



## Personnel and Administrative Policy and Procedure

<b>SUBJECT: BLOOD BORNE PATHOGENS</b>	<b>EFFECTIVE DATE: DECEMBER 15, 2006</b> <b>REVIEWED:</b> <b>REVISED: JULY 1, 2008; December 2012</b>
<b>CATEGORY: 300</b> <b>POLICY NUMBER: 300.1</b>	<b>CROSS REFERENCE:</b> Milwaukie Police Department Policy Manual Policy 1016 Communicable Diseases ➤ <a href="#">Safety Manual</a> <b>Attachments</b> ➤ Hepatitis B Vaccination Series Authorization and Release

**Purpose:** To maintain the City as a safe environment for the employees and community, and to minimize employee occupational exposure to blood borne pathogens.

**Definitions:** Blood Borne Pathogens: Any 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).

Sharps: Any object that can penetrate the skin including, but not limited to, needles, IV tubing with needles attached, scalpel blades, lancets, broken glass, broken capillary tubes and exposed ends of dental wires.

**Objective** To ensure the City is in compliance with all State and Federal safety regulations concerning blood borne pathogens.

**Scope:** OSHA requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required so that an employer can list all job classifications in which employees may be expected to incur such occupational exposure, regardless of frequency.

In addition, OSHA requires a listing of job classification in which some employees may have occupational exposure. Since not all the employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, task or procedures that would cause these employees to have occupational exposure are also required to be listed in order to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are:

### ***Job Classification***

Police Recruit, Police Officer  
Sergeant, Detective  
Reserve Police Officer, Captain,  
Police Chief

Criminalist

### ***Task/Procedure***

Apprehending suspects and specifically wounded suspects; assisting victims (accident and injury); retrieving evidence from crime scene; providing CPR and first aid at emergency scene; transportation of evidence  
Handles and transports evidence.

Utility Worker I & II, Utility Specialist 1 & 2, Facilities Maintenance Coordinator, Facilities Maintenance Technician, Asset Management Technician, Operations Supervisor	Flushing and cleaning sanitary sewer manholes and lines; clean and inspect sanitary sewer lift stations emergency scene clean up, or stabilization. All Public Works staff are subject to call out in emergency situations and might be exposed.
Fleet Supervisor, Mechanic	Clean up of police vehicles following suspect or victim transport or holding with injuries involved.
Code Compliance Coordinator Code Compliance Assistant	Retrieving evidence for code enforcement issues; clean up of site.

Also it should be noted that contractors with the City may have occupational exposure and in particular those contracting janitorial services. The City of Milwaukie will inform those contractors of this policy and request that their employees be trained in appropriate procedures for dealing with contaminated materials. In the case of janitorial service providers it will be required that their employees assigned to tasks at City facilities will be trained in appropriate procedures.

**Policy:** The City of Milwaukie shall follow State and Federal regulations concerning health and safety issues as they relate to blood borne pathogens.

In accordance with OSHA Blood Borne Pathogens Standard, 29 CFR 1910.1030, the following exposure control plan has been developed.

**Guidelines for Use**

**Procedures, Equipment and Training**

**1. Compliance Methods:**

Universal precautions will be observed in the respective departments to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be utilized. The following controls will be utilized:

Sharps Containers shall be examined and maintained on a regular schedule.

Hand washing facilities shall be made available to the employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible after incurring exposure. If hand washing facilities are not feasible, the City is required to provide either an antiseptic cleanser in conjunction with clean cloth, paper towels, or antiseptic towelettes. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible. Employers who must provide alternatives to readily accessible hand washing facilities should list the location, tasks, and responsibilities to ensure maintenance and accessibility of these alternatives.

The supervisor shall ensure that after the removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

The supervisor shall ensure that if employees incur exposure to their skin or mucous membranes, then those areas shall be washed or flushed with water as soon as possible.

## **2. Needles**

Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared or purposely broken. OSHA allows an exception to this if the procedure would require that the contaminated needle be recapped or removed and no alternative is feasible and the action is required by the medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a mechanical device or a one-handed technique.

## **3. Containers For Reusable Sharps**

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible after use, into appropriate sharps containers. The City shall provide sharps containers, which are puncture resistant, labeled with a biohazard label, and are leak proof.

Sharps container locations are provided in the squad room and patrol cars for the Police department and shop area in the Operations division.

## **4. Work Area Restrictions**

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner, which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

## **5. Specimens**

Specimens of blood or other potentially infectious materials will be placed in a container, which prevents leakage during the collection, handling, processing, storage, and transport of the specimens.

The container used for this purpose will be labeled or color-coded in accordance with the requirements of the OSHA standard. Any specimens, which could puncture a primary container, will be placed within a secondary container, which is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

## **6. Contaminated Equipment**

The Facilities Maintenance Coordinator and Police Sergeants are responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless the decontamination of the equipment is not feasible. If it is not feasible they will determine the appropriate disposal method.

## 7. Personal Protective Equipment (PPE)

Each Operations Supervisor and Sergeant is responsible for ensuring that the following provisions are met within their respective divisions.

All personal protective equipment used at the City will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated hazard exposure. The selection of protective equipment will consider exposure to blood or other potentially infectious materials and will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

The employees shall use the appropriate PPE unless the supervisor documents that an employee temporarily and briefly declined to use PPE. Instances where an employee declines to use PPE shall only occur when under rare and extraordinary circumstances where it was the employee's professional judgment that in the specific instance use would have neither prevented the delivery of healthcare; or posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.

The respective division supervisor shall ensure that appropriate PPE in the appropriate sizes to fit the needs of employees to have occupational exposure is readily accessible at the work site or is issued without cost to identified employees. Hypoallergenic gloves, glove liners, powder less gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

All PPE will be cleaned, laundered, and disposed of by the employer at no cost to the employees. The employer will make all repairs and replacements at no cost to employees. An employee who requires repair or replacement of the PPE assigned to them shall notify their supervisor as soon as they first become aware of the need for repair or replacement.

An employee is responsible for each of the following:

- a. All garments that are penetrated by blood shall be removed immediately or as soon as feasible.
- b. All PPE will be removed prior to leaving the work area.
- c. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- d. Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures and when handling or touching contaminated items or surfaces.
- e. Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as barrier is compromised.

Gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves will be discarded if they are cracked, peeling, torn punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray matter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. Situations that would require such protection are as follows:

- Suspected illicit drug manufacturing sites
- Retrieving evidence
- At lift station, manhole or sewer where spray from flush truck
- At lift station if pipe broke

Additional protective clothing shall be worn in instances when gross contamination can reasonably be anticipated. The following situations require such protection:

- Suspected illicit drug manufacturing sites

## 8. Housekeeping

Facilities personnel shall be responsible for coordinating the cleaning and decontamination of the facilities and Fleet shall be responsible for coordinating the cleaning and decontamination of the vehicles according to the following schedule:

<u>Area or vehicle</u>	<u>Schedule Cleaner</u>	
Operations Center	As needed	Janitorial
City vehicle	As needed	Fleet

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface may have become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated on a regular scheduled basis or as needed by the respective building's facilities coordinator.

Any broken glassware that may be contaminated will not be picked up directly with the hands.

Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

## 9. Regulated Waste Disposal

### Disposable sharps

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and labeled or color coded.

During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. The containers shall be maintained upright throughout use and replaced routinely and shall not be allowed to overfill. When moving containers of contaminated sharps from the area of use, the employee performing the task shall ensure that the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The container shall be placed in a secondary container if leakage of the primary container is possible. The secondary container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be labeled or color-coded to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to the risk of percutaneous injury.

Other Regulated Waste: Shall be placed in containers, which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping. The waste must be labeled or color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

#### **10. Laundry Procedures**

Laundry contaminated with blood or other potentially infectious material will be handled as little as possible. Such laundry will be placed in appropriately marked bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use. Contaminated clothing should not be taken home to be washed. The division supervisor shall coordinate cleaning or disposal of contaminated laundry.

#### **11. Hepatitis B Vaccine and Post-Exposure Evaluation and Follow-up** (This section pertains to all employees who may have occupational exposure)

##### ***Job Classification***

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Sergeant, Detective, Reserve  
Police Officer, Captain, Police Chief

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Criminalist

Handles and transports evidence.

Utility Worker I & II, Utility Specialist  
1 & 2, Facilities Maintenance  
Coordinator, Facility Maintenance  
Technician, Asset Management  
Technician, Operations Supervisor

Flushing and cleaning sanitary sewer manholes and lines; clean and inspect sanitary sewer lift stations emergency scene clean up, or stabilization. All Public Works staff are subject to call out in emergency situations and might be exposed.

Fleet Supervisor, Mechanic

Clean up of police vehicles following suspect or victim transport or holding with injuries involved.

Code Compliance Coordinator  
Code Compliance Assistant

Retrieving evidence for code enforcement issues; clean up of site.

The City of Milwaukie shall make available the Hepatitis B vaccine and vaccination series to all employees who have occupational exposure and post exposure follow-up to employees who have had an exposure incident. If an employee refuses an offer of vaccination but later decides to be vaccinated, the City will afford that employee the opportunity, if the employee is still employed by the City in a position that is vulnerable to exposure. Human Resources will administer this program for employees in the above designated positions and will place release forms in each employee's medical file.

## **12. Follow-up Procedures**

A. If an employee has a percutaneous (needle stick or cut) or mucous membrane (splash to eye, nasal mucus, or mouth) exposure to body fluids or has a cutaneous to blood the source patient shall be informed of the incident and tested for HIV and HBV infections at a medical facility capable of performing a confidential medical evaluation and follow up, after consent is obtained.

B. If patient consent is refused or if the source patient tests positive, the worker shall be evaluated clinically and by HIV antibody testing as soon as possible and advised to report and seek medical evaluation of any acute febrile illness that occurs within twelve (12) weeks after exposure. HIV seronegative workers shall be retested six (6) weeks post-exposure and on a periodic basis thereafter twelve (12) weeks and six (6) months after exposure.

C. Follow-up procedures shall be taken for workers exposed or potentially exposed to HBV. The type of procedures depends on the immunization status of the worker and the HBV serologic status of the source patient, and upon the advice of the attending physician.

D. If an employee refuses to submit to the procedures in (B) or (C) above when such procedures are medically indicated, the employee shall effectively waive any right to initiate an action against the employer City on that ground alone. The procedures are designed for the benefit of the exposed employee and are encouraged by the City, however, an exposed employee has the individual right to refuse tests and/or treatment.

## **13. Recordkeeping**

A. The exposed employee shall notify his/her supervisor immediately if an accidental needle stick or cut occurs, exposing the worker to body fluids, or whenever blood exposure occurs.

B. A confidential record concerning employee exposure to HIV and/or HBV will be kept in the employee's medical files for the duration of employment plus 30 years. ORS 192.502 exempts from public disclosure personal material, including medical records, unless it is in the public interest to do so, and the City will comply with the law.

C. All information regarding individual exposure, possible exposure, or positive results of HIV and/or HBV shall be considered confidential. Employees will be informed on a need to know basis only by medical personnel.

## **14. Information and Training**

Training shall be provided for all employees that may have occupational exposure to blood borne pathogens. This training is mandatory and shall be repeated annually. Each employee taking part in the training shall sign a verification of attendance at the end of the course.

## **15. Exposure Control Plan**

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. 29 CFR 1910.1030(c)(1)(iv)

## **Responsibilities**

### Employees

- It is every employee's responsibility to ensure that appropriate personnel protective equipment is being worn and appropriate safety procedures are being followed.

### Supervisors

- Oversee safe operations and ensure safety procedures are being followed.
- Ensure that employees comply with the provisions of this policy and procedure in addition to all other safety procedures.
- Make sure that personal protective equipment and training on all aspects of safety is available to employees.

### Human Resources

- Administer the Hepatitis vaccination program and track records in the employee medical files.

### Risk Manager

- Oversee the safety program of the City.
- Ensure the annual blood borne pathogen training of scheduled and offered to the employees.

## **CROSS REFERENCE**

### **Attachments**

- Hepatitis B Vaccination Series Authorization and Release



**Hepatitis B Vaccination Series  
Authorization and Release**

I understand I am being employed by the City of Milwaukie as a \_\_\_\_\_.

A job hazard analysis has been completed for the position and it has been determined that there is the possibility for exposure to Hepatitis B as documented on the Blood Borne Pathogen policy. (See attached.)

I understand that the City of Milwaukie (“Employer”) is participating in Occupational Health Services offered by Providence Health System in Oregon. The City of Milwaukie has offered me the opportunity to have Providence Health Systems administer the Hepatitis B vaccine and vaccination series to me at no cost. I understand that I have the right to ask as any questions as I want about the risk factors and immunizations.

Instructions:

Please initial next to the appropriate statement, sign, and date the form.

\_\_\_\_\_ I wish to accept this service and receive the Hepatitis B vaccination series from Providence Health Systems. I am not aware of any medical condition(s) that may make such activities harmful to me. I agree to inform the Providence Health Systems personnel immediately if I have an unexplained reaction to the immunizations.

\_\_\_\_\_ I decline this service and do not wish to receive the Hepatitis B vaccination series because I have previously been immunized.

\_\_\_\_\_ I decline this service and have never had the Hepatitis B vaccination series. I understand that if I decline now I can always decide at a later date to be immunized through this program as long as I am still employed by the City of Milwaukie in a position that has been determined to have a Hepatitis B exposure risk.

I further release the City of Milwaukie and it’s staff from any claim I may have, now or hereafter, arising from or related to my participation in this service.

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

\_\_\_\_\_  
**Date**