

BLOODEBORNE PATHOGEN CONTROL PLAN

EMPLOYEES ARE REQUIRED TO READ THE PLAN AND ARE PERSONALLY RESPONSIBLE FOR ADHERING TO THE GUIDELINES.

- It is reasonable to expect that there may be times in the course of your duties where you may come in contact with potentially infectious materials (i.e. blood, body fluids)
- The purpose of the Plan is to provide employees with the best available protection from possible exposure to infectious materials.
- The Plan explains what precautions and work practices should be done to reduce potential infection.
- You have the opportunity to obtain the Hepatitis B vaccine. Each employee **should consult their personal physician before deciding to take the vaccine.** The Town will not advise you either way, only make the opportunity for the vaccine available.
- The First Aid Kit will include rubber gloves, goggles, and CPR Masks etc. **YOU** are to observe Universal Precautions at **ALL TIMES** and assume that all blood and body fluids are infectious.
- Vaccination: Each staff member must decide if they want the vaccine or not. If you do not want it, sign the Decline Sheet. If you do want it, sign the Waiver Form. If you decline it now and change your mind later, you may still get the vaccine at another date.
- If you think you have been exposed (blood splashed in eyes, mouth, exposed to broken skin etc.) you must inform the Recreation Supervisor immediately.
 - A written report must be on file within 48 hours
 - The Town will conduct a confidential medical evaluation and follow-up on the incident.

GLASTONBURY PARKS & RECREATION INFECTIOUS CONTROL PROCEDURES

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment is specialized clothing and equipment worn by an employee for protection against a hazard. The following protective barriers that will be provided by the Parks and Recreation Department:

- A) Gloves: Gloves will be provided in all first aid kits. They are required in **ALL** situations involving infectious exposure and must be worn when performing any type of first aid.
- B) Mask and Eye Protectors: One pair of goggles will be provided at each site.
- C) Resuscitation Equipment: At least one CPR mask will be provided in each first aid kit.

UNIVERSAL PRECAUTIONS TO PREVENT TRANSMISSION OF HIV AND HBV.

According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens. Since one cannot identify all patients infected with HIV or HBV, all staff should follow universal precautions in the care of **ALL** patients.

- 1) All staff should wear gloves or other appropriate barrier precautions when performing any type of first aid. Gloves are to be changed after contact with each person. Contaminated gloves should be placed in the labeled medical waste container. This container is to be separate from a typical trash container.
 - * **Usually a covered 5 gallon bucket at the pools and town building settings**
 - * **Usually in the Nurses office at the school day camp settings**
- 2) Hands and other skin surfaces should be washed immediately if contaminated with blood or other bodily fluids. Hands should be washed with the provided "VIONEX" skin wipe towelette or soap and water. If an employee is contaminated, the Supervisor should be notified immediately for a post-exposure evaluation.
- 3) In situations where CPR is required, the mask, mouthpiece, and valves are available. In some cases, bag-valve mask are available. After performing CPR, the valve and mask need to be disinfected in regular house-hold bleach at a 1:2 ratio (with water). The mouthpiece should be place in the designated container.
 - * **The Recreation Supervisor will have equipment cleaned and/or issue your site new ones.**

HOUSEKEEPING

All places of employment, passageways, storerooms, and service rooms shall be kept clean, orderly and in sanitary condition. The floor shall be maintained in a clean and dry condition. Contaminated work surfaces shall be decontaminated immediately following a procedure.

- A) Disinfectants: A solution of .5% sodium hypochlorite (15% concentrate diluted in water at 1:3 ratio) shall be used to disinfect the contaminated area.
 - * **Lifeguard, Aquatic and Staff in Town Buildings will clean the contaminated area**
 - * **Staff in the school day camp setting should notify a custodian and keep everyone out of the area until it has been disinfected.**
- B) Waste Disposal: All medical waste should be disposed of in a separate medical waste labeled container rather than in the regular trash. The container should have a regular trash bag.
 - * **Usually a covered 5 gallon bucket at the pools and town building settings**
 - * **Usually in the Nurses office at the school day camp settings**
 - 1) When the container is full and no new items have been discarded for, at least, a period of one week, tie the bag into a knot and discard in the regular trash. (Contaminated items are dry.)
 - 2) Should an employee be temporarily unable to get to the designated container, a Ziploc bag will be sufficient. Throw the entire baggy with contents into the designated container.

- C) **Laundry:** Should any form of laundry become contaminated, such as the employee's uniform, the contaminated articles are to be disposed of in the designated container. If the item of clothing is "saturated" with bodily fluids, place items into plastic bags and bring to the Parks & Recreation Department to be disposed of. If this is done, inform the Recreation Supervisor. If the EMT is called, they may be able to dispose of the clothing.
- D) **Custodial Duties:** When performing custodial duties, i.e. trash pickup, cleaning bathrooms, etc., the latex gloves are to be worn and discarded with the regular trash.

Possible Exposure to HIV/HBV

- A) **Definition of Exposure:** If an employee has a percutaneous injury (needle stick or cut), mucous membrane (splash to eye, nasal mucosa, or mouth), exposure of skin is chapped or abraded which comes in contact with bodily fluids with blood viable, synovial fluid, peritoneal fluid, pericardial fluid, amniotic fluid or cerebrospinal fluid.
- B) **Post-Exposure Evaluation:** Following an exposure incident, the employee must notify the Recreation Supervisor immediately and a written report must be filed within 48 hours. The Town will conduct a confidential medical evaluation and follow up of the incident. Employee must complete and follow the "Employee Injury" protocol. They will need to go to Concentra for an exposure evaluation.

Vaccination Procedures

All appropriate Town of Glastonbury employees must be given the opportunity to receive the Hepatitis B vaccination. They can, however, waive their right to do so. A waiver form must be completed to either receive or decline the vaccination.

Should an employee elect to receive the HBV vaccination, the following procedures apply:

- 1) Complete the Town of Glastonbury vaccine form and give to the Recreation Supervisor or Parks Superintendent.
- 2) The Recreation Supervisor will submit the form to the Health Department
- 3) The Health Department will call the employee to arrange an appropriate time to receive the vaccine
- 4) The Health Department will remind the employee when it is time to receive the next schedule dose.

For information on the vaccine procedures, please call the Town of Glastonbury Health Department at 652-7534.

Town Of Glastonbury

Decline of Hepatitis - B Vaccination

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, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____	_____	_____
Employee Name (Print)	Employee Signature	Date

If employee is under age 18 ...

_____	_____	_____
Parent / Guardian Name (Print)	Parent Signature	Date

_____	_____
Lisa Zerio Director of Parks and Recreation	Date

Town Of Glastonbury

Hepatitis B Vaccine

CAUTION: If pregnant or if there is a possibility of pregnancy, seek personal medical advice before receiving vaccination.

Date: _____

Name: _____ S.S. # _____

Address: _____ Gender: M F

_____ D.O.B. _____

Allergies: _____

Department: Parks and Recreation Height: _____ Weight: _____

Work Phone: _____ Home Phone: _____

Yes I understand the risks and benefits of immunization with the Hepatitis B vaccine. However, as with all medical treatments, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine.

I request that the vaccination be given to me. This decision is a personal decision on my part, without pressure or influence of any kind having been exerted upon me by the Town Of Glastonbury, its agents, officials, employees or contractors.

Signature of Employee

Date

If employee is under 18 years of age:

Parent/Guardian Name (print)

Signature

Date