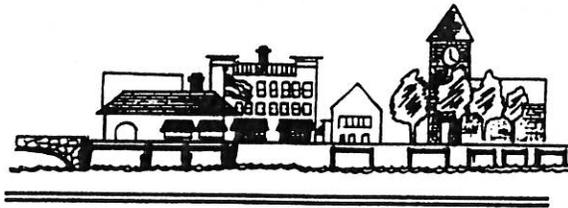


TOWN OF WOLFEBORO



BLOODBORNE PATHOGEN POLICY AND RESPONSE

Enacted: March 8, 1999

TOWN OF WOLFEBORO

Bloodborne Pathogens Policy and Response

I. PURPOSE

The purpose of this policy is to establish guidelines and procedures to follow when employees perform official duties that would place them at risk of contacting a bloodborne disease, and to serve as the Town's written exposure control plan.

II. POLICY

It is the responsibility of the Town to ensure that its employees can perform their duties in a safe and effective manner. The safe performance of daily operations has recently become threatened by life-endangering communicable diseases. Therefore, it will be the policy of the Town continuously to give employees up-to-date safety procedures and communicable disease information that will assist in reducing potential exposure, while increasing their understanding of the nature and potential risks of communicable diseases.

III. DEFINITIONS

A. AIDS (ACQUIRED IMMUNE DEFICIENCY SYNDROME): An incurable contagious disease affecting the body's immune system, rendering the body susceptible to a variety of rare and usually fatal illnesses. AIDS is caused by a virus called HIV.

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

C. BLOOD OR OTHER POTENTIALLY INFECTIOUS MATERIAL: Human blood or its components or products from it, sputum, or any other body fluid, tissue, or organ that may be designated by the Director of the Division of Public Health Services of the State of New Hampshire.

D. CONTAMINATED: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

E. CONTAMINATED LAUNDRY: Laundry infected with blood or other potentially infectious materials, or may contain sharps.

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

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

H. ENGINEERING CONTROLS: Sharps disposal containers, self-sheathing needles, and other controls that isolate or remove the bloodborne pathogens hazard from the workplace.

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

J. HAND WASHING FACILITY: A facility providing an adequate supply of running drinkable water, soap, and single-use towels or hot air drying machines.

K. HBV: Hepatitis-B Virus.

L. HIV: Human Immunodeficiency Virus.

M. HIGH-RISK GROUP: The persons most likely to become infected with AIDS - homosexual and bisexual males, intravenous drug users, hemophiliacs, and persons receiving blood transfusions.

N. INFECTION CONTROL KIT: A refillable kit consisting of a cleanup absorbent pack, disposable glasses, disposable gloves, red plastic bags with ties, disposable face mask, shoe covers, scupper/scrapper, chlorine concentrate, germicidal towelettes, hard surface cleaner towelettes, and a resuscitation mask.

O. INFECTION CONTROL OFFICER: A person designated by the Hospital or other health care facility pursuant to RSA 141-G, for the purpose of carrying out the provisions of that chapter.

P. MEDICAL REFERRAL CONSULTANT: The Town of Wolfeboro has designated the Occupational Health and Safety Physician, at Huggins Hospital, approved by the New Hampshire Division of Public Health Services for this purpose and published his name, address and telephone number in Central Dispatch. Huggins Hospital has agreed to accept referrals to and follow-up on unprotected exposures by members of the Town, pursuant to RSA 141-G:2. Should the above physician be unavailable, the Town, with approval from the Division of Public Health Services, has designated staff physicians at Huggins Hospital as his alternative.

Q. OTHER POTENTIALLY INFECTIOUS MATERIALS: Human semen, vaginal secretions, cerebra-spinal fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, any unfixed tissue or organ (other than intact skin) from a living or dead human, and any HIV or HBV containing cell or tissue cultures, culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

R. PERSONAL PROTECTIVE EQUIPMENT (PPE): Specialized clothing or equipment worn by an employee for protection against a hazard, other than general work clothes (uniforms, pants, shirts, etc.)

S. REGULATED WASTE: Liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items caked with dried blood or other potentially infectious materials and could release these materials during handling, contaminated sharps, and other pathological and microbiological waste containing blood or other potentially infectious materials.

T. SOURCE INDIVIDUAL: Any living or dead human whose blood or other potentially infectious materials may be a source of occupational exposure to any employee, including prisoners, trauma victims, dead bodies, and others.

U. TUBERCULOSIS: An infectious disease that results in severe damage to the lungs and respiratory system.

V. UNIVERSAL PRECAUTIONS: Treating all blood and certain body fluids as if they are known to be infectious for HIV, HBV, other blood borne pathogens, and tuberculosis.

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

IV. PROCEDURES

The following outlines recommended procedures to be followed by employees of the Town to prevent unnecessary exposure to bloodborne pathogens and remedial procedures to be followed if there is an exposure or possible exposure.

A. HIV is transmitted primarily through blood-to-blood contact, during sexual acts or while sharing needles, and there has never been a proven case where it has been spread by casual contact such as shaking hands, coughing, sneezing, spitting, kissing, from using toilet seats, bathtubs, showers, dishes, linens, or utensils, or from food and water.

B. The first positive thing that an employee can do to protect himself is to use personal protective equipment (PPE) provided by the Town. Infection control kits are available in each workplace

and vehicle. You will generally have advance notice when you are entering a situation where you may contact blood or other body fluids, and should take a moment to put on your gloves and other PPE. However, you may occasionally have to take instant action where there is no time for PPE, any may get blood or other body fluids on your hands, clothing or face. This policy also advised you what to do if this happens.

C. The following procedures are recommended for all members of the Town.

1. Routinely wear gloves whenever administering any kind of first aid unless the life-threatening nature of the incident does not allow time.
2. When confronting people, be aware that they may spit at you, bite you, or have sharp objects (sharps) hidden in their clothing or vehicle as you deal with them. Saliva carries a low risk of infection. If you know someone is likely to spit on you, wear eye protection and a face mask. Always clean any contaminated areas thoroughly. Biting is also a low risk for infection. Cleaning the wound is appropriate as soon as possible. Make it bleed by applying pressure and "milking" it, then wash thoroughly with soap and warm water. If blood or other body fluids are present on the person, or if you have cuts or damaged skin areas on your hands, wear two pair of gloves, one over the other, for extra protection.
3. Take plenty of time to avoid cuts and sticks with a needle or other sharp object. The greatest infection danger for personnel comes from getting stuck with a contaminated needle. Never handle needles, except to place them in a container for disposal or evidence. Don't leave them stuck into objects at a worksite and don't handle them. Place them in a puncture resistant container that is leakproof on the sides and bottom and has a tight lid.
4. When working where there is a possibility of wet or dried body fluids, put on body protection and gloves. If lighting conditions are poor, be extra careful because you can't see spilled body fluids. Don't touch body fluids, even with gloves, or you could spread them around.
5. Wear face and eye protection whenever dealing with someone who is vomiting, has an active cough, or may have lung disease. If this person has a cough and is spitting, place a face mask over his mouth, unless it would interfere with his breathing.
6. Cover with a clean dressing any cuts, abrasions, wounds, or other damaged skin areas while you are on duty, including small injuries like nicks, hangnails, and chapped skin areas. Use gloves over any dressings in instances where there is a risk of bacteria transmission.
7. At a worksite where there may be body fluids, pay attention to where you step and what you touch. Partially dried blood and body fluids can be difficult to see and easy to spread around. Put on PPE immediately upon arrival. Remember that any fluids you touch while wearing gloves will transfer to other objects. Don't touch anything that

someone not wearing gloves might also touch. Change gloves whenever you deal with a different person. Use heavy-duty leather gloves over your latex gloves if sharps or excessive body fluids are present. Avoid touching your eyes, nose or mouth. Don't handle contact lenses, apply cosmetics or lip balm while wearing contaminated gloves. Remove contaminated gloves before eating, drinking, smoking, or entering a vehicle, and before touching any personal item such as combs, pens or eyeglasses. Dried blood can still be infectious, so wear PPE whenever scraping samples for evidence.

8. If you handle a dead body, wear total PPE and wash all exposed areas after any contact.

9. If you receive a line-of-duty through-the-skin exposure or exposure to the eyes or inside the mouth (mucous membrane) by being pierced with a needle, knife or other sharp object, or if your eyes or mouth are splashed or otherwise exposed to the blood, or body fluids of a person, or if your skin is exposed to such fluids when you have an open wound or chapped, abraded or broken skin, be sure that you:

a. Report to the Fire/Rescue Department Medical Officer or his alternate, and, as soon as possible, provide a copy of the Injury Report to him.

b. If the source individual is transported to a licensed health care facility, provide a copy of the Injury Report to the Infection Control Officer at that facility.

c. If the source individual was not transported to a licensed health care facility, inform the source individual of the incident and ask him to consent to being tested for HIV infection. Before the test is performed, you or the medical person who will perform the test should inform the source individual as to the test's limitations and implications, how the results will be recorded, and who may have access to them.

d. In situations where the source cannot or will not give consent, it should be assumed that the source was infected.

e. If the source is diagnosed at a health care facility to have an infectious disease that could be transmitted by an unprotected exposure, the Infection Control Officer at the facility is mandated by RSA 141-G:5 to notify within 78 hours orally, and in writing notify with 72 hours, the Fire/Rescue Department Medical Officer of the finding and type of disease. Any information received by the Department in this manner will be confidential and not released to any unexposed individual for other than official public health and worker's compensation related purposes.

10. If the source is tested and found infected the employee:

a. Shall be asked for his consent to be evaluated clinically and serologically by the Town for evidence of HIV infection as soon as possible: and

b. Will be counseled by the Fire/Rescue Medical Officer regarding the risk of transmission.

11. If initial serological testing shows that the employee is negative for HIV, he will be:

a. Advised to report and seek medical attention for any fever or flu-like illness in the first twelve weeks after exposure;

b. Retested for HIV antibody six weeks after the exposure; and

c. Retested for HIV antibody regularly thereafter as may be necessary; and

d. Counseled about how the transmission of HIV can be prevented during the follow-up period, especially during the first six to twelve weeks after exposure when most infected persons are expected to show conversion from negative to positive in their blood.

12. If prompt initial serological testing shows that the employee is positive for HIV, it can be assumed that any HIV infection, if present, was not contracted by the recent exposure in questions.

13. If the source is seronegative for HIV:

a. No further follow-up of the exposed employee is necessary unless the source patient is a high risk individual; and

b. A subsequent specimen (e.g. 12 weeks after exposure) will be obtained from the employee if the source patient is a high risk individual.

14. If the source cannot be identified, decisions regarding appropriate follow-up will be handled by medical personnel on a case-by-case basis.

15. Decontamination Procedures

a. After an exposure incident, take immediate steps to decontaminate yourself and your clothing. Remove all contaminated clothing as soon as practicable, before washing exposed skin areas. Skin washing is ineffective if the skin is recovered by contaminated clothing.

b. Place contaminated clothing in a leakproof plastic bag tagged "biohazard." Do not wash it at home or at a public laundry. Handle it as little as possible, by as few people as possible, and wash it separately from other laundry. Dispose of grossly contaminated items as hazardous waste, in the area provided by the

Wolfeboro Fire/Rescue Department. Dry-cleanable only fabrics should be diluted in cold water and placed in plastic bags with red tags for cleaning.

c. If you are not at the station, wash your hands at the scene as soon as practicable. Do not touch your facial area in the meantime. If no water is available at the scene, use alcohol towelettes. Upon your return to the facility, re-wash hands and exposed skin areas thoroughly with soap and warm running water. Wash even if you were wearing gloves during an incident and even if the gloves appear uncontaminated and unpunctured.

d. If your nose, mouth, or eyes were exposed, rinse the eyes thoroughly with clean running water, blow your nose into a tissue and flush your nostrils with water, and for the mouth, spit out any saliva or other fluids, and rinse repeatedly with water.

e. If you transport someone who has bled or vomited in the vehicle, make sure that the vehicle is decontaminated before being used by someone else. Place a "Contaminated" sign on the windshield until this has been accomplished. Soak up any spills, pre-clean with soap and water, and disinfect with a 1:100 solution of household bleach to water, then allow surfaces to air dry. Use a 1:10 solution in decontaminating any other area and place a "Contaminated" sign in the area until this has been accomplished. Use PPE while decontaminating a vehicle or area.

f. For major decontamination jobs, dispose of as hazardous waste any towels or rags used to clean up spills. Saturate any dried fluids with hot, soapy water to minimize scrubbing. Next, remove visible contaminants by scrubbing thoroughly with hot, soapy water. If your hands or clothing were contaminated while driving the vehicle, clean the driver's seat area, including anything you touched such as the steering wheel, controls, front seat, or door handles. Scrub porous surfaces with a brush. Include seat belts, upholstery, and any crevices or moldings. Dispose of soapy water in the facility sink.

g. Once you have completed decontaminating everything, rinse any sponges, buckets, brushes and other items in fresh bleach solution. Dispose of any PPE as biohazardous waste. Decontaminate reusable PPE such as eyewear as soon as possible. Wash your hands before going on with any other duties.

h. When using a bleach solution, it is most effective if it is made up fresh.

16. All inquiries including AIDS or HIV antibody testing will be directed to the Medical Referral Consultant, or to the New Hampshire Division of Public Health Services Bureau of Disease Control's AIDS Hotline at 1-800-872-8909.

C. It will be the responsibility of the Fire/Rescue Medical Officer to arrange with the Medical Referral Consultant or other appropriate health care professional for the tests and information provided in the appropriate sections above.

D. It will be the responsibility of each employee, before going to work, to determine that a stocked Infection Control Kit is in the vehicle, along with utility gloves, and any employee who uses such supplies is responsible for replenishing them upon clearing the incident. Any person whose vehicle has been contaminated with blood or body fluids will secure it and place a "Contaminated" sign on the windshield until he has decontaminated it. Personnel will not use a vehicle that has such a sign on it.

E. It will be the responsibility of the Fire/Rescue Medical Officer to assure that there is an extra stock of exposure control kits, household bleach, plastic bags, biohazard labels, "Contaminated" placards, and other suitable materials at all times.

F. It will be the responsibility of the Department Head to call this policy to the attention of all new personnel and have them acknowledge its receipt, and to provide an annual review of the policy.

V. DOCUMENTS

Incorporated as appendix to this policy is the document entitled "Wolfeboro Fire/Rescue Department - Bloodborne Pathogens Exposure Control Plan." A copy of this document will be made available at each employee worksite by the respective department head.



Town of Wolfeboro

www.wolfeboronh.us

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David A. Senecal

TOWN MANAGER
David W. Owen

ACKNOWLEDGEMENT

I, _____, acknowledge receipt of the **Town of Wolfeboro Bloodborne Pathogen Policy and Response** issued March 8, 1999. I understand that it is my responsibility to familiarize myself with its contents, and will consult my supervisor with any questions.

Employee Signature

Date

(This form is to be retained in the employee personnel file.)

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