hand washing sinks, glove boxes, splash guards, eye wash stations, sharps containers, self-sheathing needles and needleless IV systems.

All engineering controls shall be examined and maintained on a regular schedule to ensure effectiveness and proper working order. Attachment 3 contains a list of engineering controls and their maintenance schedule.

When hand washing facilities are not available, and when emergencies arise and running water is not available, employees will be provided with an appropriate hand wash substitute, such as antiseptic foam cleaner, antiseptic bio-hand cleaner, or towelettes. As soon as hand-washing facilities are available, the employee must wash their hands.

C. WORK PRACTICE CONTROLS

All tasks will be performed in a manner that will reduce the risk of exposure. Personnel in areas where exposure hazards exist are expected to adhere to the following:

- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas when there is a reasonably anticipated occupational exposure.

- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or countertops where blood or OPIM are stored or present.

- If an employee of the Town of North Yarmouth encounters a needle or sharp, they are to notify the Fire Department immediately. Do not attempt to handle or remove the needle or sharp unless you are a full-time member of the Fire Department. **This applies to all Town of North Yarmouth employees with the exception of Police Department employees performing official department business.**

- All specimens shall be placed in leak-proof containers for handling, transport, storage, or shipping. If outside contamination of the primary container occurs or is likely, a second container shall be utilized. This second container shall likewise be leak-proof, puncture resistant and appropriately color-coded or labeled.

- Hands will be washed after removing gloves or as soon as possible.

- All personal protective equipment will be worn or used by employees as instructed by this document, as outlined during training, and as specified by policy, procedure, or protocol. Personal Protective Equipment shall be worn when the employee reasonably anticipates that parenteral, skin, clothing, or mucous membrane contact with blood or OPIM might occur.

- Sharps will immediately be placed in approved, puncture proof closable containers provided. These shall be appropriately labeled and color-coded. These containers will be placed in close proximity to areas where needles or sharps are likely to be used or found. They will be maintained in upright positions at all times. They will be closed prior to removal or replacement. See Attachment 2.

- All procedures shall be performed in such a manner as to minimize splashing and/or spraying of blood or OPIM.

D. PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE will be provided by the Town and, when used correctly by employees, will eliminate or minimize direct exposure to potentially infectious or contaminated material by providing an appropriate barrier.

PPE available in general includes: gloves, fluid resistant gowns, head and foot covering, face shield and masks, protective eye wear and masks, resuscitation bags or pocket masks, and fluid resistant sleeves or gauntlets.

Not all PPE is appropriate to all settings. The type and characteristics of specific protective clothing and equipment will be dependent upon the task being performed and the degree of exposure anticipated. Certain tasks will be outlined during training and in the UP guidelines that routinely require minimum items (i.e., gloves whenever blood is present). It is expected, however, that, with training, the employee will learn to recognize the potential for occupational exposure and wear appropriate PPE when indicated.

Repair or replacement will be accomplished when necessary to maintain effectiveness in not permitting blood or OPIM to pass through or reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

Laundering and cleaning of PPE will be the responsibility of the employer.

Single-use, disposable gloves shall be worn when it is reasonably anticipated that hand contact with blood or OPIM will occur.

Hypoallergenic gloves, glove liners, or non-powdered gloves will be provided when necessary.

Single-use, disposable gloves shall be disposed after each use and must never be washed or reused.

Reusable utility gloves shall be used for cleaning and decontamination and handling of contaminated laundry. These gloves must be periodically checked for cracks, tears, punctures, and other signs of wear and deterioration and discarded immediately if the glove integrity is compromised. They shall be appropriately washed and decontaminated after being contaminated.

Masks, in combination with appropriate eye protection devices such as goggles, glasses with side shields, or chin length face shields, shall be worn when splashes, spray, or spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contact can be reasonably anticipated.

All PPE shall be removed prior to leaving the work area and shall be placed in an appropriately designated area for storage, washing, or disposal.

In the event of contamination with blood or OPIM of the employee's street clothes or uniform, these shall be left at the work site. Cleaning of these shall be the responsibility of the Town, under the direction of the Department Infectious Disease Control Officer (see Attachment 7).

IV - HBV VACCINATION

Employees whose jobs may be reasonably anticipated to expose them to potential occupational hazard from bloodborne pathogens will be encouraged to receive the HBV vaccination series. This will be made available, AT NO CHARGE TO THE EMPLOYEE, within 10 working days of placement in the job classification with potential occupational exposure or as soon as the vaccine is available from supplier. The vaccination series will be completed in accordance with manufacturer's recommendations, provided that the vaccine is available from the supplier at

these times. If an employee chooses not to receive HBV vaccination, the employee must sign a letter of declination (see Attachment 4). No prescreening is required in order to be eligible for vaccination.

V - Post-exposure Evaluation and Follow-up

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. See Attachment 5 for an outline of steps to be taken in the event of an exposure, and Attachment 5-1 for "What to Expect".

Any employee exposed to potentially infectious material will immediately wash the exposed area with soap and water or saline eyewash if the eyes are involved.

Any employee having an occupational communicable disease exposure will immediately report the exposure to his or her supervisor. Needle stick injuries will be reported to the Department Infectious Disease Control Officer immediately (see Attachment 7).

The employee will fill out a *Personal Exposure Report* (See Attachment 5-2) before completion of shift for any of the following exposures:

- Needle stick injury
- Break in skin caused by a potentially contaminated object
- Splash of blood or OPIM onto eyes, mucous membranes, or non-intact skin
- Mouth-to-mouth resuscitation without pocket mask/one-way valve
- Other exposure that the employee may feel is significant

The report will include the details of the task being performed, the means of transmission, the portal of entry, and the type of PPE in use at the time. A Town of North Yarmouth employee must sign either a *Consent to Investigate Form* (see Attachment 5-4) or a *Waiver of Investigation Form* (see Attachment 5-5).

The supervisor will forward the *Personal Exposure Report* to the Department Infectious Disease Control Officer (see Attachment 7) for review and signature, along with a memo explaining the details of the incident.

The Department Infectious Disease Control Officer (see Attachment 7) will evaluate the report for exposure hazards. If a possible exposure occurred, medical evaluation by the nearest emergency medical facility or Occupational Health Associates shall be arranged by the Department Infectious Disease Control Officer (see Attachment 5-1 for "What to Expect").

The source patient will be traced to the receiving medical facility by the Department Infectious Disease Control Officer (see Attachment 7). The Department Infectious Disease Control Officer will notify the receiving facility that a communicable disease exposure took place, and request an infectious disease determination, as provided under the Ryan White Act of 1990. Request for consent to test the source patient for HIV and HBV will be made. The source patient has the right to refuse such testing under present regulations.

The nearest emergency medical facility, or Occupational Health Associates, will provide appropriate diagnostic workup and treatment of members with communicable disease exposures. Services will include long-term follow-up and employee/spousal or "significant

other" counseling. A *Post Exposure Evaluation and Follow-Up Checklist* (Attachment 5-3) will be completed by the emergency medical facility.

Under the Ryan White Act, medical treatment facilities will notify the Department Infectious Disease Control Officer (see Attachment 7) of any patient transported by members of the department with a diagnosis of any airborne or bloodborne transmissible disease as outlined in Subtitle B of the Ryan White Act. When so notified, the Department Infectious Disease Control Officer (see Attachment 7) will contact members involved and schedule medical evaluation with the employee's chosen health care provider.

Although not required by the Ryan White Act, medical treatment facilities will provide similar notification of diagnosis of bloodborne or other potentially communicable disease if a member provided care or transportation to the source patient, and if disease transmission could have taken place. This policy will be carried out through cooperative agreements between medical treatment facilities and this department. Patient confidentiality will be preserved in any notification procedure.

If it is determined that no exposure took place, the Department Infectious Disease Control Officer (see Attachment 7) and/or the emergency room attending physician will counsel the employee on exposure hazards. The employee and Department Infectious Disease Control Officer (see Attachment 7) will complete and sign the *Personal Exposure Report*, indicating disposition of medical management, and file the report in the employee's medical file, located in the office of the Assistant Town Manager.

The Department Infectious Disease Control Officer (see Attachment 7) will, within 15 days, obtain a copy of the healthcare professional's *Post Exposure Evaluation and Follow-Up Checklist*, and will provide the employee with a copy. This opinion will be limited to whether Hepatitis B vaccine was indicated and whether it was given, that the employee has been made aware of the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM which may require further treatment.

All other findings or diagnoses will remain confidential. The exposed employee will be offered serologic HIV/HBV testing in the manner recommended by the CDC. Testing will be performed at an accredited laboratory at no cost to the employee. If the employee initially declines serologic testing, he/she may elect to have the baseline studies drawn and saved for up to 90 days. At any point during this time period, he/she may elect to have the tests performed on the saved blood.

Employees will have the opportunity to receive post-exposure prophylaxis, (i.e., gamma globulin, Hep B immune globulin, AZT) when medically indicated, at no cost to the employee.

Follow-up of the exposed worker will include counseling, medical evaluation of any febrile (feverish) illness that occurs up to 12 weeks post-exposure, and the use of safe and effective post-exposure measures according to standard medical practice.

VI - Employee Health Record Keeping

Each exposure will be documented in accordance with 29 CFR 1910.30, *Access to Employee Exposure and Medical Records*. **Records shall be maintained for at least the duration of employment, plus 30 years.**

Each exposure report shall include:

- The name and the Social Security Number of the employee.
- A copy of the employee's HBV vaccination status including dates and any records relative to the employee's ability to receive the vaccination.
- The employer's copy of the healthcare professional's written opinion which may include a *Post Exposure Evaluation and Follow-Up Checklist* (Attachment 5-3).
- A copy of the information provided to the healthcare professional.

These records shall not be disclosed to anyone without the employee's express written consent, except as required by OSHA regulations, or state law.

ALL RECORDS, WHETHER PERTAINING TO THE EXPOSED PERSON OR THE SOURCE INDIVIDUAL WILL BE MAINTAINED IN A SEPARATE, LOCKED, CONFIDENTIAL FILE.

Exposures, including needle stick injuries, shall be recorded on the OSHA 300 form if medical treatment is required, or if duties are restricted or time lost in accordance with OSHA guidelines. HBV and HIV infections shall be recorded on the OSHA 300 log if the illness can be traced back to an occupational injury or incident.

VII - Biomedical Waste Handling

Scope

Regulated waste is defined, for the purpose of this standard, as liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state is compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps.

Methods for Contaminated Sharps

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

- ✓ closable;
- ✓ puncture-resistant;
- ✓ leak-proof on the sides and bottom;
- ✓ labeled or color-coded;
- ✓ easily accessible to the immediate area;
- ✓ where sharps are used or can be reasonably anticipated;
- ✓ maintained upright throughout use;
- ✓ replaced routinely and not allowed to overfill;
- ✓ closed immediately prior to removal or replacement;
- ✓ placed in a secondary container if leakage is possible

This secondary container shall be:

- ✓ closable;
- ✓ constructed to contain all contents and prevent leakage during transport, handling, storage, and shipping;
- ✓ labeled or color-coded;
- ✓ reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to risk of percutaneous injury;

Methods for Other Regulated Waste

Regulated waste shall be placed in containers that are:

- ✓ closable;
- ✓ constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, and shipping;
- ✓ labeled or color-coded;
- ✓ closed prior to removal to prevent spillage or protrusion of contents during handling, storage, or shipping;
- ✓ placed in a secondary container if outside contamination of the regulated waste container occurs;

This secondary container shall be:

- ✓ closable;
- ✓ constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping;
- ✓ labeled or color-coded;
- ✓ closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Disposal of all regulated waste will be in accordance with applicable regulations of the United States, States and Territories, and political subdivisions of States and Territories.

As of April, 2010, the Town of North Yarmouth Safety Committee has approved a revision to this policy addressing the disposal of hazardous bags. Town Departments seeking disposal of any hazardous bags are to notify the Officer-In-Charge at Central Fire Station, and are to transport the hazardous bags to this Station for disposal at the local hospitals.

VIII **- Labels, Tags and Signs**

Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or OPIM, and other containers used to store, transport, or ship blood or OPIM.

Evidence collection for police purposes shall follow police standard operating procedures as applicable.

Tags/labels that comply with 29 BFR 1910.1200(f), *Hazard Communications Standard*, will be used to identify a biological hazard. They will be florescent orange or orange-red or predominantly so, with letters or symbols in a contrasting color.

Tags/labels will contain the word "BIOHAZARD", will have the BIOHAZARD SYMBOL on them or the substance will be placed in a RED bag or container.

Tags or labels must be attached or affixed so that their unintentional removal is prevented.

Employees working in or around biohazards will receive training in accordance with Section X of this plan.

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

Labels for contaminated equipment shall be in accordance with above specifications, and shall also state which portions of the equipment remain contaminated.

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

IX **- Housekeeping Practices**

Employees will maintain all work areas in a clean and sanitary condition according to the written schedule and methods attached. (See Attachment 6).

All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood and OPIM. They shall be cleaned with an appropriate disinfectant:

- after completion of procedures;
- immediately or as soon as possible when surfaces are overtly contaminated or after any spill of blood and OPIM;
- at the end of the work shift if the surface may have become contaminated since the last cleaning;
- Reusable equipment contaminated with blood or OPIM will be cleaned or decontaminated after each use and prior to repair or scheduled maintenance.
- All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination (See Attachment 6);
- Broken glassware which may be contaminated shall not be picked up by hand. It shall be cleaned-up using mechanical means (e.g. a brush and dust pan) and disposed of in a sharps container;
- All contaminated linen/laundry shall be bagged at the place of use with minimal agitation. It shall be placed in bags or containers labeled or color-coded. When laundry is wet and presents a reasonable likelihood of soak-through or of leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent leakage and/or soak through to the exterior;
- Employees with contact with contaminated laundry will wear utility gloves and other personal protective equipment as necessary;
- Laundry bags or containers shall be appropriately labeled or color-coded.

BIOMEDICAL WASTE MANAGEMENT RULES

SUMMARY: The rule identifies biomedical waste subject to regulation; requires the registration of biomedical waste generators; and establishes packaging, labeling, handling, storage, transportation and treatment requirements. The rule does not establish disposal standards for biomedical waste because this rule defines treated biomedical waste as a special waste. The disposal of untreated biomedical waste is prohibited in this rule. The rule requires all transporters and owners or operators of transfer facilities and treatment facilities to obtain a license. The rule specifies siting, design, operating and reporting requirements and establishes a biomedical waste tracking or manifest system.

Legal Authority

This rule is authorized by and adopted under 38 M.R.S.A. Sections 341-D(1-B), 1303-C(34)(K) and 1319-O(3).

2. Preamble

It is the purpose of the Department of Environmental Protection, to provide effective controls for the management of biomedical waste so as to ensure the protection of public health, safety and welfare and the environment.

3. Applicability

This rule applies to all persons engaged in biomedical waste activity except as provided for in section 4 of this rule.

4. Exemptions

A. Household Generators

This rule does not apply to household generators of biomedical waste except that sharps must be packaged in accordance with Section 12(A)(4) of this rule.

B. Small Quantity Generators

A medical facility which generates less than a total of 50 pounds of biomedical waste in any one month is exempt from the requirements of this rule for that month with the following exceptions:

(1) The facility shall register in accordance with Section Maine State Law

(2) Except as provided in (3) and (4) below, transport of biomedical waste shall be by a licensed biomedical waste transporter and accompanied by a four-part manifest unless the biomedical waste is taken by the generator to another medical facility or to a permitted biomedical waste transfer or treatment facility and the amount transported is less than 50 pounds.

(3) The generator or an employee of the generator may transport sharps packaged in accordance with this rule to a licensed biomedical waste treatment facility or another

medical facility that has volunteered to serve as a collection point for sharps if no more than 50 pounds of sharps are transported in one trip.

NOTE: The rule allows employees to generate biomedical waste off site at intermittent, temporary field collection points and transport it back to their facility. Included are blood drives, home health care providers and phlebotomists working at a temporary field location.

(4) A generator of biomedical waste may send up to 50 pounds of properly packaged discarded sharps via the United States Postal Service to a licensed biomedical waste treatment facility. All generators are responsible for compliance with the packaging standards contained in Section 12 of the rules.

NOTE: The enabling legislation for the mailing of discarded sharps via the United States Postal Service (USPS) specified quantities of up to 50 pounds; however, USPS guidelines limit the amount to 35 pounds.

NOTE: For a medical facility to qualify for the small quantity exemption, all categories of biomedical waste identified in Section 7 must be considered and the total amount must be less than 50 pounds per month.

Responsibility of Generator

The generator of biomedical waste is responsible for the appropriate segregation, packaging, labeling, storage, handling, transport and treatment of biomedical waste it generated as required by this rule. A person may provide services to the generator of biomedical waste, including the appropriate packaging, labeling, storage, handling, transport and treatment of biomedical waste but it is the generator's responsibility to ensure that its biomedical waste is properly treated.

The generator must take all necessary steps to ensure that their biomedical waste does not contain hazardous waste, universal waste, radioactive waste or other unauthorized waste.

Registration

(1) The Town of North Yarmouth waste register with the Department of Environmental Protection on forms available from the Department at least 30 days prior to the date such generation is expected to commence.

(2) The Department will assign a biomedical waste generator registration number to each medical facility which registers with the Department and will notify each such facility in writing of such assigned registration number. Upon receiving such notification, the facility shall include the assigned registration number in or on manifests, labels affixed to packages of biomedical waste, and tags enclosed in each package of biomedical waste.

Definition of Biomedical Waste

A. Identification of Biomedical Waste

The following wastes may contain human pathogens of sufficient virulence and in sufficient concentrations that exposure to them by a susceptible host could result in disease and are, therefore, biomedical wastes for the purposes of this rule.

(1) Discarded Human Blood, Blood Products, and Body Fluids: Discarded blood, serum, plasma, blood products, and body fluids. Body-fluids are defined as fluids which are generated or removed during surgery, autopsy, obstetrics, emergency care, or embalming and include cerebrospinal fluid, synovial fluid, pleural fluid; peritoneal fluid, pericardial fluid and amniotic fluid.

(2) Waste Saturated with Human Blood, Blood Products, or Body Fluids: These may include items such as sponges, surgical gloves and masks, drapes, aprons, dressings, disposable sheets and towels, underpads, plastic tubing, suction canisters, used syringes without needles and dialysis unit waste.

NOTE: The intent is to include waste which at the time of generation is soaked or dripping with human blood, blood products or body fluids. An example of material which may be included is a first change surgical dressing.

(3) Pathological Waste: Human tissues, organs, and anatomical parts including teeth, discarded from surgery, autopsy, obstetrical procedures, and laboratory procedures.

(4) Discarded Sharps Used in Patient, Animal, Cadaver Care or In Medical and Biomedical Research Laboratories: These include, but are not limited to, hypodermic needles, syringes, scalpel blades, suture needles, disposable razors, lancets, capillary tubes, Pasteur pipettes, broken glassware, IV tubing with needles attached, and dialysis bags with needles attached.

(5) Discarded cultures and stocks of infectious agents and the culture dishes and devices used to transfer, inoculate and mix cultures; discarded clinical specimens and the associated containers or vials; discarded biologicals; and waste from the production of biologicals and recombinant DNA research.

(6) Discarded Carcasses, Body Parts, Bedding and Other Waste Generated By Research Facilities From Animals Containing Organisms or Agents Not Usual To The Normal Animal Environment And Which Are Pathogenic or Hazardous to Humans.

Cytotoxic Drugs, Chemotherapy Waste

The following wastes may be managed as biomedical waste for the purpose of this rule:

(1) Cytotoxic (antineoplastic) drugs not identified as hazardous wastes in Chapter 850 of the Department's regulations.

(2) Chemotherapy waste - All materials that have come in contact with, and have no more than trace amounts of, cytotoxic (antineoplastic) agents.

Exclusions

The following wastes are not biomedical waste for the purpose of this rule:

(1) Human remains. Human remains that are stored, transported or otherwise handled for the purpose of internment or cremation are not subject to the requirements of this rule.

(2) Urine and feces.

(3) Sludge and septage. Sludge means the semi-solid or liquid residual generated from a municipal, commercial or industrial wastewater treatment plant. Septage means waste, refuse, effluent, sludge and any other materials from septic tanks, cesspools, or any other similar facilities.

(4) Water and wastewater samples. Wastes generated as a result of the routine screening of water and wastewater samples are not subject to the requirements of this rule.

Standards for Generators

A. Packaging

Biomedical waste must be properly packaged to assure effective containment throughout the handling, storage, transport, and treatment processes.

(1) Biomedical wastes, other than sharps and bulk liquids, must be packaged in bags which are impervious to moisture and have a strength sufficient to resist ripping, tearing or bursting under normal conditions of usage and handling.

(2) All bags containing biomedical waste must be red in color and imprinted with the international biohazard symbol and the words "biomedical waste" or "infectious waste." Waste in red bags will be considered biomedical waste and must be managed as biomedical waste.

(3) Bags must be sealed by forming a secure closure which results in a leak-resistant seal.

(4) Discarded sharps must be segregated from other biomedical waste at the point of generation. Discarded sharps will be placed directly into leak-resistant, rigid, puncture-resistant containers without clipping or breaking. When full or in preparation to be sent for treatment, these containers will be taped closed or tightly lidded to preclude loss or leakage of contents. After proper packaging, sharps containers may be placed in biomedical waste bags referred to in Section 12 (A)(1) of these rules.

NOTE: An example of an acceptable container for storing discarded sharps at home is an empty rigid plastic bottle.

(5) Discarded bulk blood and other liquids which is to be transported off-site will be packaged in tightly stoppered, unbreakable flasks or bottles or other appropriate containers.

(6) All biomedical waste bagged in accordance with Section 12(A)(3), sharps containerized in accordance with Section 12(A)(4), and bulk liquids containerized in accordance with Section l2(A)(5) which are to be transported off-site must also be packaged for storage or handling by placement in disposable corrugated fiberboard boxes or equivalent rigid containers such as reusable pails, cartons, drums, or portable bins. The box or container

must be leak-resistant or lined with a bag which is impervious to moisture and has a 200-pound burst strength as measured by the industry's Mullen test.

(7) Reusable containers used for the handling of biomedical waste must be thoroughly washed and disinfected each time they are emptied unless the surfaces of the containers have been effectively protected from contamination by disposable liners, bags or other devices which are removed and disposed of with the waste. A red bag may not be enclosed in a bag of another color.

(8) Reusable containers used for the handling of biomedical waste must not be used for containment of waste to be disposed of as non-biomedical waste or for any other purpose except after being disinfected

Labeling

Biomedical waste to be transported off-site must be labeled immediately after packaging in accordance with Section 12(A)(6). The label must be securely attached to the outer layer of packaging and be clearly legible. Indelible ink will be used to complete the information on the label, and the label will be at least three inches by five inches in size. The following information must be included on the label:

(1) The name, address, business telephone number, and registration number of the generator;

(2) "Biomedical Waste" or "Infectious Waste" in large print;

(3) "Refrigeration Required" in large print if pathological waste, cultures, or animal carcasses or body parts are included in the contents;

(4) The name, address, business telephone number, and registration number of the person or persons to whose control the biomedical waste is to be transferred;

(5) The international biohazard symbol; and

(6) The date upon which the biomedical waste was packaged in accordance with Section 12(A)(6).

Handling

(1) Packages of biomedical waste must be handled in a manner that does not impair the integrity of the packaging.

(2) Trash chutes will not be used to transfer biomedical waste between locations where it is contained.

(3) Compactors must not be used in the handling of biomedical waste. Biomedical waste in bags or other containers must not be subjected to compaction by any compacting device and must not be placed for storage or transport in a portable or mobile trash compactor.

Storage

(1) Biomedical waste must be segregated from other wastes.

(2) All on-site storage of containers of biomedical waste must be in a designated area away from general traffic flow patterns and, where possible, in a room reserved for this purpose. The manner of storage must prevent access to or contact with such waste by unauthorized persons.

(3) Biomedical waste must be stored in a manner that preserves the integrity of the container and is not conducive to rapid microbial growth and/or putrefaction. Pathological waste, cultures, and discarded animal carcasses and body parts stored for more than 24 hours after packaging in accordance with Section 12(A)(3) must be refrigerated at a temperature of 45° F or below in a refrigerator or refrigerated space used only for biomedical waste.

(4) All areas used for the storage of biomedical waste must be capable of being readily maintained in a sanitary condition.

(5) All biomedical waste containers must be stored in a manner that allows access for inspection.

(6) Biohazard signs must be posted wherever biomedical waste is stored or contained, including on storage rooms doors, refrigerators, bins and other containers.

Manifests and Record Keeping Requirements

(1) Except as provided for in Section 4, the generator of biomedical waste that is to be transported off-site for treatment or disposal shall initiate a biomedical waste 4-part manifest available from the Department. Copy 4 of the biomedical waste manifest is to be retained by the generator; Copy 3, by the transporter; Copy 2, by the transfer or treatment facility; and Copy 1 is to be returned to the generator.

(2) If the generator does not receive the completed manifest from the treatment facility within 35 days after the date the waste was accepted by the transporter, the generator shall report this fact to the Department.

(3) Retention of Records. Manifests must be retained by the generator for a period of not less than 3 years. The period of retention of records is extended automatically during the course of any unresolved enforcement action regarding the regulated activity or as requested by the Commissioner. These records must be made available for inspection by the Department upon request.

(4) The Department may approve electronic manifesting systems upon demonstration to the Department that the system meets EPA electronic manifest standards and provides an equal degree of regulatory oversight as the existing system. A paper copy must be provided to a generator upon request.

- Training and Education

- All employees performing tasks which have been determined to have a potential for exposure, are required to participate in a training and education program prior to initiating the task(s), and/or within 60 days of hire. This training will be provided annually.

- Training will be provided at no cost to the employee and during reasonable normal working hours.

- Employees will receive additional training when changes or modification of tasks occur, and/or when new procedures are added. This additional training will be limited to the new procedures or modifications.

- Training shall be conducted by individuals knowledgeable on the subject matter as it relates to the control of bloodborne pathogens and to the specific tasks being performed.

The training will contain the following elements:

- Explanation and location of 29 CFR 1910.1030, *Bloodborne Pathogens Standard*.

- Explanation and location of this plan.

- General explanation of the epidemiology and symptoms of bloodborne disease.

- Modes of transportation of bloodborne pathogens.

- Explanation of the use and limitations of the methods of control, i.e. universal precautions, engineering controls, PPE, and work practice controls.

- Information on the HBV vaccine, including its efficacy, safety, and the benefits of being vaccinated, and that the vaccination is offered free of charge to the employee.

- Explanation of the procedure to follow if an exposure occurs, including post-exposure evaluation and follow-up.

- Explanation of the signs, labels, tags, and/or color-coding used to denote biohazards.

- Opportunity for interactive questions and answers with the person conducting the training session.

Training records shall be maintained for thirty years from training date. They shall include: the date of training, the contents or summary of the training, the names and qualifications of the persons conducting the training, and the names and job classifications of the persons attending the training.

The availability and transfer of these training records will be in accordance with 29 CFR 1910.1030, the *Bloodborne Pathogens Standard*.

REFERENCES

Code of Federal Regulations, 29 CFR 1910 subpart Z amended for 1030, *Bloodborne Pathogens*, Federal Register 56, 64004, Dec. 06, 1991, as amended at 57 FR 12717, April 13, 1992; 57 FR 29206, July 1, 1992; 61 FR 5507, Feb. 13, 1996; 66 FR 5325 Jan., 18, 2001.

Code of Federal Regulations, 29 CFR 1910.120(p)(2), *Hazard Communication*; 61 FR 9227, March 7, 1996; 67 FR 67964, Nov. 7, 2002.

Code of Federal Regulations, 29 CFR 1910.1020, *Access to employee exposure and medical records*; 61 FR 5507, Feb. 13, 1996; 61 FR 9227, March 7, 1996; 61 FR 31427, June 20, 1996.

U.S. Dept. of Labor, Assistant Secretary for Occupational Safety and Health, D.C. 20210, OSHA Instruction CPL 2-2.69 44, November 27, 2001.

Centers for Disease Control, MMWR Supplement, *Recommendations for Prevention of HIV Transmission in Health Care Settings*, Vol. 36, August 21, 1987.

Maine Department of Environmental Protection, Chapter 900: Biomedical Waste Management Rules

ATTACHMENT 1

EXPOSURE CONTROL PLAN - EXPOSURE DETERMINATION

Some or all who work in the following job classes have potential occupational exposure. Each class is followed by the list of tasks performed which have this potential without regard to personal protection equipment. This plan will be reviewed on at least an annual basis or whenever job classifications or tasks are added or changed.

ADMINISTRATION DEPARTMENT:

POSITIONS:

-
- **PART-TIME CUSTODIAN**

TASKS:

- Handling of contaminated waste.
- Potential exposure to sharp or blunt objects contaminated with blood or other potentially infectious materials.
- Cleaning and disinfecting of potentially contaminated work areas.

PARKS & RECREATION DEPARTMENT:

POSITIONS:

- **PARKS AND RECREATION FACILITIES MANAGER**

TASKS:

- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious material.
- Handling of contaminated waste.
- Dressing wounds (basic first aid).
- Cleaning areas where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Controlling hemorrhage.

- Participation in resuscitation activities.
- Potential exposure to blood or other potentially infectious material by accident or intentional trauma.
- Potential exposure to sharp or blunt objects with possible blood or other potentially infectious material.
- Refuse collection.

FIRE DEPARTMENT:

POSITIONS:

- **FIRE CHIEF**
- **DEPUTY CHIEF**
- **CAPTAIN**
- **LIEUTENANT**
- **FIREFIGHTER**
- **EMS PROVIDER**

TASKS:

- Handling or cleaning of contaminated instruments (blunt or sharp).
- Handling contaminated reusable instruments or linens.
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious material (patient placement, patient recovery, assistance, transport, general patient care, etc.).
- Handling of contaminated waste.
- Dressing wounds contaminated with blood or other potentially infectious material.
- Handling (includes labeling) of laboratory (body fluid or tissue) specimens containing blood or other potentially infectious materials.

PUBLIC WORKS DEPARTMENT:

POSITIONS:

- **DIRECTOR**
- **OPERATIONS MANAGER**
- **TRUCK DRIVER,**
- **TRUCK DRIVER,**
- **MECHANIC**
- **CUSTODIAN**

TASKS:

- Potential exposure to sharps or blunt objects or blood or other potentially infectious materials (road side clean up, etc.).
- Handling of contaminated waste.

HUMAN SERVICES DEPARTMENT:

POSITIONS:

- **HUMAN SERVICES DIRECTOR**

TASKS:

- Cleaning areas after clinics.
- Handling of potentially contaminated instruments.

ATTACHMENT 2

UNIVERSAL PRECAUTIONS

In order to provide a consistent approach in managing body substances from all potential exposures, and reduce the risks of exposure to bloodborne pathogens, the practice of Universal Precautions shall be followed by all employees at all times, regardless of any known diagnosis. All blood and body fluids shall be considered potentially infectious.

Universal Precautions shall apply to all blood/blood components and body fluids including semen, vaginal secretions, breast milk, amniotic fluid, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and wound drainage.

Each area/section may be required to formulate and revise as necessary, separate policies regarding the use of personal protective equipment and development of work practices for the protection of employees.

Compliance with Universal Precautions shall be monitored by each Department Head or his/her designee. In the event that employee work practice is not in compliance with Universal Precautions, disciplinary action will be taken.

1. **Hand washing:**

   Hand washing continues to be an important means of interrupting disease transmission to both patients and employees.

   A. Wash hands often and thoroughly, with soap and water.
   B. Wash hands after removing gloves, or other personal protective equipment.
   C. Wash hands after contact with blood or other potentially infectious material.
   D. In the event hand washing facilities are not immediately available, a substitute antiseptic hand cleaner or towelette will be used. Hands shall be washed with running water and soap as soon as possible.

2 **Gloves:**

   A. Gloves shall be worn when there is anticipated contact with blood or body fluids or when touching any individual's non-intact skin.
   B. Gloves shall be worn when the employee has non-intact skin (cuts, abrasions, dermatitis, etc.)
   C. Gloves shall be worn by the persons responsible for the transportation and handling of soiled linen and red bag waste.
   D. Gloves shall be worn when cleaning any surfaces or areas soiled with blood or body fluids.
   E. Gloves shall be changed when visibly soiled or damaged.
   F. Disposable/single-use gloves shall not be washed or decontaminated for reuse.

   FOR EMS PROVIDERS/FIREFIGHTERS ONLY:

   G. Gloves shall be changed between patient contacts.
   H. Gloves shall be worn when handling/cleaning patient care items or patient care areas/surfaces soiled with blood or body fluids.
   I. Gloves shall be worn during invasive examination, instrumentation, or procedures.

J. Gloves shall be worn when performing any intravenous procedure.

3. **Mask/Protective Eyewear/Face Shields:**

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn during procedures where splashes, spray, splatter, droplets of blood or other potentially infectious body fluids may be generated, and contact to the eye, nose, or mouth can be reasonably anticipated.

Masks shall also be worn when in contact with patients suspected or known to be carrying infectious diseases transmitted by the respiratory route.

4. **Gowns:**

Fluid-impervious gowns, aprons, cover jackets, or lab coats shall be worn to protect skin when there is potential for blood or body fluids to penetrate clothing. The specific type and characteristics of the protective garment will depend upon the task and degree of exposure anticipated.

Regular work clothes and/or street clothes should be periodically examined for blood or body fluid splashes to ascertain if additional protection is necessary.

5. **Needles/Sharps:**

A. If a needle or sharp is encountered by any Town of North Yarmouth employee, the Fire Department should be called immediately. **This applies to all Town of North Yarmouth employees**
B. Needles shall not be recapped, bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
C. All needles and sharps shall be disposed of in puncture-proof containers specifically manufactured for this purpose. These containers shall be located in use areas, convenient for immediate disposal.
D. Containers shall be checked daily by each shift's duty supervisor and changed when 75% full.
E. **Only members of the Fire Department are authorized to dispose of needles and sharps; all other town employees are to call the Fire Department when encountering a needle or sharp. This applies to all Town of North Yarmouth employees**

6. **Waste:**

All waste shall be properly packaged, to prevent spill or leakage, and labeled for disposal by the area generating the waste.

7. **Blood or Body Fluid Spills:**

In the event of a blood or body fluid spill, all visible organic matter must first be removed and then the area decontaminated. Broken glassware or sharps shall be picked up using a dustpan and brush, not by hand. Decontamination shall be done by wiping the area of spill with an approved disinfectant or bleach.

8. **Resuscitation Equipment:**

Resuscitation devices including pocket masks or ambu bags shall be strategically located to provide personnel with immediate access for emergency situations. These devices shall be used in place of emergency mouth-to-mouth resuscitation. Once used, these items shall be properly bagged for disposal or decontamination and cleaning.

9. **Hepatitis B Vaccine Program:**

Any employee as covered by this policy, who may come in contact with items contaminated by blood or body fluids, shall be offered Hepatitis B vaccine free of charge. These workers must be immunized against Hepatitis B or sign a declination form (See Attachment 4). Any employee, who declines the vaccine initially, may request it, free of charge, at any future date.

10. **Exposure Incidents:**

All exposure incidents and blood or body fluid contacts must be reported to the duty supervisor within one hour of occurrence. The supervisor will notify the Department Infectious Control Officer (see Attachment 7) as soon as possible. The Assistant Town Manager should be notified as soon as possible for completion of the Worker's Compensation *First Report of Injury*.

11. **Education:**

A. All new employees shall receive training in Universal Precautions, pertinent to the scope of their responsibilities and practice.
B. Any employee identified in this plan shall receive training on an annual basis.

12. **Non-Compliance:**

Any incident of non-compliance shall be reported to the duty supervisor and Department Head.

References: Centers for Disease Control, Last Updated: February 15, 2002
Body Substance Isolation: Jackson & Lynch, 1987
The APIC Curriculum for Infection Control Practice, 1995 OSHA Regulations, 2001

ATTACHMENT 3

ENGINEERING CONTROLS
LOCATION AND MAINTENANCE

PURPOSE

Engineering controls are a vital first step in removing the bloodborne pathogen hazard from the workplace. In order to function appropriately, they must be inspected and maintained on a routine as well as on an as-needed basis.

In order for this to occur without fail, a written schedule with delineation of responsibility is outlined. This document also serves to document the location of engineering controls.

Examples of engineering controls include, but are not limited to, hand washing facilities, eyewash stations, sharps containers, glove boxes, splash guards.

LOCATIONS/MAINTENANCE SCHEDULES/RESPONSIBLE PARTY

Fire Rescue

DESCRIPTION	LOCATION	RESPONSIBLE PARTY/WHEN
Sharps container	Fire Rescue Vehicles	Monthly checks and after use
Gloves	Fire Rescue Vehicles	Monthly checks and after use
Mask	Fire Rescue Vehicles	Monthly checks and after use
Gowns	Fire Rescue Vehicles	Monthly checks and after use
Hand disinfectant	Fire Rescue Vehicles	Monthly checks and after use
Blankets	Fire Rescue Vehicles	Monthly checks and after use
Biohazards bags & tags	Fire Rescue Vehicles	Monthly checks and after use

Parks & Recreation Department

DESCRIPTION	LOCATION	RESPONSIBLE PARTY/WHEN
Gloves, Masks, Bio bags	Recreation Center	Deputy Director/Program Administrator/Daily
Gloves, Masks, Bio bags	North Yarmouth Memorial School	Custodian/Daily

Administration (Custodian)

DESCRIPTION	LOCATION	RESPONSIBLE PARTY/WHEN
Gloves	Custodian's office/supply room	Custodian @ beginning of shift

Public Works Department

DESCRIPTION	LOCATION	RESPONSIBLE PARTY/WHEN
Gloves	In all Town vehicles	Director/daily basis/after use

ATTACHMENT 4

IF AN EXPOSURE OCCURS

PURPOSE

Despite dedicated use of engineering and work practice controls, and proper use of PPE, exposures can and do occur. The purpose of this attachment is to outline the procedure to follow and to give the employee some idea of what to expect from the post-exposure follow-up (see Attachment 5-1). Finally, a copy of Attachment 5-4 can be utilized to provide a "fill-in-the blank" form to bring to the healthcare professional who will perform the actual medical care.

POLICY

IMMEDIATE TREATMENT

1) Wound care/first aid
    a) clean wound with soap and water
    b) flush mucous membranes with water/saline
    c) other wound care dictated by severity of wound (e.g., stop bleeding).

2) Contact Employee's Supervisor/Department Infectious Disease Control Officer (see Attachment 7)

    In order to provide the best medical care to the employee, all exposure or suspected exposure incidents must be reported immediately. Some forms of post-exposure prophylaxis are best instituted within one hour of exposure. This timeframe should be kept in mind when reporting an exposure or suspected exposure. The report shall be made without regard to the actual or perceived risk of the source individual for bloodborne pathogens.

    It is the responsibility of the exposed employee to report exposure occurrences to the appropriate person. A Town of North Yarmouth employee must sign either a *Consent to Investigate Form* (see Attachment 5-4) or a *Waiver of Investigation Form* (see Attachment 5-5).

    All exposure incidents shall be evaluated to determine the exposure management course. Not all exposures carry the same risk, or require the same post-exposure management options. These options will be determined by the healthcare professional based on:

    - The circumstances of the exposure incident
    - Available health history/immunization status of the exposed person
    - Available health history/immunization status of the source person

The Department Infectious Disease Control Officer is designated to be responsible for attempting to obtain consent from the source individual for testing for HIV and HBV.

ATTACHMENT 5

WHAT TO EXPECT:

The healthcare provider will be most interested in the circumstances of the exposure (who, how, when, where) and the exposed and source individual's health history and any available blood tests.

If, based on this information, it is deemed medically appropriate; there may be a recommendation for the employee to have blood drawn and to have certain prophylactic measures taken. Depending on the exposure particulars, this may include gamma globulin (a shot), vaccinations, or oral medications. This will be determined by the health care provider. The employee is encouraged to comply with recommendations of the health care provider, but is not required to do so. If the Town of North Yarmouth employee wishes to authorize the Town to investigate the potential exposure (including a test for HIV) s/he must sign a *Consent to Investigate Form* (see Attachment 5-4). If the employee does not wish to be tested for potential exposure to the HIV virus, s/he must sign a *Waiver of Investigation Form* (see Attachment 5-5). HIV testing cannot be performed without the express consent of the employee. The healthcare professional may deem it appropriate to have follow-up visits, testing or vaccination. All will be provided at no cost to the employee. This meeting with the healthcare provider is confidential.

The healthcare professional will provide the employer with a written report (see Attachment 5-3) within 15 days of the initial evaluation. The only information included in this report to the employer will be: that the employee has been informed of the results of the evaluation, whether hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination, and that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further medical evaluation or treatment.

ALL OTHER FINDINGS OR DIAGNOSES (INCLUDING BASELINE SEROLOGIC RESULTS) ARE CONFIDENTIAL AND WILL NOT BE INCLUDED INT HE HEALTHCARE PROFESSIONAL'S REPORT.

ATTACHMENT 5-1

TOWN OF NORTH YARMOUTH
PERSONAL EXPOSURE REPORT

Your name:_____Today's date:_____

Name of person you were exposed to:_____

Patient's address:_____

Suspected disease exposed to:_____

Patient transported to:_____

Patient transported by:_____

Date of exposure:_____Time of exposure:_____

Type of incident: (10-55, Fire, etc.)_____

What fluid were you exposed to:

___blood/blood product or components
___semen
___vaginal secretions
___amniotic fluid
___synovial fluid
___any body fluid visibly contaminated with blood
__saliva
__pleural fluid
__pericardial fluid
__peritoneal fluid
__cerebrospinal fluid

What part(s) of your body was exposed?_____

Did you have any open cuts, sores or rashes that became exposed?_____

Where and what? (Be specific):_____

How were you exposed?:_____

Source individual's HBV and HIV status (if known)_____

Employee's HBV status or vaccination information:_____

Did you seek medical attention?_____Where:_____Date:_____

Person who filed report_____Date:_____

Signature of person filing report_____Date:_____

Department Infectious Disease Control Officer_____Date:_____

ATTACHMENT 5-2

BLOOD AND OPIM
POST EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

MANDATORY INITIAL REPORTS:

_____Blood/OPIM Exposure Report Completed

_____Employee Report of Injury Completed

_____Employee Counseling Complete

_____Employee~~'s~~ Consented to Testing; *Consent to Investigation Form* signed by employee

_____Employee Declined Testing; *Waiver of Investigation Form* signed by employee

_____Employee Informed of Applicable Laws

SOURCE:

_____Unknown

_____Known HBV ( ) or HIV ( ) Positive

_____Source Individual Provided With Counseling

_____Source Individual Signed Consent to Test Form

_____Source Individual Signed Release of Information Form to Healthcare Provider

_____Source Individual Signed Release of Information Form to Exposed Employee/Town of North Yarmouth

_____Source Informed of Applicable Laws

_____ _____

Physician Signature Date RN Signature Date

EMPLOYEE HEALTH PHYSICIAN EVALUATION/RECOMMENDATION

Date of Evaluation: Employee Name Employee's Dept

The Hepatitis B vaccination is indicated for this employee. Yes____No_____

The employee has received the Hepatitis B vaccination. Yes____No_____

The employee has been informed of the results of this evaluation. Yes____No_____

The employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. Yes_____No_____

Physician's Signature_____Date_____

Employee's Signature_____Date_____

ATTACHMENT 5-3

Town of North Yarmouth

CONSENT TO INVESTIGATION FORM

Potential Employee Occupational
Human Immunodeficiency Virus Exposure

I,_____, an employee of the Town of North Yarmouth, understand that I have been involved in an incident while on duty that has resulted in a potential exposure to the Human Immunodeficiency Virus which may cause serious illness and is, in many cases, fatal.

I understand that there are blood tests that may diagnose an infection with this virus with reasonable certainty and understand that the Town of North Yarmouth is recommending that I be tested to determine if my potential occupational exposure has resulted in such an infection.

I understand that if I consent to be tested the Town of North Yarmouth is willing to pursue an investigation of this potential occupational exposure and is prepared to seek a court order, if necessary, to obtain permission to test the patient whose blood/body fluid occasioned my exposure against his/her will, to evaluate my risk of infection.

I understand that my refusal to submit to HIV Antibody testing means that the Town of North Yarmouth is prevented by STATE LAW from going to court to obtain permission to test the patient whose blood/body fluid occasioned my potential HIV exposure.

I have read the above information and understand that my signature below constitutes a CONSENT TO BE TESTED FOR HIV ANTIBODY STATUS and permits the Town of North Yarmouth to proceed with a POTENTIAL HIV EXPOSURE INVESTIGATION.

_____ _____
Employee Signature Date

_____ _____
Witness Date

ATTACHMENT 5-4

Town of North Yarmouth

WAIVER OF INVESTIGATION FORM

Potential Employee Occupational
Human Immunodeficiency Virus Exposure

I,_____, an employee of the Town of North Yarmouth, understand that I have been involved in an incident while on duty that has resulted in a potential exposure to the Human Immunodeficiency Virus which may cause serious illness and is, in many cases, fatal.

I understand that there are blood tests that may diagnose an infection with this virus with reasonable certainty and understand that the Town of North Yarmouth is recommending that I be tested to determine if my potential occupational exposure has resulted in such an infection.

I understand that if I consent to be tested, the Town of North Yarmouth is willing to pursue an investigation of this potential occupational exposure and is prepared to seek a court order, if necessary, to obtain permission to test the patient whose blood/body fluid occasioned my exposure against his/her will to evaluate my risk of infection.

I understand that my refusal to submit to HIV Antibody testing means that the Town of North Yarmouth is prevented by STATE LAW from going to court to obtain permission to test the patient whose blood/body fluid occasioned my potential HIV exposure.

I have read the above information and understand that my signature below constitutes a **REFUSAL TO BE TESTED FOR HIV ANTIBODY STATUS** and a **WAIVER OF POTENTIAL HIV EXPOSURE INVESTIGATION** by the Town of North Yarmouth.

_____ _____
EMPLOYEE SIGNATURE DATE

_____ _____
WITNESS TITLE

ATTACHMENT 6

CLEANING PRACTICES AND SCHEDULES

PURPOSE

It is the intent of the Town of North Yarmouth to provide a safe, clean working environment. This will help to minimize the employee's exposure to bloodborne pathogens. In order to assure that cleanliness is maintained, the following written plan has been devised.

NOTE: ALL AREAS TO BE CLEANED WITH 10% BLEACH SOLUTION OR AN APPROVED DISINFECTANT AGENT.

Fire Department

LOCATION	HOW OFTEN	PERSON RESPONSIBLE
Vehicles Compartment & Cot	After each spill	Supervisor
Equipment	After each use	Supervisor

ATTACHMENT 7

DEPARTMENT INFECTIOUS DISEASE CONTROL OFFICERS

Fire Department: Fire Rescue Chief

FY 2018-Present: *Fire Rescue Chief Gregory Payson*
Alternate: Lt/Paramedic Adam Foster

Parks & Recreation, Public Works, Administration: Fire Department IDCO

FY 2018-Present: *Fire Rescue Chief Gregory Payson*
Alternate: Lt/Paramedic Adam Foster

Town of North Yarmouth
Blood Borne Pathogens
Training Acknowledgement

I acknowledge that I have attended the Town of North Yarmouth's Bloodborne Pathogen Training session.

I also acknowledge that I have been offered a three-part immunization series for the Hepatitis B vaccine along with a titer, and I:

_____Accept

_____Decline

_____ Decline – annual training only

If I decline, I understand that due to my occupational exposure to blood and 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. Family members and others may be at risk if I decline this vaccine. 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 want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination at no charge to me as long as I am employed by the Town of North Yarmouth.

_____ _____

Employee Name (**Please print**) Date

_____

Employee Signature

_____ _____

Witness/Title (**Please print**) Date

_____

Witness Signature

Document updated 12/19/2014	**Signature: _____**
Next Scheduled Update 09/02/2015	**Signature: _____**
Next Scheduled Update 12/19/2016	**Signature: _____**
Next Scheduled Update 12/19/2017	**Signature: _____**
Next Scheduled Update 05/07/2018	**Signature: _____**
Next Scheduled Update 12/19/2019	**Signature: _____**
Next Scheduled Update 12/19/2020	**Signature: _____**
Updated 09/27/2021	**Signature: _____**
Next Scheduled Update 12/19/2021	**Signature: _____**
Next Scheduled Update 12/19/2022	**Signature: _____**
Next Scheduled Update 12/19/2022	**Signature: _____**
Next Scheduled Update 12/19/2023	**Signature: _____**