



SECTION:	Health Safety Security	POLICY #:	508
TITLE:	Employee Exposure Control to Bloodborne Pathogens	PROCEDURE #:	
		ORDER #:	96-9
DEPT:	Risk Management	DIVISION:	
ADOPTED:	9/92	REVIEWED:	1/96
		REVISED:	

1.0 Purpose

The purpose of this policy is to limit and control occupational exposure to bloodborne pathogens and other potentially infectious materials. This policy covers all employees who could reasonably be expected to come in contact with human blood or other potentially infectious materials in the course of their work.

2.0 General Policy

It is the policy of Marion County that all employees who can reasonably anticipate exposure to blood or other potentially infectious materials **and** employees trained in first aid/CPR shall receive training in prevention techniques and universal precautions to eliminate exposure to bloodborne pathogens. Hepatitis B vaccinations will be offered to employees who may reasonably anticipate exposure in the course of their employment. Any employee who has an exposure will be covered by the post-exposure provision in this policy. Each department will determine who is at risk, maintain records and follow procedures according to this policy. It is the intent of Marion County through this policy to comply with the rules and implementation dates according to OR-OSHA, OAR 437, Division 2, Subdivision Z, and federal OSHA 29 CFR 1910.1030.

3.0 Policy Guidelines/Procedures

a. **RESPONSIBILITIES**

Department Heads/Elected Officials: Assure compliance with this policy.

Communicable Disease Coordinator: Department Heads/Elected Officials shall appoint a coordinator to work with Risk Management, ensure that the requirements of this policy are followed, that records are being kept in accordance with OAR 437, DIVISION 2(z), and to conduct the annual review. Coordinator names will be given to Risk Management.

Supervisor: Participate in training; complete the risk assessment of duties and tasks performed by employees; schedule high-risk employees for training; assure employees are offered hepatitis B vaccine, complete required forms; investigate reported exposure incidents and complete required forms; and assure that post-exposure medical attention and counseling are received.

Safety Committees: Safety committees will review the policy and procedure and will include the universal precautions, personal protective equipment, housekeeping and incident reports as part of the worksite inspections and safety committee process.

Employees: Employees are responsible to follow this policy, report exposure incidents, and bring any problems or concerns to their supervisor or safety committee representative.

Risk Management: Risk Management is responsible for updating this policy, coordinating training and to oversee implementation of the policy.

b. DEFINITIONS:

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means 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).

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Contaminated Sharps" means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

"Decontamination" means 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.

"Engineering Controls" means controls (e.g. sharps disposal container, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

"Exposure Incident" means 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.

"Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

"HBV" means hepatitis B virus.

"HIV" means human immunodeficiency virus.

"Occupational Exposure" means 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.

"Other Potentially infectious Materials" means the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

"Parenteral" means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

"Personal Protective Equipment" is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

"Reasonably Anticipated" means a rational conclusion to expect or foresee an occupational exposure.

c. PROCEDURES:

(1) EXPOSURE DETERMINATION

Departments are required to perform an exposure determination concerning employees that may incur and occupational exposure to blood or other potentially infectious materials. The exposure determination is

made without regard to the use of personal protective equipment. The department is required to list all job classifications or positions which employees may be exposed to blood or other potentially infectious materials, regardless of frequency. Classifications where **all** employees have occupational exposure will be listed by job class and all employees shall be covered by this policy. In addition, job classifications where only a few employees are expected to have an occupational exposure, departments are required to specify which positions are at risk. The tasks or procedures in which exposure is expected to occur shall also be listed.

The exposure determination shall be completed no later than one month after the adoption of this policy. (See form HBV 1, Exposure Determination).

Job classifications or positions which are included in the above description will be kept at the department and a copy sent to Risk Management. Exposure determinations will be updated annually by the department to determine if additional employees should be included under this policy. (This may be reviewed during annual performance evaluations.)

(2) TRAINING

All new employees (regular, temporary, volunteer, student, and reserves) with reasonably anticipated occupational exposure shall participate in a training program on blood borne pathogens provided by Marion County. All employees who are first aid/CPR trained will also be provided training.

Training shall be provided by Risk Management or other qualified instructors, for current staff at the time of the initial assignment to tasks where occupational exposure can be reasonably anticipated. Training will be repeated annually thereafter in accordance with OSHA standards.

Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

Training shall contain the minimum required as outlined by Oregon OSHA.

Records of persons attending the training will be maintained by the department for three (3) years after the training occurs.

(3) HEPATITIS B IMMUNIZATIONS

All employees who are determined by departments to be at a reasonably anticipated risk of bloodborne pathogen exposure shall be offered hepatitis B immunizations, at no charge to them, within ten days of employment.

Employees who have previously received the vaccination series who have antibody testing revealing they are immune to Hepatitis B or have been exempted for other documented medical reasons, are not expected to have the vaccination series.

If a routine booster dose(s) of the vaccine is recommended by the U. S. Public Health Service at a future date, the booster shall be made available at no charge to those covered under the exposure determination section of this policy.

Employees who refuse the vaccine shall sign a waiver declining the immunization. (See form HBV 2, Employee Declination Waiver) The department is responsible to monitor and assure that immunizations and post-vaccine antibody testing are completed.

The department will maintain a separate confidential record of all employee immunizations for the duration of employment and 30 years after employment ends. (See form HBV 3, Employee Medical Record and form HBV 4, Supervisor Tracking Status Sheet)

(4) POST-EXPOSURE EVALUATION AND FOLLOW-UP

Employees are responsible for reporting their exposure to blood or other potentially infectious materials, IMMEDIATELY. The supervisor will conduct an evaluation according to procedures and recommendations for follow-up of post exposure situations. "Post-exposure to Bloodborne Pathogen" packets will be available to all employees through their supervisor. (Packet contains incident report forms, and procedures to be followed. See form HBV 5, Exposure Incident Report Form, HBV 5A Exposure Incident Evaluation).

Confidential medical records will be maintained by the department for the duration of employment and 30 years after employment ends.

(5) METHODS OF COMPLIANCE

Departments are responsible for the adoption and use of universal precautions whenever employees have a reasonable risk of exposure to blood or other potentially infectious materials.

Universal Precautions:

- Use protective devices:
 - * Gloves
 - * Goggles, masks or protective clothing for risk of splattering.
 - * Double glove for any extremely hazardous procedure. Remove gloves if torn, punctured or cut. Wash hands, then re-glove.
 - * Use BPST approved body search and property removal techniques.
- Wash hands after all procedures. Wash before you eat, smoke, drink, apply cosmetics or contact lenses. (Medical procedures require washing prior any procedure).
- With gloves on, wash surfaces with hot, soapy water then disinfect with a bleach solution.
- Dispose of all sharp material in a puncture-resistant (sharps) container immediately. Sharps include:
 - * Needles
 - * Razors
 - * Knives, etc.
- Never recap, bend, or break needles. Pick up discarded needles with any remote tool or device. Use heavy gloves if no tools are available. Dispose of needles in sharps container.
- All contaminated articles to be discarded must be placed in "RED BAG" with a biohazard label and disposed of in an appropriate receptacle.
- Do not store urine/blood/tissue samples in refrigerator where food for consumption is stored.

WHAT TO DO IF YOU HAVE AN EXPOSURE:

When stuck with sharp object force bleeding, wash with soap and water or disinfectant.

When splattered with blood, rinse eyes, mouth and nose for as long as tolerated (10 minutes at least). Use hydrogen peroxide mouthwash (1/2 strength) without swallowing.

Report the exposure to your supervisor immediately. Complete the "Exposure Incident Report" form. (HBV 5) Record identity of the source and route of exposure. Source testing for infectivity will be attempted if feasible.

Seek medical attention and counseling from your physician or call the Marion County Health Department at 588-5342.

(6) ENGINEERING AND WORK PRACTICE CONTROLS

Departments are responsible for the development and implementation of engineering and work practice controls. The engineering and work practice controls shall be department specific.

They shall be used to identify, eliminate or minimize employee exposures through: evaluating handwashing procedures and facilities; proper handling of contaminated needles and other sharps; and the use of personal protective equipment when handling blood specimens and other items which may be potentially contaminated with blood.

a) Engineering and work practice controls include but are not limited to the following:

Personal protective equipment (includes but is not limited to, gloves, gowns, lab coats, face shields, masks, eye protection and mouth shields/pocket masks).

b) Where there is potential occupational exposure, appropriate personal protective equipment shall be provided in different sizes, readily assessable at the worksite at no cost to the employee.

** Appropriate means that it does not let blood or other potentially infectious materials pass through to employees garments or skin.

c) Gloves shall be worn when hand contact with blood or other potentially infectious materials can be reasonably anticipated. Proper disposal and hand washing is required after use.

- d) Masks, eye protection, face shields and protective clothing shall be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be reasonably anticipated.
- e) Other protective clothing such as lab coats and mouth shields shall be worn when occupational exposure may be reasonably anticipated.

Supervisors are responsible for assuring that employees use their protective equipment. When an exposure or near-exposure occurs the supervisor shall investigate the incident and document the circumstances and any preventative measures reviewed. This information will be made available to the safety committee.

Equipment shall be cleaned and/or laundered or disposed of properly. All contaminated garments and equipment shall be removed as soon as possible and left at the work area for decontamination and/or laundering. Procedures shall be instituted to assure that contaminated articles are handled as little as possible.

(7) HOUSEKEEPING

- a) Departments shall assure that worksites be maintained in a clean and sanitary condition. When surface contact with contaminated or potentially infectious materials occur or may be reasonably anticipated to occur, proper cleaning and decontamination shall take place after the completion of the procedure or as soon as possible after contamination occurs.
- b) Protective coverings that have been contaminated shall be removed and replaced as soon as possible and disposed of properly.
- c) Bins, pails, cans and waste receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated weekly by custodial or cleaning personnel.
- d) Sharp items shall be deposited into appropriated impervious "sharps" containers. Containers shall be replaced and disposed of according to department procedures for disposing of contaminated waste.

(8) LAUNDRY

Any contaminated laundry shall be:

- a) Handled as little as possible using universal precautions.
- b) Bagged or containerized at the location where the contamination occurred.
- c) Placed and transported in color coded leak proof bags which contain the "biohazard warning label".
- d) Handled by laundry workers using universal precautions, washed in soap and hot water and machine dried in order to kill infectious materials.

(9) RECORDKEEPING

- a) Departments shall establish and maintain an accurate medical record for each employee with occupational exposure in accordance with OAR 437.2(Z).

Medical records shall be kept confidential and on file in the department for the duration of employment plus 30 years.

- b) Training records shall be established and maintained by the department for three (3) years from the date of training. Training records shall include the following:

Dates, contents or summary of training, names and qualifications of persons conducting the training and names and job titles of those attending the training sessions.

- c) These records shall be made available upon written request by employees and employee representatives per OR-OSHA, Division Z,(h)1(iii).

(10) OTHER INFORMATION

- a) If an employee in a position is determined to be at risk, that employee be offered the hepatitis B vaccine at no cost. If the employee refuses the vaccine, then s/he shall be required to sign the declination waiver. If at a later date, the employee wishes to receive the vaccine s/he may do so at no cost.

- b) Departments will review their program by September 1 of each year and report compliance to Risk Management.
- c) If OR-OSHA finds a deficiency in a department's program, any fine levied will be paid by the non-complying department.

NOTE: Contact Risk Management for forms or referred to your department hard copy of the Administrative Policies and Procedures.

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Reviewed: 1/96