



BIOHAZARD

Biohazard Disposal

Safety Medical Supplies

43 Hercules Dr.

Colchester, VT

655-5353

or
Copley Hospital

TOWN OF HARDWICK, VERMONT

**POLICIES AND PROCEDURES
RELATED TO OSHA BLOODBORNE
PATHOGENS STANDARDS**

Adopted Feb. 3, '94

TOWN OF HARDWICK, VERMONT
POLICIES AND PROCEDURES: OSHA BLOODBORNE PATHOGEN STANDARDS

TABLE OF CONTENTS

| | Page |
|--|---------|
| Purpose | 2 |
| Scope | 2 |
| Definitions | 2 - 3 |
| <u>Exposure Control Plan</u> | 4 - 10 |
| Exposure Determination | 4 |
| Universal Precautions | 5 |
| Hepatitis B Immunization | 6 |
| Management of Exposure to Blood and Body Fluids | 7 - 9 |
| Information and Training | 10 |
| <u>Engineering and Work Practice Controls</u> | 11 - 14 |
| Handwashing Facilities | 11 |
| Disposal of Contaminated Needles and Sharps | 11 |
| Personal Protective Equipment | 11 - 12 |
| Housekeeping | 12 |
| Personal Hygiene | 13 |
| Disposal of Regulated Waste | 14 |
| Communications of Hazards to Employees | 14 |

TOWN OF HARDWICK, VERMONT

POLICIES AND PROCEDURES: OSHA BLOODBORNE PATHOGEN STANDARDS

PURPOSE

The OSHA Bloodborne Pathogen Standards limit occupational exposure to blood and other potentially infectious materials since any exposure could result in transmission of bloodborne pathogens which could lead to disease or death.

SCOPE

Covers all employees who could reasonably anticipate, as the result of their job duties, to come in contact with blood and other potentially infectious materials.

DEFINITIONS

Infectious Materials include blood, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures or any body fluid visibly contaminated with blood. Body fluids include feces, nasal secretions, sputum, sweat, tears, urine and vomitus. Appropriate protection should be used. (Appendix I)

Bloodborne pathogens means pathogenic micro-organisms that are present in human blood that can cause disease in humans. These pathogens include, but are not limited to hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination means the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on the contaminated surface to the point where they are no longer capable of transmitting infectious particles and the contaminated surface is rendered safe.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Disinfectant means any product which can be used to clean and disinfect an area from HBV and HIV either for first step in cleansing procedure or total and complete cleansing. These substances include soap and water, bleach, and disinfectant sprays.

One Hand recapping means that the employee will recap with a one-handed scoop technique, using the needle itself to pick up the cap, pushing cap and sharp together against a hard surface to ensure a tight fit.

Personal protective equipment means gloves, gowns, face shields, masks and other personal protective equipment as needed. Use of personal protective equipment will be determined by the individual at risk according to each situation.

Occupational Exposure means reasonable anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employees duties.

Regulated waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.

POLICIES AND PROCEDURES: OSHA BLOODBORNE PATHOGEN STANDARDS

EXPOSURE CONTROL PLAN

EXPOSURE DETERMINATION

An employee at risk of occupational exposure includes those who may reasonably anticipate skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of that employee's duties. These employees include specifically:

Police Officers
Fire Fighters
Custodians

Task and procedures that could result in occupational exposure include:

1. Percutaneous exposure by used needles or other sharp contaminated instruments.
2. Contamination of a FRESH cut with blood or other potentially infectious fluid.
3. Mucous membrane exposure via splash in mouth or eyes.
4. Human bite that penetrates the skin.
5. Provision of emergency care or other contact with clients that could result in exposure to infectious materials.
6. Contact with regulated waste products (see page 2) or laundry contaminated with infectious materials.

The immediate care will be:

1. Wash skin site with soap and water as soon as possible, while encouraging bleeding; bandage site, as appropriate.
2. Wash contaminated mucosal and conjunctival sites with large quantities of water.

POLICIES AND PROCEDURES: OSHA BLOODBORNE PATHOGEN STANDARDS
EXPOSURE CONTROL PLAN

UNIVERSAL PRECAUTIONS

Purpose: To prevent the spread of infection among clients, staff, and/or families. Blood and body fluid precautions should be consistently used for all clients, staff, and/or families.

Methods of Compliance:

- A. Universal Precautions shall be observed to prevent contact with blood or other potentially infectious materials.
- B. Handwashing is the single most important means of preventing the spread of infection. Hands should be washed thoroughly and immediately if they accidentally become contaminated with body fluids. Staff members will wash their hands with an appropriate disinfectant as soon as possible after removal of gloves.
- C. Gloves should be worn for touching blood and body fluids, mucous membranes, or non-intact skin of all clients and for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each individual.
- D. Any broken skin area on the employee should be properly covered to prevent contact with infectious materials (i.e. bandage and gloves).
- E. Contaminated needles and other sharps shall be disposed of properly without bending or recapping. Sharps containers will be disposed of appropriately and replaced with an appropriate empty container. If a sharps box is not available, the employee can use the one-handed recap method.
- F. When blood or body fluids are spilled, apply gloves, then visible material should be removed with disposal towels or other appropriate means to avoid direct contact with infectious materials. The area is then decontaminated with an EPA-approved germicide, approved for use as a "hospital disinfectant" or a 1:10 solution of household bleach. Gloves should be worn during cleaning and decontaminating procedures. If splashing is anticipated, protective eyewear and protective gowns or aprons should be worn. Soiled cleaning equipment or materials should be disposed of or decontaminated appropriately.
- G. Items contaminated by body fluids that cannot be flushed down the toilet should be wrapped securely in a plastic bag that is not easily penetrated. These items shall then be placed in a red biohazard bag and disposed of according to state and federal regulations. (see Appendix II - Blood/OPIM*SPILL)

POLICIES AND PROCEDURES: OSHA BLOODBORNE PATHOGEN STANDARDS

EXPOSURE CONTROL PLAN

HEPATITIS B IMMUNIZATION

Hepatitis B Immunization will be available at no cost to all employees with occupational exposure to blood, saliva, or other potentially infectious materials (i.e. firefighters, police officers).

New employees not previously immunized with Hepatitis B vaccine or without demonstrated immunity will be informed of the benefits and risks of hepatitis immunization during their orientation. All employees will be allowed opportunity to ask questions regarding vaccination. If the employee chooses to be immunized, the Consent to Immunization form must be signed (see Appendix III & IV). Employees desiring the vaccine will be referred to a health care provider for vaccination and will receive the immunization within 10 working days or as soon as the vaccine is available.

If the vaccine is declined, a waiver to immunization must be signed. An employee who declines the vaccine during orientation may participate in the immunization program at a later date by notifying the administrative office.

A record of immunization and consent or the waiver of immunization will be filed in the employee's personnel records.

POLICIES AND PROCEDURES: OSHA BLOODBORNE PATHOGEN STANDARDS

EXPOSURE CONTROL PLAN
MANAGEMENT OF EXPOSURE TO BLOOD AND BODY FLUIDS

However, since it is impossible to identify infected individuals, all body fluids shall be considered infectious. Universal precautions shall be observed to prevent exposure.

Significant Exposure

The following constitute a significant exposure to blood or other potentially infectious materials:

1. A break in skin by potentially contaminated or other sharp instrument (i.e. needle stick, etc.).
2. Contamination of any open skin wound or lesion.
3. Mucous membrane exposure via splash in mouth or eyes.
4. Human bite that penetrates the skin.
5. Sexual contact.

Employee Health Guidelines

1. When an employee receives a significant exposure, he/she should report the incident to his/her supervisor immediately, and then fill out an incident report with details of exposure (see Appendix V). The employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up.
2. It should be determined if the person was injured with a clean or used needle, puncture wounds from unused needles do not normally require any special care aside from cleansing the wound and tetanus prophylaxis upon advice from a health care provider.
3. The following procedure for collection of baseline samples from the exposed employee will be followed:
 - a. The exposed employee's blood shall be collected as soon as feasible after consent is obtained.
 - b. A sample shall be sent immediately for HBsAg antibody testing.
 - c. A second sample shall be held for at least 90 days. If within that period the source client is found to be HIV positive, the exposed employee's baseline sample shall be sent for HIV testing if the employee so consents.

4. The following HIV post-exposure plan will be followed:
 - a. For any exposure to a source individual who has AIDS, who is found to be positive for HIV infection or who refuses testing, the worker should be counseled regarding the risk of infection and be evaluated clinically and serologically (providing consent is obtained) for evidence of HIV infection as soon as possible after the exposure. The worker should be advised to report and seek medical evaluation for any acute febrile illness that occurs within 12 weeks after the exposure. Such an illness, particularly one characterized by fever, rash or lymphadenopathy, may be indicative of recent HIV infection. Following the initial test at the time of exposure, seronegative workers should be retested 6 weeks, 12 weeks, 6 months, and 12 months after the exposure to determine whether transmission has occurred. During this follow-up period (especially the first 6-12 weeks after the exposure, when most infected persons are expected to seroconvert), exposed workers should follow recommendations for preventing transmission of HIV. These include refraining from blood donation and using appropriate protection during sexual intercourse.
 - b. If the source individual refuses HIV testing, or is found to be HIV negative, or if the source individual cannot be identified, baseline testing of the exposed employee with follow-up testing as outlined above may be performed as recommended by the health care provider and/or as desired by the exposed employee.
5. Post exposure prophylaxis, when medically indicated by the employee's primary health care provider will include counseling and evaluation of reported illnesses.
 - A. The employer will ensure that the health care professional evaluating an employee after an exposure incident is provided with a copy of the Exposure Incident Form and a description of employee's duties as they relate to the exposure incident.
 - B. A written opinion shall be obtained from the health care professional who evaluates employees of the Town of Hardwick. Written opinions will be obtained in the following instances:
 - 1) When the employee is sent to obtain the Hepatitis B vaccine.
 - 2) Whenever the employee is sent to a health care professional following an exposure incident.

- C. Health care professionals shall be instructed to limit their opinions to:
- 1) Whether the Hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident.
 - 2) That the employee has been informed of the results of the evaluation, and
 - 3) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials. (Note that the written opinion to the employer is not to reference any personal medical information).
6. When an employee received a needlestick or other significant blood/body fluid exposure, the incident report and documentation of medical follow-up will remain on file for the period of employment plus 30 years.
- a. These records shall include: the name, and social security number of employee, a copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations, the employer's copy of the health care professional's written opinion, and a copy of the information provided to the health care professional, and other pertinent information (i.e. documentation of follow-up procedures).
 - b. In order to maintain confidentiality, employee medical records shall only be provided upon request to anyone having written consent of the subject employee.

POLICIES AND PROCEDURES: OSHA BLOODBORNE PATHOGEN STANDARDS

EXPOSURE CONTROL PLAN

INFORMATION AND TRAINING

All employees with potential for occupational exposure shall be offered an appropriate training program at no cost.

Additional training shall be provided to employees when changes such as modification of tasks or procedures or institution of new tasks or procedures affecting the employee's occupational exposure.

Copies of the OSHA Bloodborne Standards are posted on employee bulletin boards. OSHA representatives are available to answer employee questions related to these standards.

Training must include: Making accessible a copy of the regulatory text of the standard and explanation of its contents, general discussion of bloodborne diseases and their transmission, exposure control plan, engineering and work practice controls, personal protective equipment, Hepatitis B vaccine, response to emergencies involving blood, how to handle exposure incidents, the post-exposure evaluation and follow-up program, and signs/labels, color coding.

Training records must be maintained for three years and must include dates, contents of the training program or summary, trainer's name and qualifications, and names and job titles of all persons attending the sessions (see Appendix VI).

POLICIES AND PROCEDURES: OSHA BLOODBORNE PATHOGEN STANDARDS

ENGINEERING AND WORK PRACTICE CONTROLS

HANDWASHING FACILITIES

Handwashing facilities are provided in rest rooms and lab areas. Antiseptic hand cleanser is also provided. Employees must wash hands with antiseptic hand cleanser immediately after contact with any body fluid, whether or not gloves were used.

If mucous membranes come in contact with blood or body fluids, flush with water as soon as possible (i.e., eyes, mouth, nose).

DISPOSAL OF CONTAMINATED NEEDLES AND SHARPS

1. Contaminated sharps are defined as objects that can penetrate the skin including, but not limited to, needles, scalpels and broken glass.
2. Contaminated needles and other sharps shall not be bent or recapped except through the use of a mechanical device or a one-handed technique.
3. Immediately or as soon as possible after use, contaminated sharps shall be placed in appropriate containers.
4. Approved sharps containers are located in the police department and warning labels are affixed to containers using the universal biohazard symbol.
5. Containers shall be replaced routinely and not allowed to overfill. If container is full do not attempt to fill further and at no time place your fingers in container. Close and replace container immediately.
6. When moving container of contaminated sharps, it should be closed, taped shut and labeled if not already.

PERSONAL PROTECTIVE EQUIPMENT

The Town of Hardwick shall provide at no cost to employees the following disposable personal protective equipment; gloves, gowns, masks, eye protection, and pocket masks.

Hypoallergenic gloves will be made accessible to those employees who are allergic to the gloves normally provided if they so request.

Employees are encouraged to use available personal protective equipment in situations where potential for occupational exposure exists.

When contaminated personal protective equipment is removed it will be properly disposed of in appropriate red disposal bags located in designated areas.

Gloves: Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other infectious materials, mucous membranes, non-intact skin or when handling or touching contaminated items or surfaces. Disposable gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposable gloves shall not be washed or decontaminated for reuse.

Masks, Eye Protection: Masks in combination with eye protection devices such as glasses with solid shields will be worn whenever splashes, spray, splatter or droplets of blood may be generated when eye, nose or mouth contamination can be reasonably anticipated.

Gowns: Appropriate disposable gowns will be worn in occupational exposure situations as determined by individual at risk.

Housekeeping: Contaminated Clothing: In the event that a person's clothing becomes contaminated with any body fluids, that clothing will be placed in a biohazard bag and maybe sent home for washing or professionally cleaned. The individual can change into clean clothing. No individual shall leave the building wearing clothing contaminated with body fluids.

- A. Handle contaminated laundry as little as possible and with a minimum of agitation.
- B. Use appropriate personal protective equipment when handling contaminated laundry.
- C. Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transporting.
- D. Bag contaminated laundry at its location of use.
- E. Never sort or rinse contaminated laundry.

Cleaning Schedule: Under the standard, each place of employment must be kept clean and sanitary.

1. All surface areas and equipment will be decontaminated as soon as possible after contamination with potentially infectious materials with an approved disinfectant solution.
2. At the minimum all laboratory work surfaces, bathrooms, sinks, water fountains and cafeteria tables should be cleaned with disinfectant on a regular basis.
3. Place other regulated waste in closable and labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
4. When discarding contaminated sharps, place them in containers that are closable, puncture-resistant, appropriately labeled or color-coded, and leakproof on the sides and bottom.
5. Inspect and decontaminate, on a regular basis, reusable receptacles such as bins, pails, and cans that have a likelihood for becoming contaminated. When contamination is visible, clean and decontaminate receptacles immediately, or as soon as feasible.
6. Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware, never pick up with hands even if gloves are worn.

Personal Hygiene:

1. Do not eat, drink, smoke, apply cosmetics or lip balms, or handle contact lenses where you may be exposed to blood or other potentially infectious materials.
2. Avoid petroleum-based hand lotions that may eat through latex gloves.
3. Don't keep food and drinks in refrigerators, freezers, cabinets or on shelves, countertops or benchtops where blood or other potentially infectious materials may be present.

Disposal of Regulated Waste

Discard all regulated waste (including containers of sharps) according to federal, state and local regulations. Regulated waste shall be placed in a sharps container or a biohazard bag that is leak proof and identified with a biohazard label (it is advisable to double bags).

Communication of Hazards to Employees

Storage, waste containers and closets containing potentially hazardous materials will be labeled in the following manner:

- a. Universal biohazard symbol.
- b. Label will be fluorescent orange or orange-red with lettering or symbols in contrasting color.
- c. Label will be affixed as close as feasible to the containers by string, wire, adhesive or other method that prevents their loss or unintentional removal.

APPENDIX I

TRANSMISSION CONCERNS

BODY FLUID SOURCES OF INFECTIOUS* AGENTS

| <u>BODY FLUID SOURCE</u> | <u>ORGANISM OF CONCERN</u> | <u>TRANSMISSION CONCERNS</u> |
|--|---|--|
| Blood cuts/abrasions nose bleeds menses | Hepatitis B. Virus AIDS Virus Cytomegalovirus Syphilis | Bloodstream inoculation through cuts/abrasions on hands, rectum, vagina |
| Contaminated Needle | | Direct blood stream inoculation |
| *Feces incontinence | Salmonella Bacteria Shigella Bacteria Rotavirus Hepatitis A Virus Hepatitis B Virus | Oral inoculation from contaminated hands |
| *Urine incontinence | Cytomegalovirus | Bloodstream, oral and mucus membrane inoculation from hands |
| *Respiratory Secretions | Mononucleosis Virus Common Cold Virus | Oral inoculation from contaminated hands |
| *Saliva | Hepatitis B Virus | Bloodstream Inoculation through bites |
| *Vomitus | Gastrointestinal virus, e.g. (Norwalk agent Rotavirus) | Oral inoculation from contaminated hands |
| Semen | Hepatitis B Virus AIDS Virus Gonorrhea Syphilis | Sexual Contact |

*Possible transmission of AIDS is currently thought to be of little concern from these sources.

APPENDIX II

BLOOD/O.P.I.M. * SPILL? DON'T PANIC!!

(Handles all body substances as potentially infectious)

Clean-up is as simple as 1 - 2 - 3 - 4

Small Spills

Less than 1/2 cup liquid

Large Spills

More than 1/2 cup liquid

- | | |
|---|--|
| <p>1. GLOVE-Wear disposable gloves. Have a red plastic bag available for disposable materials.</p> <p>2. BLOT-with paper towels. Dispose of them in bag.</p> <p>3. SPRAY - with approved disinfectant and allow ten minutes of contact time. Wipe dry with paper towels and dispose of them and gloves in the red plastic bag. Close the top and put in the red bag covered red garbage can in the janitors office.</p> | <p>1. GLOVE-Wear disposable gloves. Have a red plastic bag available for disposable materials and a yellow bag for laundry.</p> <p>2. SOAK-in absorbent crystals or powder. Spray with an approved disinfectant. Allow 10 minutes contact time.</p> <p>3. WIPE-entire areas with paper towels and put in red plastic bag.</p> <p>4. MOP-entire area with approved disinfectant. Soak mop in disinfectant after use and rinse thoroughly. Or wash in a hot water cycle after use.</p> |
|---|--|

REMEMBER - after every clean-up and after removing your gloves
WASH YOU HANDS THOROUGHLY.

Approved disinfectant:

1. Ten parts water to one part bleach. Solution must be mixed fresh ever 24 hours or at time of incident.
2. Buckeye sanicare disinfectant spray located in the janitor's office.

APPENDIX III
TOWN OF HARDWICK
CONSENT TO IMMUNIZATION

Employee Name _____

Employee S.S. # _____

NOT PREVIOUSLY IMMUNIZED, NO DEMONSTRATED NATURAL IMMUNITY

I, the undersigned, an employee at the Town of Hardwick, understand due to my occupational exposure to blood or other potentially infectious materials that 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.

I consent to be immunized with the Hepatitis B vaccine. I have received information on the Hepatitis B vaccine, including the risks and benefits of vaccination. I have read the above authorization and understand it. I certify that no guarantee or assurance has been made to me as to the results that may be obtained.

Witness of Employee's Signature

Employee's Signature

Date

PREVIOUSLY IMMUNIZED OR DEMONSTRATED NATURAL IMMUNITY

I decline to be immunized with Hepatitis B vaccine, because I have already been immunized or have demonstrated previously acquired immunity.

Witness of Employee's Signature

Employee's Signature

Date

WAIVER OF IMMUNIZATION

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.

Witness of Employee's Signature

Employee's Signature

Date

APPENDIX IV

HEPATITIS B VACCINE IMMUNIZATION RECORD

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 scheduled for doses is as follows:

Elected date
One month from elected date
Six months from elected date

Employee Name: _____

Date of first dose: _____

Date of second dose: _____

Date of third dose: _____

Antibody test results - prevaccine (optional) _____

Antibody test results - postvaccine (optional) _____

Time interval since last injection: _____

Reason for non-participation in the hepatitis B vaccine program:

APPENDIX V

BLOOD/BODY FLUIDS INCIDENT EXPOSURE FORM

Employee Name _____ S.S.# _____

Home Address _____ Phone _____

DESCRIPTION OF INCIDENT

A. Briefly describe what happened: _____

B. Complete the following section:

1. Wounds

- a. Did the incident involve a wound? ()yes ()no
- b. Did the wound result in visible bleeding? ()yes ()no
- c. What object caused the wound? _____
- d. Was the object covered with blood/body fluids? ()yes ()no

2. Blood/body fluid exposure to mucous membrane

- a. Did a person's blood/body fluids come in contact with your body? ()yes ()no
- b. What was the substance to which you were exposed?
- c. If substance was not blood, was blood visible in the body fluids? ()yes ()no
- d. What part of your body was exposed to the substance?

C. How long was your body part in contact with the substance?

- 1. If the exposure was to your skin, was your skin broken in any way? ()yes ()no
- 2. What was the nature of your skin abrasion? ()acne
()dermatitis ()dry skin cracks ()unhealed cuts/scratches
()no abrasion ()other

D. Which of the following procedures were being used at the time of the incident? () cuts/open wounds covered with bandages
()masks ()gloves ()pocket mask ()goggles/glasses
()other _____

E. First line intervention after exposure, what did you do?
()washed hands/exposed area ()changed clothes ()flushed eyes/rinsed mouth ()showered ()other _____

F. The supervisor/Town Manager was notified as follows:

Date _____ Time _____

G. Medical intervention -- in the event of contact with blood and/or body fluid it is suggested that you discuss with the Town Manager:

1. HBV antibody or previous vaccination status of HBV
2. The need for HBV/HIV antibody testing.
3. Notifying your physician or health care provider of the exposure to blood or body fluids immediately.

H. Return this completed form to the Town Manager and it will be placed in your confidential personnel file located at the Central Office.

SIGNATURE

DATE

TIME

SIGNATURE OF SUPERVISOR/TOWN
MANAGER

DATE

TIME

APPENDIX VI
TRAINING RECORD

Date: _____

Trainer: _____

Qualifications: _____

Content Summary of Training: Bloodborne diseases are their transmission. OSHA Standards; Exposure control plan; Engineering and work practice control, Personal protective equipment, Hepatitis B vaccine, Response to emergencies involving blood, How to manager exposure incidents, Post-exposure evaluation and follow-up, Signs/labels and Color codes.

Employee Name/Job Title

Employee Name/Job Title

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