



THE TOWN OF NEW FAIRFIELD

Selectman's Office

4 Brush Hill Road, New Fairfield, CT 06812

PH: 203-312-5600

www.newfairfield.org

TOWN OF NEW FAIRFIELD BLOOD BORNE PATHOGENS EXPOSURE CONTROL PLAN

POLICY

The Town of New Fairfield is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, 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."

The ECP is a key document to assist our firm in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- I. Determination of Employee Exposure
- II. Implementation of Various Methods of Exposure Control, Including:
 - A. Universal Precautions
 - B. Recommended Handwashing Method
 - C. Engineering And Work Practice Controls
 - D. Personal Protective Equipment
- III. Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up
- IV. Communication of Hazards to Employee and Training
- V. Recordkeeping
- VI. Program Administration
- VII. Procedures For Evaluating Circumstances Surrounding an Exposure Incident.
- VIII. Definitions

I. DETERMINATION OF EMPLOYEE EXPOSURE

Identify the potential for exposure, isolate/contain, and contact appropriate agency to remediate.

The following is a list of all job classifications at our establishment in which all employees have occupational exposure:

Job Classification	Potential Exposures
A	Reference BBP NF Police Department 8.11
B	CPR Administration of first aid to members of the public at the beach who sustains an injury.
C	Counseling or assisting people with psychological problems potential for biting or scratching.

Other employees in all other job classifications are not reasonably anticipated to come into contact with human blood and other potentially infectious materials in order to perform their jobs. If any employee receives exposure from a "Good Samaritan" act, e.g., helping a co-worker or member of the public who has a nosebleed, then she or he shall follow the procedures set out in Section III of this plan on post exposure evaluation and follow up. All employees, regardless of job classification, shall follow Universal Precautions if exposure to blood or other potentially infectious materials can be reasonably anticipated.

II. IMPLEMENTATION OF VARIOUS METHODS OF EXPOSURE CONTROL

A. Universal Precautions

Universal Precautions will be observed at all Town of New Fairfield work sites to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Universal Precautions include:

1. Hands should be washed before and after all contacts, paying particular attention around and under fingernails and between the fingers. If hands or other skin surfaces accidentally come in contact with blood or body fluids, they should be immediately washed with soap and water.
2. Gloves should be worn for all contact with blood and body fluids (i.e. urine, stool, oral secretions, wound or other drainage), mucous membranes or other non-intact skin.

3. Gloves should be worn for performing veni-puncture and other vascular access procedures.
4. Gloves should be changed after each contact. Hands should be washed immediately after gloves are removed.
5. Gowns should be worn when the soiling of clothes with blood or body fluids is likely.
6. Masks and/or goggles should be worn when it is likely that eyes and/or mucous membranes could be splashed with blood or body fluids.
7. Discard uncapped needles, syringes and sharps in puncture resistant containers designed and labeled for this purpose.
8. Discard trash in the usual manner.
9. Bag linen in the usual manner. Contaminated linen should be bagged and identified separately.
10. Hands and other skin surfaces should be washed immediately and thoroughly if contaminated with blood or other body fluids.
11. If significant exposure (needle stick, mucous membrane splash or contact to non-intact skin) to blood occurs, report to supervisor and First Selectman immediately for evaluation and follow-up.

B. Recommended Hand Washing Method

1. Wet hands up to two to three inches above wrists.
2. Apply hand-cleansing agent.
3. Rub hands to work up a lather.
4. Using a rotating motion, apply friction to all surfaces of hands and wrists, including backs of hands, between fingers and around and under nails. Interlace fingers and rub up and down; continue for 15 seconds.
5. Holding hands downward, rinse thoroughly, allowing the water to drop off fingertips.
6. Repeat procedure.
7. Dry hands thoroughly with a paper towel.

8. Turn off faucet using a clean paper towel so as not to re-contaminate your hands on the dirty faucet handle.

C. Engineering and Work Practice Controls

Engineering and work practice controls will be utilized to eliminate or minimize exposure. When occupational exposure remains after institution of these controls, personal protective equipment (PPE) shall also be utilized. The following engineering controls will be utilized:

1. Handwashing facilities are available to all employees who incur exposure to blood or other potentially infectious materials. Handwashing facilities are in the bathrooms of all town buildings, and in the locker rooms and cell block area at the police department.
2. All town vehicles shall be equipped with antiseptic towelettes for use when handwashing facilities are not available. All employees will be provided with antiseptic towelettes when they are using their own vehicle for town business. When the towelettes are used, hands shall be washed with soap and running water as soon as feasible.
3. Disposable gloves shall be removed inside out, with the contaminated side not exposed. After removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. Disposable gloves shall be disposed of in properly marked biohazard containers immediately after use.
4. If employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as soon as feasible following contact.
5. All employees with occupational exposure shall cover all open cuts and abrasions with waterproof bandages prior to reporting to work.
6. When leather or cotton gloves are worn for crime scene work, latex gloves may be worn underneath for added protection. Where a single pair of latex gloves might be inadequate for protection, more than one pair of gloves shall be worn.
7. Plastic mouthpieces or other authorized barrier/resuscitation devices shall be used whenever employees perform CPR or mouth-to-mouth resuscitation.
8. Leather or frisker gloves shall be worn when searching for or handling sharp instruments.
9. Employees shall not place their hands in areas where sharp instruments might be hidden. An initial visual search of the area should be conducted, using a flashlight and/or portable metal mirror where necessary.

10. When searching a suspect's pockets police officers should exercise careful hand movements and should try to pull the pockets inside-out from the top edge of the pocket, instead of inserting a hand into the pocket. When circumstances allow, the suspect should empty his or her own pockets by pulling the pocket inside out. A search of a purse can be accomplished by carefully dumping contents onto a flat surface.
11. Needles shall not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated. Needles or similar sharp edge instruments shall be placed in a puncture-resistant, non-porous container when being collected for evidence or disposal purposes. The container shall be marked accordingly, to show the contents.
12. Employees shall not smoke, eat, drink, apply makeup, cosmetics or lip balm or handle contact lenses, when near body fluid spills, when wearing protective gloves, or when in any work area where there is a reasonable likelihood of occupational exposure to blood or other potentially infectious materials.
13. Any evidence contaminated with body fluids shall first be air dried, bagged according to proper procedures governing evidence collection and marked to identify suspected or known communicable disease contamination. Sealable evidence bags shall be utilized when possible. Stapling of evidence bags shall be avoided. Tongs shall be utilized to assist in gathering contaminated evidence.
14. Police officers shall not put their fingers in or near the mouth of any conscious person. Officers utilizing protective gloves can, if need be, insert their finger into the mouth of an unconscious person in an attempt to clear a blocked airway. This action should be performed in accordance with prescribed foreign body airway obstruction procedures.
15. Police officers shall transport potentially infectious persons, e.g. individuals with body fluids exposed on their persons, in separate vehicles from other individuals.
16. During a transfer to custody police officers have an obligation to notify, in a discrete manner, relevant support personnel that the suspect/victim has body fluids present on his person or has stated that he or she has communicable disease. Reasonable care should be taken that the information is not transmitted to the public or to those who have no need for that information.
17. Suspects taken into custody with body fluids on their persons, and not in need of medical attention, shall be directly placed in the designated holding area for processing. The holding area shall be posted with an "Isolated Area-Do Not Enter" sign.

18. Officers shall document, in the remarks section of the "Prisoner Log," that a suspect taken into custody has body fluids on his or her person or has stated that he or she has a communicable disease.
19. All officers entering the isolated area shall be equipped with the protective gear that is dictated by the circumstance.
20. Needles are not used by any employee for work-related purposes. However, as public servants if any employee must handle a needle or sharp to protect the public safety or as evidence in a criminal case, the following precautions shall apply:
 - a) All needles and sharps shall be considered contaminated.
 - b) Contaminated needles and sharps shall not be bent, recapped, removed, sheared, or purposely broken.
 - c) If the employee can demonstrate that no feasible alternate exists for the removal and/or recapping of a contaminated needle or sharp, such recapping or removal must be accomplished using a mechanical device or the one-handed scoop method.
 - d) All such contaminated removed needles and sharps shall be disposed of in a sharps box. Do not dispose of it in any sharps box that is not puncture resistant, labeled with a biohazard label, and leak proof.
21. Food and beverages shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.
22. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
23. All procedures shall be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.
24. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during the collection, handling, processing, storage, and transport of the specimens. If refrigeration is necessary, such specimens shall be kept in a separate refrigerator bearing a biohazard sign. The container used for specimens shall be labeled or color coded in accordance with the requirements of the OSHA standard. Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen and is labeled and color coded in accordance with the OSHA standard.

25. Equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary.

D. Personal Protective Equipment (PPE)

1. All employees shall use appropriate PPE when there is occupational exposure. The employee may temporarily and briefly decline to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgement that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgement, the employee immediately shall report his activity to his department head and the department head shall investigate the circumstances and document them in writing to the First Selectman in order that a determination may be made concerning whether changes can be instituted to prevent such occurrences in the future.
2. All personal protective equipment used will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
3. Personal protective equipment kits shall contain at least the following items:
 - a) Latex gloves of assorted sizes
 - b) Protective gowns
 - c) Masks
 - d) Protective eyewear
 - e) Antiseptic towelettes
 - f) Red bags for bio-hazard waste
4. All personal protective equipment will be cleaned, laundered, and disposed of by the Town at no cost to employees. All repairs and replacements will be made by the Town at no cost to the employee.
5. All garments, including uniforms, which are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area, placed in a red bag, and taken to an approved cleaning firm at the Town's expense, or left in a marked biohazard container if disposable, or decontaminated by employee prior to leaving work.

6. Gloves shall be worn where it is reasonably anticipated that employees have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Gloves will be available in the same locations as the PPE kits in all town facilities, and in all town vehicles. It is the responsibility of each department head to ensure an available supply of latex gloves for all facilities and vehicles under their control.
7. Disposable gloves may be used no more than one time and must be discarded properly after use. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier *is* compromised.
8. Utility gloves are any gloves which can function as a barrier and which can be cleaned for re-use. Utility gloves may be decontaminated for re-use provided that the integrity of the glove *is* not compromised. Utility gloves will be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
9. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Examples of situations which would require such protection are processing a violent prisoner who is bleeding, breaking up a serious fight, dealing with drunken or drugged individuals who are bleeding, and cleaning up pools of blood or spills.
10. The OSHA standard also requires appropriate protective clothing to be used, such as lab coats, gowns, aprons, clinic jackets, or similar outer garments. Examples of situations requiring that such protective clothing be utilized is police attendance at autopsies, a very bloody crime scene or motor vehicle accident.

III. HEPATITIS B VACCINE AND POST EXPOSURE PROCEDURE, EVALUATION AND FOLLOW-UP

A. Hepatitis B Vaccine

1. All employees who have been identified as having occupational exposure to blood or other potentially infectious materials will be offered the Hepatitis B vaccine, at no cost to the employee, effective December 21, 1992. The vaccine will be offered within 10 working days of initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine and can provide written documentation of the dates of such vaccine and the name of the licensed health care provider who administered the vaccine or wishes to submit to antibody

testing which shows the employee to have sufficient immunity. Antibody testing shall be at the Town's expense.

2. Employees who decline the Hepatitis B vaccine shall sign a waiver which uses the wording in Appendix A of the OSHA standard, attached to this plan as Appendix A.
3. Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost by bringing a signed consent form to the Human Resources.
4. If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be provided by the Town to all employees who have been identified as having occupational exposure to blood or other potentially infectious material at no cost to the employee.
5. When any employee incurs an exposure incident, it shall be reported immediately to the Department Head and the First Selectman.
6. As soon as practically feasible after a work-related exposure incident, any employee should report to AFC Urgent Care (when open) or Danbury Hospital Emergency Room, following the same procedures as for any other workers' compensation claim, for post exposure evaluation and follow up in accordance with OSHA standards.
7. Follow-up will include:
 - a) documentation of the route of exposure and the circumstances related to the incident during which exposure occurred.
 - b) if possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained) for HIV/HBV infectivity, unless the source individual is already known to be infected.
 - c) results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
 - d) The employee will be offered the option of having their blood collected for testing of his or her HIV/HBV serological status. The blood sample will be preserved for up to go days to allow the employee to decide if the blood should be tested for HIV serological status. However, if the employee decides prior to that time that testing will be conducted, then the appropriate action will be taken, and the remainder of the blood sample may be discarded after testing.

- e) The employee will be offered post exposure prophylaxis, when medically indicated, in accordance with the current recommendations of the U.S. Public Health Service
 - f) The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.
 - g) The First Selectman has been designated to assure that the policy outlined here is effectively carried out as well as to maintain records related to this policy.
9. The supervisor of any employee who incurs an exposure shall fill out and turn in to the Selectmen's Office a Communicable Disease Contact Report and a First Report of Injury no later than 72 hours after the exposure incident. A copy of the Communicable Disease Contact Report and the First Report of Injury are attached to this plan as Appendix B.

B. Information Provided to the Health Care Professional

1. Health care professional responsible for any employee's hepatitis B vaccination shall be provided copies of this plan and of 29 CFR Part 1910.1030 by the First Selectman or designee.
2. The Town shall provide to AFC Urgent Care, Danbury Hospital Emergency Room or any other health care professional evaluating any employee after an exposure incident:
 - a) A copy of 29 CFR Part 1910.1030.
 - b) A copy of this plan.
 - c) A description of the exposed EMPLOYEE's duties as they relate to the exposure incident.
 - d) Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - e) Results of the source individual's blood testing, if available.
 - f) All medical records relevant to the appropriate treatment of the employee including vaccination status.

C. Health Care Professional's Written Opinion

1. The Town shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.
2. The health care professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination.

3. The health care professional's written opinion for post exposure evaluation and follow up shall be limited to the following information:
 - a) That the employee has been informed of the results of the evaluation, and
 - b) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
4. All other findings or diagnoses shall remain confidential and shall not be included in the written report.

IV. COMMUNICATION OF HAZARDS TO EMPLOYEES AND TRAINING

A. Labels and Signs

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or other potentially infectious materials. Labels should include the word "biohazard" and logo.
2. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
3. Labels are required to be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
4. Red bags or red containers may be substituted for labels.
5. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment, or disposal are exempted from the labeling requirement.
6. Labels required for contaminated equipment shall be in accordance with this section and shall also state which portions of the equipment remain contaminated.
7. Regulated waste that has been decontaminated need not be labeled or color coded.

B. Information and Training

1. The Town shall require all employees with occupational exposure to participate in a training program which will be provided at no cost to employee.
2. Training will occur at the time of initial assignment to tasks where occupational exposure may take place, or within ten days of starting a job identified as having occupational exposure.

3. Refresher training for employees shall be provided within one year of the previous training.
4. Training for employees will include an explanation of the following:
 - a) The OSHA standard for bloodborne pathogens
 - b) The epidemiology and symptoms of bloodborne diseases in general.
 - c) The modes of transmission of bloodborne pathogens.
 - d) The Town's exposure control plan and how the employee can obtain a copy of the written plan.
 - e) The appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - f) The use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - g) The basis for selection of PPE and information about types, proper use, location, removal, handling, decontamination, and disposal of PPE.
 - h) The hepatitis B vaccination program, including information about its efficacy, safety, benefits, and method of administration, and that the vaccine and vaccination will be offered free of charge.
 - i) Post exposure evaluation, follow up and reporting procedures, including information on the appropriate actions to take and persons to contact in an emergency involving exposure to blood or other potentially infectious materials and including the method of reporting an exposure incident and the medical follow up that will be made available by the Town.
 - j) Signs, labels, and colors used by the Town to warn of the presence of blood or other potentially infectious materials.
 - k) Confidentiality issues regarding victims with communicable disease and exposed employees.

V. RECORDKEEPING

A. Training Records

1. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years at the Human Resources Department

The training records include:

- a) the dates of the training sessions
- b) the contents or a summary of the training sessions
- c) the names and qualifications of people conducting the training.
- d) the names and job titles of all people attending the training sessions.

2. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Town of New Fairfield Human Resources Department.

B. Medical Records

1. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
2. The Human Resources Department is responsible for the maintenance of required medical records. These confidential records are kept at 3 Brush Hill Road, New Fairfield, CT 06812 for at least the duration of employment plus 30 years.
3. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Human Resources Department

C. OSHA Recordkeeping

1. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Town of New Fairfield Human Resources Department.

D. Sharps Injury Log

1. Needle sticks and sharps injuries shall be recorded in accordance with 1904 record keeping.

VI. PROGRAM ADMINISTRATION

The Human Resources Director is responsible for the implementation of the ECP. The Human Resources Director will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.

Contact location/phone number: (203) 312-5660

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The Human Resources Department will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Contact location/phone number: (203) 312-5660 or (203) 312-5662

VII. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

A. Department Head will review the circumstances of all exposure incidents to determine:

1. engineering controls in use at the time
2. work practices followed.
3. a description of the device being used (including type and brand)
4. protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
5. location of the incident (O.R., E.R., patient room, etc.)
6. procedure being performed when the incident occurred.

VIII. LEGAL RIGHTS OF VICTIMS OF COMMUNICABLE DISEASES AND EMPLOYEE RESPONSIBILITIES

A. Victims of communicable diseases have the legal right to expect, and municipal employees, including police and emergency service personnel, are duty bound to provide the same level of service and enforcement as any other individual would receive.

1. Police officers assume that a certain degree of risk exists in law enforcement and emergency services work and accept those risks with their individual appointments. This holds true with any potential risks of contacting a communicable disease as surely as it does with the risks of confronting an armed criminal.
2. Any police officer or other employee who refuses to take proper action regarding the victim of a communicable disease, when appropriate personal protective equipment is available, shall be subject to disciplinary measures as well as civil and or criminal prosecution.
3. Whenever a police officer mentions in a report that an individual has or may have a communicable disease he shall write "contains confidential information" across the top margin of the first page of the report.
4. The police officer's supervisor shall ensure that the above statement is on all reports requiring that statement at the time the report is reviewed and initialed by the supervisor.
5. All employees disseminating newspaper or other media releases shall make certain the confidential information is not given out to the news media.

6. Prior approval shall be obtained from the CT State Police before advising a victim of a sexual assault that the suspect has, or is suspected of having, a communicable disease.
7. All circumstances not covered in this policy that may arise concerning releasing confidential information regarding a victim, or suspected victim, of a communicable disease shall be referred directly to the First Selectman and the town attorney.
8. Victims of communicable disease and their families have a right to conduct their lives without fear of discrimination. Employees shall not make public, directly, or indirectly, the identity of a victim or suspected victim of a communicable disease.
9. Whenever any employee finds it necessary to notify another employee, police officer, firefighter, emergency service officer, or health care provider that a victim has or is suspected of having a communicable disease, that information shall be conveyed in a dignified, discrete, and confidential manner. The person to whom the information is being conveyed should be reminded that the information is confidential and that it should not be treated as public information.
10. Any employee who disseminates confidential information regarding a victim, or suspected victim, of a communicable disease in violation of this policy shall be subject to serious disciplinary action and/or civil and/or criminal prosecution.

IX. DEFINITIONS

- A. AIDS - Acquired Immune Deficiency Syndrome, a communicable disease caused by Human Immunodeficiency Virus (HIV).
- B. Blood - human blood, human blood components, and products made from human blood.
- C. Bloodborne Pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).
- D. Communicable Disease - a disease that can be transmitted from one person to another. Also known as contagious disease.
- E. Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- F. Contaminated Laundry - laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

- G. Contaminated Sharps - any contaminated object that can penetrate the skin including but not limited to needles, scalpels, broken glass, broken capillary tubes, and exposed ends of wires.
- H. Decontamination - the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- I. Engineering Controls - controls (e.g. sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- J. Exposure Incident - 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.
- K. Handwashing Facilities - a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines.
- L. Licensed Health Care Professional - is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by the OSHA standard.
- M. HBV - Hepatitis B Virus.
- N. HIV - Human Immunodeficiency Virus.
- O. Needle Stick - a parenteral exposure with a needle contaminated from human use.
- P. Occupational Exposure - reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- Q. Other Potentially Infectious Materials:
 - 1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 - 2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
 - 3. HIV- containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

- R. Parenteral - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- S. Personal Protective Equipment (PPE) - is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- T. Regulated Waste - 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 can release these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- U. Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims, clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
- V. Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- W. Town of New Fairfield Personnel - means all town employees, elected officials and volunteers performing assigned duties on behalf of or at the direction of the Town of New Fairfield who are not excluded. Town employee elected officials and volunteers who are excluded because of coverage by a separate exposure control plan include personnel under the direction and supervision of the New Fairfield Board of Education and members of the New Fairfield Volunteer Fire Department (NFVFD).

APPENDIX A

**New Fairfield Board of Education/
Town of New Fairfield
3 Brush Hill Road
New Fairfield, CT 06812**

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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 Signature: _____ Date: _____

Print Name: _____

APPENDIX B

Instructions:

1. This form is for general disease reporting and should be used unless a specialized reporting form is indicated. Diseases with specialized reporting forms are asterisked (*) in the disease lists below and links to the forms are available in the lower center column.
2. Fax completed PD-23 forms to (860) 629-6962 or Hospital IPs can enter directly into CTEDSS (when applicable).
3. Copies must also be sent to the Director of Health of the city or town where the patient resides and kept in the patient's medical record.
4. A [fillable PD-23](#) and contact information for all [Connecticut Health Directors](#) are available on the [DPH website](#).

State of Connecticut
 Department of Public Health
 410 Capitol Avenue, MS#11FDS
 P.O. Box 340308
 Hartford, CT 06134-0308
 Phone: (860) 509-7994
 Fax: (860) 629-6962

2024 REPORTABLE DISEASES, EMERGENCY ILLNESSES, AND HEALTH CONDITIONS

Category 1 Diseases  

1. Report by phone on the day of diagnosis or suspicion.
 Business hours: (860) 509-7994
 Evenings, weekends, holidays: (860) 509-8000
2. Complete and submit a PD-23 within 12 hours.

- Acute HIV Infection* 1, 2
- Anthrax
- Botulism
- Brucellosis
- Cholera
- Diphtheria
- Measles
- Melioidosis
- Meningococcal disease
- Outbreaks
 - foodborne (involving ≥ 2 persons)
 - institutional
 - unusual disease or illness 3
- Plague
- Poliomyelitis
- Q fever
- Rabies
- Ricin poisoning
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Staphylococcal enterotoxin B pulmonary poisoning
- *Staphylococcus aureus* disease, reduced or resistant susceptibility to vancomycin 1
- Syphilis, congenital*
- Tuberculosis*
- Tularemia
- Venezuelan equine encephalitis virus infection
- Viral hemorrhagic fever
- Yellow fever

Footnotes

1. Report only to DPH.
2. As described in the [CDC case definition](#).
3. Individual cases of "significant unusual illness" are also reportable.
4. Report COVID-19 cases only when a diagnostic test was performed on-site in a healthcare facility (provider's office, urgent care clinic, long-term care facility, etc.).
5. Invasive disease: from sterile fluid (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body sites, or other normally sterile site, including muscle.
6. Report HAIs according to current CMS pay-for-reporting or pay-for-performance requirements. Detailed instructions on the types of HAIs, facility types and locations and methods of reporting are available on the [DPH website](#).
7. On request from the DPH and if adequate serum is available, send serum from patients with HUS to the State Public Health Laboratory for antibody testing.
8. Clinical sepsis and blood or CSF isolate obtained from an infant <3 days of age.
9. Community-acquired: infection present on admission to hospital, and person has no previous hospitalizations or regular contact with the health-care setting.

Category 2 Diseases 

1. Complete and submit a PD-23 within 12 hours.
2. A Hospital IP entering a case in CTEDSS (when applicable) satisfies the reporting requirement.

- Acquired Immunodeficiency Syndrome (AIDS)* 1, 2
- Acute flaccid myelitis
- Anaplasmosis
- Babesiosis
- *Borrelia miyamotoi* disease
- California group arbovirus infection
- Campylobacteriosis
- *Candida auris*
- Chancroid
- Chickenpox (Varicella)*
- Chickenpox-related death*
- Chikungunya
- Chlamydia (*C. trachomatis*) (all sites)*
- COVID-19 (SARS-CoV-2 infection) 4
- COVID-19 death
- COVID-19 hospitalization
- *Cronobacter*
- Cryptosporidiosis
- Cyclosporiasis
- Dengue
- E-cigarette or vaping product use associated lung injury (EVALI)*
- Eastern equine encephalitis virus infection
- *Ehrlichia chaffeensis* infection
- *Escherichia coli* O157:H7 infection
- *Escherichia coli*, invasive in infants <1 year of age 5
- Gonorrhea*
- Group A Streptococcal disease, invasive 5
- Group B Streptococcal disease, invasive 5
- *Haemophilus influenzae* disease, invasive 5
- Hansen's disease (Leprosy)
- Healthcare-associated infections 6
- Hemolytic-uremic syndrome 7
- Hepatitis A
- Hepatitis B
 - acute infection 2
 - HBsAg positive pregnant women
- Hepatitis C
 - acute infection 2
 - perinatal infection
 - positive rapid antibody test result
- HIV-1/HIV-2 infection* 1, 2
- HPV: biopsy proven CIN 2, CIN 3, or AIS or their equivalent 1
- Influenza-associated death
- Influenza-associated hospitalization
- Legionellosis
- Listeriosis
- Malaria
- Mercury poisoning
- Mpox
- Multisystem inflammatory syndrome in children (MIS-C)
- Mumps
- Neonatal bacterial sepsis 8
- Occupational asthma*
- Pertussis
- Pneumococcal disease, invasive 5
- Powassan virus infection
- Respiratory Syncytial Virus (RSV) associated death
- RSV-associated hospitalization
- Rocky Mountain spotted fever
- Rubella (including congenital)
- Salmonellosis
- Shiga toxin-related diseases (gastroenteritis)
- Shigellosis
- Sillcosis
- St. Louis encephalitis virus infection
- *Staphylococcus aureus* methicillin-resistant disease, invasive, community acquired 5, 9
- *Staphylococcus epidermidis* disease, reduced or resistant susceptibility to vancomycin 1
- Syphilis*
- Tetanus
- Trichinosis
- Typhoid fever
- Vaccinia disease
- *Vibrio* infection (*V. parahaemolyticus*, *V. vulnificus*, others)
- West Nile virus infection
- Zika virus infection

Specialized Reporting Forms

Report Type	Fax to:
Chickenpox (Varicella) Report	(860) 707-1905
HIV Case Report Form	(860) 509-8237
Occupational Diseases Report	(860) 730-8424
Sexually Transmitted Diseases	(860) 730-8380
Tuberculosis Report Form	(860) 730-8271
Vaping Lung Injury Case Report	(860) 706-1262

Contact DPH Infectious Disease Programs

Program	Phone:
Epidemiology & Emerging Infections	(860) 509-7994
Healthcare Associated Infections	(860) 509-7995
HIV/HCV Surveillance Program	(860) 509-7900
Immunization Program	(860) 509-7929
STD Control Program	(860) 509-7920
Tuberculosis Control Program	(860) 509-7722



PD-23 | Reportable Disease Case Report Form

Questions or weekday Category 1 Disease phone reporting: (860) 509-7994
Evening, weekend, and holiday phone reporting: (860) 509-8000

Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

DISEASE INFORMATION

Disease Name
Onset Date
Diagnosis Date

REPORT INFORMATION

Person Completing Report
Phone #
E-mail
Reporting Facility
City
State
Date of Report

PATIENT INFORMATION

Patient Name (Last) (First) (Middle) Date of Birth Age
Parent or Guardian Name (for patients <18 years of age)
Current Address City State Zip Code Phone #
Mobile Home Work

Sex at Birth Current Gender Identity Is the patient currently pregnant?
Male Male Transgender male-to-female (MTF) Yes Due Date:
Female Female Transgender female-to-male (FTM) No Unknown
Unknown Nonbinary Other Gender:

Race (Check all that apply) Ethnicity Primary Language
American Indian/Alaska Native Native Hawaiian/Other Pacific Islander Hispanic/Latino English
Asian White Refused Non-Hispanic/Latino Spanish
Black/African American Other Race: Unknown Unknown Refused Other language:

Is condition work-related? Select applicable risk setting(s):
Yes No Unknown Healthcare worker Student Currently incarcerated
Occupation: Daycare worker Food handler Formerly incarcerated
Daycare attendee LTC facility resident Unhoused

Name and address of workplace, school, daycare, prison, or other risk setting

Has the patient recently traveled outside of the US?
Yes No Unknown Country: Dates of travel: to

LABORATORY INFORMATION

Laboratory Name: Laboratory City: Laboratory State:
Test(s) Ordered:
Specimen Collection Date: Specimen Type: Date Tested: Result Date:
Ordering Healthcare Provider Phone # Facility Name City State

CLINICAL INFORMATION

Was the patient hospitalized? Symptomatic? Vaccinated for current illness? Vital Status
Yes Hospital: Yes Symptoms Yes Vaccine Type Alive Dead
No Admit Date: No Last Vax Date Date of Death:
Unkn Discharge Date: Unkn Onset Date: Unkn

VIRAL HEPATITIS

Adult	Perinatal	HAV	HBV	HCV	HAV	HBV	HCV	Risk information
Symptoms				IgM anti-HAV Pos Neg Draw date:				Injection drug use
Jaundice				HBV HBsAg Pos Neg Draw Date:				Other drug use
Other:				HBV chronic carrier Yes No Unknown				Sex with men
ALT Result:				HCV Anti-HCV Rapid Serum Draw Date:				Multiple sex partners
Bilirubin Result:				HCV RNA Detected IU/mL Not Det				Contact with infected person(s)
				Date of last negative HCV antibody test:				Household
								Sexual
								Hemodialysis
								Blood transfusion
								Other:



CIRMA Injury Reporting Information

Report Claims at NetClaim.net or 1-800-OK-CIRMA

Keep this Form for your own Records—Do Not Submit to CIRMA

Event Date/Time

Incident Date and Time: _____ Employer Notified: _____

Reporter & Location Information

Reported by: _____ Title: _____ Phone Number: _____

Claimant Information

Claimant Name: _____

Home Phone: _____ Work Phone: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Marital Status: _____ Gender: Male Female

Employment

Job Title: _____

Claimant's Supervisor: _____ Title: _____ Phone: _____

Incident

Description of the Injury: _____

Cause: _____ Body Part: _____

Witness Name (if any): _____

Initial medical treatment was provided: YES _____ NO _____

I will be seeking medical attention: YES _____ NO _____

Additional Information

Time the employee began work on the day of injury: _____

Supervisor Notice Date: _____ Claim Incident Number: