

City of Anderson

Bloodborne Pathogen Control  
Program

October 1, 1992  
(Revised November 18, 2025)

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## City of Anderson

### Bloodborne Pathogenic Control Program

#### A. Purpose

Hepatitis B Virus (HBV) has been long recognized as a disease-causing substance causing serious illness and death. The virus is transmitted through blood and certain body fluids. Personnel who handle blood and other potentially infectious materials as part of their jobs have an increased risk of contracting HBV. The Human Immunodeficiency Virus (HIV), the virus that causes AIDS, has only been recognized in the last decade. Because the transmission of HIV is considerably less efficient than HBV, the risk of HIV infection to employees who must handle blood and other potentially infectious materials is less than for HBV, the consequences of HIV infection are grave however because HIV causes the fatal disease AIDS. Accordingly, the following policy is established to further our efforts to provide a City-wide environment for employees which is free from recognized hazards that cause or are likely to cause serious physical harm or death.

#### B. Exposure Determination

Within this plan "blood" is deemed as human blood, human blood components and products made from human blood. The following body fluids are deemed as "other potentially infectious material": human semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and any body fluids in situations where it is difficult or impossible to differentiate between body fluids; and unfixed tissue or organ (other than intact skin) from a human (living or dead); HIV-containing cell or tissue cultures, organ cultures; and HIV- or HBV- containing culture medium or other solutions, and blood organs or other tissues from experimental animals infected with HIV or HBV.

**All employees in the following job classifications are considered to have occupational exposure to bloodborne pathogens:**

Police Chief	Fire Chief
Police Major	Assistant Fire Chief
Police Captain	Captain
Police Lieutenant	Fire Lieutenant
Police Sergeant	Fire Sergeant
Patrolman	Engineer
Detention Officer	Firefighter
Booking Officer	Paramedic
Guard	
Traffic Control Officer	

**Some of the employees in the following job classifications are considered to have occupational exposures to bloodborne pathogens:**

Garage- Supervisor	WWTP- Director
Garage- Crew	WWTP- Superintendent
Garage- Mechanic	WWTP- Plant Manager
Street- Crew	WWTP- Plant Operator
Sanitation- Supervisor	WWTP- Lab Technician
Sanitation- Motor Equipment Operator	
Sanitation- Crew	
Sewer Lines- Construction Foreman	
Sewer Lines- Technician	
Sewer Lines- Motor Equipment Operator	

**The following is a list of some of the tasks and procedures in which occupational exposure to blood or other potentially infectious materials may occur:**

**Law Enforcement**

Altercations resulting in open wound injuries during the arrest of a violent suspect.

Physical search of suspects and clothing during an arrest procedure.

Assisting an injured person because of accident.

Securing or handling evidence while investigating the crime scene of a violent crime.

Observing or witnessing a postmortem examination or autopsy.

Laundry operations involving direct exposure to blood or potentially infectious materials within the Jail facility.

Housekeeping operations involving substantial risk or direct exposure to body fluids while cleaning rooms or blood spills of potentially infectious materials within the Jail facility.

Mouth to mouth resuscitation

### **Firefighting Operations**

Emergency rescue and care of victims on a fire scene.

Fire suppression procedures at a facility where body fluids or potentially infectious materials are handled or stored.

Emergency care of patients on EMS calls

### **Sanitation Operations**

Collection of domestic refuse or garbage where direct exposure to body fluids or potentially infectious materials are present.

### **Garage Operations**

Repair and maintenance of equipment used in collection of domestic refuse or garbage.

### **Sewer Operations**

Repair to sewer lines involving direct contact with raw sewage and testing and analyzing sewers at the wastewater treatment plants.

## **C. Implementing Schedule and Methodology**

### **1. Compliance Methods**

Effective October 1, 1992, (Revised November 18, 2025) the City of Anderson has adopted the practice of Universal precautions. Universal precautions are a system of infectious disease control which assumes that every direct contact with body fluids is infectious and requires that every employee exposed to direct contact with body fluids be protected as though such body fluids were HBV or HIV infected. Body fluids which have been directly linked to the transmission of HBV or HIV and to which universal precautions apply include blood, semen, blood products, vaginal secretions, cerebrospinal fluid, pericardial fluid, amniotic fluid and concentrated HIV or HBV viruses.

Occupational exposure may occur in many ways including needle sticks and cut injuries. City employees employed in certain occupations are assumed to be at high risk for bloodborne infections due to their routinely increased exposure to body fluids from potentially infected sources. These high-risk occupations include but are not limited to Law Enforcement Officers, Jailors, Firefighters, Garage, Sewer, and Sanitation Workers. Employees in any occupation where they are directly exposed to body fluids are at substantial risk of exposure to HIV and HBV. Neither HBV nor HIV is transmitted by casual contact in the workplace. Evidence such as sharps (needles) and other potentially infectious materials shall be stored and maintained in containers in accordance with this policy. Where occupational exposure remains after these controls, personal protective equipment must be used.

Hand washing facilities are generally readily accessible to employees who incur exposure to blood or other potentially infectious materials. When hand washing facilities are not feasible, the employee's department shall provide an appropriate hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as possible.

Employees shall wash their hands immediately after removal of gloves or other protective equipment.

Employees shall wash hands and any other skin with soap and water immediately after contact with blood or other potentially infectious material.

### **2. Needles**

Bending, recapping, removing, shearing or purposely breaking of contaminated needles is prohibited. Recapping or needle removal must be accomplished using a mechanical device or a one-handed technique.

### **3. Containers for Used Sharps**

Contaminated sharps (needles) shall be placed in appropriate containers until properly disposed. Containers must be puncture resistant, labeled with the biohazard warning label, leak proof on the sides and bottom, and packaged in such a manner that employees are not required to reach by hand into the container. Containers must be emptied frequently and inspected daily to ensure that container is never overfilled.

Anderson Fire Department will utilize a specialized medical waste disposal service that will provide containers and disposal

### **4. Work Area Restrictions**

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a likelihood of occupational exposure.

Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, counter tops or desktops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials shall be performed in a manner to minimize splashing, spraying, spattering or the generation of droplets. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

### **5. Specimens**

Specimens of blood or other potentially infectious materials shall be placed in containers that prevent leakage during collection, handling, storage, transport, or shipping. Internal containers for storage, transport or shipping shall be color coded **RED** and marked with biohazard symbols. Other containers will be marked with the biohazard symbol.

All specimens of body fluid shall be put in a well-constructed container with a secure lid to prevent leaking during transport and shall be disposed of in an approved manner.

### **6. Contaminated Equipment**

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to shipping and shall be decontaminated as necessary unless decontamination of the equipment is not feasible.

### **7. Personal Protective Equipment**

#### **PPE Provision**

The high-risk occupation employee's department shall provide, at no cost to the employee, access to appropriate personal protective equipment such as gloves, gowns, lab coats, face shields, masks, eye protection with side shields, mouth pieces, resuscitation bags, pocket masks and other such personal protection as required to protect the employee from exposure.

The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

### **PPE Use**

The employee uses appropriate PPE unless the supervisor shows that employee temporarily and briefly declined to use PPE when under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance it's use would have prevented the delivery of healthcare or posed an increased hazard to the safety of the worker or co-worker when the employee makes this judgement. The circumstances should be investigated and documented to determine whether change can be initiated to prevent such occurrences in the future.

### **PPE Accessibility**

The employee department should provide clothing and equipment in appropriate sizes which are readily available or issued to employees. Hypoallergenic gloves, glove liners, powderless gloves must be readily available for employees who are allergic to gloves normally provided.

Personal protective equipment, including personal protective equipment for eyes, face, head and extremities, protective clothing and protective shields and barriers, shall be provided, used and maintained in sanitary and reliable condition whenever it is necessary by reason of the process or environment to protect against contamination by blood or body fluids. This equipment or clothing must be provided by the department concerned and available in the work area.

### **Personal, Protective Equipment Cleaning, laundering and Disposal**

The employee's department shall clean, launder and dispose of personal protective clothing and equipment at no cost to the employee. Disposable protective clothing and equipment provided by the department is an acceptable alternative to cleaning and laundering. All repairs and replacements will be made by the employer at no cost to employees.

All personal protective clothing and equipment shall be removed prior to leaving a contaminated work area and placed in an appropriately designated container for storage, cleaning, or disposal.

### **Gloves**

The use of gloves will vary according to the procedure involved. The use of disposable gloves is required where body fluids are handled and it is particularly important if the worker has cuts, abraded skin, chapped skin, dermatitis or the like.

Gloves must be of appropriate material and quality for the procedures to be performed, and of appropriate size for each worker. Surgical and examination gloves must be disposed of after use and may not be washed or disinfected. General purpose utility (rubber) gloves worn by maintenance, housekeeping and other non-medical personnel may be decontaminated and reused. No gloves shall be used if they are peeling, cracked, or discolored, or if they have punctures tears, or other evidence of deterioration.

### **Eye and Face Protection**

Masks and protective eye wear and/or face shields are required when contamination of eyes, mouth or nose is likely to occur due to splashes or aerosolization of materials.

### **Additional Protection**

Gowns, aprons, or lab coats must be worn when splashes to skin or clothing with body fluids are likely to occur. Gowns, including surgical gowns, shall be made of, or lined with, impervious material and shall protect all areas of exposed skin.

Pocket masks, resuscitation bags, or other ventilation devices shall be provided in strategic locations and to key personnel where the need for resuscitation is likely to eliminate the need for emergency mouth to mouth resuscitation.

When an employee's skin or mucous membrane may encounter body fluids, gowns, masks, and eye protection shall be worn. People observing, performing or assisting in postmortem procedures are required to wear personal protective clothing to avoid exposure to blood or body fluids.

## **8. Housekeeping**

Housekeeping and environmental services operations involving substantial risk or direct exposure to body fluids should consider the application of proper precautions while cleaning rooms and blood spills. Cleaning schedules should be as frequent as is necessary depending upon the area to be cleaned, the type of surface to be cleaned and the amount and type of soil present. Chemical germicides that are approved for use as hospital disinfectants and are tuberculocidal when used as recommended shall be used to decontaminate spills of blood and other fluids. A solution of 5.25 percent sodium hypochlorite (household bleach) diluted to 1.10 with water or other suitable disinfectant shall be used for disinfection.

## **9. Regulated Waste Disposal**

### **Disposable Sharps**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak-proof on sides and bottom and labeled or color-coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably found (e.g. laundry, Bathroom)

The containers shall be maintained upright throughout use and replaced routinely and not allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closed, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

Reusable containers should not be opened or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

Anderson Fire Department will utilize a specialized medical waste disposal service that will provide containers and disposal

## **Other Regulated Waste**

Other regulated waste shall be placed in containers which are closed, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of content during handling, storage, transport, or shipping.

## **10. Laundry**

All laundry operations involving direct exposure to body fluids shall be identified. Linens soiled with body fluids shall be handled as little as possible and with minimum agitation to prevent contamination of the person handling the linens. Laundry shall be bagged and labeled in biohazard or color-coded red bags which prevent leakage in the location where it was used and transported to the laundry. Such laundry will not be sorted or rinsed in use

## **11. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-Up**

Hepatitis B Vaccination is offered at no cost to the employee through the City's Designated Physician at a reasonable time and place within 10 working days of initial assignment to a position where occupational exposure to bloodborne pathogens is possible at any time thereafter that the employee chooses to receive the vaccine.

Acceptance to receive the vaccine will be in writing utilizing the statement found in Appendix A. Refusal to receive the vaccine will be in writing utilizing the statement found in Appendix B. Both forms are in the Business License/Risk Management Administrators Office.

Exposure incidents must be reported to the employee's Supervisor. The exposed employee's supervisor must report the incident to the Personnel Office immediately (no later than 24 hours after the incident).

Following a report of an exposure incident, the employee will immediately receive a confidential medical evaluation and follow-up at the following medical facilities:

- **City Employee Health (Primary) 601 S. Main St. (MBC) M-F, 8:30am-4:00pm**
- AnMed Occupational Health North Campus (**Health Clinic Backup**) 2000 E Greenville St, M-F, 7:30am-4:00 pm- *See “Approved Providers” page with instructions found on the City of Anderson Employee Intranet*
- AnMed Urgent Care- 801 Fant St- M-F, 8am-8pm, **CLOSED on WED**
- AnMed Health Emergency Room (last option) -800 N Fant St

A medical evaluation and follow-up shall include at least the following elements:

- a) Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- b) Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by state or local law.
- c) The source individuals' blood shall be tested as soon as feasible and after consent is obtained to determine HBV and HIV infectivity. If consent is not obtained, the Personnel Office shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- d) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- e) Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

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

- a.) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
- b.) The employee will be offered the option of having their blood collected to test the employee's HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

## **Information Provided to the Healthcare Professional**

The Personnel Department will ensure that the designated physician responsible for the employee's Hepatitis B vaccination is provided with the following:

- a.) A copy of OSHA 29 CFR 1910.1030
- b.) Written description of the exposed employee's duties as they relate to the exposure incident.
- c.) Written documentation of the route of exposure to circumstances under which exposure occurred.
- d.) Results of the source individuals blood testing if available.
- e.) All medical records relevant to the appropriate treatment of the employee, including vaccination status.

## **Healthcare Professional's Written Opinion**

The Personnel Department shall obtain and provide the employee with a copy of the evaluation of the healthcare professional's written opinion within 15 days of the completion of the evaluation.

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

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

- a.) A statement that the employee has been informed of the results of the evaluation; and,
- b.) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

## 12. Labels and Signs

Biohazard labels shall be affixed to containers of regulated waste. Refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood, or other potentially infectious materials shall be labeled with biohazard labels.

The universal biohazard symbol shall be used. The label should be fluorescent orange or orange red.

Red bags or containers may be substituted for labels. However, regulated waste must be handled in accordance with the rules and regulations of the organization having jurisdiction. (DHEC). Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

## 13. Information and Training

The employee's supervisor should ensure that training is provided at the time of initial tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be tailored to the education and language level of the employee and offered during the normal work shift. The training will be interactive and cover the following:

- a.) OSHA's Bloodborne Pathogens Standard and an explanation of its contents.
- b.) A general explanation of the epidemiology and symptoms of bloodborne diseases.
- c.) An explanation of the modes of transmission of bloodborne pathogens.
  
- d.) An explanation of the City of Anderson Bloodborne Pathogen Exposure Control Plan, and a method of obtaining a copy.
- e.) The recognition of tasks that may involve exposure.
  
- f.) An explanation of the use and limitations of methods to reduce exposure, (e.g. engineering controls, work practices and personal protective equipment [PPE]).
  
- g.) Information on the type, proper use, location, removal, handling, decontamination, disposal of personal protective equipment.

- h.) An explanation of the basis for the selection of personal protective equipment.
- i.) Information on the availability of Hepatitis B Vaccine, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.
- j.) Information on the appropriate actions to take and people to contact in an emergency involving blood or other potentially infectious materials.
- k.) An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- l.) Information on the evaluation and follow-up required after an employee exposure incident.
- m.) An explanation of the signs, labels, and color-coding systems.

The person conducting the training shall be knowledgeable in the subject matter.

Employees who have received training on the bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in the provisions of the policy that were not covered.

Additional training shall be provided to employees when there are any changes of tasks or procedures affecting the employee's occupational exposure.

#### 14. **Record Keeping**

Employee vaccination records and antibody results will be kept on file by department Supervisors. Medical records related to a post exposure incident will be kept on file in the Personnel Dept.

Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20.

These records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- a.) The name and social security number of the employee.
- b.) A copy of the employee's Hepatitis B Vaccination status, including the dates of all the Hepatitis B Vaccinations and any medical record relative to the employee's ability to receive vaccination.
- c.) A copy of all results of examinations, medical testing, and follow-up procedures.
- d.) A copy of the information provided to the healthcare professional, including a . description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.

Note: For OSHA 200 Recordkeeping purposes, an occupational bloodborne pathogens exposure incident shall be classified as an injury since it is usually the result of an instantaneous event or exposure. It shall be recorded if it meets the requirements.

The employer shall ensure that employee medical records are:

- a.) Kept confidential.
- b.) Not disclosed or reported without the employee's express consent to any person within or outside the workplace except as required by this section or as may be required by law. The employer shall maintain the records required for at least the duration of employment, plus 30 years in accordance with 29 CFR 1910.20.

### **Training Records:**

Department Supervisors are responsible for maintaining the following records.

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

- a.) The dates of the training sessions
- b.) The contents or a summary of the training sessions including documentation of the employees' receipt of ASHA Standard 1910.1030
- c.) The names and qualifications of persons conducting the training
- d.) The names and job titles of all persons attending the training sessions

### **Availability**

All employee records shall be available to the employee in accordance with 29 CFR 1910.20.

## Definitions

- 1 Amniotic Fluid - the watery fluid in which an embryo is suspended.
- 2 Blood - human blood, human blood components, and products made from human blood.
- 3 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).
- 4 Cerebrospinal Fluid - the serum-like fluid which bathes the lateral ventricles of the brain and the cavity of the spinal cord.
- 5 Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a item or surface.
- 6 Contaminated Laundry - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.
- 7 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 of dental wires.
- 8 Decontamination - use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- 9 Exposure Incident- a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- 10 HBV - Hepatitis B Virus.
- 11 HIV - Human Immunodeficiency Virus.
- 12 Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- 13 Other Potentially Infectious Materials (OPIM)
  - a) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial 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.
  - b) Any unfixed tissue or organ (other than intact skin) from a human (living or dead) and:
  - c) HIV- containing cell or tissue cultures, organ cultures, and HIV and HBV containing culture medium or other solutions: blood, organs or other tissues from experimental animals infected with HIV or HBV.

- 14 Parenteral- piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- 15 Pathogen- a disease-causing substance
- 16 Pericardial Fluid - fluid contained in the membranes which line the abdominal cavity.
- 17 Peritoneal Fluid - fluid contained in the membranes which line the abdominal cavity.
- 18 Personal Protective Equipment (PPE) - specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes not intended to function as protection against a hazard are not considered personal protective equipment.
- 19 Pleural Fluid - fluid which is contained in membranous sacs which envelop the lung, reducing the friction of respiratory movements to a minimum.
- 20 Regulated Waste - liquid or semi-liquid blood or OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and can release these materials during handling; contaminated sharps; and pathological/microbiological waste containing blood or OPIM.
- 21 Seroconvert - when the status of a person's blood changes from being seronegative to seropositive.
- 22 Serologic Test - any number of tests that are performed on blood. Usually refers to a test that measures antibodies to a virus.
- 23 Seronegative - the status of a person's blood when it is tested and the results cannot confirm that antibodies are present.
- 24 Seropositive - a condition in which antibodies to a disease-causing agent are found in blood, a positive reaction to a blood test. The presence of antibodies indicates that a person has been exposed to the agent.
- 25 Source Individual - any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee.
- 26 Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- 27 Synovial Fluid- A clear, viscid lubricating fluid secreted by joint cavities, sheaths of tendons and bursae.
- 28 Universal Precautions- An approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

## Appendix A

### Hepatitis B Vaccine Acceptance/Immunization Record

EMPLOYEE ACCEPTANCE: I understand that due to my occupational exposure to blood and other potentially infectious materials that I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I accept the opportunity to be vaccinated with Hepatitis B Vaccine, at no charge to myself.

EMPLOYEE SIGNATURE: \_\_\_\_\_

ACCEPTANCE DATE: \_\_\_\_\_

Vaccine is to be administered in three doses. It should be given intramuscularly. The Deltoid muscle is the preferred site. The vaccine should not be administered in the buttocks. For persons at risk of hemorrhage following intramuscular injection, the vaccine may be administered subcutaneously. The schedule for doses is as follows:

Elected date, 1 ml.

One month from elected date, 1 ml.

Six months from elected date, 1 ml.

EMPLOYEE NAME: \_\_\_\_\_ SS# \_\_\_\_\_

NAME OF VACCINE ADMINISTERED: \_\_\_\_\_

DATE OF 1ST DOSE: \_\_\_\_\_ ADMINISTERED BY: \_\_\_\_\_

DATE OF 2ND DOSE: \_\_\_\_\_ ADMINISTERED BY: \_\_\_\_\_

DATE OF 3<sup>RD</sup> DOSE: \_\_\_\_\_ ADMINISTERED BY: \_\_\_\_\_

BOOSTER DATE: \_\_\_\_\_ ADMINISTERED BY: \_\_\_\_\_

Antibody Test Results- Pre Vaccine (optional) \_\_\_\_\_

Antibody Test Results- Post Vaccine (optional) \_\_\_\_\_

## **Appendix B**

### **Hepatitis B Vaccine Declination**

I understand that due to my occupational exposure to blood or 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. However, I decline hepatitis B vaccination currently. 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.

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Signature

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Date

## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

### **(QUICK REFERENCE ONLY)**

Exposure incidents must be reported to the Department Supervisor and the Personnel Department within 24 hours of the incident. Following a report of an exposure incident, the employee will be offered a confidential medical evaluation and follow-up at the following:

- **City Employee Health (Primary) 601 S. Main St. (MBC) M-F, 8:30am-4:00pm**
- **AnMed Occupational Health North Campus (Health Clinic Backup) 2000 E Greenville St, M-F, 7:30am-4:00 pm- *See “Approved Providers” page with instructions found on the City of Anderson Employee Intranet***
- **AnMed Urgent Care- 801 Fant St- M-F, 8am-8pm, **CLOSED on WED****
- **AnMed Health Emergency Room (last option) -800 N Fant St**

**The Department Head will ensure that the designated physician responsible for the employee's Hepatitis B vaccination is provided with the following:**

- a) A copy of CFR 1910.1030
- b) A written description of the exposed employee’s duties as they relate to the exposure incident
- c) Written documentation of the route of exposure to circumstances under which the exposure occurred.
- d) Results of the source individuals blood testing if available
- e) All medical records relevant to the appropriate treatment of the employee including vaccination status

The Personnel Department shall provide the exposed employee with a copy of the evaluation of the physician's written opinion within 15 days of the completion of the evaluation. The physician's written opinion for HBV vaccination shall be limited to whether HBV vaccination is indicated for the employee, and if the employee has received such vaccination.

**The healthcare professional's written opinion for post exposure follow-up shall be limited to the following:**

- (a) A statement that the employee has been informed of the results of the evaluation; and
- (b) A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials, which require further evaluation or treatment.

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

**CITY OF ANDERSON  
BLOODBORNE PATHOGENS POST EXPOSURE CONTROL PLAN**

**Outline of Procedures:**

- Employee is to report the incident to the Supervisor immediately.
- All contaminated clothing should be changed, placed in a Red Biohazard Bag, and should be taken with the exposed employee to the medical facility (see below) providing medical assistance. It is advised that any at-risk personnel keep a change of clothing at their workstation. Any contaminated equipment should be cleaned with a Clorox solution of 1/4 cup Clorox to 1 gallon of water.
- Unless the employee declines medical advice and assistance, the employee should seek medical attention from the following:
  - **City Employee Health Center (Primary) 601 S. Main St. (MBC) M-F, 8:30am-4:00pm**
  - AnMed Occupational Health North Campus (**Health Clinic Backup**) 2000 E Greenville St, M-F, 7:30am-4:00 pm- *See “Approved Providers” page with instructions found on the City of Anderson Employee Intranet*
  - AnMed Urgent Care- 801 Fant St- M-F, 8am-8pm, **CLOSED on WED**
  - AnMed Health Emergency Room (last option) -800 N Fant St
- The Exposed Employee should complete FORM #1
- The Supervisor will Complete FORM #2
- The Healthcare Professional will assume care and consultation with employee at this point
- The Supervisor will investigate the incident and complete unfinished portion(s) of FORMS #1 and #2
- The Personnel Dept will complete FORM #3
- The Supervisor will advise the Personnel Dept of the Exposure Incident as soon as possible
- All Forms regarding incident will be placed in the employee’s medical file and retained as mandated by OSHA

**CITY OF ANDERSON  
INFECTIOUS EXPOSURE FORM  
FORM # 1**

Exposed Employee's Name: \_\_\_\_\_ Dept. \_\_\_\_\_

Social Security No: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

Suspected or Confirmed Disease: \_\_\_\_\_

Transported From: \_\_\_\_\_ Transported To: \_\_\_\_\_

Transported By: \_\_\_\_\_ Date and Time of Exposure: \_\_\_\_\_

Type of Incident (auto accident, etc):  
\_\_\_\_\_

What Were You Exposed To? Blood: \_\_\_\_\_ Tears: \_\_\_\_\_ Feces: \_\_\_\_\_ Urine: \_\_\_\_\_ Saliva: \_\_\_\_\_  
Vomitus: \_\_\_\_\_ Sputum: \_\_\_\_\_ Sweat: \_\_\_\_\_ Other (specify): \_\_\_\_\_

What part(s) of your body became exposed? Be Specific: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you have any open cuts, sores or rashes that become exposed? Be Specific: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did exposure occur? Be Specific: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did you seek medical attention? \_\_\_\_\_ YES \_\_\_\_\_ NO    When & Where: \_\_\_\_\_  
\_\_\_\_\_

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

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

**EXPOSURE INCIDENT INVESTIGATION**

**FORM #2**

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

Location: \_\_\_\_\_

Potentially Infectious Materials Involved:

Type: \_\_\_\_\_ Source: \_\_\_\_\_  
\_\_\_\_\_

Circumstances Involved (work being performed, etc.): \_\_\_\_\_

How Incident Occurred (accident, equipment problem, etc.): \_\_\_\_\_

Personal Protective Equipment Used: \_\_\_\_\_

Was the Employee Trained to Use Protective Equipment? \_\_\_\_\_ YES \_\_\_\_\_ NO

Was Exposure Avoidable? \_\_\_\_\_ YES \_\_\_\_\_ NO

Recommendations to Avoid Future Exposure: \_\_\_\_\_

Report Completed By: \_\_\_\_\_

Date Report Completed: \_\_\_\_\_

**POST EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST  
FORM #3**

The following steps must be taken, and information transmitted in case of an employee's exposure to Bloodborne Pathogens:

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
Employee finished with documentation regarding exposure incident.	_____
Source individual identified _____ (Name of Source)	_____
The Source's blood was tested, and the results of the test were given to the exposed employee.	_____
Consent of the Source was not obtainable. _____ (check)	_____
Exposed employee's blood was collected and tested.	_____
Appointment arranged for the employee with healthcare professional. _____ (Healthcare Professional's Name)	_____
Documentation forwarded to healthcare professional:	
_____ Bloodborne Pathogens Standard	
_____ Description of exposed employee's duties	
_____ Description of exposure incident, including routes of exposure	
_____ Results of Source's blood testing	
_____ Employee's medical record	

Person filling out report: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF ANDERSON**  
Bloodborne Pathogenic Control Program  
Training Documentation Form

I have attended training on the Bloodborne Pathogen Standard - OSHA's 29 CFR 1910.1030. This training included a discussion on disease epidemiology and transmissions, Hepatitis B vaccine — its safety and its benefits, exposure potential to infectious materials during the course of job duties, those engineering controls and universal precautions which can reduce exposure, personal protective equipment and how it may be used to reduce exposure, labeling and color coding of materials, decontamination procedures, accident reporting and medical follow-up.

Information was presented and time allowed for questions. I was given a copy of the City of Anderson Bloodborne Pathogenic Control Program and a copy of the Bloodborne Pathogen Standard - OSHA's 29 CFR 1910.1030.

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

Employee Name: \_\_\_\_\_  
(Please Print)

Employee Signature: \_\_\_\_\_

Department: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_

Instructor: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Qualifications: \_\_\_\_\_