

9. Bloodborne Pathogens Exposure Control

The City of Mercer Island is committed to providing a safe and healthful work environment for its entire staff and has adopted the following plan to eliminate or minimize occupational exposure to bloodborne pathogens. Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan. This plan will be reviewed and updated annually, and employees may review this plan at any time during their work shifts.

Program Management

The City will oversee the exposure control plan, including the tracking of medical records and vaccination verifications, exposure reports, and trainings records. Supervisors are responsible for providing necessary training and Personal Protective Equipment (PPE) prior to potential employee exposure.

Human Resources will work with departments with expected potential bloodborne pathogen (BBP) exposures to ensure employees receive necessary training, vaccination opportunities, medical treatment, and safety equipment necessary to do their jobs while being protected from BBPs.

Exposure Determinations ([WAC 296-823-11005](#))

The City is required to make coverage determinations regarding who will be included in the exposure control plan. This determination will be made by reviewing job duties for all potentially exposed employees and determining whose job duties place them in reasonable anticipation of exposure to BBPs.

Public Works

In the Public Works Department, the following job classifications or positions are deemed to have reasonably anticipated exposure to BBPs and will be covered under this program:

- All positions with field responsibilities have a reasonably anticipated exposure risk. This includes the following classifications:
 - Foreman
 - Crew Lead
 - Team Member
 - Technician
 - Inspector
 - Custodian
 - Seasonal Worker
 - Natural Resources Project Manager
 - Urban Forestry Project Manager
 - Natural Resources Volunteer Coordinator

Police

In the Police Department, the following job classifications or positions are deemed to have reasonably anticipated exposure to BBPs and will be covered under this program:

- Officer
- Corporal
- Sergeant
- Detective

- School Resource Officer
- Support Officer

Recreation

All Recreation Division employees are to have reasonably anticipated exposure to BBPs and will be covered under this program.

Thrift Shop

All Thrift Shop employees are deemed to have reasonably anticipated exposure to BBPs and will be covered under this program.

Hepatitis B Vaccination ([WAC 296-823-130](#))

Hepatitis B virus (HBV) vaccinations shall be offered to all employees who are occupationally exposed to bloodborne pathogens or OPIM free of charge by the City. The City will pay all fees associated with obtaining the vaccine and allow employees to receive the vaccine during work hours. The vaccination will be provided after the employee has received the training outlined in these policies, but within ten (10) days of assignment to duties. This policy shall exempt employees who have previously received the complete vaccination series, whose antibody testing indicates they are immune, or those employees for whom the vaccine is contraindicated. Employee vaccinations shall be documented and maintained in the employee's medical record files in Human Resources and shall be for the duration of employment plus thirty (30) years in accordance with records retention rules.

Routine booster dose(s) of the HBV vaccine shall be provided in accordance with US Public Health Service recommendations at no cost to the employees.

If an employee declines the HBV vaccination, the employee will be required to sign an HBV Declination Form, which will be maintained in the employee's medical record for the duration of employment plus thirty (30) years. If, however, an employee subsequently decides to have an HBV vaccination, it will be made available under the same terms and conditions as stated above, upon employer's receipt of a written request to the Human Resources department.

Procedures in the Event of Personal Exposure

All employees are required to use the following procedures in the event of exposure to possibly infectious blood or body fluids:

- **Needle Stick/Cut:** Milk the exposure to express blood and clean the wound vigorously with soap and water for at least 10-15 seconds using friction.
- **Mucosal Splash:** For a mucosal splash to eyes, nose, or mouth, flush or rinse with saline or water. For a mucosal splash to the skin or contamination of open wound, wash with soap and water. Shower and change clothes if necessary.
- **Blood Splash/Contact:** For blood splash to mucosal tissues follow mucosal splash guideline above. For blood splash or contact to chapped, abraded, cut or broken skin, wash with soap and water and again remove contaminated clothing as soon as possible.
- **Other Contact:** For any other contact with blood or body fluids to skin surfaces, wash with soap and water immediately or antiseptic wipes when wash facilities are not available. Remove contaminated clothing, shower and if continued contamination is anticipated, put on appropriate personal protective equipment.

- **Reporting:** Report all needle sticks, mucosal splashes, and contamination of open wounds with blood and/or body fluids to your immediate senior supervisor.

If an exposure incident involving an identifiable source individual occurs, the employee must report it to Human Resources immediately.

Medical Evaluations and Follow-Up After Exposure Incidents ([WAC 296-823-160](#))

Employees are required to report all exposure incidents to their immediate supervisor and submit an Injury/Illness Form. Employees who report exposure incidents must seek medical attention within 24 hours of the exposure incident. All exposure incidents shall be recorded on the OSHA 300 form and investigated. All needlestick injuries will be recorded on the Sharps Injury Log to protect personally identifiable information. All exposures must document the route(s) of exposure and the circumstances under which the exposure occurred.

Exposure incidents include percutaneous needle sticks or cuts, mucous membrane exposure to blood or body fluids meeting OPIM criteria, or contact with blood or body fluids via chapped, abraded, or otherwise non-intact skin surfaces.

The City will ensure that the evaluation and follow-up are confidential and are provided at no cost to the employee and at a reasonable time and place. The evaluation will document the route and circumstances of exposure, identification, and documentation of the source individual (if applicable), HBV and HIV testing, post-exposure preventative treatment, counseling, and evaluation of any subsequent reported illnesses.

The City will ensure that all other findings or diagnoses remain confidential and are NOT included in the written report.

If the physician provides the written opinion directly to the employee, the City does not need to do so. If the employee's personal physician completes the evaluation, the City is not required to obtain the physician's written opinion.

Sharps Containment and Disposals

Handling of sharps, specifically used syringes, pose the greatest threat of BBP exposure for City staff. This being the case, the City has implemented handling and disposal procedures with the intention of minimizing the potential for exposure coming from these interactions.

After recovery or use, potentially contaminated sharp instruments and/or disposable sharps shall be disposed of in the following manner:

- All such sharp items shall be placed in a leak proof, rigid, puncture-resistant, break-resistant container, which is conspicuously labeled, and which are located at the Public Works Building, Fire Station 91, Fire Station 92, and in each Aid Car.
- The person recovering/receiving a sharps instrument or item shall be responsible for its proper disposal as soon as feasible. In no instance will any employee leave any such sharp instrument at any workstation or in any vehicle beyond the end of the employee's shift without notifying their supervisor.
- Needles shall not be recapped, purposely bent, or broken, or removed from disposable syringes.
- Scalpel blades shall be removed from the handle using clamped forceps and placed in the appropriate sharps container by the person using that item.

- Knives and other sharps necessary for evidence will always remain in an approved, properly labeled sharps container.
- Appropriate protective gloves will always be worn when handling any sharps or knives possibly contaminated by blood or OPIM.
- At no time will any employee reach into a sharps container to retrieve any item.

Contaminated sharps shall be discarded immediately after they are located or used, or as soon as feasible, in appropriate containers. This presumes that there is no compelling need to retain the item for evidentiary purposes.

Sharps containers should be replaced whenever two-thirds full, except evidence containers. When moving containers containing contaminated sharps, care should be taken to assure the container is closed to prevent spillage or protrusion of contents.

In the event of leakage or protrusion, the container is to be placed in a secondary container which must also be closable, puncture resistant, and leak-proof.

Handling Contaminated Clothing and Laundry

Employees whose clothing or equipment becomes contaminated during their duties should remove the clothing or equipment at the earliest possible convenience.

Contaminated linen shall be handled as little as possible with a minimum of agitation. When handling contaminated laundry, PPE shall be used. Contaminated linen shall be bagged at the location where it is recovered/received and shall not be sorted or rinsed on location.

Contaminated linen shall be placed in a red, leak proof bag which shall be marked "Bio-Hazard" to indicate the potential infectious status of its contents. Should outside contamination of the bag occur, double bagging shall be required.

All bagged items will be secured in a location where accidental exposure is unlikely. The City's contracted laundry service shall be responsible for transport, laundering, and disinfection of linen items.

Durable Equipment

Some equipment that will come into contact with blood and OPIM will be durable and should be cleaned instead of disposed of.

For all departments, when personal durable equipment is found to be exposed to blood or OPIM, it is the responsibility of the employee to appropriately clean the equipment and ensure it is safe for continued use. Supervisors may also determine if cleaning should be outsourced to a qualified third party.

If there is not time or resources to appropriately clean equipment ahead of next anticipated use, the equipment should be removed from service until it can be cleaned and verified to be safe.

Cleaning Instructions

Use a 10% diluted bleach spray or other as-effective cleaning agent to disinfect the durable equipment. Let the spray stand for at least 5 minutes before cleaning the equipment. If any rags used in cleaning have blood or OPIM on them at the conclusion of cleaning, they must be disposed of properly.

Cleaning supplies for the sterilization of equipment can be found in the following locations:

- City Hall
- Public Works Building
- Police Department
- Community Center
- Thrift Shop

Personal Protective Equipment

The City will provide and maintain, in a sanitary and reliable condition, necessary personal protective equipment (PPE) which is relevant to the procedures and job functions of the various employees. Employees are required to use appropriate PPE for the task they are performing, except in those extraordinary circumstances when such use would, in the employee's professional judgment, prevent the service from being provided. In such cases the incident shall be investigated and documented in order to determine if changes can be instituted to prevent such occurrences.

Gloves must be worn:

- For all emergency response care which involves potential exposure to blood or body fluids, particularly if the employee has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin.
- During all decontamination procedures involving clean-up of blood or body fluids.
- When scrubbing equipment contaminated with blood or body fluids prior to sterilization.
- Gloves shall be of appropriate quality and material and shall comply with the standards of safety for the procedure performed. A sufficient quantity and appropriate size for each employee will be supplied by the City.
- Hypo-allergenic gloves, glove liners, powder less gloves or similar alternatives will be made available to those employees who are allergic to the gloves normally provided.
- Gloves shall be single-use and shall be disposed of immediately following each contaminant contact or procedure.

Masks and eye protectors are to be available and are required to be used:

- When contamination of mucosal membranes (eye, nose, or mouth) with body fluids is likely to occur.
- Resuscitation equipment is provided to minimize the need for mouth-to-mouth resuscitation and shall be easily accessible in the event resuscitation is necessary. Mouth suctioning of blood or other potentially infectious material is prohibited.

Any contaminated or used PPE must be replaced with new or cleaned personal protective equipment as soon as practical. This will be the responsibility of the employee who used the equipment.

Housekeeping and Clean-up

All equipment and work surfaces shall be cleaned as soon as practical after any contamination by blood or other potentially infectious material. In no circumstances will this be left for other employees to do. It is the responsibility of the employee who contaminated the area.

Protective coverings used to cover equipment are to be removed, cleaned, or replaced as soon as feasible after being contaminated.

All bins, cans, or other receptacles which will be reused, and which may be contaminated are to be emptied, cleaned, and decontaminated at the end of each work shift.

Broken glass which may be contaminated is not to be picked up by hand but cleaned up or picked up by using a broom and dustpan, tongs, or forceps.

Reusable sharps are, after use, to be placed in the appropriate labeled container. Employees shall not reach into such containers with their hands, but must place and retrieve used, and presumably contaminated, sharps with tongs or forceps.

Regulated Waste Handling and Disposal

Regulated waste related to BBP exposures may include:

- Liquid or semi-liquid blood or other infectious materials.
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
- Items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
- Contaminated sharps.
- Pathological and microbiological wastes containing blood or other potentially infectious materials.

Such regulated waste must be placed in the appropriate, labeled containers. Containers must meet the following specifications:

- Closable
- Able to prevent leakage during handling, storage, or transport
- Appropriately labeled

Containers must be closed prior to removal to prevent leaks. If outside contamination of a container occurs, the container is to be placed in a secondary container which is also closable, able to prevent leakage, and appropriately labeled.

Disposal of Regulated Waste

At the end of each day, remove waste from vehicles and other work areas and placed in an appropriate waste receptacle lined with a red, leak-proof plastic bag, and stored in the appropriate location for pick-up and disposal by an outside contractor. Such independent contractors will be responsible for the training of their employees regarding the identification, segregation, and disposal of infectious waste.

Supervisors are responsible for coordinating regulated waste disposal and pickups, and ensure they are occurring as expected.

Employee Training

All employees whose job functions involve the risk of exposure to blood or body fluids shall receive appropriate education and training prior to the commencement of their duties and annually thereafter. Such education and training shall, at a minimum, include:

- A copy of the regulation and an explanation of its contents.

- A general explanation of the epidemiology and symptoms of blood borne diseases.
- An explanation of the modes of transmission of blood borne pathogens.
- An explanation of each department's exposure control plan and means by which the employee can obtain a copy of the written plan.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials.
- An explanation of the use and limitations of methods that will prevent or reduce exposure, including work practices and personal protective equipment.
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- An explanation of the basis for selecting personal protective equipment.
- Information on the Hepatitis B vaccine including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine will be offered free of charge.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the post-exposure evaluation and follow-up that the employer is required to provide.
- An explanation of the signs and labels and/or color-coding used by the employer.
- An opportunity for interactive questions and answers with the persons conducting the training sessions.

Additional training will be provided when new tasks or procedures involving potential exposure are instituted.

Medical Records

A medical record for each employee whose duties include potential occupational exposure will be maintained by the City. These records will include:

- The name and social security number of the employee.
- A copy of the employee's HBV vaccination status including the dates of vaccination and any medical records regarding the employee's ability to receive the vaccination.
- A copy of all opinions, examinations, testing, and follow-up involving post-exposure incidents.
- A copy of any information provided to any other healthcare professional regarding possible exposure.

Such records will be kept confidential and will not be disclosed to any person, except as required by law, without the express written consent of the employee. Such records will be maintained for thirty (30) years beyond the duration of the employment.