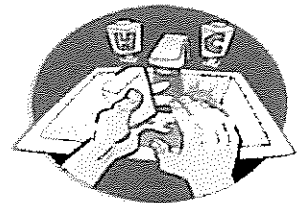
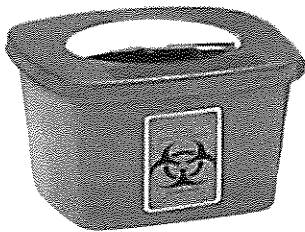


*City of Bath, Maine*

# Bloodborne Pathogens Exposure Control Plan



**TABLE OF CONTENTS**

Introduction & Scope.....3  
Defining Bloodborne Pathogens & Exposure.....3  
Requirements.....3  
Locations of Exposure Control Plans .....3  
List of Positions with Potential Exposure Risk.....4  
Exposure Control Officer .....4  
Treating an Exposure.....4  
Hepatitis B Vaccination.....4  
Post-Exposure Evaluation and Follow-up.....5  
Recordkeeping.....6  
Sharps Injury Log ..... 6  
Confidentiality ..... 6  
Engineering and Work Practice Controls .....6  
Personal Protective Equipment Selection.....7  
Specific PPE.....7  
Housekeeping.....7  
Removal & Disposal of Sharps .....7  
Bio-hazard Removal.....8  
Laundry .....8  
Bio-hazard Kit .....9  
Communication of Hazards to Employees .....9  
Training .....9  
Training Program .....9  
Training Records .....10  
Availability .....10  
Sources of Additional Help ..... 10

**ATTACHMENTS (SAMPLES)**

Attachment A, HEPATITIS B VACCINATION CONSENT .....11  
Attachment B, HEPATITIS B VACCINE DECLINATION STATEMENT ..... 12  
Attachment C, HEPATITIS B VACCINATION RECORD..... 13  
Attachment D, EXPOSURE INCIDENT REPORT ..... 14  
Attachment E, SOURCE INDIVIDUAL MEDICAL RELEASE/REFUSAL FORM ..... 15  
Attachment F, FORM LETTER TO HEALTH CARE PROVIDER .....16  
Attachment G, SHARPS LOG..... 17  
Attachment H, SUPERVISOR EXPOSURE DETERMINATION FORM.....18



## BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN – CITY OF BATH, MAINE

### Introduction & Scope

In accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogen Standard 29 CFR 1910.1030, the following Exposure Control Plan has been developed for the City of Bath. The City Manager, or his/her designee, is responsible for the administration of this program.

This Exposure Control Plan is to assist and give guidance to the employees of the City of Bath.

**Defining Bloodborne Pathogens and Exposure:** Bloodborne pathogens are infectious microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV). They can enter the bloodstream if the fluids come into contact with an unprotected break in your skin such as an open wound, acne, rash, etc. or if you experience a splash to your eyes, nose, or mouth. Needlesticks and other sharps-related injuries may also expose workers to bloodborne pathogens.

Blood, fluids (cerebrospinal, pleural, peritoneal, pericardial, amniotic, synovial), seminal or vaginal secretions, or bloody fluids are considered infectious. Feces, urine, sweat, tears, vomit, sputum, saliva, GI feedings, trach or ventilator secretions are not generally considered infectious unless bloody, but should still be handled with caution. These are considered Other Potentially Infectious Materials (OPIM)

### Requirements

1910.1030 require that a written Exposure Control Plan be completed by the City of Bath who may have employees that may be exposed to bloodborne pathogens as part of their work activities. The Exposure Control Plan will be reviewed and updated annually, and when necessary will reflect new/modified tasks, or procedures that affect occupational exposure, and new/revised employee positions with occupational exposure.

**Location of Exposure Control Plans:** To help employees with their efforts, the City of Bath's Exposure Control Plan is available to employees at all times. Employees are advised of this availability during their education/training sessions. Copies of the Exposure Control Plan are kept in the following locations:

#### City of Bath

- Allshare files on server

#### Fire Department

- Fire-Shared (Y:) Drive

#### Police Department

- Reception Area
- Deputy Chief's Office
- Sergeants' Office
- Police Chief's Office

#### Public Works

- Main Office

#### Wastewater Treatment Facility

- Superintendent's Office

#### Parks and Recreation Department

- Cemetery Department Office
- Cemetery Garage Break Room
- Facility Maintenance Building
- Main Office

#### City Hall

- City Manager's Office
- Facilities Department Director's Office, basement floor

**List of Position with Potential Exposure Risk:**MODERATE -TO-HIGH RISK

Fire Department

- All staff, volunteers

Police Department

- All staff, volunteers

Wastewater Treatment Facility

- All staff, volunteers

Parks and Recreation Department

- All staff, volunteers

Landfill

- All staff, volunteers

LOW-TO-MODERATE RISK

Facilities Department

- All staff, volunteers

Public Works

- All staff, volunteers

LOW RISK

City Hall

- All staff, volunteers

Exposure Control Officer: The City of Bath Fire Department (BFD) Chief or his designee shall be the City's Exposure Control Officer. Activities which are delegated to the Exposure Control Officer include, but are not limited to:

- Reviewing, revising, and updating the Exposure Control Plan.
- Developing and administering any additional bloodborne pathogens-related policies and practices needed to support the effective implementation of this plan.
- Collecting and maintaining a suitable reference library, or availability on Bloodborne Pathogens standards and bloodborne pathogens safety and health information
- Knowing current legal requirements concerning bloodborne pathogens

Department Heads are responsible for implementing the Exposure Control Plan at their facility. **The City of Bath Safety Chair** will act as the City of Bath liaison during OSHA inspections

**Treating an Exposure:** A City of Bath employee must immediately contact their direct supervisor in the situation when a potential exposure to a bloodborne pathogen has occurred. The Supervisor will determine whether there was an exposure to a bloodborne pathogen and provide direction to the employee regarding the exposure. If the Supervisor has questions as to whether there was an exposure, they should contact the Duty Officer at the Fire Department for direction. The Fire Department will review what constitutes an exposure at the annual Bloodborne Pathogens training.

**Hepatitis B Vaccination**

The City of Bath will make the Hepatitis B vaccination series available to all employees who have a moderate -to-high risk of occupational exposure, and offer all occupationally-exposed employees post-exposure evaluation and follow-up. The City will ensure that all medical evaluations and procedures, including the Hepatitis B vaccination series, post-exposure evaluation and follow-up, and procedures are offered at no cost to the employee, made available at a reasonable time and place and performed by, or under, the supervision of a licensed physician, PA, or RN. (The City of Bath uses the following facilities at the selection of the exposed employee: Mid Coast Hospital and Occupational Health Associates (OHA). Both facilities are trained on the current recommendations of the U.S. Public Health Service.

The Hepatitis B vaccination will be made available after the employee has received the required training and within 10 working days of initial assignment depending on appointment availability with Occupational Health Associates. The exception occurs when: the 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.

If the employee decides to decline the vaccination, he/she must sign a declination waiver. If the employee initially declines the Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the City of Bath will make available the Hepatitis B vaccine.

**Post-Exposure Evaluation and Follow-up:** Immediately following an exposure, the employee will (depending on body part that was exposed) wash their hands, arms, face; flush their eyes; rinse their mouth and spit the saliva onto the ground or into the sink; or blow their nose repeatedly and flush the nostrils.

The Supervisor will complete the MMA First Report of Injury, City of Bath Supervisor's Investigation Report, City of Bath Exposure Incident Report, Letter to Healthcare Provider, and –if possible- the Source Individual Medical Release/Refusal Form. As soon as reasonably possible after these documents are complete, notify Human Resources of the exposure and forward all related documents for file.

Immediately following the report of an exposure incident, the City of Bath will make a confidential medical evaluation and follow-up by OHA or a local hospital immediately available to the exposed employee. The evaluation will include:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
2. Identification and documentation of the source individual, unless the Department can establish that identification is not feasible or is prohibited by state or local law.
  - If consent is obtained, the source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV status.
  - If consent is not obtained, then the City of Bath shall establish that legally required consent cannot be obtained.
  - If the source individual's consent is not required by law and the source individual's blood is available, it shall be tested and the results documented.
  - When the source individual is already known to be infected with HBV or HIV, then testing for the source individual's known status need not be repeated.
  - The exposed employee will be provided with the source individual's test results and information about applicable laws and regulations concerning source identity.
3. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee does not give consent for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days, of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.
4. Post-exposure HBV vaccination will be offered to the affected employee. Recommendations by the U.S. Public Health Service will be followed for post-exposure procedure.
5. After an exposure incident occurs, the health care provider (OHA or local hospital) will receive a description of the exposed employee's job duties relevant to the exposure incident, documentation of the route of exposure, circumstances of exposure, results of the source individual's blood tests and all relevant employee medical records, including vaccination status, and a copy of this regulation.
6. The City of Bath shall 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 (OHA or local hospital) written opinion will be limited to the status of Hepatitis B

vaccination and confirmation that the employee has been informed of the results of the evaluation, and about any medical conditions resulting from the exposure that would require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

**Recordkeeping:** The City of Bath shall establish and maintain an accurate file for each occupational exposure incident, in accordance with the Department of Labor and OSHA requirements, including 29 CFR 1910.1020. The medical records shall be maintained for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.1020. This file shall include

- Copy of the employee’s “Exposure Incident Report,” “First Report of Injury,” and “Supervisor’s Accident Investigation;”
- A copy of the employee’s “Hepatitis B Vaccination Record” including the dates of all the Hepatitis B Vaccinations and any medical records relative to the employee’s ability to receive vaccination; and
- A copy of the “Letter to Healthcare Provider” and any other information provided to the healthcare professional (OHA or local hospital)

**Sharps Injury Log:** The City of Bath shall establish and maintain a Sharps Injury Log for the recording of injuries from contaminated sharps. This log will be maintained by Human Resources. The information in the Sharps Injury Log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The Sharps Injury Log shall be maintained for five years. 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, and
- An explanation of how the incident occurred.

**Confidentiality:** The City of Bath shall ensure that employee medical records are kept confidential. Records will be kept in a locked filing cabinet at the employee’s department office and in the Human Resources Office. They will not be 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.

**Engineering and Work Practice Controls:** Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. This method views all body fluids as potentially infectious. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall be used as outlined in that section. These controls include:

- Examination and replacement of engineering controls on a regular schedule to ensure their effectiveness.
- Provision of hand washing facilities that are readily accessible to the employees. If an exposure occurs in the field, where hand washing is not readily available, the use of an antiseptic towelettes are used located in the first aid kit. When antiseptic hand cleanser or towelettes are used, hands shall be washed with soap and running water as soon as possible.
- Washing of hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- Washing of hands and any other skin with soap and water, or flushing of mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

- All employees will be trained on how to handle and dispose of contaminated needles and sharps.
- Employees shall contact supervisors when a potential exists for an exposure and/or needles and sharps have been identified as a risk.
- Supervisor may summons the Fire Department or elect to have employee summons the Fire Department for proper disposal.
- Proper cleanup and disposal of potential biohazard material shall follow outlined procedure
- There shall be no eating, drinking, and smoking, applying cosmetics or lip balm, or handling of contact lenses in work areas where there is a reasonable likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counters or benches where blood or other potentially infectious materials are present.
- All procedures involving blood or Other Potentially Infectious Materials (OPIM) shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.

Equipment that might have been contaminated with blood or other potentially infectious materials shall be cleaned and decontaminated.

**Personal Protective Equipment (PPE) Selection:** When there is potential occupational exposure, the City of Bath shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to: gloves, Bio-Hazard Bags for disposing of waste materials, hand sanitizer and/ or antiseptic towelettes.

Personal protective equipment will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s work clothes, street clothes, undergarments, 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. PPE shall be made available to all employees at worksites.

If penetrated by blood or OPIM it must be removed and replaced as soon as feasible, removed prior to leaving the work area, and placed in the appropriate container for disposal by the fire department.

**Specific PPE:** Gloves shall be worn when the employee may have contact with blood or other potentially infectious materials. Disposable gloves are not to be decontaminated for reuse.

**Housekeeping:** The City of Bath shall ensure that the worksite is maintained in a clean and sanitary condition. Work surfaces and equipment that have been contaminated with blood or other potentially infectious materials will be decontaminated with an appropriate disinfectant. Bins, pails, cans and mops that are intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials will be inspected and decontaminated regularly.

Contaminated broken glass will be picked up with grappers or a brush and dust pan. Contaminated sharps (including needles, lancets, and broken glass) will be handled by trained employees or supervisors for removal and proper disposal of contaminated materials.

**Removal & Disposal of sharps:** Once identified as a possible bio-hazard or sharp, a City of Bath employee shall contact the supervisor at the Bath Fire Department for Direction. The Fire Department will be responsible for removing sharps and disposing in an approved bio-hazard sharps container.



Never accept any needles or sharps from the general public. Advise the general public that they can take it to the City of Bath Landfill and that the needles or sharps need to be in a heavy duty, puncture proof container. The container must be sealed and labeled of its contents. There may be a fee for disposal.

**Bio-Hazard Removal:** The City of Bath is committed to providing and maintaining a safe and clean environment for employees and citizens at its facilities. Accidents or injuries occurring on City owned property may result in the contamination of property or facilities with body fluids. Improper handling or cleanup procedures may result in exposure of Bloodborne Pathogens (BBP) to City employees or the public.

All Bath Fire Department personnel are trained to recognize potential bloodborne pathogen situations and are equipped to implement Body Substance Isolation (BSI) procedures to prevent an exposure. They are also trained and equipped to perform decontamination procedures on Emergency Medical Service (EMS) Equipment.

This standard Operating Procedure provides direction to Fire Department employees as to the responsibilities and action to take when such incidents occur.

**Notification:** City of Bath employees are directed to call the Fire Department Supervisor at 207-443-5034 in the event blood or other body fluids have contaminated property and they need assistance cleaning it up before resuming normal use of the area, facility or vehicle.

**Response:** Personnel should approach the incident as they would any other EMS situation utilizing accepted BSI and scene safety protocols. The area should be isolated from civilians and anyone that may have been exposed, or is contaminated, should be evaluated and decontaminated in accordance with standard BBP procedures.

**Assessment:** The Fire Department will ascertain whether the contamination can be cleaned up by the Department or whether a private contractor specializing in such work is required. The following factors may be considered

- The size of the area
- The ability to clean up the area with minimal exposure or direct contact
- Whether the material, including PPE, be contained in 1 or 2 red Bio-hazard bags;
  - Exceptions: a mop bucket of water and bleach solution may be disposed of in the sanitary sewer or a large contaminated item may be wrapped in a sheet of plastic for later disposal by a contractor.
- Whether area is an impervious surface?
- Whether the area is a permeable surface (e.g. carpeting), and is it a relatively small area;
- Whether it would be impractical to isolate the area from other for a long period.

BBP clean-up contractor may be called in to perform decontamination if

- A large porous surface (e.g. walls, carpeting or a vehicle interior) is contaminated;
- There is a risk of being exposed even with the use of BSI personal protective equipment (gloves, goggles, N-95 mask or Tyvek coveralls);
- The items or area cannot be easily isolated.

**Processes:** Clean up shall be done using standard and accepted protocols including but not limited to

- Proper Scene control using isolation and denying entry along with zoning
- Proper BSI precautions and Hazardous Waste Operations/BBP procedures as per

OSHA Standards 1910.120 and 1910.1030.

- 0.1% bleach solutions with 30 minute contact time
- Disposal of bio-hazard bags etc. per protocols for hazardous medical waste

**Laundry:** Contaminated laundry shall be bagged in an appropriate biohazard bag or containerized at the location where it was used, if possible, and not sorted or rinsed in the location of use. Never take contaminated laundry home to wash. If contaminated laundry is to be cleaned for return to service, it will be bagged in an appropriate biohazard bag and brought to a professional cleaner for proper cleansing. Contaminated laundry, clothing, rags, etc. can be disposed of in a regular dumpster. If excessive blood or body fluid has been determined, it will be taken to the Bath Fire Department for disposal. Employees with contracted uniforms will place contaminated clothing in a plastic bag labeled "Bio Hazard" and given to the route driver that picks up the uniforms.

Bagged or containerized at the location where it was used, if possible.

**Bio-hazard Kit:** Each City of Bath department is responsible for the purchase of a bio-hazard kit through the Bath Fire Department.

**Communication of Hazards to Employees:** All infectious waste containers will be labeled with a bio-hazard symbol, and the words "bio-hazard."



**Training:** City of Bath Department Supervisors shall be responsible for ensuring that all the employees within their department receive the required training and information on exposure to bloodborne pathogens provided by the Bath Fire Department. The City of Bath Exposure Control Officer shall be responsible for:

- Developing suitable education/training programs;
- Providing training to all City Employees, full and part-time;
- Maintaining appropriate training documentation such as sign-in sheets, quizzes, etc;
- Forwarding the training roster to all appropriate departments and the training records will be included in the employee's training file; and
- Periodically reviewing the training programs to include appropriate new information.

**Training Program:** The training program shall contain

- A general explanation of bloodborne diseases;
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the City of Bath's Exposure Control Plan, which employee will receive;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of engineering controls, work practices, and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment and contaminated materials;
- An explanation of the basis for selection of PPE;
- Information on the Hepatitis B Vaccine;
- Information on the actions to take in the event of an exposure, including medical follow-up;

- Information on the post-exposure evaluation and follow-up that the City of Bath is required to provide for the employee following an exposure incident;
- An explanation of how to direct the general public when disposing of sharps;
- An explanation of the signs and labels and/or color coding required in the standard; and
- An opportunity for interactive questions and answers with the person conducting the training session.

**Training Records:** Shall be maintained for 3 years from the date on which the training occurred and shall include dates and contents of the trainings, names and qualifications of trainers, and names and job titles of attendees.

**Availability:** The City of Bath shall ensure that all records required to be maintained by the standard shall be made available upon request. 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 provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the State and Federal Agencies.

### **Sources of Additional Help**

- MMA, Risk Management Services - Please call Loss Control Services at (800) 590-5583 or visit the website at [www.memun.org/RMS/LC/default.htm](http://www.memun.org/RMS/LC/default.htm)
- MMA On-line Bloodborne Pathogens Training
- OSHA Standard: 29 CFR 1910.1030, 29 CFR 1904;  
[www.osha.gov/SLTC/bloodbornepathogens/index.html](http://www.osha.gov/SLTC/bloodbornepathogens/index.html)
- OSHA Fact Sheets @ [www.osha.gov/OshDoc/data/BloodborneFacts/index.html](http://www.osha.gov/OshDoc/data/BloodborneFacts/index.html)
- ME Dept of Labor, Safety Works; 207-624-6400
  - [www.safetyworksmaine.com/safe\\_workplace/safetymanagement/osharecordkeeping.html](http://www.safetyworksmaine.com/safe_workplace/safetymanagement/osharecordkeeping.html)
- Center for Disease Control @ [www.cdc.gov/needledisposal](http://www.cdc.gov/needledisposal)
- DEP Waste Rules; select Ch. 900; <http://www.maine.gov/sos/cec/rules/06/chaps06.htm>
- National Assoc. of School Nurses, Eastern Office, PO Box 1300, Scarborough, ME, 04070. 207-883-2117
- City of Bath, City Manager's Office – 55 Front Street, Bath, Maine – 207-443-8330
- Bath Police Department – 250 Water Street, Bath, Maine – 207-443-5563
- Bath Fire Department – 864 High Street, Bath, Maine – 207-443-5034
- Emergency – 9-1-1 - Non Emergency – Sagadahoc Dispatch – 207-443-8201

**ATTACHMENT A**

*City of Bath  
Hepatitis B – Vaccination Consent*

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department/Location: \_\_\_\_\_

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.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT B**

*City of Bath*  
*Hepatitis B – Vaccine Declination Statement*

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department/Location: \_\_\_\_\_

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 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.

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACHMENT C

*City of Bath*  
*Hepatitis B – Vaccination Record*

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department/Location: \_\_\_\_\_

	DOSE #1	DOSE #2	DOSE #3
<b>DATE:</b>			
<b>LOT NUMBER:</b>			
<b>SIGNATURE:</b>			

## 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 D**

*City of Bath  
Exposure Incident Report*

Employee Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department/Location: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Date Incident Reported: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Reported to: \_\_\_\_\_

Job Title: \_\_\_\_\_

Date Exposure Control Notified: \_\_\_\_\_

Description of Incident (including time of exposure, route, circumstances)

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First Aid Given: \_\_\_\_\_

Referral to Health Care Provider: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Department Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACHMENT E**

*City of Bath*  
**Source Individual Medical Release / Refusal Form**

Source Individual Name: \_\_\_\_\_

Address 1: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**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 F**

*City of Bath*  
*Letter to Healthcare Provider*

Dear Health Care Provider:

Based upon the attached Exposure Incident Report, the following employee sustained an occupational exposure to bloodborne pathogens. Under the Occupational Safety and Health Administration 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,

## ATTACHMENT G

*City of Bath  
Sharps Injury Log*

Page \_\_\_\_ of \_\_\_\_

FOR THE OFFICE OF: _____					
DATE & TIME	TYPE AND BRAND NAME OF SHARPS	JOB CLASSIFICATION DEPT. OR WORK AREA	TASK BEING PERFORMED	BODY PART INJURED	COMMENTS*

\*Under comments include if protective device was in use or had not been activated. Add injured employee's comments if a different device would have prevented the injury and what other controls may have helped prevent the injury. **DO NOT INCLUDE EMPLOYEE NAMES. THIS INFORMATION IS CONFIDENTIAL.** Use this form for evaluation purposes.

**NOTE: An Exposure Incident Report must also be completed.**

**ATTACHMENT H**

**City of Bath, Maine  
Supervisor  
Exposure Determination Questionnaire**

This questionnaire is used when it is uncertain whether there has been an employee exposure to a bloodborne pathogen. This form should be filled out by the employee's Supervisor when a potential exposure is reported. If the Supervisor has questions regarding the potential exposure, the on Bath Fire Duty Officer should be contacted and should fill out this form to provide direction.

**Date:** \_\_\_\_\_

**Employee Name:** \_\_\_\_\_

**Employee's Supervisor:** \_\_\_\_\_

**Duty Officer (if applicable):** \_\_\_\_\_

**Employee's Department:** \_\_\_\_\_

**Exposure Determination**

**Brief Description of Event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Did the employee have contact with any of the following substances?**

- Amniotic Fluid
- Blood
- Breast Milk
- Cerebrospinal Fluid
- Pericardial Fluid
- Peritoneal Fluid
- Pleural Fluid
- Semen
- Vaginal Fluid

**Yes** \_\_\_\_ **No** \_\_\_\_

**PLEASE NOTE THAT THIS IS A TWO SIDED DOCUMENT**

**If a substance was circled above, did that substance have contact with the employee through any of the following portals of entry?**

Percutaneous: Injection, puncture, etc.  
 Mucous Membrane: Eyes, mouth, nose, etc.  
 Cutaneous non-intact skin: Cuts, abrasions, acne, etc.

Yes \_\_\_ No \_\_\_

If one of the above elements is not present, there is no exposure and further evaluation is not necessary. The employee should be advised that a copy of this determination is available for his/her personal record.

If both of the above elements are present, there is exposure. The employee's supervisor must initiate *Post-Exposure Evaluation and Follow-up* as per the City of Bath Bloodborne Pathogens Exposure Control Plan.

**According to the information provided above, the employee (check one):**

**Did have an exposure:** \_\_\_\_\_ **Did Not have an exposure:** \_\_\_\_\_

**Employee:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Signature

**Employee's Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Signature

**Duty Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 Signature (if applicable)

*Reference: This questionnaire has been developed after reviewing the local community standards that are being utilized by Midcoast Hospital and surrounding Fire and EMS agencies. Information regarding this standard can be located at the Clinician Consultation Center website at: <http://nccc.nesf.edu/clinical-resources/pep-resources/pep-quick-guide/>*

Please Direct all Inquiries to:  
 Exposure Control Officer  
 City of Bath Fire Department  
 864 High St.  
 Bath, ME 04530  
 (207) 443-5034

**City of Bath, Maine  
Annual Policy Review**

**Policy Availability**

A copy of this policy will be made available, upon request, to employees or their designated representatives by contacting the Department Program Coordinator

**Policy Name: Bloodborne Pathogens**

**Who Reviews This Policy?**

City Safety Committee

**Who Approves This Policy?**

City Manager

**History/Revision Dates:**

March 2015, November 2017, October 2021

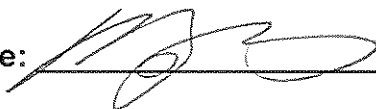
**Last Amended Date:**

October 2021

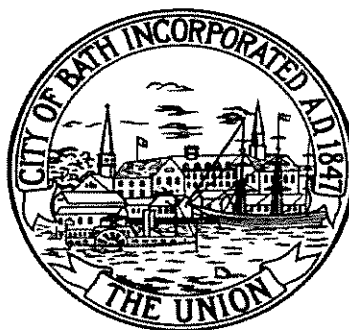
**Next Review Date:**

October 2022

**City Manager's Signature:**



**Date:** 11/9/21



**CITY OF BATH**

**ACKNOWLEDGEMENT OF BLOODBORNE PATHOGENS POLICY**

I have read and understand the City of Bath BBP Policy. I have received a copy and know where to access a copy for reference.

I understand that I must abide by all procedural rules and that failure to do so can result in disciplinary action up to and including termination.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_