

Bloodborne Pathogen Exposure Control Plan

Date Reviewed: 9/25/2020

Plan Contact: Administrative Assistant

Purpose

The purpose of the policy is to prevent and minimize exposure of the agency's employees to any bloodborne pathogens that may be encountered in the workplace. This policy defines and outlines safe practices and procedures to protect all employees who may encounter bloodborne pathogens in job related activities. This exposure control plan (ECP) is a key document in implementing and ensuring compliance with OSHA standard 29 CFR 1910.1030.

I. Exposure Determination

Below is a list of job classifications in which all employees have occupational exposure.

JOB TITLE:

Police

Fire

Public Works Department

The plan contact will maintain a list of employees that fall into one of the occupationally exposed groups.

II. Methods of Implementation and Control

A. Universal Precautions

Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Exposure Control Plan

Occupationally exposed employees will receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time.

C. Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

1. Sharps disposal containers. These containers will be puncture resistant; labeled or color-coded in accordance with the standard; and leak proof on the sides and bottom. Reusable sharps that are contaminated shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
3. Hand washing. Hand washing facilities will be readily accessible to employees. When provision of hand washing facilities is not available antiseptic hand cleanser in conjunction with paper towels or antiseptic towelettes will be available. Hands will be washed with soap and water as soon as feasible. In general, employees are expected to wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

The agency identifies the need for changes in engineering control and work practices through review of First Reports of Injuries, the OSHA 300 log, and hazard report forms. The health and safety committee on an annual basis, or as needed, evaluates the need for new procedures or new products. The committee shall solicit input from non-managerial employees who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls.

D. Personal Protective Equipment

Appropriate PPE is provided to our employees at no cost to them. Training is provided in the use of the appropriate PPE for the tasks or procedures employees will perform. All employees using PPE must observe the following precautions:

1. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
2. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious materials (OPIM), and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
3. Remove PPE after it becomes contaminated, and before leaving the work area.
4. Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
5. Never wash or decontaminate disposable gloves for reuse.
6. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
7. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface.
8. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

E. Housekeeping

1. Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available in the office.
2. Broken glassware will not be picked up by hand. It will be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps. Broken glassware will be placed in a puncture proof container before disposal.
3. Contaminated work surfaces shall be decontaminated, as soon as feasible, with a disinfectant listed with the Environmental Protection Agency as a tuberculocidal agent or a fresh 1:10 solution of bleach and water.

F. Laundry

Contaminated laundry will be handled as little as possible, with minimal agitation. Wet contaminated laundry will be placed in leak-proof, labeled containers before transport. Gloves will be worn when handling and/or sorting contaminated laundry.

G. Labels

Each hazardous container must have an appropriate label attached in plain view. Warning labels shall be affixed to containers of regulated waste, and other containers used to store, transport, or ship blood or other potentially infectious material. The universal biohazard symbol shall be used. The label shall be fluorescent orange or orange-red. Red bags or containers may be substituted for labels. Employees are to notify the program's contact person if they discover items without proper labels.

III. Hepatitis B Vaccination

Occupationally exposed staff will be provided with training on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment. If an employee chooses to

decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost.

IV. Post-Exposure Evaluation and Follow-Up

City Hall will be contacted in the event of an exposure incident. Following the initial first aid (clean the wound, flush eyes, or other mucous membrane, etc.), the exposed employee shall immediately be offered a confidential medical evaluation and follow-up. The evaluation and follow-up will be performed by a healthcare provider of the employee's choice, and will include at least the following elements:

- A. Document the routes of exposure and how the exposure occurred.
- B. Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- C. Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- D. If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- E. Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- F. After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- G. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.
- H. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service.
- I. Counseling
- J. Evaluation of reported illnesses.

V. Administration of Post-Exposure Evaluation and Follow-Up

The healthcare professional responsible for an employee's Hepatitis B Vaccination and post-exposure evaluation and follow-up will be given a copy of OSHA's bloodborne pathogens standard.

The health care professional evaluating an employee after an exposure incident will receive the following:

- A. A description of the exposed employee's duties as they relate to the exposure incident;
- B. Route(s) of exposure and circumstances under which exposure occurred;
- C. Results of the source individual's blood testing, if available;
- D. All relevant medical records, including vaccination status;
- E. The employee will be provided with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation;
- F. The written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination;
- G. The written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 1. That the employee has been informed of the results of the evaluation; and
 2. 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.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

VI. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

The circumstances of all exposure incidents will be reviewed to determine:

- A. Engineering controls in use at the time
- B. Work practices followed
- C. A description of the device being used
- D. Protective equipment or clothing that was used at the time of the exposure incident
- E. Location of the incident
- F. Procedure being performed when the incident occurred
- G. Employee's training

If it is determined that revisions need to be made, appropriate changes will be made to this ECP.

VII. Employee Training

All employees who have occupational exposure to bloodborne pathogens receive training at initial assignment, and annual training shall be provided within one year of the previous training. The training program covers, at a minimum, the following elements:

- A. A copy and explanation of the standard
- B. An explanation of our ECP and how to obtain a copy
- C. A general explanation of the epidemiology and symptoms of bloodborne diseases
- D. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- E. An explanation of the use and limitations of engineering controls, work practices, and PPE
- F. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- G. An explanation of the basis for PPE selection
- H. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- I. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- J. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- K. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- L. An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- M. An opportunity for interactive questions and answers with the person conducting the training session.

VII. Recordkeeping

- A. All records required to be maintained shall be made available upon request to the Assistant Secretary of Occupational Safety and Health, or designated representative, and the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative for examination and copying.
- B. Training records are completed for each employee upon completion of training. These documents will be kept for at least three years. The training records include the dates of the training sessions, the contents or a summary of the training, the names and qualifications of persons conducting the training, and the names and job titles of all persons attending the training sessions. Employee training records are provided upon request to the employee or the employee's authorized representative within 5 working days.
- C. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records." These confidential records are

kept for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 5 working days.

D. Transfer of Records

The City shall comply with the requirements involving transfer of records set forth in 29 CFR 1910.1020(h).

- E. An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). A sharps injury log will be established and maintained for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain the required information set forth in 1910.1030(h)(5)(i).

