C. A. S. H.

County of Alameda Safety and Health

SAMPLE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Revision Date: 1.26.06

Agency/Department:
General Services Agency Messenger Services

In accordance with the Cal/OSHA Bloodborne Pathogens Standard, the following exposure control plan has been developed:

A. Purpose

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids;

2. Comply with the Cal/OSHA Bloodborne Pathogens Standard, California Code of Regulations, Title 8, Section 5193.

B. Exposure Determination

The State of California (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or **O**ther **P**otentially **I**nfectious **M**aterials (**OPIM**). The exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). This exposure determination is required to list all job classifications in which employees may be expected to incur an occupational exposure regardless of frequency. The following job classifications are in this category:

GENERAL SERVICES AGENCY MESSENGER

NOTE: You should contact Risk Management at (510) 271-5183 if you have questions regarding Exposure Determination.

In addition, Cal/OSHA requires a listing of job classifications 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 (OPIM), or procedures that would cause these employees to have occupational exposure, the procedures and/or duties 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 as follows:

Job Classification	Task/Procedure
General Services Agency Messengers	Transporting Lab Specimens

C. Implementation Methodology

Cal/OSHA also requires that this plan include the methods of implementation for the various requirements of the standard. The following complies with this requirement.

1. Compliance Methods

Universal precautions will be observed in order to prevent contact with blood or Other Potentially Infectious Materials (OPIM). All blood will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be utilized. The following engineering controls will be utilized:

- Specimens shall be transported in leak proof containers.
- The containers shall be secured in the vehicles in a manner to prevent movement in the case of sudden driving maneuvers.
- Antiseptic towellettes shall be provided in each van in case of an exposure. In case of an exposure, hands shall be washed with soap and warm water as soon as feasible.

Supervisors shall have the responsibility to examine and maintain or replace on a regular schedule the above controls.

Supervisors 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.

2. Contaminated Needles and Sharps

Contaminated needles and other contaminated sharps shall not be sheared or purposely broken. Cal/OSHA allows recapping, bending or removal of contaminated needles **ONLY** when the medical procedure requires it and no alternative is feasible. If such action is required then it must be done by the use of a mechanical device or a one-handed technique.

IT IS NOT ANTICIPATED THAT GENERAL SERVICES AGENCY MESSENGERS WILL HAVE EXPOSURE TO NEEDLES AND SHARPS.

3. Containers for REUSABLE Sharps

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

IT IS NOT ANTICIPATED THAT GENERAL SERVICES AGENCY MESSENGERS WILL HAVE EXPOSURE TO ANY SHARPS.

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 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.

IT IS NOT ANTICIPATED THAT GENERAL SERVICES AGENCY MESSENGERS WILL BE INVOLVED IN ANY OF THE PROCEDURES LISTED IN THIS SECTION.

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, transport or shipping of the specimens.

The container used for this purpose will be properly labeled or color-coded and closed prior to storage transport or shipping.

NOTE: The standard provides for an exemption for specimens from labeling/color coding requirement of the standard provided that universal precautions are used in the handling of all specimens and the containers are recognizable as containing specimens. This exemption applies ONLY while the specimens remain in the facility.

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. Secondary containers shall meet all the requirements for primary containers.

GENERAL SERVICES AGENCY MESSENGERS WILL ONLY BE HANDLING SECONDARY CONTAINERS.

6. Contaminated Equipment

Supervisors are responsible for ensuring that the 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.

GENERAL SERVICES AGENCY MESSENGERS WILL NOT TRANSPORT CONTAINERS THAT ARE CONTAMINATED.

7. Personal Protective Equipment (PPE)

PPE Provision

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

Each vehicle shall be provided with a Bodily Fluid Clean-up Kit containing the following items:

- Clean-up Absorbent Pack
- Disposable Apron
- Disposable Face Mask/Shield

- Disposable Latex Gloves
- Disposable Shoe Covers
- Disposable Cardboard Scraper
- Red Biohazard Plastic Bags with ties
- 8 ounce Pour Bottle Chlorine Concentrate
- Disposable Paper Towels Benzakonium Chloride Towellettes

PPE Use

Supervisors shall ensure that employees use appropriate PPE.

PPE Accessibility

Supervisors shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the work site or is issued ***without cost*** to employees. Hypoallergenic gloves, glove lines, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

PPE Cleaning, Laundering and Disposal

All personal protective equipment will be cleaned, laundered and/or disposed of by the agency at no cost to the employees. All necessary repairs and replacements will be made by the department at no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed prior to leaving the work area.

When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, non-intact skin, mucous membranes or other potentially infectious materials (OPIM); when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated, or if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves 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.

Eye and Face Protection

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 splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

8. Housekeeping

All contaminated work surfaces will be decontaminated after completion of procedures and immediately after any spill of blood or OPIM 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 that may be contaminated shall be inspected and decontaminated on a regularly scheduled basis.

Any broken glassware that may be contaminated will not be picked up directly with the hands; a mechanical means (brush, dust pan, tongs or forceps) shall be used.

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

IT IS NOT ANTICIPATED THAT GENERAL SERVICES AGENCY MESSENGERS WILL BE INVOLVED IN THE HOUSEKEEPING PROVISIONS LISTED ABOVE. Refer to Safety Procedure, "TRANSPORTING LABORATORY SPECIMENS IN COUNTY VEHICLES."

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 properly labeled.

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 (e.g., laundries, trays at dental work stations).

The containers shall be maintained upright throughout use, replaced routinely and not be allowed to overfill.

When moving containers of contaminated sharps from the area of use, 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 second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be properly labeled to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous (i.e., through the skin) injury.

Other Regulated Waste

Other regulated waste shall be placed in containers that are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transportation or shipping.

The waste bag or container must be labeled and color-coded and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

NOTE: Disposal of all regulated waste shall be in accordance with applicable State and local regulations.

IT IS NOT ANTICIPATED THAT GENERAL SERVICES AGENCY MESSENGERS WILL BE INVOLVED IN ANY OF THE REGULATED WASTE DISPOSAL PROCEDURES LISTED IN THIS SECTION.

10. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and with a minimum of agitation. Such laundry will be placed and transported in appropriate or color-coded container at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.

If contaminated laundry is shipped off-site to a second facility that does not utilize Universal Precautions in the handling of all laundry, contaminated laundry must be placed in bags or containers that are labeled or color-coded.

IT IS NOT ANTICIPATED THAT GENERAL SERVICES AGENCY MESSENGERS WILL BE INVOLVED WITH LAUNDRY PROCEDURES.

11. Hepatitis B Vaccines and Post-Exposure Evaluation and Follow-up

General

Hepatitis B vaccine and vaccination series shall be available to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

Medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

a) Made available at no cost to the employees;

b) Made available to the employee at a reasonable time and place;

c) Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

d) Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B Vaccination

Hepatitis B vaccination shall be made available after the employee has received the training in occupational exposure (see information and training) and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in a pre-screening program shall not be a prerequisite for receiving Hepatitis B vaccination.

If the employee initially declines Hepatitis B vaccination but at a later date, while still covered under the standard decides to accept the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a Cal/OSHA required waiver indicating their refusal (Appendix A).

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

One to 2 months after completion of the 3-dose vaccination series, employees covered by the Standard should be tested for antibody to hepatitis B surface antigen (anti-HBs). Persons who do not respond to the primary vaccine series should complete a second three-dose vaccine series or be evaluated to determine if they are HBsAg-positive. Re-vaccinated persons should be retested at the completion of the second vaccine series. Persons who prove to be HBsAg-positive should be counseled accordingly. (See refs. 1,16,121,173 in the December 26, 1997 document.) Primary non-responders to vaccination who are HBsAg-negative should be considered susceptible to HBV infection and should be counseled regarding precautions to prevent HBV infection and the need to obtain HBIG (hepatitis B immune globulin) prophylaxis for any known or probable parenteral exposure to HBsAg-positive blood. See Table 3 in the December 26, 1997 Center For Disease Control document. Periodic serologic testing to monitor antibody concentrations after completion of the vaccine series is not recommended.

Post Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to Kaiser Occupation Health, any of the following locations:
235 W. MacArthur Blvd.,3rd floor, Oakland,(510)752-1244
7601 Stoneridge Dr., Pleasanton,(925)847-5160

Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including at least the following elements:

a. Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
b. Identification and documentation of the source individual, unless it can be established that the identification is infeasible or prohibited by State or local law.
c. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine Bloodborne Pathogens infectivity. If consent is not obtained, *Kaiser Occupation Health* shall establish that legally required consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
d. When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.

e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

Collection and testing of blood for HBV and HIV serological status will comply with the following:

a. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained;

Information Provided to the Healthcare Professional

The Messenger Supervisor shall ensure that the healthcare professional responsible for the employee's Hepatitis B vaccination and evaluating an employee after an exposure incident is provided the following additional information:

a. A copy of 5193; (while the standard outlines the confidentiality requirements of the health care professional, it might be helpful for the employer to remind that individual of these requirements);
b. A written description of the exposed employee's duties as they relate to the exposure incident;
c. Written documentation of the route of exposure and circumstances under which exposure occurred;
d. Results of the source individuals blood testing, if available; and
e. All medical records relevant to the appropriate treatment of the employee including vaccinations status.

Healthcare Professional's Written Opinion

The healthcare professionals written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:

a. Whether vaccination is indicated for employee and if employee has received such vaccination.
b. A statement that the employee has been informed of the results of the evaluation; and
c. A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Note: All other findings or diagnosis shall remain confidential and shall not be included in the written report.

12. Labels and Signs

The Supervisor shall ensure that biohazard labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.

The label shall include the universal biohazard symbol and the legend BIOHAZARD. In case of regulated waste the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red.

Regulated waste red bags or containers must also be labeled.

Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

13. Sharps Injury Log

The Supervisor shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:
(A) Date and time of the exposure incident;
(B) Type and brand of sharp involved in the exposure incident;
(C) A description of the exposure incident that shall include:
1. Job classification of the exposed employee;
2. Department or work area where the exposure incident occurred;
3. The procedure that the exposed employee was performing at the time of the incident;
4. How the incident occurred;
5. The body part involved in the exposure incident;
6. If the sharp had engineered sharps injury protection, whether the protective 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;
7. If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.
(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

14. Information and Training

Training shall be provided to the employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. Training shall be provided at no cost to the employee and at a reasonable time and place. Training shall be tailored to the education and language level of the employee, and offered during the normal work shift. The training will be interactive and cover the following elements:

a) An accessible copy of the standard and an explanation of its contents;

b) A discussion of the epidemiology and symptoms of bloodborne diseases;

c) An explanation of the modes of transmission of bloodborne pathogens;

d) Explanation of the General Services Agency Messenger Services' Bloodborne Pathogen Exposure Control Plan, and a method for obtaining a copy.

e) The recognition of tasks that may involve exposure.

f) An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE).

g) Information on the types, use, location, removal, handling, decontamination, and disposal of PPEs.

h) An explanation of the basis of selection of PPEs.

i) Information the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge.

j) Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.

k) An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.

l) Information on the evaluation and follow-up required after an employee exposure incident.

m) An explanation of the signs, labels, and color-coding systems.

Employees who have received training on bloodborne pathogens in the twelve months preceding the effective date of this policy shall only receive training in provisions of the policy that were not covered.

15. Recordkeeping

Medical Records

Kaiser Occupation Health is responsible for maintaining medical records related to occupational exposure as indicated below. These records will be kept at. *Kaiser Occupation Health*, 235 W. MacArthur Blvd., Oakland

Medical records shall be maintained in accordance with T8 California Code of Regulation Section 3204. These records shall be kept confidential, and not disclosed without employee's written consent and must be maintained for at least the duration of employment plus 30 years.

The records shall include the following:

a. The name and social security number of the employee.
b. Copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
c. Copy of all results of examination, medical testing, and follow-up procedures.
d. Copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
e. Confidential copy of the healthcare professional opinion

Training Records

The Supervisor is responsible for maintaining the training records for three years from the date of training. The following information shall be documented:

a) The dates of the training sessions;

b) An outline describing the material presented;

c) The names and qualifications of persons conducting the training.

d) The names and job titles of all persons attending the training sessions.

16. Annual Review

The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;

2. a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;

3. To include new or revised employee positions with occupational exposure;

4. To review and evaluate the exposure incidents which occurred since the previous update; and

5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

The review process shall include the opportunity for employee involvement. An agenda point at a mandatory safety meeting prior to the annual review of this plan shall be provided.

Appendix "A"

RECORD OF HEPATITIS "B" VACCINE DECLINATION

Date _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, 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 me. 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 other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name

_____

Employee Signature

_____

Social Security or County Employee ID Number

_____

Employer Representative

_____