

CITY OF DIAMOND BAR POLICY AND PROCEDURE

Number: S-2
Authority: City Manager 
Effective: June 3, 2015

BLOODBORNE PATHOGENS EXPOSURE CONTROL POLICY

1. PURPOSE

This policy meets the requirements of Cal/OSHA Bloodborne Pathogens Standard and is implemented to maintain employee safety by establishing procedures to prevent, reduce, or eliminate workplace exposure to bloodborne pathogens and other potentially infectious materials (OPIM). This policy shall apply to all employees of the City of Diamond Bar.

2. DEFINITIONS

- A. **Blood.** Human blood, human blood components, and products made from human blood.
- B. **Bloodborne Pathogens (BBP).** Pathogenic microorganisms present in human blood that can cause disease in humans including, but not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).
- C. **Contaminated.** The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in an item.
- D. **Decontamination.** 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. Decontamination includes procedures regulated by Health and Safety Code Section 118275.
- E. **Engineering Controls.** Controls (e.g., sharps disposal containers, needleless systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.
- F. **Exposure Incident.** A specific eye, mouth, or mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from performance of an employee's duties.
- G. **Hepatitis B Virus (HBV).** A virus that attacks the liver and can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death.

HBV is spread when blood or body fluids from an infected person enters the body of a person who is not infected.

- H. **Hepatitis C Virus (HCV).** A liver disease found in the blood of persons who have the disease. HCV is spread by contact with blood of an infected person.
- I. **Human Immunodeficiency Virus (HIV).** A virus that destroys the body's ability to fight infections and certain cancers.
- J. **Occupational Exposure.** Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials resulting from the performance of an employee's duties.
- K. **Other Potentially Infectious Materials (OPIM).** The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, other body fluids visibly contaminated with blood such as saliva or vomit, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- L. **Parenteral Contact.** Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- M. **Personal Protective Equipment (PPE).** Specialized clothing or equipment worn or used 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.
- N. **Regulated Waste.** Waste that is any of the following:
 - 1) Liquid or semi-liquid blood or OPIM
 - 2) Contaminated items that contain liquid or semi-liquid blood, caked with dried blood or OPIM; and capable of releasing these materials when handled or compressed.
 - 3) Contaminated sharps
 - 4) Pathological and microbiological wastes containing blood or OPIM
 - 5) Regulated Waste includes "medical waste" regulated by Health and Safety Code Sections 117600 through 118360
- O. **Sharp.** Any object used or encountered in the industries covered by subsection (1) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.
- P. **Universal Precautions.** An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

- Q. **Work Practice Controls.** Controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

3. EXPOSURE DETERMINATIONS

Cal/OSHA requires employers to determine which of its employees may incur occupational exposure to blood or OPIM, no matter the frequency of exposure or use of personal protective equipment (PPE). The following job classifications are found to contain a low risk of occupational exposure:

- Assistant Pre-School Teacher
- Community Services Coordinator
- Community Services Leader I/II
- Community Services Specialist
- Community Services Worker
- Facilities & Maintenance Superintendent
- Facility Attendant I/II
- Maintenance Worker I/II
- Neighborhood Improvement Officer
- Parks & Maintenance Inspector
- Parks & Maintenance Superintendent
- Pre-School Teacher
- Recreation Specialist
- Senior Facilities Maintenance Worker
- Senior Street Maintenance Worker
- Street Maintenance Superintendent

4. EXPOSURE CONTROLS

The following procedures shall be implemented to minimize or eliminate potential exposure:

- A. Given the unknown nature of all human blood and bodily fluids, employees shall consider all such materials potentially infectious and use universal precautions to avoid contact with blood or OPIM. In the event the removal of blood, OPIM, or items potentially contaminated with such materials is required, employees shall immediately notify their supervisor, secure the area, and contact the City's licensed hazardous waste removal contractor for proper disposal.
- B. Employees exposed to any blood or OPIM must wash their hands and any other exposed areas of the body immediately. Those handling such materials with gloves or other PPE shall wash their hands or any other exposed areas of the body as soon as gloves or other PPE are removed.
- C. Hand washing facilities (including soap) shall be accessible to employees who may be exposed to blood or OPIM. In the event that hand washing facilities are

unavailable in a particular location, the City shall provide employees with appropriate antiseptic cleansers and hand towels to be used until a hand washing facility is available for use.

- D. Employees should use caution and avoid handling any potentially contaminated sharp objects, medical waste, blood/bodily fluids, or OPIM. If such materials are discovered on City property or in the public right-of-way, the area shall be secured and the Public Works Department notified to coordinate the arrival of the City's hazardous materials removal contractor for decontamination.
- E. The City shall provide, clean, launder, or dispose of and replace PPE at no cost to the employee. The use of personal protective equipment (PPE) is required for employees engaging in tasks involving contact with blood, body fluids, or any OPIM when occupational exposure is reasonably anticipated. PPE includes any item that employees wear or use to provide barrier protection of the skin or mucous membranes from contamination by blood or other potentially infectious materials (OPIM) such as gloves, lab coats, face shields, and eye protection and resuscitation masks. Disposable PPE, including items such as gloves or face shields, shall be disposed of in a proper biohazard waste container immediately after removal/use.

5. HEPATITIS B VACCINATION

The Agency has established a Service Agreement with US Health Works to provide employees with the HBV vaccination series at no cost to them.

- A. An employee shall be offered HBV Vaccination at the Agency's expense if the employee is determined to be at risk for exposure by an authorized Department staff member.
- B. If a routine booster of the HBV vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose shall be made available.
- C. To receive a HBV vaccination, an employee must:
 - Obtain a Treatment Authorization Form from the Human Resources Manager.
 - Go to the US Health Works clinic of their choice between the hours of 7:30am – 4:30pm Monday through Friday, on off-duty time. No appointment is necessary. The nearest facility is located at 801 Corporate Center Drive, Suite 130, Pomona, CA 91768.
 - Return a copy of the vaccination receipt to the Human Resources Division for placement in the employee's medical file.

- Return for the series of shots (3 total) within the timeline provided by US Health Works. Failure to do so may result in the need to repeat the vaccinations.

6. EXPOSURE INCIDENT

Upon exposure to blood or OPIM, the employee shall follow the following first aid procedures, depending upon the type of exposure.

- A. Employees exposed to any blood or OPIM must wash their hands and any other exposed areas of the body immediately. Those handling such materials with gloves or other PPE shall wash their hands or any other exposed areas of the body as soon as gloves or other PPE are removed.
- B. If the exposure is related to a **needle stick or puncture wound**, express blood from the wound. Scrub the area vigorously with soap and water for at least five minutes.
- C. **Eye exposures** shall be irrigate immediately with cool water or normal saline solution for 60 seconds.
- D. **Mucous membrane exposures** shall be rinsed with an oxygenating agent such as hydrogen peroxide half strength for 30 seconds and repeated several times. If rinsing the mouth, do not swallow the solution.

7. EXPOSURE REPORTING AND MEDICAL EVALUATION

In the event of exposure to blood or OPIM, it is extremely important to report the incident and be referred for medical evaluation immediately. It is highly recommended for exposed employees to be evaluated for Post Exposure Prophylaxis (PEP) within 24 hours of exposure. These post exposure procedures apply to any employee who may become exposed regardless of whether or not that employee was already considered to be at risk of exposure.

- A. After following hand washing or exposure control procedures, immediately report the potential exposure incident to a supervisor. The supervisor shall then report the incident to the Human Resources Manager for proper follow-up procedures.
- B. Fully complete the Bloodborne Pathogens Exposure Report (Appendix A).
- C. Confidential medical evaluation documenting the circumstances of exposure. If the employee declines an evaluation, the employee shall complete the Post Exposure Medical Evaluation Declination form and the form shall be retained in the employee's medical file (see Appendix B).
- D. Draw the exposed employee's blood as soon as feasible after consent is obtained and test for HBV, HVC and HIV serological status. If the employee consents to baseline blood collection but does not give consent at the time for

HIV serologic testing, the sample will be preserved for 90 days. If the employee elects to have the baseline sample tested within 90 days of the exposure incident, such testing shall be done as soon as feasible.

- E. The exposed employee will receive post exposure vaccines when medically indicated as recommended by the treating physician.
- F. The exposed employee will receive appropriate medical counseling by the treating physician.
- G. The Agency will ensure that the health-care professional responsible for the employee's HBV vaccination receives this policy.
- H. The Agency will ensure that the health-care professional evaluating an employee after an exposure incident receives the following information:
 - 1) A copy of California Code of Regulations Title 8, Section 5193
 - 2) A description of the exposed employee's duties related to the exposure incident
 - 3) Documentation of the routes of exposure and circumstances under which the exposure occurred
 - 4) Results of the source individual's blood testing, if available
 - 5) Medical records relevant to the treatment of the employee, including vaccination status
 - 6) The employee will be provided the health care professional's written opinion within 15 days of the evaluation. The health care professional's written opinion for HBV will be limited to whether the HBV vaccination is indicated and if the employee has received such vaccination; that the employee has been informed of the results of the evaluation; and that the employee has been counseled about medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - 7) Other findings and recommendations will remain confidential and will not be included in the written report.
 - 8) Exposed employees will work directly with the treating physician to determine the appropriate post-exposure follow-up.
 - 9) Medical records shall be kept confidential and must be maintained for at least the duration of employment plus 30 years.

Appendix A: Bloodborne Pathogens Exposure Report Exposed Employee Information:

Employee Name _____ Job Classification: _____

Exposure Description: _____

Date of Exposure: _____ Time of Exposure: _____

1. What body fluids were you in contact with	Blood	_____	Feces	_____
Saliva _____ Sputum _____	Sweat	_____	Tears	_____
Urine _____ Vomit _____	Vaginal secretion	_____	Other	_____

2. What was the method of contact?

_____ Needle stick with contaminated needle

_____ Blood or body fluids into natural body openings (e.g., nose, mouth, eye)

_____ Blood or body fluids in cut, wound, sores, or rashes less than 24 hrs old

_____ Blood or body fluids on intact skin

_____ Other (describe specifically): _____

3. How did the exposure occur?

4. What action was taken in response to the exposure to remove the contamination (e.g. hand washing)?

5. What personal protective equipment was being used at the time of exposure?

6. Please describe any other information related to the incident (use a separate piece of paper if needed):

7. Source of Exposure (name) _____ Gender: _____

Blood drawn? _____ Consent needed? _____ Medical treatment needed _____

Medical information

Did employee seek medical attention? _____ Date _____ If Yes, where? _____

Did employee complete claim for workers' compensation benefits? _____

Employee's signature _____ Date _____

Appendix B: Hepatitis B Vaccination Post Exposure Medical Declination

I understand that due to my occupational exposure incident to potential infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection or other bloodborne pathogens.

I have been given the opportunity to receive a post-exposure medical evaluation, at no charge to myself.

I UNDERSTAND THAT AN IMMEDIATE MEDICAL EVALUATION IS RECOMMENDED; HOWEVER, I DECLINE THIS MEDICAL EVALUATION AT THIS TIME.

Employee Name: _____

Employee's Signature _____ Date: _____

Hepatitis B Vaccination Declination

I understand that due to my occupational exposure to blood or 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 to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: _____

Employee's Signature _____ Date: _____