

**CITY OF EUGENE**



# Bloodborne Pathogen Exposure Control Plan



**February 2017**

# City of Eugene

## Bloodborne Pathogen Exposure Control Plan

### Table of Contents

<b>1 - Purpose .....</b>	<b>4</b>
1.1 Bloodborne Pathogen Standard .....	4
1.2 Objectives.....	4
<b>2 - Program Management .....</b>	<b>5</b>
2.1 Responsible Persons .....	5
2.2 Availability of Plan to Employees.....	6
2.3 Review and Update of Plan.....	6
<b>3 - Exposure Determination .....</b>	<b>6</b>
3.1 Exposure Situations .....	6
<b>4 - Methods of Compliance .....</b>	<b>8</b>
4.1 Minimizing Exposure .....	8
4.2 Universal Precautions .....	8
4.3 Engineering Controls.....	8

4.4 Work Practice Controls .....	9
4.5 Personal Protective Equipment (PPE) .....	10
4.6 Housekeeping .....	13
4.7 Engineering Control Equipment .....	15
4.8 Bloodborne Safety Audit Checklist .....	16
<b>5 - Hepatitis B Vaccination .....</b>	<b>17</b>
5.1 Post-Exposure Evaluation and Follow-up .....	17
5.2 Employee Declaration - Declining Hepatitis B Vaccination .....	18
5.3 Post-Exposure Investigation Procedures .....	19
5.4 Recordkeeping .....	21
<b>6 - Labels and Signs.....</b>	<b>22</b>
<b>7 - Information and Training.....</b>	<b>22</b>
<b>8 - Pathogen Incident/Accident Report .....</b>	<b>23</b>
<b>9 - Post-Exposure - Evaluation and Follow-up Checklist.....</b>	<b>25</b>
<b>10 - Exposure Control Plan - Review.....</b>	<b>25</b>
<b>11 - OSHA Standards - Bloodborne Pathogens - 1910.1030 .....</b>	<b>25</b>

# 1. PURPOSE

## 1.1 BLOODBORNE PATHOGEN STANDARD

The City of Eugene is committed to providing a safe and healthy workplace for employees, and it is our policy to maintain an effective Exposure Control Plan, as required by OSHA under the **Bloodborne Pathogens Standard, 29 CFR 1920.1030**.

The purpose of this Exposure Control Plan is to eliminate or minimize our employee's exposure to blood or other infectious body fluids, thus reducing occupational exposure to Hepatitis B (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens that employees may encounter in the workplace.

The City believes there are a number of general principles that should be followed when working with bloodborne pathogens, including:

- Prudence in minimizing all exposure to bloodborne pathogens;
- Never underestimating the risk of exposure to bloodborne pathogens;
- Work groups instituting as many work practice and engineering controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

Elements in the City's Exposure Control Plan include Exposure Determinations, Methods of Compliance, Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, Labeling and Signage, Training, Reporting Procedures, Plan Review, etc.

## 1.2 OBJECTIVES

The City has implemented the Exposure Control Plan to meet the intent of the OSHA Bloodborne Pathogen Standard. Objectives of this plan include:

- Protecting employees from health hazards associated with bloodborne pathogens;
- Providing appropriate treatment and counseling in the event an employee is exposed to bloodborne pathogens.

## 2. PROGRAM MANAGEMENT

### 2.1 RESPONSIBLE PERSONS

There are major categories of responsibility, which are key to the effective implementation and maintenance of the City's Bloodborne Pathogens Program and the Exposure Control Plan. These include:

- Program Management - Exposure Control Officer (E.C.O.)
- Program Compliance - Department Managers, Supervisors
- Program Information and Training - Exposure Control Officer, Coordinated Training Program
- Program Execution - Employees

#### 2.1.1 Exposure Control Officer (E.C.O.)

The Exposure Control Officer (the City's Health & Fitness Director) will be responsible for overall management and support of the City's Bloodborne Pathogens Compliance Program. Activities delegated to the Exposure Control Officer typically include, but are not limited to:

- Responsibility for implementing and maintaining the Exposure Control Plan;
- Working with managers, supervisors, and employees to develop and administer additional bloodborne pathogen related policies and practices, as necessary, to support the effective implementation and maintenance of the Plan;
- Looking for ways to improve the Plan, as well as revising the Plan when necessary;
- Maintaining a reference library on the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information;
- Serving as the City's liaison during OSHA inspections;
- Conducting periodic audits to maintain an up-to-date Plan.

#### 2.1.2 Department Managers/Supervisors

Working directly with the Exposure Control Officer and employees, Department Managers and Supervisors are responsible for ensuring proper exposure control procedures are followed.

#### 2.1.3 Education/Training

All employees who are at risk of occupational exposure to bloodborne pathogens, or other infectious materials, shall participate in a training program. Training will be conducted prior to beginning a task where occupational exposure may occur and at least once annually thereafter. Additional training will be provided if there is a change in job position or modification of tasks or procedures, which would affect an employee's occupational exposure.

#### 2.1.4 Employees

Employees have the most important role in the City's Bloodborne Pathogen Compliance Program, as the actual execution of the City's Exposure Control Plan ultimately rests in their hands. Employees' responsibilities include:

- Being aware of those tasks they perform that carry with them risk of occupational exposure;
- Attending bloodborne pathogens training programs;
- Planning and conducting all operations in accordance with the City's Work Practice Controls; and
- Developing good personal hygiene habits.

## 2.2 AVAILABILITY OF PLAN TO EMPLOYEES

The City's Bloodborne Pathogen Exposure Control Plan is available to all employees. A copy of this plan may be found on the Safety/Loss Control website: <http://ceshare/cs/risk/Pages/SafetyLossControl.aspx>

## 2.3 REVIEW AND UPDATE OF PLAN

The Exposure Control Plan will be reviewed and revised:

- Annually;
- Any time new or modified tasks and/or procedures are implemented and affect occupational exposure;
- Any time an employee's job is revised and includes new instances of occupational exposure;
- Any time a new functional position is established at the City that may involve exposure to bloodborne pathogens.

## 3. EXPOSURE DETERMINATION

### 3.1 EXPOSURE SITUATIONS

One of the keys to implementing and maintaining a successful Exposure Control Plan is to determine and identify which employees may incur occupational exposure to blood or OPIM (other potential infectious materials). This process involves identifying all job classifications, tasks, and/or procedures where employees may incur occupational exposure to blood or OPIM. Exposure determination is made without regard to the use of PPE.

The E.C.O., working in conjunction with Managers, Supervisors, Safety Committees, and employees, will conduct, evaluate, and periodically review exposure determinations. The following is a list of job classifications where all employees may come into contact with human blood, or other potentially infectious materials, which could result in possible exposure to bloodborne pathogens.

Job Title	Location	Job Description/Risks
Maintenance Worker I – IV; Park Spec I -IV	POS/PWM	<i>Cleaning public and non-private restrooms; picking up litter and trash cans; cleaning up illegal camp sites; cleaning up park shelter and picnic facilities; cleaning up skate bowl and playground equipment; exposure to raw sewage; entering sewage manholes to place and/or remove flow monitors, tools, nozzles root saws and high pressure cleaning hoses; installation and repair of sanitary sewer pipe; assisting with TV inspections of sanitary sewer and storm water drainage lines and cleanup of sanitary sewer overflows; vacuum</i>

		<i>cleaning of wastewater grit channels and wastewater clarifiers, Pump and Lift Station cleaning; cleaning and maintaining catch basins, storm water channels, pipes and water quality devices; <b>Risks:</b> potential skin, mucous membrane and injection contact with blood, body fluids, blood/body fluid soaked materials or human waste, syringes, razor blades, broken glass.</i>
Custodian	Facilities, Hult,Center PWWT, Libraries	<i>Cleaning of soiled or contaminated material, surfaces, equipment with visible blood and body fluids. <b>Risks:</b> potential skin, mucous membrane contact with blood or body fluids</i>
Airport Worker I - IV	PW Airport	<i>Cleaning of soiled or contaminated material, surfaces, equipment with visible blood and body fluids. <b>Risks:</b> potential skin, mucous membrane contact with blood or body fluids</i>
WWT Tech I – III; WWT Instrument Electrician; WWT Electrician I, II; WWT Maint. Worker I - IV	PWWT	<i>Cleaning of soiled or contaminated material, surfaces, equipment with visible blood and body fluids. <b>Risks:</b> potential skin, mucous membrane contact with blood or body fluids</i>
Police Officer	Police	<i>Potential contact with needles, sharps, blood, body fluid-soaked materials, contaminated surfaces. <b>Risks:</b> potential skin, mucous membrane contact with blood or body fluids</i>
Firefighter/EMS	Fire/EMS	<i>Potential contact with needles, sharps, blood, body fluid-soaked materials, contaminated surfaces. <b>Risks:</b> Potential skin, mucous membrane contact with blood or other body fluids</i>
Health/Fitness Director	RS	<i>Phlebotomy. <b>Risks:</b> potential skin, mucous membrane contact with blood or body fluids</i>

The E.C.O. will work with Managers and Supervisors to ensure job classifications, tasks and procedures are reviewed and updated to reflect potential exposure risks.

## 4. METHODS OF COMPLIANCE

### 4.1 MINIMIZING EXPOSURE

To effectively eliminate or minimize exposure to bloodborne pathogens, Standard Precautions, instituted by the Centers for Disease Control and Prevention (**CDC**) will be followed. These include the use of Universal Precautions, Engineering Controls, Work Practice Controls, PPE, and Housekeeping Procedures.

### 4.2 UNIVERSAL PRECAUTIONS

The City treats all human blood and body fluids as if they are known to be infectious for HBV, HIV, and/or other bloodborne pathogens. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual. Universal Precautions include, but are not limited to, the following:

- Treat all blood/body fluids as potentially infectious and use barrier precautions such as gloves, and appropriate clothing;
- Wash hands thoroughly;
- Prevent cutting or needle stick injuries by use of puncture resistant containers for disposal;
- Use of mouthpieces and resuscitation bags to minimize exposure to saliva during resuscitation procedure; and
- Clean surfaces as soon as possible when they become contaminated.

### 4.3 ENGINEERING CONTROLS

One of the key aspects to the Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. Engineering Controls result in employees using proper cleaning supplies, maintenance, and other equipment designed to prevent contact with blood or other potentially infectious materials.

The following engineering controls are used throughout City operations:

- Hand washing facilities (or antiseptic hand cleansers and towels, or antiseptic towelettes), which are readily accessible to all employees who have a potential for exposure;
- Self-sheathing needles;
- Containers for contaminated re-useable sharps having the following characteristics:
  - ✓ puncture-resistant;
  - ✓ color-coded or labeled with a biohazard warning label;
  - ✓ specimen containers;
  - ✓ Containers for specimens of blood or other materials are required to be placed in designated leak-proof containers and appropriately labeled, for handling and storage;



- Containers for Special Medical Waste;
- Disposable gloves, disposable containers.

Engineering controls will be re-examined during the City's annual Plan Review, and opportunities for new or improved engineering controls will be identified.

## 4.4 WORK PRACTICE CONTROLS

In addition to Engineering Controls, the City uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens. Work Practice Controls, adopted for use by the City, include:

### Proper Hand Washing Technique

- Always wash hands as soon as possible; remove gloves after first washing with soap and water (or use an alcohol wipe if water is not available);
- Pull glove from skin using outer top part of glove so the other glove does not contact the skin. If disposable, pull glove inside out to remove. Using the ungloved hand, pull glove from top interior of the glove off of hand.
  - ✓ Follow same procedure for non-disposable gloves but ensure thorough decontamination prior to removal.
  - ✓ Allow gloves to dry and store gloves so that they do not degrade or become contaminated.
- Wash hands using soap and warm water--hot water removes oil from the skin. If water is not available, wash with alcohol wipes;
- Rub your hands vigorously – friction by rotary motion, and rinsing under running water aids in the mechanical removal of bacteria;
- Wash all surfaces, including back of hands, wrists, between fingers, and underneath the fingernails. Your hands should be washed thoroughly for 10 – 20 seconds;
- Rinse well;
- Dry hands with paper towel(s).
- Turn off water using a paper towel instead of bare hands.

**NOTE:** Frequent hand washing destroys natural oils and causes drying and cracking of skin. Keeping the skin intact helps prevent invasion of bacteria and possible secondary infections. Hand lotion should be applied.

- Following any contact of body areas with blood or any other infectious materials, employees should wash their hands and all other exposed skin with soap and water as soon as possible. They also need to flush exposed mucous membranes with water.
- Contaminated needles and other contaminated sharps are not bent, recapped, or removed unless:
  - ✓ It can be demonstrated that there is no feasible alternative;
  - ✓ The action is required by specific medical procedures;

- ✓ In either of the above situations, the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use. These containers must be:
  - ✓ puncture-resistant;
  - ✓ labeled or color-coded in accordance with the OSHA Standard;
  - ✓ leak-proof on the sides and bottom; and
  - ✓ shall not require employees to reach by hand into the container.
- Eating, drinking, applying cosmetics or lip balm, or handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens;
- Food and drink may not be kept in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present;
- All procedures involving blood or other infectious materials should minimize splashing, spraying, or other actions generating droplets of these materials;
- Equipment that has become contaminated is examined prior to servicing or shipping. This piece of equipment must be decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
- Information regarding the remaining contamination is conveyed to all affected personnel, the equipment manufacturer, and the equipment service representative prior to handling, servicing, or shipping.
- An appropriate bio-hazard warning label is attached to any contaminated piece of equipment, identifying the contaminated portions.

When new employees start work with the City, or an existing employee changes positions, the following process is followed to ensure they are trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures they will perform are checked against the Job Classifications and Task Lists the City has identified in the Exposure Control Plan as those in which occupational exposure occurs.
- If the employee is transferring from one job to another within the City, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists.
- Based on cross-checking, the new job classifications and/or tasks and procedures which may bring the employee into occupational exposure situations, are identified.

## **4.5 PERSONAL PROTECTIVE EQUIPMENT (PPE)**

### **4.5.1 Provision**

Personal Protective Equipment (**PPE**) is an employee's last line of defense against bloodborne pathogens. The City of Eugene provides Personal Protective Equipment to all employees, who need to protect themselves against exposures, at no cost to the employee. PPE is selected based on anticipated exposure to blood or OPIM (other potentially infectious material) and will not be considered appropriate

unless it **does not** allow blood or OPIM to reach an individual's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time the equipment will be used.

#### **4.5.2 Usage and Accessibility**

Supervisors will ensure appropriate PPE, including appropriate size, is readily accessible at the work site, including vehicles, or issued without cost to the employee. Hypo-allergenic gloves, glove liners, and similar alternatives will be readily available to employees who are allergic to standard issue gloves. To ensure PPE equipment is used as effectively as possible, employees use the following practices when using their individual PPE:

- Any garment(s) penetrated by blood or OPIM are removed immediately (or as soon as is feasible);
- All potentially contaminated PPE is removed prior to leaving a work area or accident/incident site if possible (or as soon as is feasible);
- Gloves are worn in the following circumstances:
  - ✓ When an employee anticipates hand contact with potentially infectious materials;
  - ✓ When handling or touching contaminated items or surfaces.
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured, or otherwise lose their ability to function as an “exposure barrier”;
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of;
- Masks and eye protection, e.g., goggles, face shields, etc., are used when splashes or sprays could generate droplets of infectious materials;
- Protective clothing, such as gowns, aprons, or similar outer garments shall be worn when potential exposure to the body is anticipated.

#### **4.5.3 Cleaning, Laundering, and Disposal**

To ensure PPE is not contaminated, and is maintained in an appropriate condition to ensure employees are protected from potential exposure, the following practices are followed:

- Reusable PPE is cleaned, laundered, and decontaminated as needed;
- All PPE is inspected periodically and repaired or replaced as needed to maintain its effectiveness;
- Single-use PPE (or equipment that, for whatever reason, **cannot** be decontaminated), is disposed of by contacting the City's refuse hauler.

#### **4.5.4 Repair and Replacement**

All PPE is inspected periodically and repaired or replaced as needed to maintain its effectiveness.

#### **4.5.5 Types of PPE**

PPE includes (but is not limited to):

- Universal Instructions
- Scraper
- Gloves
- Liquid tight bag
- Spray disinfectant
- Red outer bag
- Towels
- Twist tie
- Super-absorbency packet biohazard labels
- Antiseptic towelette
- Mask
- Goggles
- Disposable gown
- Exposure Incident Reporting Form
- Crush containment box
- Box seal
- Shrink-wrapped with tear strip

#### **4.5.6 Location of Personal Protective Equipment (PPE)**

Each Department/Division will be responsible for the following steps:

- Proper PPE, as determined by this Plan in relationship to an employee's duties, will be maintained by the individual employee or available during the time of needed usage. Proper PPE, in some cases, will be stored in vehicles, as determined by the use of the vehicle;
- Supervisors/work areas will have supplies of PPE available at all times;
- Questions regarding location of PPE should be directed to a supervisor.

#### **4.5.7 Limitations of PPE**

##### **4.5.7.1 Gloves**

- Gloves can be torn or punctured;
- Gloves should be changed after contact;
- Disposable gloves should not be washed or disinfected for reuse;
- Gloves should not be used when visibly soiled, punctured, or their ability to function as a barrier is compromised;

- Hands should be washed as soon as possible after removing gloves; if water is not available, disposable wipes should be used;
- Utility gloves, e.g., rubber household gloves for housekeeping, may be decontaminated and reused, but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration;
- Leather gloves that show visible contamination must be disposed of as proper decontamination procedures are not available.

#### **4.5.7.2 Face/Eye Protections**

These items also need to be clean and in good repair. Items should be discarded if they do not function as indicated by the manufacturer's use and maintenance documentation.

#### **4.5.7.3 Protective Clothing**

Disposable coveralls, aprons, or similar clothing is appropriate for potential soiling of clothes with blood or body fluids; however, fluid-resistant clothing must be worn if there is a potential for splashing or spraying of blood or body fluids. Fluid-proof clothing should be worn if there is potential for clothing to become soaked with blood or body fluids. If any garment is penetrated by potentially infectious material, the garment shall be removed immediately or as soon as feasible. The skin should be cleansed.

## **4.6 HOUSEKEEPING**

Maintaining City equipment and facilities in a clean and sanitary condition is an important part of the Bloodborne Pathogens compliance program. To help facilitate these goals, the City has established written schedules and procedures for cleaning and decontamination of equipment, including the appropriate areas, for specific facilities. Schedules and procedures include the following:

- Equipment or area to be cleaned/decontaminated;
- Day and time of scheduled work;
- Cleansers and disinfectants to be used;
- Special instructions, if needed
- Gloves will be worn while performing any cleaning or decontamination;
- All equipment and surfaces will be cleaned and decontaminated after contact with blood or OPIM:
  - ✓ Following completion of medical procedures, or
  - ✓ Immediately, or as soon after as feasible, if surfaces are overtly contaminated;
  - ✓ Following any spill of blood or infectious materials;
  - ✓ At the end of the work shift if the surface may have been contaminated during that shift.

- Protective coverings, e.g., linens, plastic trash bags/wrap, aluminum foil, or absorbent paper are removed and replaced:
  - ✓ As soon as feasible when overtly contaminated;
  - ✓ At the end of the work shift if they might have been contaminated during the work shift;
- All trash containers, pails, bins, and other receptacles intended for use routinely are inspected, cleaned, and decontaminated as soon as possible if visibly contaminated;
- Potentially contaminated broken glassware may not be picked up directly with the hands. It should be picked up using mechanical means, i.e., dust pan and brush, tongs, forceps, etc.;
- Contaminated, reusable sharps are stored in containers that do not require “hand processing,” and must be placed in properly marked sharps containers labeled with the Biohazard Symbol.

Division managers/supervisors are responsible for setting up cleaning and decontamination schedules/procedures and ensuring they are followed.

The City is diligent in exercising care with handling regulated waste, e.g., used bandages, discarded PPE, and OPIM. The following procedures are to be used when handling all regulated types of wastes:

- Regulated wastes will be discarded or “bagged” in containers that are:
  - ✓ Closeable;
  - ✓ Puncture-resistant if the discarded materials have the potential to penetrate the container;
  - ✓ Leak-proof if the potential for fluid spill or leakage exists;
  - ✓ Red in color or labeled with an appropriate Biohazard warning label.
- Containers for regulated waste are placed in appropriate locations, in vehicles and/or facilities, within easy access of employees and as close as possible to the source of the waste;
- Waste containers are maintained upright, routinely replaced, and not allowed to overfill;
- Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used;
- Contaminated protective clothing should be placed in labeled bags and sent to a commercial laundry service, as specified by the City; home laundering is not permitted;
- When employees move containers of regulated waste from one area to another, the container(s) are immediately closed and placed inside an appropriate secondary container if leakage is possible from the initial container.



## **4.8 BLOODBORNE SAFETY AUDIT CHECKLIST**

### **4.8.1 Written Plan**

- Reviewed annually
- Updated to reflect significant modifications in job class, tasks/procedures
- Available for employee review

### **4.8.2 Methods of Control**

- Universal precautions used for all potential exposures
- Is blood or OPIM from certain people treated as infectious while blood or OPIM from others, e.g., elderly, children, etc., treated as non-infectious?
- Are needles immediately disposed of in sharps containers?
- Are tools used to pick up sharps or needles found during the course of work?
- Are disposal containers replaced within appropriate timeframes?
- Are hand washing facilities used after removing gloves?
- If sharps containers leak, or have potential for leakage, are they placed in secondary containers?

### **4.8.3 Personal Protective Equipment (PPE)**

- Is an adequate supply of gloves, goggles, resuscitation bags, or shields available in first aid kits and in vehicles?
- Are supplies used properly? Are they the correct size for workers?
- After use, is PPE disposed of or cleaned properly?
- Is the correct, recommended disinfectant used?

### **4.8.4 Housekeeping**

- Is the written schedule for cleaning and disinfecting followed?
- Is recommended disinfectant being used?
- Is spill containment equipment provided and used?
- Are reusable containers decontaminated according to schedule?
- Are regulated wastes properly contained and disposed of? Are wastes labeled with the Biohazard Symbol?
- Is contaminated clothing properly laundered?

### **4.8.5 Labeling/Warning**

- Are Biohazard labels attached to all containers of regulated waste?
- Do employees recognize and know the meaning of the Biohazard Symbol or red bags?



#### **4.8.6 Hepatitis B Vaccination**

- Have employees covered by the Plan been given information that the HBV vaccination is available?
- Are vaccinations offered at reasonable times and places?

#### **4.8.7 Post Exposure Incident Procedures**

- Does each employee know what to do, and who to report to, if they are stuck by a needle, sharp, or exposed to other potentially infectious materials?
- Are post incident procedures immediate and confidential?
- Are exposed employees given prompt medical evaluations and counseling?
- Are the circumstances that surrounded the exposure incident documented and investigated?

#### **4.8.8 Employee Information/Training**

- Have all employees covered by the Plan received initial training? Annual training?
- Are training records maintained for a minimum 5-year period?
- Do training records include dates of training, contents of training, names and qualifications of trainers, and names and job titles of employees attending training?
- Does training convey the idea that a number of other bloodborne diseases other than HBV, HCV, and HIV exist?

#### **4.8.9 Recordkeeping**

- Are medical records kept confidential?
- Are exposure injuries recorded on the OSHA 300 log?
- Are needle stick injuries recorded on the SHARPS log?

## **5. HEPATITIS B VACCINATION PROGRAM**

### **5.1 POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The City recognizes that even with exemplary adherence to all exposure prevention practices, exposure incidents can still occur. As a result, the City has implemented a Hepatitis B Vaccination Program, as well as establishing a comprehensive post-exposure evaluation and follow-up process, administered by Cascade Health Solutions, to ensure employees receive quality care and timely treatment if an exposure to a bloodborne pathogen should occur.

#### **5.1.1 Hepatitis B Vaccination**

The hepatitis B vaccination shall be available, following training in occupational exposure and within 10 working days of initial assignment, to all employees who have the potential for routine occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed the employee is immune, or the vaccine is contraindicated for medical reasons.

Medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, will be made available to the employee at no cost and performed by a

licensed physician or under the supervision of another licensed healthcare professional. All laboratory tests will be conducted by an accredited laboratory at no cost to the employee.

The vaccine is a synthetic material derived from yeast, so there is no human blood exposure. It consists of three shots:

- Initial
- One month
- 6 months (with a booster if determined to be medically necessary)

## **5.2 EMPLOYEE DECLARATION - DECLINING HEPATITIS B VACCINATION**

The City's Hepatitis B Vaccination Program is voluntary. If an employee declines to accept the vaccination, they must sign a statement on the employee HBV vaccination form. If after declining the vaccination, the employee decides to be vaccinated, the vaccine must be given to the employee at no cost.

I understand that due to my occupational exposure to blood, or other potentially infectious materials (OPIM), 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; however, I decline the hepatitis B vaccination at this time.

I understand that, by declining the 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 the hepatitis B vaccine, I can receive the vaccination series at no charge.

\_\_\_\_\_  
Employee Name (please print)

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Eugene Representative

\_\_\_\_\_  
Date

## **5.3 POST-EXPOSURE INVESTIGATION PROCEDURES**

If an employee has an unprotected exposure to blood, or other body fluids, including a skin exposure involving a large amount of blood or prolonged contact with blood, particularly when the exposed skin is chapped, abraded, or afflicted with dermatitis (or a needle/sharp exposure to blood or body fluids) during the course of their work, the employee is required to immediately report the exposure to a supervisor, who will then take the following steps:

### **5.3.1 Collecting Blood Sample (Cascade Health Solutions)**

An exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If baseline blood is drawn, but the employee has not given consent for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the employee elects to have the sample tested, the testing will be done as soon as feasible. Additional HIV follow-up testing shall be offered based on United States Public Health Services recommended schedule.

### **5.3.2 Investigation (Supervisor)**

A supervisor will begin investigating the incident, in addition to scheduling a confidential medical evaluation and follow-up activities for the employee. An incident form (page 24) will be used (copy to be sent to the Exposure Control Officer) to ensure that relevant information, including routes of exposure, activity in which worker was engaged at time of exposure, extent to which appropriate work practices and PPE were used, and a description of the source exposure shall be recorded. Additional information would include:

- Employee decontamination
- Clean-up
- Notifications made

### **5.3.3 Incident Reporting (Supervisor \*copy to Exposure Control Officer)**

After all information is gathered, it is evaluated, and a written summary of the incident and its causes is prepared and recommendations are made for avoiding similar incidents in the future.

### **5.3.4 Exposed Employee Testing (Cascade Health Solutions)**

As soon as an employee incurs and reports an exposure incident, an investigation will be conducted and a confidential medical report will be made immediately available to the exposed employee, which will include the following elements:

- Documentation of the route of exposure and circumstances under which an exposure incident occurred;
- Identification and documentation of the source individual\*;
- Collection and testing of blood for HBV and HIV serological status;
- Sample will be preserved for at least 90 days if the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, testing shall be done as soon as feasible;
- Post-exposure prophylaxis when medically indicated, as recommended by United States Public Health Service;
- Counseling;
- Evaluation of reported illness.

\* The source individual's blood shall be tested as soon as feasible after consent is obtained in order to determine HBV and HIV infectivity.

### **5.3.5 Information Provided to the Healthcare Professional**

The City's E.C.O. is responsible for providing information to the healthcare professional who will be responsible for the employee's care following an exposure, including:

- A description of the exposed employee's duties as they relate to the exposure incident;
- Documentation of the routine or routes of exposure and circumstances under which the exposure occurred;
- Results of the source individual's blood testing, or the E.C.O. works in conjunction with the employee's health care professional to obtain the test.

### **5.3.6 Source Testing/Results**

If the source individual is not a City employee, a reasonable attempt must be made to obtain a name and phone number so that the Exposure Control Officer can contact them. If the source individual is a City employee, the supervisor and employee must fill out a Pathogen Incident/Accident Report and send to the Health & Fitness Director. When attempting to obtain blood testing, the City is responsible for:

- Drawing a blood sample, as soon as feasible and after consent is obtained, to determine HBV and HIV infectivity. If consent is not obtained, the City will establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
- When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- A health care professional will make results of the source individual's testing available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity of the infectious status of the individual.

### **5.3.7 Treatment Options**

For an exposure to a source individual found to be positive for hepatitis B, and the employee has not previously been given hepatitis B vaccine, they should receive the vaccine series. A single dose of hepatitis B immune globulin will be given if within seven days of exposure.

If the employee has previously received the vaccine, he/she will be tested for antibody to hepatitis B and be given one dose of vaccine and one dose of immune globulin if the antibody level in the blood sample is inadequate.

**NOTE: This may vary depending on the judgment of the treating physician and US Public Health Service recommendations.**

For an exposure to a source individual found negative to hepatitis B and the employee has not been vaccinated, this is an opportunity to provide the HBV vaccination.

The management and treatment of an employee who receives an exposure from a **source who refuses testing or who is not identifiable**, will be determined on a case-by-case basis. Current US Public Health Service procedures should be followed.

Treatment for employees who were exposed to known HIV infected persons will be determined by the treating physician based on the best available information from the US Public Health Service. The antibody testing will be done at three and six months.

#### **5.3.7.1 Claims**

A worker's compensation claim form (801), should be filed to document an exposure incident. All testing diagnostic procedures will be paid through the City's Workers' Compensation Program.

### **5.3.7.2 OSHA 300 Log**

The Workers' Compensation Program Coordinator will record any needle stick, mucous membrane, or skin contact with blood or body fluids contaminated with blood or OPIM requiring medical treatment (e.g., gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.), in the OSHA 300 log in a manner that maintains confidentiality for the employee. In addition, all contaminated-sharps injuries, including needle sticks, will be recorded on the sharps injury log maintained by the City's Workers' Compensation Program Coordinator. This log must protect the confidentiality of the injured employee and must include the type and brand of the device, the department or work area in which the injury occurred, and how the injury occurred. Supervisors are responsible for providing this documentation to the Workers' Compensation Program Coordinator. Sharps injury log records shall be retained for five years.

### **5.3.7.3 Follow-up**

An employee's supervisor will ensure that a full incident investigation is conducted and that any recommended procedures or controls be implemented.

The health care professional must submit a written opinion to the City's Third Party Administrator regarding both the HBV vaccination program and data on post-incident medical follow-up.

Information to be submitted to the City's Third Party Administrator within 15 days of receipt includes:

- Whether hepatitis B vaccination is indicated for the employee;
- Whether the employee has received the hepatitis B vaccination;
- Confirmation that the employee has been informed of the results of the evaluation;
- Confirmation that the employee has been informed about any medical conditions resulting from the exposure incident, which require further evaluation or treatment.

**All other findings or diagnoses will remain confidential and will not be included in the report.**

## **5.4 RECORDKEEPING**

### **5.4.1 Medical Records**

A medical file shall be established and maintained for each employee with an occupational exposure. All medical records are governed by HIPAA regulations and will be maintained by Risk Services. Medical records will be kept for the duration of an employee's term of employment plus an additional 30 years. As required by the OSHA standard, medical records will contain the following information including the employee's name:

- Copy of employee's vaccination status and any medical records relevant to the employee's ability to receive the vaccine;
- Copy of the results of examinations, medical testing, and follow-up procedures resulting from post-exposure incidents requiring medical treatment; this information is required to ensure proper medical care was provided—actual test results and relevant medical data would be maintained by the health care professional;
- Copy of health care professional's written opinion;
- Copy of the information provided to health care professional.

## 6. LABELS AND SIGNS

### 6.1 BIOHAZARD WARNING LABELS

The City uses a comprehensive biohazard warning labeling program to ensure employees receive warnings regarding possible exposure to bloodborne pathogens. Items displaying warning labels include:

- Contaminated equipment \*
- Containers of regulated waste
- Sharps disposal containers
- Other containers used to store, transport or ship blood and/or other infectious materials
- Laundry bags and containers

**NOTE:** \*Contaminated equipment will indicate which portion(s) of the equipment are contaminated.

## 7. INFORMATION AND TRAINING

### 7.1 BLOODBORNE PATHOGENS TRAINING

Having well-informed employees is an important part of eliminating or minimizing exposure to bloodborne pathogens. For this reason, all employees who have a potential for exposure to bloodborne pathogens are given comprehensive training as it relates to this issue.

New employees, as well as employees changing positions that contain job functions that might expose them to bloodborne pathogens, will be given training prior to beginning work. All other employees subject to exposure will receive supplemental training annually.

#### 7.1.1 Training Topics

Topics covered in Bloodborne Pathogens training include, but are not limited to:

- Bloodborne Pathogen Standard;
- Epidemiology and symptoms of bloodborne diseases;
- Modes of transmission of bloodborne pathogens;
- Exposure Control Plan and how to obtain a copy;
- Methods for recognizing tasks and other activities that could involve exposure to blood and other potentially infectious materials;
- Review of the use and limitations of methods that prevent or minimize exposure, including:
  - ✓ Engineering controls
  - ✓ Work practice controls
  - ✓ Personal Protective Equipment

- Selection and use of personal protective equipment, including:
  - ✓ Types available
  - ✓ Proper usage
  - ✓ Location within the Department/Division
  - ✓ Removal; Handling; Decontamination
  - ✓ Disposal
- Visual warnings regarding biohazards within City facilities, including labels, signs, and “color-coded” containers
- Information on hepatitis B vaccine, including its: Efficiency; Safety; Method of administration; Benefits of vaccination; City’s no-cost vaccination program
- Actions to take and staff to contact in an emergency involving blood or other potentially infectious materials
- Procedures to follow if an exposure incident occurs, including incident reporting
- Information on post-exposure evaluations and follow-up, including medical consultation provided through the City

### **7.1.2 Training Methods**

It is important for employees to have ample opportunity to ask questions and interact with instructors, as well as other class members. To accommodate employees, the Bloodborne Pathogens training program uses various tools and techniques, including:

- Classroom instruction
- Videotape programs
- Training manuals/handouts
- Review session

Training records must be kept for three years and are available for examination by employees and their representatives, as well as OR-OSHA and its representatives. Employees may now access their training records via the Employee Self Service link on the City’s Intranet home page.

## **8. PATHOGEN INCIDENT/ACCIDENT REPORT**

In the event of a pathogen incident/accident, the form on the next page should be filled out by both the employee and their immediate supervisor and routed to the Health and Fitness Director. A Workers’ Compensation claim form (801) should also be filled out and sent to the Workers’ Compensation Program Coordinator to document the exposure incident/accident.

## PATHOGEN INCIDENT / ACCIDENT REPORT

Employee:	Job Classification:	DVSW:
Immediate Supervisor:	Date of Incident/Accident:	Time of Incident/Accident:
Incident/Accident Location:		
Describe the incident fully, i.e., route of exposure; circumstances; types of controls in place at time of incident, including engineering controls and PPE worn. Identify unsafe conditions and/or actions.		
Describe employee's injury (what part of the body was injured/type of injury)		
Describe first aid/medical treatment (when and by whom?)		
When was incident/accident reported:	To Whom?	
If not immediately reported, why?		
Witnesses:		
Is the source individual known? ____ Yes ____ No If so, please provide name/address so that a consent for blood testing may be obtained Name: Address:		
What corrective action was taken or is planned to prevent similar incidents/accidents from occurring in the future?		
Referral to medical evaluator? ____ Yes No      Date _____ If not, please explain:		
NOTE: The Oregon Health Division's "Source Consent" form will be sent to the source or his/her medical provider in an attempt to obtain permission for source HIV/HBV blood testing. The medical evaluator has been informed as to our policy and OSHA regulations. All medical data is subject to HIPAA regulations. Name of Investigator / Title / Date:		



## 9. POST-EXPOSURE

### 9.1 EVALUATION AND FOLLOW-UP CHECKLIST

The following steps must be taken, and information transmitted, in the case of an employee's exposure to bloodborne pathogens:

#### Activity / Completion Date

- Date employee furnished with documentation regarding exposure incident: \_\_\_\_\_
- Date source individual's blood tested and results given to exposed employee: \_\_\_\_\_
- Consent has been obtained: YES / NO
- Date exposed employee's blood was collected: \_\_\_\_\_
- Date appointment arranged with healthcare provider: \_\_\_\_\_
- Healthcare provider: \_\_\_\_\_
- Date documentation forwarded to healthcare provider: \_\_\_\_\_

## 10. EXPOSURE CONTROL PLAN

### 10.1 REVIEW

OSHA's Bloodborne Pathogens regulations require that the City's Exposure Control Plan be reviewed and updated at least once annually, or sooner if necessary, to reflect changes in the workplace.

**Date of Review: February 2017**

**Reviewed by: Steve Auferoth, E.C.O./Health & Fitness Director; Paul Furnari, Risk & Safety Analyst**

## 11. OSHA STANDARDS

### 11.1 Bloodborne Pathogens – 1910.1030

#### Introduction

Needlestick injuries and other sharps-related injuries which expose workers to bloodborne pathogens continues to be an important public health concern. Workers in many different occupations are at risk of exposure to bloodborne pathogens, including Hepatitis B, Hepatitis C, and HIV/AIDS. First aid team members, housekeeping personnel in some settings, nurses and other healthcare providers are examples of workers who may be at risk of exposure.

Bloodborne Pathogens is addressed in standards specifically for the general industry.

### **OSHA Standards**

The OSHA website highlights the standard requirements, preambles to final rules (background to final rules), directives (instructions for compliance officers), and standard interpretations (official letters of interpretation of the standards) related to bloodborne pathogens and needlestick prevention. Link to OSHA Bloodborne Pathogens: <http://www.osha.gov/SLTC/bloodbornepathogens/index.html>

**Note:** Twenty-five states, Puerto Rico and the Virgin Islands have OSHA-approved State Plans and have adopted their own standards and enforcement policies. For the most part, these States adopt standards that are identical to Federal OSHA. However, some States have adopted different standards applicable to this topic or may have different enforcement policies.