

Bloodborne Pathogens Exposure Control Plan

1100.1 PURPOSE AND SCOPE

- (a) This plan seeks to inform employees about the risks associated with bloodborne pathogens. The plan also provides guidance about what to do when they come in contacts with a bloodborne pathogen. It is the intent of the Department City of Oakley to minimize or eliminate employee risk of exposure to potentially infectious diseases. This risk may be minimized or eliminated by establishing guidelines for the use of universal precautions for all incidents involving occupational exposure to infectious diseases; establishing standard procedures for the reporting of incidents involving occupational exposure to infectious diseases, providing training to all employees and vaccinations to employees who are considered to have high or moderate risk of occupational exposure to potentially infectious diseases.
- (b) The Department contracts with a private contractor to perform crime scene and human fluids clean-up. Supervisors are encouraged to utilize this service for any crime scene or human fluid clean-up. The service can be used to clean patrol cars, the station holding area, and officer uniforms that require decontamination.
 1. **Crime Scene Cleaners** 1-800-357-6731

1100.2 POLICY

- (a) This written regulatory compliance program provides procedures to reduce the likelihood of exposure to and/or transmission of infectious bloodborne pathogens during the performance of duties by members of the Oakley Police Department. This program complies with the California Code of Regulations (CCR) Title 8, Section 5193, Bloodborne Pathogens.
- (b) One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out, to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29 CFR (Code of Federal Regulations) 1910.1030.

1100.3 REFERENCES

- (a) Code of Federal Regulations (CFR), 29 CFR 1910.1030
- (b) California Code of Regulations (CCR) Title 8, Section 5193.
- (c) City of Oakley Bloodborne Pathogens Control Plan

1100.4 DEFINITIONS

- (a) **BODY FLUIDS.** Blood, Semen, Drainage, Pus, Saliva, Sputum, Mucus, Vomit, Urine, Feces, Vaginal Secretions, Cerebrospinal Fluid, Synovial Fluid, Pleural Fluid, Pericardial Fluid, Peritoneal Fluid, and Amniotic Fluid.

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- (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) **CONTAMINATED.** The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- (e) **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.
- (f) **ENGINEERING CONTROLS.** Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.
- (g) **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.
- (h) **HAND WASHING FACILITIES.** A facility providing an adequate supply of running potable water, soap and single use of towels or hot air drying machines.
- (i) **HBV.** Hepatitis B Virus which causes an infectious disease of the liver transmitted by blood or sexual fluids.
- (j) **HIV.** Human Immunodeficiency Virus is the virus that causes AIDS.
- (k) **LICENSED HEALTH CARE PROFESSIONAL.** A person whose legally permitted scope of practice allows them to independently perform the activities as described in Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-Up Sections of this plan.
- (l) **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.
- (m) **OTHER POTENTIALLY INFECTIOUS MATERIALS (OPIM).** Body Fluids contaminated with human blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, any unfixed tissue or organ (other than intact skin) from a human living or dead.
- (n) **PARENTERAL.** Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, and abrasions.
- (o) **PATHOGEN.** Disease causing organism.
- (p) **PERSONAL PROTECTIVE EQUIPMENT (PPE).** 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.

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- (q) **REGULATED WASTES.** Liquid blood, semi-liquid blood or potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in liquid, semi-liquid state, or dried state.
- (r) **SHARPS.** Any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of wires.
- (s) **SOURCE INDIVIDUAL.** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- (t) **UNIVERSAL PRECAUTIONS.** An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.
- (u) **WORK PRACTICE CONTROLS.** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique.)

1100.5 EMPLOYEE ACTIONS WHEN AN EXPOSURE OCCURS

- (a) The member should control the immediate scene and ensure that they are safe.
 - 1. If the employee suffered a **Needle Stick**: Control bleeding, decontaminate the wound and surrounding area, cover the wound, secure the sharp, and notify the shift supervisor.
 - 2. If the employee suffers an **Eye Exposure**: Irrigate the area with cool water or a saline solution immediately for 60 seconds or longer. Gently towel the area dry and notify the shift supervisor.
 - 3. If the employee suffers a **Mucous Membrane Exposure** (mouth and nose): Rinse the area with water (not swallowing) for 60 seconds or longer. Towel the area dry and notify a supervisor.
 - 4. If the employee suffers a **Human Bite**: Decontaminate the area with soap and water, flushing the area for at least 60 seconds. Towel dry and cover the wound. Notify a Supervisor.
- (b) A member will immediately report an exposure incident to their supervisor or, if their supervisor is unavailable, the on-duty police supervisor will be notified.
- (c) The immediate supervisor of an employee who has sustained an exposure has the responsibility to ensure the following steps are taken:
 - 1. The supervisor obtains and begins to complete the documents contained in a City of Oakley Exposure Packet.
 - 2. The supervisor should contact RN First Call at 877-854-6877 and provide an overview of the exposure incident.
 - 3. The member **MUST** go to the designated medical facility for treatment. The employee may not seek treatment from their own medical provider, UNLESS a Physician's Predesignation form is on file in their City Personnel File (call personnel to verify).

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4. The injured employee must have blood drawn within 24 hours to determine their baseline. The medical team should be asked to test for HIV, HEP B, and HEP C. In the past, a physician may have started an antibody procedure. This may or may not be warranted, but should be discussed with the employee by the physician.
- (d) The supervisor will immediately investigate the incident. Upon confirmation of an exposure incident, the supervisor will initiate steps to have the blood of the source individual tested for the presence of a communicable disease.
 1. If the source individual is unknown, the supervisor will attempt to ascertain the identity of the source individual. The assistance of investigators may be requested to do this.
 2. In cases where the source individual is hospitalized and has already been tested, the supervisor will contact the hospital and ensure the results can be obtained through a medical release or court order. It is always preferred to obtain our own sample from the subject.
 3. In cases where the source individual has not been tested, an attempt will be made to obtain the source individual's written informed consent for testing. If the source individual refuses testing, the supervisor will notify the on-call investigator, who will respond to assist in obtaining a court-ordered sample.
 - (e) If the person is deceased, call and email a supervisor in the Coroner's Division to arrange for an immediate blood draw.

1100.5.1 IF THE SUBJECT CONSENTS TO A BLOOD DRAW

- (a) All blood draws should be accomplished at the police department
- (b) Request a Blood Alcohol Detection (BAD) nurse through dispatch.
- (c) Obtain an Exposure Packet from the Sergeant's Office.
- (d) Have the subject initial and sign "Consent for HIV Antibody Test" Form.
- (e) Have the BAD Nurse perform the blood draw from the subject.
- (f) Make a copy of the form for submission with the Exposure Packet.
- (g) The collected blood must be transported as soon as possible by police department personnel to:
 1. **CONTRA COSTA REGIONAL MEDICAL CENTER (CCRMC)**, 2500 Alhambra Avenue, Martinez, Public Health Lab, Room 209 (Internal Phone: (925) 370-5775)
- (h) The Supervisor should complete the Exposure Packet and other necessary injury documents.
- (i) The Administrative Services Sergeant should be notified about the exposure and the completed packet should be placed into their mailbox.

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1100.5.2 IF THE SUBJECT REFUSES THE BLOOD DRAW

- (a) All blood draws should be accomplished at the police department, if time permits. Forced blood draws cannot be done inside the jail. If the suspect is booked without the draw being accomplished, the suspect may bail before the blood draw can be accomplished.
- (b) Contact the Investigations Unit Supervisor and request an investigator respond to the police station to author a petition/search warrant.
- (c) Begin completion of an Exposure Packet.
- (d) If unable to contact the Investigations Supervisor, contact the on-call investigator directly.
- (e) All aspects of the blood draw should be recording using both video and audio recording devices (including body-worn cameras).
- (f) Once the order is signed, note the subjects' refusal to sign on the "Consent for HIV Antibody Test" Form (Video Recorded).
- (g) Request a BAD Nurse via Dispatch to perform the blood draw from the subject.
- (h) Record the performance of the blood draw (BWC, etc.)
- (i) The collected blood must be transported as soon as possible by police department personnel to:
 - 1. **CONTRA COSTA REGIONAL MEDICAL CENTER (CCRMC)**, 2500 Alhambra Avenue, Martinez, Public Health Lab, Room 209 (Internal Phone: (925) 370-5775)
- (j) The supervisor should complete the Exposure Packet and other necessary injury documents.
- (k) The Administrative Services Sergeant should be notified about the exposure and the completed packet should be placed into his mailbox. Blood must be transported as soon as possible.

1100.6 RESPONSIBILITIES

1100.6.1 EMPLOYEE RESPONSIBILITY

- (a) Employees have the most important role in bloodborne pathogens compliance and for the ultimate execution of the plan. In this capacity, employees must:
 - 1. Know what tasks have the possibility of causing an occupational exposure.
 - 2. Attend bloodborne pathogens training sessions.
 - 3. Plan and conduct all operations in accordance with work practice controls.
 - 4. Develop and maintain good hand washing techniques.
 - 5. Know what tasks represent a potential exposure to bloodborne pathogens.
 - 6. Develop and maintain good hygiene habits.

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1100.6.2 SUPERVISOR RESPONSIBILITY

(a) Supervisors are responsible for:

1. Implementing the Bloodborne Pathogen Policy.
2. Immediately reporting all exposure events through the Chain of Command and City of Oakley Human Resources.
3. Providing Personal Protective Equipment (PPE) to employees who face occupational exposure to bloodborne pathogens.
4. Investigating all reported exposure events.

1100.6.3 ADMINISTRATIVE SERVICES SERGEANT

(a) The Administrative Services Sergeant is responsible for:

1. Implementing the Exposure Control Plan for the Police Department.
2. Oversight of the Police Department's Bloodborne Pathogen Control Plan.
3. Maintaining, reviewing and updating the Bloodborne Pathogen Control Plan at least annually. The plan will also be updated whenever a significant change in procedures are implemented.
4. Ensuring that proper PPE is available for employees and supervisors.
5. Scheduling, documenting and managing training courses for employees who have a potential for exposure to Bloodborne Pathogens.
 - (a) Instructors will be qualified and certified to perform training on the Bloodborne Pathogens Control Plan.
 - (b) Training rosters will be completed for each course.
 - (c) Training rosters must be maintained for 30 years beyond employment.
6. Acting as the Police Department's liaison during OSHA Inspections.
7. Maintaining the Police Department's OSHA Records.

1100.6.4 CITY HUMAN RESOURCES DIRECTOR

(a) The City Human Resources Director is responsible for ensuring all medical actions required by the standard are performed and the appropriate employee health and OSHA records are maintained.

1100.7 AVAILABILITY OF THE PLAN TO EMPLOYEES

- (a) To assist employees with their efforts, the Exposure Control Plan is available to employees at any time as a part of the Department's Policy Manual. Employees are advised of this availability during agency orientation and training sessions.
- (b) To ensure the plan reflects current doctrine and procedures, the plan will be reviewed and revised under the following circumstances:
 1. Annually, on or before July 1st, of each year.

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2. When new or modified tasks and procedures are implemented which affect occupational exposure of employees.
3. When a members' job is revised such that new instances of occupational exposure may occur.
4. When new positions are established and their tasks/functions involve potential exposure to Bloodborne Pathogens.

1100.8 EXPOSURE DETERMINATION - JOB CLASSIFICATIONS IN WHICH ALL EMPLOYEES HAVE EXPOSURE TO BLOODBORNE PATHOGENS

- (a) Listed below are police department's job classifications in which all employees may come in contact with human blood or other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

Job Classification	Work Location in Police Department
Sworn Police Officer (All Ranks)	All Units of the Police Department

1100.9 EXPOSURE DETERMINATION - JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES HAVE EXPOSURE TO BLOODBORNE PATHOGENS

- (a) Listed below are Police Department's job classifications in which some employees have contact with human blood or other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

Job Classification	Work Location in Police Department
Police Services Assistants (PSA)	Patrol Division
	Evidence Room
	Crime Scene Unit

1100.10 EXPOSURE DETERMINATION - WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS

- (a) Listed below are Police Department's job classifications in which some employees have contact with human blood or other potentially infectious materials, which may result in possible exposure to bloodborne pathogens:

<u>Job Classification</u>	<u>Work Location in Police Department</u>
Police Service Assistants (PSA)	Records Unit
Police Department Custodian	All Areas

1100.11 METHODS OF COMPLIANCE

- (a) To effectively minimize exposure to bloodborne pathogens, this plan and training sessions will address the use of universal precautions, identify engineering controls that have been implemented, describe work practice controls, use of necessary personal protective equipment and implement appropriate housekeeping procedures.

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1100.11.1 UNIVERSAL PRECAUTIONS

- (a) The assumption is made that all human blood and body fluids which are contaminated by human blood, such as semen, vaginal secretions, feces, and saliva are treated as if they are known to be infectious with HBV or HIV, and other bloodborne pathogens. In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious.
- (b) In every situation where biohazard waste or other potentially infectious material (OPIM) is present, members will use universal precautions, which include the use of personal protective equipment (PPE). Employees will wash affected area (e.g., hands, face, clothing, etc.) with soap and water immediately, or as soon as possible, following the removal of PPE.
- (c) Members will use due caution when searching individuals, structures and vehicles.
- (d) Members will not blindly place their hands into an area they cannot see. Members should use flashlights to illuminate area that they cannot see into.
- (e) Members will wear appropriate gloves when it is 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 or contaminated, or if their ability to function as a barrier is otherwise compromised.

1100.11.2 ENGINEERING CONTROLS

- (a) In accordance with 1910.1030 of Title 29 CFR, one of the key aspects to an Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. Engineering Controls are designed to prevent employee contact with blood or other potentially infectious materials.
- (b) Annually, supervisors will meet to review tasks and procedures performed in daily operations where engineering controls can be implemented or updated. The hazard assessment shall include:
 - 1. Operations where engineering controls are currently employed.
 - 2. Operations where engineering controls can be updated.
 - 3. Operations currently not employing engineering controls, but where engineering controls could be beneficial.
- (c) Each of these controls will be reexamined during the annual Exposure Control Plan review and opportunities for new or improved engineering controls will be identified. Any existing engineering control equipment will be reviewed for proper function and needed repair or replacement every twelve months.
- (d) In addition to the identified engineering controls, the following controls shall be used throughout the Department:
 - 1. Hand washing facilities (or antiseptic hand cleaners/antiseptic towelettes) will be readily accessible to all employees who have the potential for exposure.

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2. Color-coded, puncture-resistant containers or containers labeled with a biohazard warning labels for contaminated sharps will be available to all employees.

1100.11.3 WORK PRACTICE CONTROLS

(a) **Hand Washing Requirements**

1. All employees shall wash hands and other skin with soap and water and flush exposed mucous membranes with water immediately (or as soon as feasible) after contact with potentially infectious materials. If soap and water are not available, waterless antiseptic hand cleaner will be used. When a waterless hand cleaners are used, soap and water will be used as soon as possible.
2. Hands should be washed as soon as possible once gloves are removed.
3. Proper handwashing includes:
 - (a) Turn on the water (the warmer the better).
 - (b) Apply soap
 - (c) Scrub hands including palms, backs, between fingers, around and under fingernails, wrists and arms if exposed.
 - (d) Grasp rings and move up and down fingers until all surfaces are covered with soap.
 - (e) Rinse thoroughly under running water.
 - (f) Dry hands with clean paper towels.
 - (g) Using the paper towel, turn off the water.

(b) **Red bio-hazard bags used to dispose of contaminated materials.**

1. Employees will have access to red biohazard bags to collect contaminated items. When completed, the officer will seal and secure the bag.
2. The secured bag will be given to the supervisor.
3. Supervisors will contact East Contra Costa Fire Protection District Personnel and ask for permission to drop it off at the station.

(c) **Personal Protective Equipment (PPE).**

1. Appropriate PPE must be used when there is a likelihood of occupational exposure.
2. PPE will be made available in appropriate sizes.
3. The agency provides PPE that is needed to protect employees against exposure to various pathogens. This equipment may include, where appropriate and necessary, but not be limited to:
 - (a) Gloves

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1. Single use gloves are replaced as soon as practical when contaminated and as soon as feasible when torn or punctured.
2. Single-use gloves are not washed or decontaminated for re-use.
3. Utility gloves are replaced when there are signs of deterioration or compromise.
4. For employees allergic to powdered gloves, one of the following gloves are provided:
 - (a) Hypoallergenic gloves
 - (b) Glove liners
 - (c) Alternate glove type
- (b) Safety Glasses
- (c) Goggles
- (d) Masks and respirators
- (e) Paper Suits
- (f) Decontamination Supplies
4. To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the following will be practiced for non-disposable items:
 - (a) All PPE is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
 - (b) Reusable PPE is cleaned, laundered and decontaminated as needed.
 - (c) Single-use PPE (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by forwarding that equipment to the Shift Supervisor.
5. To make sure that this equipment is used as effectively as possible, employees will adhere to the following practices when using their PPE:
 - (a) Any garments soiled by blood or other infectious materials will be removed while using gloves immediately, or as soon as is feasible.
 - (b) Potentially contaminated personal protective equipment is removed prior to (or as soon as is feasible) leaving a work area or accident/incident site and placed in a biohazardous material container.
- (d) **Uniform Laundering.** Employees will submit all potentially contaminated personal uniforms to be laundered as follows:
 1. Seal contaminated garments in a red biohazard bag.
 2. Attach a memo including employee's name, article description and quantity, date of contamination, suspected contaminant if known, and case number/property

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number associated with the exposure. The supervisor will retain a copy of the memo.

3. Supervisor will call our contract crime scene cleaner, who will respond to the work location within two hours. The Crime Scene Cleaners receipt should be attached to the memo.
4. Once the decontaminated garment has been returned, all paperwork should be forwarded to the Administrative Services Sergeant.

(e) Housekeeping.

1. Broken glassware that may be contaminated, must be picked up by a mechanical method (not by hand)(e.g., using pliers, tweezers, tongs, etc.) and disposed of in designated hard-walled waste containers.
2. Employees will ensure that the work site is maintained in a clean and sanitary condition.

(f) Clean-up Procedures for Spills.

1. A small spill (such as from a small cut) should be cleaned up immediately
2. Don gloves and other protective equipment.
3. Use paper towels to absorb the hazardous material.
4. Clean the surface with soap and water or other appropriate cleaner.
5. Disinfect the surface by using a disinfectant.
6. Place soiled materials into a biohazard bag.

(g) Contaminated Sharps.

1. Disposable needles and sharps will not be bent, recapped, sheared, broken or removed from a device.
2. All contaminated sharps must be disposed of as soon as possible in red labeled or color-coded "sharps" containers displaying the biohazard symbol. The containers are portable, closeable, sealable, leak resistant, and once sealed are incapable of being opened without great difficulty.
3. All sharps containers must be easily accessible in the work area, kept closed unless adding sharps, kept upright, replaced routinely, and not allowed to be filled to a level greater than 2/3 total capacity.

(h) Employees are prohibited from eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses in work areas where there is a reasonable likelihood of exposure.

1. Food and drink shall not be kept in refrigerators, freezers, cabinets, or on shelves, countertops, or bench tops where blood or other potentially infectious materials (OPIM) are present.
2. All procedures involving blood or other potentially infectious materials will be performed in a manner as to minimize splashing, spraying, splattering and generation of droplets of these substances.

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3. Mouth pipetting/suction of blood or other potentially infectious material (OPIM) is prohibited.
- (i) **Disposal.**
1. All bloodstained trash will be sealed in a red "biohazard" labeled bag. No items shall be transported in a manner other than using the biohazard labeled bags while wearing protective gloves.
 2. Bags will be delivered to the closest East Contra Costa Fire Protection District Fire Station after contacting the station.

1100.12 HEPATITIS B VACCINATION

- (a) The City Human Resources Department is responsible for managing the HBV Vaccination Program for the Police Department.
- (b) The HR Department shall ensure that all medical evaluations and procedures including the hepatitis B vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:
1. Made available at no cost to the employee;
 2. Made available to the employee at a reasonable time and place;
 3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
 4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place.
 5. The City of Oakley shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
 6. The City of Oakley shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- (c) The City of Oakley recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, a Hepatitis B Vaccination Program has been implemented as well as procedures for infectious disease post-exposure evaluation and follow-up, should exposure to bloodborne pathogens occur.
1. Vaccination Program.
 - (a) To protect employees as much as possible from the possibility of Hepatitis B infection, the City of Oakley has implemented a vaccination program. This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens. The vaccination program consists of a series of three inoculations over a six-month period. As part of the bloodborne pathogens training, employees will have received information regarding Hepatitis B vaccinations, including the effectiveness.

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- (b) The Administrative Services Sergeant will coordinate employee vaccinations with the City HR Department.
- 2. Infectious Disease Post-Exposure Evaluation and Follow-up.
 - (a) If an employee is involved in an incident where exposure to bloodborne pathogens may have occurred, the two most important steps taken will be:
 - 1. Making sure that the employee receives medical consultation and treatment as expeditiously as possible after the exposure.
 - 2. Investigating and documenting the circumstances surrounding the exposure incident.
 - (b) The On-Duty Shift Supervisor will investigate the exposure incident. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information through the completion of an Exposure Packet:
 - 1. When the incident occurred - Date and Time.
 - 2. Where the incident occurred.
 - 3. What potentially infectious materials were involved in the incident - Type of material (blood, etc.).
 - 4. Source of the material.
 - 5. Under what circumstances the incident occurred - Type of work being performed.
 - 6. How the incident was caused.
 - 7. Personal protective equipment being used at the time of the incident.
 - 8. Actions taken as a result of the incident.
 - 9. Employee decontamination.
 - 10. Cleanup.
 - 11. Notifications made.
 - (c) After this information is gathered, it will be evaluated. A written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future. It will then be forwarded to the City HR Department.
 - (d) In order to make sure that employees receive the best and timeliest treatment if an exposure to bloodborne pathogens should occur, the City of Oakley has set up a comprehensive post-exposure evaluation and follow up process.
 - (e) Because the exposure is work-related, the exposed member likely qualifies for Workers' Compensation. The On-Duty Shift Supervisor will advise the exposed employee to make an appointment with a qualified

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healthcare professional of their choice to discuss the employee's medical status.

- (f) NOTE: The above is applicable only following immediate medical treatment for the exposed employee.

3. Medical Recordkeeping.

- (a) The City Human Resources Director is responsible for maintaining the records of vaccination status and exposures. These records should include the following:

1. Name of the employee
2. Social Security Number of the employee
3. A copy of the employee's Hepatitis B Vaccination status
4. Dates of vaccinations
5. Medical Records relative to the employee's ability to receive vaccination
6. Documentation as a result of any exposure to Bloodborne pathogens will be maintained for thirty years.

- (b) As with all information of this type, it is recognized that it is important to keep the information in these medical records confidential. Disclosure or reporting of this information to anyone will not be done without the employee's written consent (except as required by law).

1100.13 LABELS AND SIGNS

- (a) One of the warnings of possible exposure to bloodborne pathogens are biohazard labels. Because of this, the Police Department (when appropriate) uses red "color-coded" containers and red bio-hazard bags. The Administrative Sergeant is responsible for maintaining the availability of the warning labels and signs.

1100.14 TRAINING AND INFORMATION

- (a) Having well informed and educated members is extremely important when attempting to eliminate or minimize members' exposure to bloodborne pathogens. All members who have potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible within 10 days of receiving a new assignment.
- (b) Employees will be retrained at least annually to keep their knowledge current or to address changes in the workplace. Additionally, all new employees, as well as employees changing jobs or job functions, will be given additional training that a new position may require at the time of a new job assignment.
- (c) The Administrative Services Sergeant is responsible for ensuring that all employees who have potential exposure to bloodborne pathogens receive training.

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- (d) The following topics will be covered in the police department's training program include, but are not limited to the following:
1. Use and recognition of the City's Injury and Illness Prevention Program.
 2. Bloodborne Pathogens Standard
 3. The epidemiology and symptoms of bloodborne diseases
 4. The modes of transmission of bloodborne pathogens
 5. The Police Department's Exposure Control Plan (and where employees can obtain a copy)
 6. Appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 7. A review of the use and limitations of methods that will prevent or reduce exposure, including:
 - (a) Engineering controls
 - (b) Work practice controls
 - (c) Personal protective equipment
 8. Selection and use of personal protective equipment including:
 - (a) Types available
 - (b) Proper use
 - (c) Location within facility
 - (d) Removal
 - (e) Handling
 - (f) Decontamination
 - (g) Disposal
 9. Visual warnings of biohazards within the facility including label, signs and "colored-coded" containers
 10. Information on the Hepatitis B Vaccine, including its:
 - (a) Efficacy
 - (b) Safety
 - (c) Method of Administration
 - (d) Benefits of Vaccination
 - (e) The City of Oakley's Free Vaccination Program
 11. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
 12. The procedures to follow if an exposure incident occurs, including incident reporting

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13. Information on the post-exposure evaluation and follow-up, and the medical consultation.
- (e) The program training methods will use numerous training techniques and allow employees an opportunity to ask questions and interact with instructors.

1100.15 RECORD KEEPING

- (a) To facilitate the training of Police Department employees, as well as to document the training process, training records will contain the following information:
 1. Dates of all training sessions
 2. Contents/summary of the training sessions
 3. Names and qualifications of the instructor
 4. Names and job titles of employees attending training sessions
 5. These training records are maintained by the Administrative Services Sergeant and are available to employees and their representatives, as well as OSHA and its representatives for examination and duplication.

1100.16 SHARPS INJURY LOG

- (a) The Administrative Services Sergeant will maintain a written or electronic Sharps Injury Log documenting each exposure incident involving a sharp. Each exposure incident shall be recorded on the log within 14 working days of the date the incident is reported to the employer. The information recorded shall contain the following information, if known or reasonably available:
 1. Date and time of the exposure
 2. Type and brand of sharp involved
 3. A description of the exposure incident which shall include:
 - (a) Job classification of the employee
 - (b) Work area where the exposure occurred
 - (c) Task the employee was performing at the time of the exposure
 - (d) How the incident occurred
 - (e) The body part involved
 - (f) If the sharp had engineered injury protection, whether the protective mechanism was activated, and whether the injury occurred before, during or after the activation of the mechanism.
 - (g) If the sharp had no engineered injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury.

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- (h) The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

1100.17 CONFIDENTIAL ASSISTANCE

- (a) For additional information or for confidential or general questions regarding this plan, exposure, risks or infection, contact:
 - 1. City of Oakley Human Resources Department.

1100.18 OSHA 300 LOG

- (a) The OSHA 300 Log for the Oakley Police Department is maintained by the City of Oakley Human Resources Department.

1100.19 AVAILABILITY OF RECORDS

- (a) Employee medical and training records shall be provided upon request for examination and copying to the subject employee, to employee representatives with a signed release, to representatives of accrediting agencies, to the Director or Assistant Director of OSHA in accordance with Federal Law or to the State of California Department of Health in accordance with State Law.

1100.20 REVISION DATES

- (a) 9 AUG 19