

TOWN OF ROCKY HILL:
2024 Bloodborne Pathogen & Exposure Control Plan

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Bloodborne Pathogen Exposure Control Plan, Town of Rocky Hill

(Rev. 3/01/2024)

Summary Page

BLOODBORNE PATHOGENS EXPOSURE DETERMINATION AND CONTROLS:

	Facilities/ Town Hall	Highway/ Transfer	Parks/Rec	Police Department	Library	Outdoor Pool	High School Pool
Persons Resp. for Implement	Facilities Director	Highway Superintendent	Crew Leader	Police Chief	Facilities Director	Aquatics Director	Aquatics Director
Person to Whom Incidents are Reported	-Head Custodian -Facilities Director	Highway Superintendent	Crew Leader	Support Services	Shift Librarian	Aquatics Director	Aquatics Director
Location of Sharps Containers	-Bathrooms, 2 nd Floor -Contact Police Department for removal.	-Bathrooms, 2 nd Floor -Contact Police Department for removal.	Contact Police Department for removal.	-Hallway Equipment Room - Evidence Room	Contact Police Department for removal.	Ladies Locker Room storage area.	-Guards Office. -Custodians Office.
Location of BBP Spill Kits	-Custodial Closet in Gym. -Custodial Carts.	N/A	N/A	Sally Port	Custodial Carts.	Ladies Locker Room storage area.	-Guards Office. -Custodians Office.
Location of Regulated Waste Bags	Custodial closet in Gym.	N/A	N/A	Sally Port	Facilities/Town Hall handles situation.	Ladies Locker Room storage area.	Guards Office. -Custodians Office.
Designated Area / Protocol for Keeping Regulated Waste	Custodial closet in Gym.	N/A	N/A	-Sally Port has Bio Bags and containers. -Notify EMS or Hospital when full.	Facilities/Town Hall handles situation.	Ladies Locker Room storage area.	Custodians responsible for removal.
Employees Required to be Trained in CPR/ First Aid	Voluntary Basis.	All employees in garage.	Voluntary Basis.	First Responder Training.	Voluntary Basis.	- Lifeguards. - Camp Counselors.	Lifeguards.

N/A = Task not applicable to specified department.

<p>NEEDLE RESPONSE: Rocky Hill Police Department 699 Old Main St. Rocky Hill, CT 06067 (860) 258-7640</p>	<p>EXPOSURE RESPONSE: Exposure Control Program Coordinator Nicholas Pizzoferrato W: 860-258-2784 npizzoferrato@rockyhillct.gov</p>
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Overview

The Town of Rocky Hill is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following Exposure Control Plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 *CFR* 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

Bloodborne pathogens (BBP) 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). Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens. Additionally, coming in to contact with bodily fluids such as blood or other potentially infectious material (fluids that may contain blood) also pose a risk. In the Town of Rocky Hill, there may be an exposure as employees in the Facilities Department, Highway Department, Transfer Station, Parks, Pool Personnel, and Police Department may be exposed to needles and other sharps on occasion as well as blood or other potentially infectious materials.

This program addresses working situations in general industry that may expose employees to injury and illness associated with BBP. This written program provides the foundation that the Town of Rocky Hill will follow to develop, implement and review policies and procedures in relation to BBP. The purpose of this program is to prevent the transmission of Bloodborne diseases within potentially exposed occupations. Particular emphasis is placed on preventing employee exposure to Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV).

Regulations

The Department of Labor's Occupational Safety and Health Administration (OSHA) BBP Standard was created to assist employers in reducing the risk of exposure to BBP. This BBP Program is to comply with OSHA's BBP Standard 29 *CFR* 1910.1030.

This BBP Program acts as an Exposure Control Plan and includes the following elements as outlined in the Standard:

- BBP Policy Statement;
- Allocation of responsibilities under the Plan;
- Determination of Employee Exposure;
- Methods of Exposure control, including:
 - Universal Precautions
 - Engineering Controls
 - Work practices
 - Personal Protective Equipment
 - Training
 - Hepatitis B vaccinations / declinations

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- Post-exposure evaluation and investigation
- Labeling
- Regulated Waste Management
- Record Keeping

Definitions

Bloodborne Pathogens (BBP) – A microorganism in the blood that has the potential to cause disease. BBP include HIV, HBV, HCV and other diseases.

Contaminated – The presence, or likely presence of blood or Other Potentially Infected Materials (OPIM) on an item or surface.

Declination Statement – Any employee who refuses the offer to get vaccinated against HBV must sign a form to indicate their refusal.

Decontamination – Procedures used to clean and destroy BBP so they are unable to transmit infectious particles.

Engineering controls – Physical tools and equipment (such as sharps containers, barriers, forceps, tongs etc) that isolate or remove the BBP hazard from employees.

Exposure Incident – An event where an employee received contact with BBP/blood or OPIM via the mouth, eye, or other mucus membrane, non-intact skin, puncture (cuts, bites, abrasions) or needle stick injury while performing their work duties.

Occupational Exposure – The potential for employees to be exposed to BBP resulting from the performance of their work duties.

Other Potentially Infected Materials (OPIM) – Certain bodily fluids that contain, or may potentially contain blood (where blood is visible, or where it is impossible to determine whether blood is present and/ or the type of bodily fluid). Includes: semen, vaginal secretions, cerebrospinal fluid, pleural fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures. OPIM also includes any unfixed tissue or organ (other than intact skin from a human who is living or dead), HIV-containing cell or tissue/organ cultures or experimental animals known to be infected with HIV or HBV.

PPE – Personal Protective Equipment. Specialized clothing or equipment worn by employees to protect them against a hazard (such as BBP). PPE for reducing exposure to BBP may include aprons, scrubs or other clothing protectors, sleeve covers, face masks, shoe covers, gloves (varying types), safety glasses or chemical goggles.

Regulated Waste – Liquid or semi-liquid blood or OPIM. Contaminated items that have the potential to release blood or OPIM if compressed, or during handling (including caked dried blood). Contaminated sharps and medical wastes.

Sharps – Any materials that can break the skin barrier such as needle sticks and broken glass.

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Source Individual – Any person, living or dead, whose infected blood or OPIM could lead to occupational exposure.

Universal Precautions – A set of protective controls based on the assumption that all blood and OPIM are known to be infectious.

Bloodborne Pathogens (BBP) Policy Statement

The Town of Rocky Hill is committed to ensuring its employees are protected from injury and illness that may arise from exposure to BBP. The following BBP Exposure Control Plan aims to minimize occupational exposure to BBP in accordance with OSHA standard 29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens.

Rocky Hill recognizes the importance of the Exposure Control Plan and will ensure that all key personnel are involved in the development, implementation, monitoring and review of the plan.

Duties and Responsibilities

The Human Resources Director of Rocky Hill, or designee, is responsible for the overall authorization and implementation of the plan.

The Exposure Control Program Coordinator, or designee, is responsible for necessary review (at least annually) of the Exposure Control Plan and related content (such as training). This responsibility extends to ensuring that the written Exposure Control Plan is accessible to relevant persons. Additionally, he/she is responsible for determining employee exposure as part of this Exposure Control Plan.

The Exposure Control Program Coordinator, or designee, is responsible for any actions required for Employee Exposure evaluation, follow-up and record keeping. This responsibility extends to ensuring that relevant medical personnel are provided with a copy of the BBP Standard as per 1910.1030(f)(4)(ii)(A).

He/She is responsible for ensuring that all occupationally exposed employees are offered the Hepatitis B vaccine, or otherwise ensuring the relevant declination statements are signed by that employee.

The Department Directors are responsible for determining methods of exposure control and for obtaining all necessary tools and equipment to facilitate this and monitoring of contents for Biological Response kits.

All employees who may have occupational exposure to BBP are required to follow the procedures outlined in the Exposure Control Plan, including adopting of Universal Precautions, use of specialized tools/equipment and PPE and reporting/recording procedures.

The BBP Policy Statement and Exposure Control Plan have been endorsed by the HR Director and the Exposure Control Program Coordinator for the Town of Rocky Hill.

Bloodborne Pathogen Exposure Control Plan, Town of Rocky Hill

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Signature:  Date: 3/1/2024
Nicholas Pizzoferrato, Exposure Control Plan Coordinator

Signature:  Date: 3/1/24
Dana McGee, Director of Human Resources & Legal Compliance

Determination of Employee Exposure

The Town of Rocky Hill has identified the following departments that include the potential for occupational exposure to BBP.

	Facilities/ Town Hall	Highway/ Transfer	Parks/Rec	Police Department	Library	Outdoor Pool	High School Pool
Handling of Facility Waste	X	X	X			X Lifeguards and Head Custodian.	X Lifeguards and School Custodians.
Responding to Resident Fluids (vomit, bathroom clean up, etc...)	X					X Lifeguards and School Custodians.	X Lifeguards and School Custodians.
Exposure to Needles from Grounds Access	X	X	X	X		X	Custodians.
Exposure to Needles from Town Debris Handling	X	X	X	X		X	Custodians.
Required First Aid/ CPR Trained	X	X	X	X	X	X	Custodians.

Note: Any permanent, fulltime/part-time, or temporary/labor hire employees who undertake these tasks will be provided with relevant training to ensure all elements of this Exposure Control Plan are understood and followed. Contractors are shall affirm their compliance with OSHA safety requirements and to review the Town’s OSHA compliance plans.

Methods of Exposure Control

There are various control methods that can be used when faced with exposure to BBP/OPIM. The following sections address how the Town of Rocky Hill will respond to situations.

Universal Precautions

The Town of Rocky Hill employs the Universal Precautions approach where all blood and OPIM are treated as if they are known to be infectious. Any employee that may be occupationally exposed

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to blood or OPIM must also follow universal precautions and use the PPE, tools and equipment provided for the work task.

Engineering Controls

Rocky Hill will ensure that all equipment, tools and PPE are provided and accessible to all employees with the potential for occupational exposure to BBP. All applicable departments shall be provided with Sharps Containers and Biological Response Kits. Employees are to use Biological Response kits (containing PPE, cleaning materials and waste disposal equipment) in warranted situations.

The Exposure Control Program Coordinator or designee will ensure that all equipment, tools and PPE are accessible and maintained in a clean, hygienic and serviceable manner. This duty extends to periodic inspections of equipment and stock replenishment as needed.

Employees tasked with the manual handling of debris shall use appropriate handling tools. This includes, but not limited to, wearing puncture proof gloves, using shovels, rakes, and grab claws.

Work Practices

The Town of Rocky Hill will provide all occupationally exposed employees with facilities for hand cleaning. This will include antimicrobial soaps and access to running (heated) water. Where soaps and running water is not available for any reason, employees will be provided with hand sanitizer solution with at least 62% alcohol (such as isopropanol) concentration.

The following section outlines general work practice controls that occupationally exposed employees must follow. This is not an exhaustive list and these controls listed will be reviewed and updated on a regular basis by the Exposure Control Program Coordinator or designee to ensure they are accurate.

- All employees will be provided with BBP training before undertaking any tasks that may expose them to blood or OPIM.
- Employees must not eat, drink, smoke, handle contact lenses or apply cosmetics where exposure to BBP is possible.
- All employees must follow Universal Precautions for tasks involving potential BBP exposure.
- All employees must wash hands thoroughly after undertaking tasks that may expose them to BBP – even if wearing disposable gloves.
- All employees must check their hands/forearms for abrasions or other breaks in the skin that may increase risks of infection when handling BBP.
- All employees must assess the task and determine suitable PPE. For any liquids (large volume of blood, vomit etc.) that have the potential to splash into eyes, safety glasses or face shield must be worn. Disposable gloves must always be worn. If there is potential for blood or OPIM to contact clothing (and penetrate shoes/clothing) protective boot covers/clothing must be worn.

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- Sharps must NOT be handled by employees not trained in sharps handling. Any untrained employee who finds a needle must contact the local police department for proper handling and disposal.

Rocky Hill Police Department
699 Old Main St, Rocky Hill, CT 06067
(860) 258-7640

The following table outlines the various practices, locations of Biological Response Kits, and storage of waste. Departments where N/A is noted do not handle BBP events. The Facilities employees handle situations for those non-applicable departments.

	Facilities/ Town Hall	Highway/ Transfer	Parks/Rec	Police Department	Library	Outdoor Pool	High School Pool
Persons Resp. for Implement	Facilities Director	Highway Superintendent	Crew Leader	Police Chief	Facilities Director	Aquatics Director	Aquatics Director
Person to Whom Incidents are Reported	-Head Custodian -Facilities Director	Highway Superintendent	Crew Leader	Support Services	Shift Librarian	Aquatics Director	Aquatics Director
Location of Sharps Containers	-Bathrooms, 2 nd Floor -Contact Police Department for removal.	-Bathrooms, 2 nd Floor -Contact Police Department for removal.	Contact Police Department for removal.	-Hallway Equipment Room - Evidence Room	Contact Police Department for removal.	Ladies Locker Room storage area.	-Guards Office. -Custodians Office.
Location of BBP Spill Kits	-Custodial Closet in Gym. -Custodial Carts.	N/A	N/A	Sally Port	Custodial Carts.	Ladies Locker Room storage area.	-Guards Office. -Custodians Office.
Location of Regulated Waste Bags	Custodial closet in Gym.	N/A	N/A	Sally Port	Facilities/Town Hall handles situation.	Ladies Locker Room storage area.	Guards Office. -Custodians Office.
Designated Area / Protocol for Keeping Regulated Waste	Custodial closet in Gym.	N/A	N/A	-Sally Port has Bio Bags and containers. -Notify EMS or Hospital when full.	Facilities/Town Hall handles situation.	Ladies Locker Room storage area.	Custodians responsible for removal.
Employees Required to be Trained in CPR/ First Aid	Voluntary Basis.	All employees in garage.	Voluntary Basis.	First Responder Training.	Voluntary Basis.	- Lifeguards. - Camp Counselors.	Lifeguards.

N/A = Task not applicable to specified department; sharps response is to call PD, and exposure to fluids is not an anticipated hazard.

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Biological spills within Rocky Hill pool areas will be addressed by following guidelines set forth by the Center for Disease Control. The CDC has deemed any bodily fluids such as blood, feces, and vomit is all considered to contain bloodborne or other germs. Clean-up procedures along with approved disinfectants are outlined in Appendix A of this program.

Personal Protective Equipment

Where potential of occupational exposure exists after implementation of engineering and work practice controls, proper PPE must be selected and worn. Each Department Director will provide their employees with training on the proper selection, use, fit, inspection, disposal and maintenance of all PPE required. The following is a list of PPE required for specific tasks along with disposal or decontamination instructions.

Task	PPE
<p>All tasks that may expose employees to blood or OPIM require similar PPE.</p>	<p>A Biological Response Kit or equivalent accessible supplies will be available to each applicable department.</p> <p>Each kit/ supplies available include:</p> <ul style="list-style-type: none"> • Eye shield; • Pair of vinyl gloves; • Absorbent powder; • Biohazard disposal bag; • Packet of hand sanitizer; • Paper towels. • EPA approved disinfectant. <p>If reusable gloves are worn for blood/OPIM tasks, they must be disposed of in the manner as single-use disposable gloves.</p>
<p>Handling town debris with potential for sharps/ needlestick (such as litter, roadside leaves and other material)</p>	<p>Puncture Resistant Gloves. However, it should be noted that employees should not be using hands for debris handling; rather appropriate tools shall be used for handling, such as trash grabbers or rakes, etc.)</p>

All PPE must be inspected before use and periodically during use to ensure its integrity and proper function.

Appropriate gloves must be worn when contact may be made with blood or OPIM, or when touching/handling surfaces that may be contaminated with potentially infectious materials. Re-useable gloves worn when handling blood or OPIM must be discarded after use.

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Where there is risk of splashes to the face and clothing, protective gear should be worn such as sleeve covers, aprons and face masks.

If clothing, shoes or other garments are heavily soiled or blood/OPIM has penetrated the material, remove the contaminated item immediately (or as soon as safely possible). Remove contaminated clothing in a manner that prevents it contacting exposed skin (example: roll up to cover the exposed blood/OPIM before pulling garment over the head/face).

Employees must wash their hands (and exposed skin areas) after completing the task, even when gloves have been worn.

Equipment for First Aid responders will be made accessible as relevant. This equipment will include kits that contain impervious gloves, resuscitation mouthpieces or bags, eye protection, aprons, disinfectant towels and biohazard labels/red bags for waste disposal.

Note: Employees who are designated as First Aid responders are considered to have potential occupational exposure. Any other employee who undertakes a “Good Samaritan” act, such as helping a coworker with a nosebleed or similar, is not covered under this Exposure Control Plan. Good Samaritan’s will be provided with post-exposure evaluation and follow-up as relevant.

Hepatitis B Vaccinations

The Town of Rocky Hill will offer all occupationally exposed employees the opportunity to be vaccinated against Hepatitis B. The Exposure Control Program Coordinator, or designee, will be responsible for ensuring that the Hepatitis B vaccination is offered at an accessible location, at reasonable times for employees to attend and at no cost to the employee.

If, for any reason, an employee does not wish to receive the Hepatitis B vaccination, Rocky Hill will ensure that the rights of that employee are respected. However, the employee must complete a Declination Statement Form (Appendix B). The Exposure Control Program Coordinator, or designee, is responsible for ensuring that appropriate records are kept in relation to Employee Declination of HBV Vaccinations.

Note: Any employee who initially refuses the vaccination but then chooses to obtain the vaccination at a later date will be offered the vaccination at an accessible location, at reasonable time, and at no cost.

Post-Exposure Evaluation and Investigation

In the event that an employee has an “exposure incident”, employees should contact their immediate supervisor or department director. The supervisor or department director shall then report to the Exposure Control Program Coordinator.

The current Exposure Control Program Coordinator:

Nicholas Pizzoferrato
W: 860-258-2784
npizzoferrato@rockyhillct.gov

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Appropriate First Aid will be provided to the exposed individual (such as cleaning of any wound, flushing eyes/mucus membranes etc.).

Exposure incidents must be documented on the Exposure Report Form (Appendix C). The following information must be obtained:

- Routes of exposure (transmission mode) and how it occurred;
- The tasks being undertaken at the time of the exposure.

Where possible, identify the source individual (if privacy laws allow), obtain consent and make arrangements for testing to determine HIV, HBV and/or HCV status.

Regulated Waste Management



Where blood or OPIM waste meets the definition of Regulated Waste it shall be contained to prevent accidental exposure or contamination.

Any contaminated waste will be removed by BioServ and can be contacted at (800) 378-8824.

Sharps must be reported to the local police department for proper removal and disposal procedures.

Rocky Hill Police Department
699 Old Main St, Rocky Hill, CT 06067
(860) 258-7640

Labeling

All blood/OPIM materials and waste must be labeled with a clearly and readily identifiable label, as per Figure 1 below.

The Town of Rocky Hill will provide bags/labels as needed.

Warning labels must be affixed as close as possible to the container by a secure method that prevents accidental or unintentional removal. Biohazard bags can be substituted for labels as required.

Figure 1:
1910.1030(g)(1)(i) Regulated waste that has been properly denominated does not need to be labeled
(B) requirements or color-coded.
for labels.

Record Keeping

The Town of Rocky Hill will ensure all OSHA record keeping requirements are met for BBP exposure and training records. Medical and exposure records will be kept for a minimum of 30 years. Training records will be kept for a minimum of 3 years. The Exposure Control Program Coordinator shall ensure such records are retained.

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Medical / Exposure Records

Medical records will be kept and maintained to ensure employee confidentiality. These records will not be provided to any person (other than those specified under 1910.1030(h)(3)(iii)) without the express written consent of the relevant employee.

Records for occupational exposed employees will include:

- Name and social security numbers;
- Copy of HBV vaccination status and relevant dates;
- Copy of exam results, medical testing, healthcare professional opinions.

Sharps Injury Log

A Sharps Injury Log will be kept and maintained in line with OSHA 29 CFR Part 1904 requirements. The log will include the following information (at a minimum):

- Type/brand of the device that was involved in the sharps injury;
- Where it happened (work area and/or department);
- An explanation of how the sharps injury occurred.

All privacy considerations will be met for OSHA 300 log reporting. No names of affected individuals will be made publicly available as required. Maintaining the Sharps Injury Log will be the responsibility of the Exposure Control Program Coordinator.

Training

Suitable training will be provided for occupationally exposed employees before they undertake any tasks involving potential blood or OPIM exposure, and at least annually thereafter.

The training will include, at least, the following topics:

- An explanation of OSHA's BBP Standard 1910.1030;
- Signs and symptoms of BBP that employees may be exposed to;
- Modes of transmission of BBP;
- Job duties with exposure to BBP;
- Contents of this Exposure Control Plan and how employees can access a copy;
- Methods to control exposure to BBP;
- PPE selection, use, location, inspection, decontamination, removal and disposal;
- Hepatitis B vaccine and declination procedures;
- Exposure incident and follow-up;
- Signs and labels;
- Regulated waste.

The Exposure Control Program Coordinator, or designee, is responsible for the content of the training and for any updates that may be required based on changes to standards, work practices or new/better controls become available to protect employees against BBP.

Fecal Incident Response Recommendations for Aquatic Staff

What do you do when you find poop in the water?



Check for existing guidelines from your local or state regulatory agency before use. CDC recommendations do not replace existing state or local regulations or guidelines.

These recommendations are for responding to fecal incidents in chlorinated aquatic venues (for example, pools and water playgrounds).

Improper handling of chlorine-based disinfectants can cause injury. Follow proper occupational safety and health requirements when following these recommendations. For more pool chemical safety information, visit www.cdc.gov/healthywater/swimming/aquatics-professionals/preventing-pool-events.html.

CLOSURES: Fecal incidents are a concern and an inconvenience to both aquatic staff and patrons. Aquatic staff should carefully explain to patrons why the aquatic venue needs to be closed in response to a fecal incident. Explaining the reasons for closing the venue (for proper disinfection and protection of swimmer health) is likely to promote patron understanding and minimize their frustration. Closures allow chlorine to do its job—kill germs and help prevent recreational water illnesses (RWIs).

Hot tubs/spas, and some water playgrounds, can have much smaller amounts of water. In response to formed or diarrheal fecal incidents in small-volume venues, it might be more efficient to completely drain as much water as possible from the venue and associated plumbing; scrub and clean all accessible surfaces in contact with contaminated water; replace or clean filter media when appropriate, and refill with uncontaminated water from an approved source (for example, municipal water system).



What do I do about...

formed fecal matter (poop) in the water?

Formed fecal incidents pose a risk for spreading germs, including moderately chlorine tolerant *Giardia*. To disinfect the water following a formed fecal incident, aquatic staff should follow the steps below, which are based on killing or inactivating *Giardia*.

Step 1: Close the aquatic venue to swimmers. If you have multiple venues that use the same filtration system—all of the venues will have to be closed to swimmers. Do not allow anyone to enter the venue(s) until the disinfection process is completed.

Step 2: Remove as much of the fecal matter as possible (for example, using a net or bucket) and dispose of the fecal matter in a sanitary manner. Clean and disinfect the item used to remove the fecal matter (for example, after cleaning, leave the net or bucket immersed in the water during disinfection). **VACUUMING FECAL MATTER FROM THE WATER IS NOT RECOMMENDED.**

Step 3: Using unstabilized chlorine (for example, sodium hypochlorite), raise the water's free chlorine concentration to 2 parts per million (ppm), if less than 2 ppm. Maintain free chlorine concentration at 2 ppm and water at pH 7.5 or less for 25–30 minutes.¹ Other concentrations or closure times can be used (see table). State or local regulators may require higher free chlorine concentration in the presence of chlorine stabilizers,² which are known to slow the rate at which free chlorine inactivates or kills germs.

Step 4: Confirm that the filtration system is operating while the water reaches and is maintained at the proper free chlorine concentration and pH for disinfection.

Step 5: Allow swimmers back into the water only after the disinfection process has been completed and the free chlorine concentration and pH are within the operating range allowed by the state or local regulatory authority.

Establish a fecal incident log.

Document each fecal incident by recording date and time of the event, whether it involved formed fecal matter or diarrhea and the free chlorine concentration and pH at the time or observation of the event. Before reopening the aquatic venue, record the procedures followed in response to the fecal incident (including the process used to adjust chlorine concentration and pH [if necessary], the free chlorine concentration and pH, and the disinfection time). You can download a Water Contamination Response Log at <http://www.cdc.gov/healthywater/swimming/aquatics-professionals/fecalresponse.html>

Giardia Kill or Inactivation Time for a Formed Fecal Incident

Free Chlorine Concentration (ppm)	Disinfection Time ³
1.0	45 minutes
2.0	25–30 minutes
3.0	19 minutes



1. Ideally, the water temperature should be 77°F (25°C) or higher during the disinfection process.

2. Chlorine stabilizers include compounds such as cyanuric acid, dichlor, and trichlor.

3. These closure times are based on 99.9% kill or inactivation of *Giardia* cysts by chlorine at pH 7.5 or less and temperature of 77°F (25°C) or higher. The closure times were derived from the U.S. Environmental Protection Agency (EPA) Disinfection Profiling and Benchmarking Guidance Manual. These closure times do not take into account "dead spots" and other areas of poor pool water mixing.

What do I do about...

diarrhea in the water when chlorine stabilizer¹ is NOT in the water?

A diarrheal incident is a high-risk event for contamination caused by *Cryptosporidium* (or “Crypto”), an extremely chlorine-tolerant parasite. Therefore, it is important that aquatic staff educate patrons not to swim when ill with diarrhea. To disinfect the water following a diarrheal incident, aquatic staff should hyperchlorinate, or raise the free chlorine concentration to a high concentration for a long period of time. If necessary, before attempting to hyperchlorinate, consult an aquatic professional to determine the feasibility, the most optimal and practical methods, and needed safety considerations.

Step 1: Close the aquatic venue to swimmers. If you have multiple venues that use the same filtration system—all of the venues will have to be closed to swimmers. Do not allow anyone to enter the venue(s) until the hyperchlorination process is completed.

Step 2: Remove as much of the fecal matter as possible (for example, using a net or bucket) and dispose of the fecal matter in a sanitary manner. Clean and disinfect the item used to remove the fecal matter (for example, after cleaning, leave the net or bucket immersed in the water during hyperchlorination).

VACUUMING FECAL MATTER FROM THE WATER IS NOT RECOMMENDED.

Step 3: Using unstabilized chlorine (for example, sodium hypochlorite), raise the water’s free chlorine concentration (see Table below) and maintain water at pH 7.5 or less.²

Step 4: Achieve a concentration × time (CT) inactivation value of 15,300³ to inactivate or kill Crypto. The CT inactivation value refers to the concentration of free chlorine in parts per million (ppm) multiplied by time in minutes at a specific pH and temperature.

Step 5: Confirm that the filtration system is operating while the water reaches and is maintained at the proper free chlorine concentration and pH for hyperchlorination.

Step 6: Backwash the filter thoroughly after reaching the CT inactivation value. Be sure to discharge directly to waste and according to state or local regulations. Do not return the backwash through the filter. Where appropriate, replace the filter media.

Step 7⁴: Allow swimmers back into the water only after the required CT inactivation value has been achieved and the free chlorine concentration and pH are within the operating range allowed by the state or local regulatory authority.

Establish a fecal incident log.

Document each fecal incident by recording date and time of the event, whether it involved formed fecal matter or diarrhea and the free chlorine concentration and pH at the time of observation of the event. Before reopening the aquatic venue, record the procedures followed in response to the fecal incident (including the process used to adjust chlorine concentration and pH [if necessary], the free chlorine concentration and pH, and the hyperchlorination time). You can download a Water Contamination Response Log at <http://www.cdc.gov/healthywater/swimming/aquatics-professionals/fecalresponse.html>

Use the formula below to calculate the time required to inactivate or kill Crypto⁵

Concentration × time (CT) inactivation value	÷	Free chlorine concentration (parts per million [ppm])	Time (in minutes)
15,300	÷	20*	= 765 (or 12.75 hours)
15,300	÷	10	= 1,530 (or 25.5 hours)

1. Chlorine stabilizers include compounds such as cyanuric acid, dichlor, and trichlor.
2. Ideally, the water temperature should be 77°F (25°C) or higher during the hyperchlorination process.
3. Alternative options could include circulating the water through a secondary disinfection system (for example, ultraviolet light or ozone) to theoretically reduce the number of Crypto oocysts in the aquatic venue(s) below one oocyst/100 mL as outlined in the Model Aquatic Health Code (MAHC) standard 4.7.3.3.2.4 (current edition of the MAHC is available at www.cdc.gov/mahc/currentedition/index.html) or draining the aquatic venue(s).
4. CDC does not recommend testing the water for Crypto after hyperchlorination is completed. Although hyperchlorination destroys Crypto’s infectivity, it does not necessarily destroy the structure of the parasite.
5. Shields JM, Hill VR, Arrowood MJ, Beach MJ. Inactivation of *Cryptosporidium parvum* under chlorinated recreational water conditions. J Water Health. 2008;6(4):513–20.

* Many conventional test kits cannot measure free chlorine concentrations this high. Use chlorine test strips that can measure free chlorine in a range that includes 20–40 ppm (such as those used in the food industry) or make dilutions for use in a standard DPD test kit using chlorine-free water.

What do I do about...

diarrhea in the water when chlorine stabilizer¹ is in the water?

A diarrheal incident is a high-risk event for contamination caused by *Cryptosporidium* (or “Crypto”), an extremely chlorine-tolerant parasite. Therefore, it is important that aquatic staff educate patrons not to swim when ill with diarrhea. To disinfect the water following a diarrheal incident, aquatic staff should hyperchlorinate, or raise the free chlorine concentration to a high concentration for a long period of time. If necessary, before attempting to hyperchlorinate, consult an aquatic professional to determine the feasibility, the most optimal and practical methods, and needed safety considerations.

Step 1: Close the aquatic venue to swimmers. If you have multiple venues that use the same filtration system—all of the venues will have to be closed to swimmers. Do not allow anyone to enter the venue(s) until the hyperchlorination process is completed.

Step 2: Remove as much of the fecal matter as possible (for example, using a net or bucket) and dispose of the fecal matter in a sanitary manner. Clean and disinfect the item used to remove the fecal matter (for example, after cleaning, leave the net or bucket immersed in the water during hyperchlorination).

VACUUMING FECAL MATTER FROM THE WATER IS NOT RECOMMENDED.

Step 3: Using unstabilized chlorine (for example, sodium hypochlorite), raise the water’s free chlorine concentration (see bullets below) and maintain water at pH 7.5 or less.²

Step 4: Hyperchlorinate.³ Chlorine stabilizer slows the rate at which free chlorine inactivates or kills Crypto, and the more stabilizer there is in the water the longer it takes to kill Crypto.

If the cyanuric acid concentration is 1–15 parts per million (ppm)⁴

- Raise the free chlorine concentration to 20 ppm⁵ and maintain it for 28 hours or
- Raise the free chlorine concentration to 30 ppm⁵ and maintain it for 18 hours or
- Raise the free chlorine concentration to 40 ppm⁵ and maintain it for 8.5 hours

If the cyanuric acid concentration is more than 15 ppm, lower the concentration to 1–15 ppm by draining partially and adding fresh water without chlorine stabilizer before attempting to hyperchlorinate.

Step 5: Confirm that the filtration system is operating while the water reaches and is maintained at the proper free chlorine concentration and pH for hyperchlorination.

Step 6: Backwash the filter thoroughly after hyperchlorination has been completed. Be sure to discharge directly to waste and according to state or local regulations. Do not return the backwash through the filter. Where appropriate, replace the filter media.

Step 7⁶: Allow swimmers back into the water only after hyperchlorination has been completed and the free chlorine concentration and pH are within the operating range allowed by the state or local regulatory authority.

Establish a fecal incident log.

Document each fecal incident by recording date and time of the event, whether it involved formed fecal matter or diarrhea and the free chlorine concentration and pH at the time or observation of the event. Before reopening the aquatic venue, record the procedures followed in response to the fecal incident (including the process used to adjust chlorine concentration and pH [if necessary], the free chlorine concentration and pH, and the hyperchlorination time). You can download a Water Contamination Response Log at <http://www.cdc.gov/healthywater/swimming/aquatics-professionals/fecalresponse.html>

1. Chlorine stabilizers include compounds such as cyanuric acid, dichlor, and trichlor.

2. Ideally, the water temperature should be 77°F (25°C) or higher during the hyperchlorination process.

3. Alternative options could include circulating the water through a secondary disinfection system (for example, ultraviolet light or ozone) to theoretically reduce the number of Crypto oocysts in the aquatic venue(s) below one oocyst/100 mL as outlined in the Model Aquatic Health Code (MAHC) standard 4.7.3.3.2.4 (current edition of the MAHC is available at www.cdc.gov/mahc/currentedition/index.html) or draining the aquatic venue(s).

4. Murphy JL, Haas CN, Arrowood MJ, Hlavsa MC, Beach MJ, Hill VR. Efficacy of chlorine dioxide tablets on inactivation of *Cryptosporidium* oocysts. *Environ Sci Technol.* 2014;48(10):5849–56.

5. Many conventional test kits cannot measure free chlorine concentrations this high. Use chlorine test strips that can measure free chlorine in a range that includes 20–40 ppm (such as those used in the food industry) or make dilutions for use in a standard DPD test kit using chlorine-free water.

6. CDC does not recommend testing the water for Crypto after hyperchlorination is completed. Although hyperchlorination destroys Crypto’s infectivity, it does not necessarily destroy the structure of the parasite.

The following statement of declination of the Hepatitis B vaccine must be signed by an employee who:

- Chooses **not** to accept the vaccine.
- Has had appropriate training regarding hepatitis B, hepatitis B vaccination, the efficacy, safety, method of administration and benefits of vaccination, given free of charge to the employee.

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 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 (Print): _____

Employee Signature: _____ **Date:** _____

This statement is not a waiver; employees can request and receive the hepatitis B vaccination at a later date if they remain occupationally at risk for hepatitis B.

Employers are NOT to require the following:

- Employees to waive liability in order to receive the vaccine;
- Participation in pre-screening as a prerequisite for receiving the vaccine.

Employer:	Date:
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Complete form for actual exposure (contact) with blood/fluid to skin or mucous membranes.

Name (Exposed Employee): _____ Date of Birth: _____

Job Title: _____ Date of Incident: _____ Time of Incident: _____

Immediate Supervisor: _____ Department Director: _____
Print Name Print Name

POST-EXPOSURE CHECKLIST

1. Employee must immediately wash exposed area with soap and water, remove exposed clothing/equipment and place the same in a sealed bag/container.
2. Employee must immediately alert the supervisor on-duty, who must ensure that the Employee is offered medical attention, and must ensure this Exposure Incident Form is completed (copy to the Employee). Regardless of whether employee accepts medical attention, the end of this form must be signed by both supervisor and employee.
3. Employee should give the **medical professional** a copy of this Exposure Incident Form. The supervisor must send the original Exposure Incident Form to Human Resources and Legal Compliance (hrdept@rockyhillct.gov; 860-258-7651).

Human Resources & Legal Compliance will ensure that appropriate documentation, including this form, is provided to the **Exposure Control Program Coordinator, Nicholas Pizzoferrato** (npizzoferrato@rockyhillct.gov; 860-258-2784)

POST-EXPOSURE INCIDENT EVALUATION

The purpose of this form is to document the routes of exposure and how the exposure occurred.

SUPERVISOR: Ensure that the medical professional is provided with a copy of the <u>employee's job description</u> .	
Where did the exposure occur (department and work area)?	

What task(s) was being performed?	
Describe how the injury happened – the circumstances of exposure.	
Describe the route of exposure.	
What caused the injury? If the device involved in the injury was a “sharps” device, please describe the device brand and type.	
What part of body was exposed or injured?	
What were you exposed to? <i>(Example: blood, OPIM, be specific where possible)</i>	
What is the general amount of blood or OPIM that you were exposed to? <i>(Example: less than 1 teaspoon, between 1 teaspoon and 1 tablespoon, etc.)</i>	
What PPE was being worn at the time of the injury?	
Have you received the Hepatitis B Vaccine previously?	

<p>Describe the chain of events after exposure, including initial treatment, witnesses, and outcome (further treatment or follow-up needed).</p>	
<p>Is the source individual known? Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).</p>	
<p>Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.</p>	
<p>If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.</p>	
<p>Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality). <u>This item requires the written consent of the Source Individual.</u></p>	
<p>After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.</p>	

MEDICAL PROFESSIONAL:

If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

Employee Sign and Date: (Please circle one)

1. I went to MedWorks, LLC (375 East Cedar Street, Newington, CT 06111; 860-667-4418) OR the Emergency Room of _____ if after hours.
2. I chose not to seek medical evaluation or follow-up. I understand I may seek evaluation anytime in the future at no cost.

Employee Signature

Date

Supervisor Signature

Date

POST – EXPOSURE FOLLOW-UP

Conducted by the Exposure Control Program Coordinator

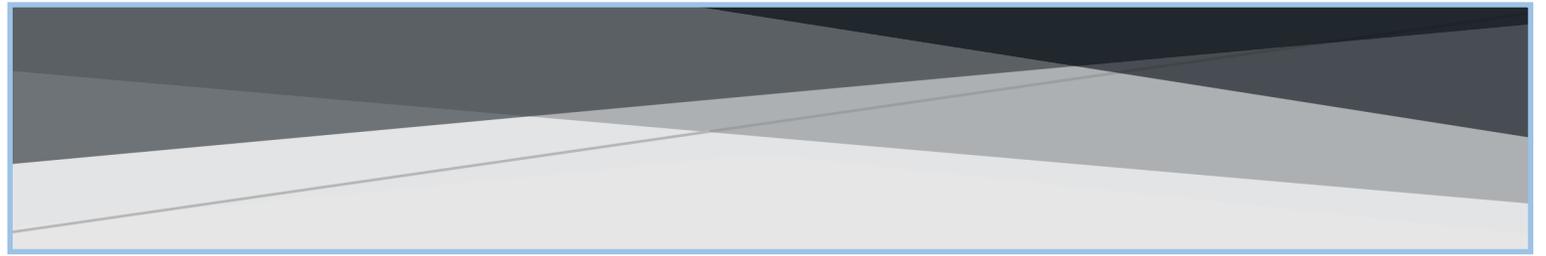
Nicholas Pizzoferrato

Phone 860-258-2784

npizzoferrato@rockyhillct.gov

Provide to the health care professional evaluating employee after exposure incident the following:

1. A copy of this completed form.
2. Results of source individual's blood test.
3. Hepatitis B vaccination status documents.
4. OSHA Bloodborne Pathogen standard.
5. Provide relevant employee medical records, including vaccination status.



TOWN OF ROCKY HILL:
2024 Bloodborne Pathogen & Exposure Control Plan

Addendum 1



Rocky Hill Police Department

Michael D. Custer
Chief of Police

ROCKY HILL POLICE DEPARTMENT		
GENERAL ORDER		
CHAPTER 41		NUMBER 41-10
TITLE: BLOOD BORNE PATHOGENS		
EFFECTIVE: 5/4/15	ISSUED: M.D.C.	REVIEW:
REVISED:		
RESCINDS:		
CALEA REFERENCE:		
STATE REFERENCE: 1.2.37, 1.2.38		

PURPOSE

To establish policy and procedures concerning blood borne pathogens.

POLICY

It is the policy of the Rocky Hill Police Department to minimize the risk of all its employees of exposure to blood borne pathogens, including Human Immuno Deficiency Virus (HIV) and Hepatitis B Virus (HBV).

A. BACKGROUND

The best defense against blood borne diseases, including HIV and HBV, is education and common-sense precautions. The Department will continue to provide training and issue informational bulletins. All employees are to read and understand such information. First responders will be provided with annual training on blood borne pathogens. The Department will train all officers to the OSHA standard for blood borne pathogens. Although the risk of becoming infected with HIV or HBV in the course of normal law enforcement duties is extremely low, the systematic use of the precautions summarized in this order will minimize such risks.

B. GENERAL PROCEDURES

1. All employees designated as first responders or potential first responders shall utilize their training when they believe there is a reasonable likelihood of contact with blood or body fluids. They should exercise reasonable care in those situations just as they would do in addressing other types of risks common in law enforcement.
2. First responders and potential first responders shall take the following general precautions:
 - a) Wear gloves when contact with blood or body fluids is likely. Wear eye protection whenever splashes, spray, spatter, or droplets of blood may be generated.
 - b) Avoid smoking, eating, drinking, nail biting, and all hand to mouth, hand to nose, and hand to eye actions while working in areas contaminated with blood or body fluids.
 - c) Wash hands thoroughly with soap and water after removing gloves and after any contact with blood or body fluids. If a sink or running water is not immediately available, hands should be cleaned with antiseptic wipes or an isopropyl alcohol solution contained in all medical kits. Hands should be washed with soap and water as soon as feasible.
 - d) Keep all cuts and open wounds covered with clean bandages.
 - e) Always use protective masks when administering Cardio Pulmonary Resuscitation (CPR).
 - f) Avoid needle sticks and other sharp instrument injuries.
3. If uniforms or other clothing are contaminated, they shall immediately be placed in a bio-hazard bag and the Department will be responsible for laundering arrangements or replacement at no cost to the employee. Employees shall not launder contaminated clothing at home.

C. SEARCHES

There is a particular concern regarding searches of areas where sharp objects may be hidden from view, such as pockets and spaces between car seats. The following precautionary measures shall be taken by all police officers when conducting any kind of search.

1. Whenever possible, during a search of a suspect, ask the suspects to empty their own pockets.
2. If it is necessary to search manually, always wear protective gloves and feel very slowly and carefully.
3. Use puncture-proof containers to store sharp instruments and bio-hazard bags to store other possibly contaminated items and use tape, never metal staples, when packaging evidence.

D. EXPOSURE PROCEDURES

1. An exposure is specific eye, mouth, non-intact skin or other mucous membrane contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
2. When an exposure occurs, employees are to determine the extent of injury and obtain first aid.
3. Employees shall report all exposures to their immediate supervisor and an incident report shall be generated describing the exposure and how it occurred. Supervisors shall complete a Department First Report of Injury and notify the Workmen's Compensation carrier.
4. The source individual shall be identified, if possible, and asked to consent to a collection of blood for HIV/HBV testing.
5. Employees will be provided with post-exposure prophylaxis (when medically indicated), counseling, and an evaluation of (potential) reported illnesses.
6. After exposure incidents, the Department shall evaluate the circumstances surrounding the incident with the goal of preventing future incidents.

E. TRAINING/ OSHA OFFICER RESPONSIBILITIES

1. Provide up-to-date bulletins on HIV and HBV to all employees as they become available. Keep a file on all related information.
2. Maintain the Exposure Control Plan which will be kept on file in an area available to all employees.

3. Provide annual, up-to-date training for all employees who are first responders or have the potential to be exposed to blood borne pathogens.
4. Inform department employees that the Hepatitis B vaccination is available at no cost to the employee. Within 10 days of appointment, all new employees will be informed of the opportunity for the vaccination and provided with training in blood borne pathogens.
5. Keep on file all employee forms for the Hepatitis B program.



TOWN OF ROCKY HILL:
2024 Bloodborne Pathogen & Exposure Control Plan

Addendum 2

ADDENDUM**OCCUPATIONAL EXPOSURE**
(JOB CLASSIFICATIONS)

Facilities Department/Town Hall	Custodians Facilities Assistant Facilities Trade Mechanic Head Custodian
Highway Department/Transfer Station	Assistant Mechanic/Custodian Crew Leader Head Mechanic Maintainer 1, 2 and 3 Transfer Station Attendant
Parks and Recreation	Camp Counselors and Supervisors Early Childhood Field Operations and Highway Superintendent Recreation Supervisor Senior Services Coordinator Youth and Family Services Coordinator
Police Department	Animal Control Detective Dispatcher Lieutenant Patrol Officer Sergeant
Library	Administrative Assistants Assistant Director Head of Programming/Head of Technology Library Assistant Office Manager Reference Librarian/Children's Librarian Secretary Technical Assistants Youth Services Counselor
Outdoor Pool and Highschool Pool	Camp Counselors and Supervisors Lifeguards
Human Services	Community Center Cook/Custodian Human Services Director Mini Bus Drivers