



BLOODBORNE PATHOGEN SAFETY

1. PURPOSE

The City of Oakley strives to provide a safe and healthful workplace for employees. The purpose of this plan is to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials by establishing, implementing and maintaining an effective exposure control plan as required by the bloodborne pathogens regulation in the California Code of Regulations, Title 8, Section 5193 and OSHA 1910.1030

EXISTING EXPOSURE CONTROL PROGRAMS

The City of Oakley Police Department (contracted through Contra Costa Sheriff's Department) has a comprehensive exposure control program.

This Bloodborne Pathogen Safety Policy is intended for general City employees who are not considered high risk exposure to infectious materials while working for the City.

Blood is the most common source of Human Immunodeficiency virus (*HIV*), Hepatitis B (*HBV*), and other bloodborne pathogens in the occupational setting. The City has great concern for the employee's work related exposure to infectious materials and the prevention of transmission of bloodborne pathogens, primarily Hepatitis B (*HBV*) and Human Immunodeficiency (*HIV*) Viruses. Infection control efforts must focus on preventing employees' exposure to blood and/or body fluids and on delivering Hepatitis B Immunization.

An exposure incident can occur if an employee has had contact with blood or other body fluids of an infected individual during his/her work through:

- Percutaneous inoculation (such as needle sticks with contaminated needles)
- An open wound
- Non-intact skin
- Mucous membrane

2. PROCEDURES

A. METHODS OF PROTECTION

All departments shall protect employees from the hazards of bloodborne pathogens through the use of universal precautions, work practice controls, personal protective equipment, hand washing, proper housekeeping, and biohazard waste management.

Universal Precautions: A prevention strategy, in which all blood and potentially infectious materials are treated as if they are, in fact, infectious. In other words, whether or not you think the blood/body fluid is infected with bloodborne pathogens, *you treat it as if it is.*

Work Practice Controls: The primary method of exposure control in all departments shall be through work practice controls. (i.e. hand washing immediately after removing gloves; restricting eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a reasonable likelihood of exposure)

Personal Protective Equipment: To protect yourself, it is essential to have a barrier between you and the potentially infectious material. This includes wearing impermeable gloves, eye protection, mouthpieces etc.

- All personal protective equipment shall be provided to the employee by the City department.
- If employee recognizes a need for PPE, he/she must report to supervisor
- Any contaminated PPE shall be cleaned, laundered, or disposed of by the City.
- Any damaged, torn, broken or leaking PPE shall be replaced or repaired by the City.
- Any PPE that becomes saturated or penetrated by blood or other potentially infectious material shall be removed immediately or as soon as feasible and placed in a properly labeled container for appropriate disposal.

Hand washing: This is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Hands or other exposed skin should be thoroughly washed as soon as possible following an exposure incident.

- Hand washing facilities and antiseptic soap shall be provided by the department (employer) for immediate use after contamination
- Use soap and water and vigorous washing under a stream of water for approximately 10 seconds

- Rinse under running water and
- Use paper towels to thoroughly dry hands

When hand-washing facilities are not available, the department (employer) shall provide either an appropriate antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic toilettes. When antiseptic cleansers are used, employees shall wash hands with soap and running water as soon as feasible.

Housekeeping: When an incident occurs where body fluid has contaminated a surface, cleaning and disinfecting must be accomplished before allowing new activity to continue. Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface. The surface must be cleaned of visible contamination and then disinfected.

- Soiled surfaces must be promptly cleaned with disinfectant, such as household bleach, diluted 1 part bleach to 9 parts water.
- Mops, when used, must be soaked for a minimum of 30 seconds in a chlorine bleach solution of no less than a 1:10 bleach/water ratio. The mop must then be rinsed in clear water.
- As soon as possible, all non-disposable cleaning equipment must be thoroughly rinsed in disinfectant. Disposable cleaning materials must be disposed down a toilet or placed in a plastic bag, as appropriate and
- Used disinfectant must be promptly disposed down a drainpipe.

Biohazard Waste Management

Proper Handling of Regulated Waste

- Contaminated needles or other sharps (including broken glass) must be disposed of in a "sharps" container
- Equipment used to clean up broken glass containing blood and/or body fluids, such as a broom and dust pan, must be decontaminated with a 1:10 chlorine bleach solution and water

Disposal of Contaminated Material

- All materials to be disposed of shall be placed in a properly labeled red biohazard bag.
- The red bags must be placed in a labeled biohazard box that has a lid and can be closed.
- The red bags shall be disposed of through a medical waste disposal.

B.VACCINATION

If as an employee you experience an exposure incident involving Hepatitis B, you shall have the opportunity to receive a series of three Hepatitis B vaccinations. These vaccinations shall be provided at no cost to you.

Employees may defer or refuse to take the series of Hepatitis B vaccinations at the time offered. You may take the vaccinations later if you opt to defer. Should you refuse to receive the vaccinations, a "HBV Vaccination Refusal Form" must be completed.

C.POST EXPOSURE EVALUATION AND FOLLOW UP

If during the course of employment exposure to a bloodborne pathogen occurs:

- Report the exposure incident immediately to your supervisor.
- The Supervisor shall follow the worker injury procedure, including completing an injury accident form.
- You may be referred for a confidential physical examination, at no cost to you. You may opt to use a private physician or facility.
- The City shall make available to the exposed employee counseling, evaluation, vaccination and post-exposure management according to standard recommendations for medical practice.

3. INFORMATION AND TRAINING

The City of Oakley will provide initial and appropriate refresher training for all employees.

4. RECORDKEEPING

The City of Oakley's Human Resource Department will establish and maintain an accurate medical record for each employee with occupational exposure, in accordance with 29 CFR 1910.1020.

Attachment A
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
HEPATITIS B VACCINATION DECLINATION STATEMENT

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 the 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.

I further have been informed that, 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 myself.

Employee Signature _____ Date _____

Employee Name (Please Print) _____

I have already had this vaccination series and will provide documentation to verify the date and who vaccinated me for hepatitis B.

Employee Signature _____ Date _____

Employee Name (Please Print) _____

Attachment B
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
HEPATITIS B VACCINE ACCEPTANCE STATEMENT

I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I accept and would like to be scheduled to take the vaccine.

Employee Signature _____ Date _____

Employee Name (Please Print) _____

Attachment C
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
POST-EXPOSURE REPORT TO HEALTHCARE PROVIDER

Employee Name _____

Date of Exposure Incident _____

Time of Exposure Incident _____

1. Referred for Post-exposure evaluation and follow-up:

Name of Healthcare Provider _____

Date and time of Evaluation _____

2. Employee previously vaccinated against HBV infection:

Yes _____ Date _____ No _____

3. Description of employee's duties during the exposure incident:

4. The route of exposure was:

a. Needle stick with suspected contaminated needle to _____

b. Piercing of skins with contaminated sharp to _____

c. Splashing/spraying of blood or other potentially infectious material

to _____

d. Other (describe) _____

5. Describe the circumstances under which the exposure occurred:

6. The source individual is known _____ unknown _____

a. If known, is known to be infected with HBV _____ HIV _____

b. In accordance with state and local laws, consent is required for blood testing.

Yes _____ No _____

1. If yes, consent obtained (document) Yes _____ No _____

2. If yes, specimen obtained and tested. Yes _____ No _____

3. If yes, results are _____

4. If no, specimen available and tested. Yes _____ No _____

5. If yes to #4, results are _____

7. Pertinent employee medical records given to provider. Yes _____ No _____