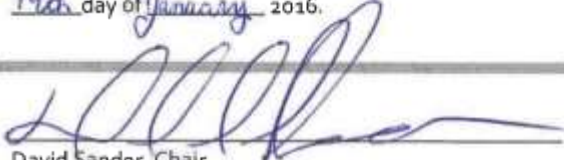


Blood Borne Pathogens and the Management of Sharps, Percutaneous Injury and Other Exposure Incidents Policy

TOWN OF RICHMOND,
VERMONT

The Richmond Selectboard approved this policy on this
19th day of January, 2016.


David Sander, Chair

Ellen Kane, Vice Chair


Taylor Yeates

Lincoln Bressor


Bard Hill

1. Responsibility for approval of policy	Selectboard
2. Responsibility for implementation	Town Manager
3. Responsibility for ensuring compliance	Town Manager and Department Heads

1. Policy Statement

- 1.1. The Town of Richmond is committed to managing the risk of acquisition of blood-borne pathogens from sharps injuries and other blood or body exposures to employees and to ensure that any such occupational exposures are dealt with effectively.

2. Purpose

- 2.1. To provide clear procedures for the safe handling and storage of clinical waste (including the safe disposal of sharps and other bodily fluids) to reduce the risk of blood born pathogen infection.
- 2.2. To offer advice and identify procedures for the management of sharps injuries and accidental exposure to blood and other bodily fluids.

3. Scope

- 3.1. This policy applies to all employees while at work in relation to the management of situations referenced in the policy.
- 3.2. The responses and supports shall be extended to all employees, visitors, customers, and volunteers if they are involved in an exposure incident.

4. Glossary of Terms and Definitions

- 4.1. Blood exposure incidents: Refers to incidents where there is:
 - 4.1.1. Percutaneous exposure: Needle or other sharp object contaminated with blood or bodily fluids causing injury, a bite causing visible bleeding, or other visible skin puncture.
 - 4.1.2. Mucus membrane exposure: Blood or body fluid splashes to the eyes, nose or mouth.
- 4.2. Sharps Containers. Containers that are puncture resistant, of adequate depth and capacity and conform to Regulatory Standards. This is not limited to needles, but may also include other instruments with sharp edges such as scalpels, blades, etc.
- 4.3. Sharps: any sharp edged instruments which may be contaminated in use by blood or body fluids and which may cause laceration or puncture wounds.
- 4.4. Healthcare Risk Waste: All waste which is contaminated with blood or other potentially infectious bodily fluids. This includes; used needles and syringes, tissues that are used to stop blood flow after an injury and materials used to clean up body fluids.
- 4.5. Bodily Fluids: This includes fluids that may transmit blood borne pathogens (BBPs); Hepatitis B, Hepatitis C, and Human Immunodeficiency Virus (HIV): including all bodily fluids including blood, saliva, vomit, urine, faeces and other bodily tissues.
- 4.6. Recipient: The member that has sustained a sharps injury, or been exposed to blood or other bodily fluid.
- 4.7. Source: Refers to the person whose blood or bodily fluid is involved in the injury.

5. Roles and Responsibilities

- 5.1. Employers
 - 5.1.1. To assess the risk of acquisition of blood-borne pathogens from sharps injuries and other blood or body exposures
 - 5.1.2. To take suitable precaution to protect the health and well-being of employees from such risk
 - 5.1.3. To provide information and training on risks
 - 5.1.4. To make known the management of sharps, percutaneous injury and other exposure incidents policy
 - 5.1.5. To respect the confidentiality of employees
- 5.2. Employees
 - 5.2.1. To act responsibly
 - 5.2.2. To be familiar with policies and fully cooperate
 - 5.2.3. Employees are not obliged to disclose if they have a blood born pathogen unless working in an 'exposure prone procedure' such that the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues inside an open body cavity, wound or

confined anatomical space where the hands or fingertips may not be completely visible at all times.

- 5.2.4. Employees are not obliged to undergo blood testing. It is only legally required for a person to be tested when they are undertaking an exposure prone procedure, such as high risk surgery.

6. Procedure for the Safe Handling of Clinical Waste

- 6.1. Safe disposal of sharps for all employees who are NOT specifically trained in the disposal of sharps:
 - 6.1.1. If a needle is found on Town property during the course of your work day, contact your department head, the Town Manager or the Police Department to ensure that it is removed by an appropriately trained person. Untrained employees shall not attempt to handle or move the sharps.
 - 6.1.2. The area shall be cordoned off from employees and the public to mitigate against an exposure incident.
- 6.2. Safe disposal of sharps for employees who ARE specifically trained in the disposal of sharps:
 - 6.2.1. Proper sharps disposal is vital to the running of a hygienic and safe workplace.
 - 6.2.2. All needle/syringes, injecting paraphernalia and other containers containing used injecting equipment (e.g. bottles, cans, boxes etc...) must be safely disposed of in an appropriately sized sharp safe container.
 - 6.2.3. If someone has in their possession a loose needle or syringe, they must be handed an appropriately sized sharps container and asked to place the used equipment into it themselves.
 - 6.2.4. If a needle is found it must be safely placed in sharp box containers. It is good practice to take the sharp box to the needle, not the needle to the sharp box where possible. However in such circumstances do not leave the needle unattended where someone could be exposed to it. The areas shall be closed off until the needle has been safely placed in the sharp box.
 - 6.2.5. Trained employees shall use appropriate equipment when picking up the needle.
 - 6.2.6. Used needles shall never be bent, broken or re-sheathed by hand
 - 6.2.7. Sharps shall not be passed directly from hand to hand, and handling shall be kept to a minimum
 - 6.2.8. Drop sharps into container. Never insert fingers / hands past the level of the lid
 - 6.2.9. Do not overfill sharp containers or try to push the contents down. Sharps containers must be correctly assembled and securely closed when $\frac{3}{4}$ full, or when the fill line is reached.
 - 6.2.10. Sharps containers shall never be placed at floor level or at a height or location where children have easy access to them.
 - 6.2.11. Any sharp containers that are damaged / punctured or overfilled must be placed into a larger sharp safe container which can then be sealed safely.
 - 6.2.12. Before disposing of a sharp box, make sure it is sealed according to the instructions on the box. Sharp containers must be signed and dated, with the name of department recorded on box.
 - 6.2.13. Once assessed as safe, sharp containers must be stored uprightly in a designated area. Sharps containers shall only be left in a safe, secured, designated area while awaiting collection for disposal.
 - 6.2.14. Sharps containers shall be carried by the handle and away from the body.
 - 6.2.15. Sharp containers will be disposed of securely and safely by Richmond Rescue.
 - 6.2.16. The Town of Richmond will have two sharp safe containers in stock, including one large container for the spillage of clinical waste and body fluids.
 - 6.2.17. Employees working outside of the office may encounter needles on the streets.
 - 6.2.17.1. Employees shall take the view that all needles found could be infected, and therefore associated risks need to be managed.

- 6.2.17.2. Employees shall ensure they have the appropriate equipment for the safe containment of needles. This shall include: tools for picking up needles, gloves that are puncture resistant and sharp boxes. Those employees who work outside of the office shall also be provided with first aid equipment, including clean water and sterile wipes.
- 6.3. Spillage of Waste and Body Fluids. In all cases, contact your department head, Town Manager or the Police Department to ensure trained individuals respond to the incident.
- 6.3.1. In the event of a bleed, the individual bleeding shall be encouraged to deal with their own bleeding (self-care). The Town shall ensure that the source has sterilized wipes and water to deal with the incident. All waste material shall be placed in a sharps container by the individual. Wet waste i.e. tissues, bandages, gloves, dressings shall be placed in a yellow clinical waste bag not a sharps container.
- 6.3.2. The area where a spillage of clinical waste or body fluids occurs must immediately be closed to all but the person(s) trained and designated deal with the incident.
- 6.3.3. All spillages must be reported to the Town Manager and recorded in the Police Department.
- 6.3.4. Items contaminated by blood or bodily fluids must be safely put into a yellow clinical waste bag
- 6.3.5. A 'Body Spills Kit' shall be used to clean up of any spillage. This shall include:
- 6.3.5.1. Tongs/pinchers/scoop to pick up sharps
 - 6.3.5.2. Protective gloves (not the needle stick gloves) and apron
 - 6.3.5.3. Protective eye ware
 - 6.3.5.4. Absorbent disinfectant compound
 - 6.3.5.5. Biohazard Bag
- 6.3.6. If there is any broken glass / other sharp material, treat as hazardous and use tongs, this shall then be placed in the clinical waste bins.
- 6.3.7. Once all waste (including gloves, apron and glasses if used) have been placed safely into the bag provided, the bag must be sealed and placed into the large yellow clinical waste bag, stored in the area designated for clinical waste.
- 6.3.8. Equipment must be checked and cleaned or disposed of after use and re-ordered as necessary.
- 6.3.9. Employees shall decontaminate hands with soap and water.

7. Procedures for the Management of Sharps Injuries and on Exposure to Blood and other Body Fluids.

- 7.1. All designated and trained employees shall be encouraged to be vaccinated against Hepatitis B.
- 7.2. In the event an employee has sustained a needle stick injury, or was exposed to blood or bodily fluids as defined above, the following procedures must be followed immediately.
- 7.3. Recipient
- 7.3.1. Don't panic. Seek assistance. Stop immediately what you are doing. In the event of a wound caused by a needle stick or sharp, treat the wound appropriately:
- 7.3.1.1. Self- management of bleed shall be undertaken where ever possible.
 - 7.3.1.2. Wash the area under running water
 - 7.3.1.3. Encourage bleeding from the puncture wound, and continue to flush the wound with water for 5 minutes.
 - 7.3.1.4. Do not use your mouth to suck blood out of the wound.
 - 7.3.1.5. Sagely dispose of swabs into a yellow clinical waste bag
 - 7.3.1.6. In the event of exposure to blood / bodily fluids, treat the exposed area appropriately:
 - 7.3.1.7. As above
 - 7.3.1.8. If splashed on the skin, wash the area well with soap and water.
 - 7.3.1.9. If splashed on the eyes, mouth or nose, rinse well with water for 5 minutes.

- 7.3.1.9.1. Make sure that your department head, Town Manager or the Police Department is informed.
- 7.3.1.10. The recipient will be accompanied to University of Vermont Medical Center or if the incident occurs during work hours; to Concentra by a designated person.
- 7.4. Remaining Employees
 - 7.4.1. A designated and trained employee person will be nominated to take control of follow-up procedures.
 - 7.4.2. Make sure any needles are dealt with according to the policies outlined above, and that any spillages are cleaned as above.
 - 7.4.3. If possible, identify the source (the individual whose needle, or blood or bodily fluids it was), meet with them and:
 - 7.4.3.1. Inform them that there has been a needle stick incident involving a needle that might have belonged to them, or that there has been an incident involving blood or bodily fluids that may belong to them.
 - 7.4.3.2. Ask them if they will consent to sharing the following information:
 - 7.4.3.2.1. HIV and Hep B & C status (if known).
 - 7.4.3.2.2. Name.
 - 7.4.3.2.3. Date of Birth.
 - 7.4.3.2.4. If they have used the needle in question (only for needle stick injuries).
 - 7.4.3.2.5. If they have shared the needle in question with anyone (only for needle stick injuries).
 - 7.4.3.3. If the source does not consent to sharing information on their medical status such information must not be shared with other employees within or outside the Town. This applies even when such information may be on file.
 - 7.4.4. Ask the source if they are willing to give a blood sample at the hospital for the purpose of testing for BBPs. Make it clear that they are not obliged to do this and that it is their choice.
 - 7.4.5. If the source is willing to be tested for BBPs, contact the hospital or Concentra and see if they can be taken in immediately.
 - 7.4.6. Record the event in writing and pass the record onto your department head, the Town Manager or Police Department.
- 7.5. At the hospital or at Concentra the recipient shall be prepared to give blood samples, receive a tetanus shot or other shots (as necessary), and follow processes as outlined by the hospital or Concentra staff.
- 7.6. The recipient shall provide a written Workers Compensation report of the incident to the Town Manager within 24 hrs of the event, if possible. Alternatively the recipient may dictate a report of the incident. In either case the report shall be signed and dated.
- 7.7. Employers have a responsibility to:
 - 7.7.1. Escort the recipient to the hospital
 - 7.7.2. Support the recipient. This may involve providing access to external counselling services.
 - 7.7.3. Report the incident appropriately.
 - 7.7.3.1. This includes informing the hospital or Concentra staff.
 - 7.7.3.2. In the event that the recipient refuses assistance or medical attention, ensure that they sign a statement saying that support was offered (see Appendix I).
 - 7.7.4. Conduct an investigation into the cause of the injury and review the relevant risk assessment to ensure everything is done to ensure the event doesn't happen again.
 - 7.7.5. The escort must respect the privacy of the recipient at all times, ensuring confidentiality with regard to any follow-up procedures, such as blood test results.

8. Training

- 8.1. Training will be given to all employees on this Policy upon hire or as soon as reasonably practical and a record of this kept in their personnel file. The Department Heads or Town Manager if he/she is the employee's department head, will be responsible for ensuring that this happens.
- 8.2. Training shall include: All employees shall receive a copy of this policy upon hiring. Plus advanced training will be provided for designated employees to include: All employees from the Highway and

Water Resources Departments, all certified Police Officers, all of the volunteer Fire Department, the Town Manager, the Library Director and anyone else designated by the Town Manager to receive advanced training.

8.3. Advanced training shall, but is not limited to include:

- 8.3.1. Potential risks of transmission of BBP's.
- 8.3.2. Guidelines on Handling and Storage of Clinical Waste (as outlined in this document).
- 8.3.3. Guidelines on dealing with spillages.
- 8.3.4. Effective and safe sealing and handling of sharp safes.
- 8.3.5. Procedures following a needle stick injury and exposure to blood or bodily fluids.

Project Name

Management of Sharps, Percutaneous Injury and other exposure
Incidents Policy

Dear

Re: Medical Follow-Up Following a Needle Stick/Sharps Injury

I have been informed that you have declined to have medical follow-up following a needle stick/sharps injury in line with the Town of Richmond's Policy.

We strongly urge you to revise this position as it has been acknowledged that you may have been exposed a high risk situation.

A copy of this letter will be put on your file as an acknowledgement that you do not wish to have medical follow-up and that this is a fully informed choice on your part.

Yours sincerely,

Town Manager or Department Head

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I have been informed of the organizational recommendations and the risk that I may incur by not having a medical follow-up following a needle stick/sharps injury.

Signed:

Printed:

Date: