



Blood Borne Pathogen Exposure Control Plan

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**Blood Borne Pathogen Exposure Control Plan
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INTRODUCTION

The City's policy is to establish, implement, and maintain an effective exposure control plan as required by the blood borne pathogens (BBP) regulation in *California Code of Regulations, Title 8 (8 CCR), Section 5193*. This written plan is designed to prevent or minimize employees' occupational exposure to blood and other potentially infectious materials (OPIM). The plan is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (8 CCR3203).

The City's written exposure control plan contains the following elements:

- Responsibility
- Exposure Determination
- Methods of Compliance
- Hepatitis B Vaccination
- Post Exposure Evaluation and Follow-up
- Communication of Hazards
- Information and Training
- Record Keeping

RESPONSIBILITY

The City of Palm Springs (hereafter referred to as the City) is continuing the implementation of an Exposure Control Plan (ECP) is to ensure the well-being and to protect the safety and health of the City's employees. This plan has been developed to meet compliance with State and Federal Regulations pertaining to Blood borne Pathogens. The plan administrator is the City Attorney. By publication of this plan, the City Fire and Police Department standard operating procedures for communicable diseases are officially part of this plan.

Employees are encouraged to read and are required to follow the guidelines and procedures set forth in this plan. Questions regarding the contents of this plan should be brought to the attention of their immediate supervisor.

DEFINITIONS

The City's Policy is to conduct exposure determinations throughout our facilities without regard to the use of personal protective equipment (PPE). This process involves identifying all the job classifications, tasks, or procedures in which City employees may have occupational exposure to blood or OPIM.

Some employees in the City have occupational exposure to blood borne pathogens.

- **Occupational exposure** – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.
- **Parenteral contact** - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- **OPIM** - includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions.

JOB CLASSIFICATIONS HAVING OCCUPATIONAL EXPOSURE

It has been determined that employees in the following classifications may be at risk for occupational exposure to blood borne pathogens:

- Fire Department Employees (except administration)
- Police Department Employees (sworn officers and crime scene technicians only)
- Animal Control Employees (except administration)
- Maintenance Employees
- Life Guards

All other City employees will be covered under this plan when a triggering exposure event occurs.

METHODS OF IMPLEMENTATION

The City has developed a schedule and methods of implementation for the applicable subsections (d) through (h) of 8 CCR5193. We have determined which subsections are applicable to the City and documented the pertinent information as follows:

Areas addressed in order to eliminate or minimize exposure to blood borne pathogens include:

- Universal Precautions (Total Body Substance Precautions)
- Engineering and Work Practice Controls
- Personal Protective Equipment (PPE)

Universal Precautions (Total Body Substance Precautions)

The City requires the use of universal precautions in order to prevent contact with blood or OPIM. Universal precautions are an infection control practice. It means all human blood and certain body fluids are treated as if they are known to be infected with HBV, HCV, HIV, and other diseases carried and transmitted by blood.

All human blood or other potentially infectious material (OPIM) as infectious regardless of the source.

Engineering and Administrative Controls

The City utilizes engineering and administrative controls to eliminate or minimize blood or OPIM exposure to employees. PPE will be utilized in conjunction with engineering controls. These engineering controls will be examined and updated on a regular schedule.

Personal Protective Equipment (PPE)

The City ensures the following PPE requirements are met:

- PPE and training in the appropriate use of PPE is provided to employees who are at risk of occupational exposure to blood borne pathogens.
- PPE is provided at no cost to the employee.
- Cleaning, disposal, repair, and replacement of PPE are provided at no cost to the employee.
- All garments that are penetrated by blood will be removed immediately or as soon as feasible. All PPE is removed prior to leaving the work area. When PPE is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
- For all of the above, affected employees are required to wear gloves where it is reasonably anticipated they will have hand contact with blood, OPIM, non-intact skin, and mucous membranes (first aid, CPR, clean-up of body fluids visibly contaminated with blood).

- Employees who are exposed to splashes of blood or OPIM to the eyes are required to wear eye or face protection. Eye and face protection devices, such as goggles or glasses, will be required to be worn whenever splashes spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

HEPATITIS B VACCINATION

The City offers the Hepatitis B Vaccination, or HBV vaccine, to all current employees in the occupations outlined above who are at risk of occupational exposure to blood borne pathogens and within 10 working days of hire or reassignment to a job or tasks that places the employee in one of the occupations listed above. The vaccination is made available to all other employees when a triggering exposure event occurs.

The vaccination is:

- Provided at no cost to the employee;
- Made available at reasonable times during normal work hours and at an accessible locations;
- Performed by or under supervision of a licensed physician or by another licensed health care professional; and
- Provided according to current recommendations of the U.S. Public Health Service.

The City currently offers booster doses to employees based upon medical determination of need. Booster shots are provided at no cost to the employee.

All employee blood drawn for serological testing will be sent to an accredited laboratory for testing at the City's expense.

If the employee initially declines the HBV vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination will be provided to the employee at that time and at no cost to the employee.

COMMUNICATION OF HAZARDS

- **Labels and Signs**
 - Warning labels are provided incorporating the universal biohazard sign and require the words "biohazard," "biohazard waste," or "sharps waste" to be printed on or affixed to biohazard waste items that employees are required to remove.
 - Labels are affixed as securely as possible to the container, preferably by adhesive or by wire, string, or other method to prevent loss or unintentional removal.
 - Red bags or red containers may be substituted for labels as in sharps containers or regulated waste red bags.

Biohazard Signs

All holding areas have a sign posted at the entrance to each area that:

- Incorporates the universal biohazard symbol.
- Lists any special requirements for entering the area.

Training

Training is provided to all employees who are at risk for exposure to blood borne pathogens or OPIM.

Training is given as follows:

- At the time of initial assignment to tasks where occupational exposure may take place as soon as possible for currently employed workers;
- At least annually after the initial training;
- When there is introduction of new engineering, administrative, or work practice controls and whenever modifications of current tasks may affect the potential occupational exposure to blood borne pathogens.

Information and compliance training of individuals who are not City employees (contract worker, consultant, etc.) is the responsibility of the outside agency.

The City's training program includes information and explanations of at least the following:

- Epidemiology, symptoms, and modes of transmission of blood borne diseases.
- Exposure control plan we have implemented and how to obtain a copy of the written plan.
- Appropriate methods for recognizing tasks and activities that may involve exposure to blood or OPIM.
- Use and limitations of methods that will prevent or reduce exposures, including appropriate engineering, administrative or work practice controls, and PPE.

The person conducting the training will be knowledgeable of the standard, the City's exposure control plan and HBV, HCV, and HIV and be able to relate the requirements to employee exposures and concerns.

RECORD KEEPING

- **Medical Records**
 - Exposure and medical records will be kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this standard and by law.
 - Employee health records, as required by this section, will be maintained for six years after an exposure incident.

Training Records and Sharps Injury Logs

Training records will include the:

- Dates of the training session;
- Contents or a summary of the training session;
- Names of persons conducting the training sessions;
- Names and job titles of persons attending the training.
- Training records will be maintained for three years from the date the training occurred.
- Sharps injury reports will be maintained five years from the date of the incident (same as Cal/OSHA Form 300 Log).

PROVISION FOR THE INITIAL REPORTING OF EXPOSURE INCIDENTS

Employees are required to report all exposure incidents as soon as possible (and in no case later than the end of the work shift during which they occurred) regardless of whether first aid was rendered. Failure to report and exposure incident may result in disciplinary action. An *exposure incident* means specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or

OPIM that result from the performance of an employee’s duties. All employees (including designated first aid providers who provide first aid regularly and those who render first aid only as a collateral duty) receive training about the City’s policy.

The following departments are designated by the City to receive reports of exposure incidents:

Fire Department:	Contact (760) 322-8194
Police Department:	Contact (760) 322-8106
Human Resources:	Contact (760) 322-8215

POST-EXPOSURE EVALUATION AND FOLLOW-UP

In the event of an exposure incident, the employee will be offered a confidential medical evaluation and follow-up. All post-exposure follow-up will be performed at the designated occupational health clinic.

Name of Occupational Health Clinic	Eisenhower Occupational Medical
Address	67780 East Palm Canyon Drive
City	Cathedral City, CA 92234

WORK PRACTICE CONTROLS EXCEPTION TO PROHIBITED PRACTICES

The City prohibits the bending, recapping, or removal of contaminated sharps from devices *except when* performed using a mechanical device or a one-handed technique, and it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure.

SHARPS INJURY REPORTING

All parenteral contacts (piercing or lacerations) that occur in the workplace are reported and recorded within 14 days of the incident. The data recorded includes the following information, if known or reasonably available:

- Date and time of the exposure incident;
- Type and brand of the sharp involved;
- The procedure the exposed employee was performing at the time of the incident;
- How the incident occurred;
- The body part involved in the incident;
- If the sharp had engineered sharps injury protection, whether the mechanism was activated and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism, or after activation of the mechanism, if applicable;
- If the sharp had no engineered sharps injury protection, the employee’s opinion as to whether and how such a mechanism could have prevented the injury and the employee’s opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.

The required information is recorded and logged and all exposure incidents involving sharps are also recorded on the Cal/OSHA 300 Log in accordance with the requirements of the “Employer Records of Occupational Injury or Illness” regulation, known as the California record keeping standard.

PLAN REVIEW AND UPDATE

The City’s exposure control plan is reviewed and updated at least annually (and whenever necessary) to include:

- New or modified tasks or procedures that affect occupational exposure.
- Progress in implementing the use of needleless systems and sharps with engineered sharps injury protection.
- New or revised job position(s) that involve occupational exposure.
- Reviews and evaluations of exposure incidents that have occurred since the previous update.