

City of New Hope

Bloodborne Pathogens Exposure Control Plan

I. STANDARD

PURPOSE: To provide City employees with necessary information needed to prevent the spread of infectious disease in the work place. Necessary information includes, but is not limited to, principles of infection control, the infectious disease process and the use of personal protective equipment and supplies as they relate to the prevention of occupationally acquired infectious disease.

II. EXPOSURE CONTROL PLAN

(A) Exposure Determination.

- (1) Employees. Employees determined to be at-risk of exposure to infectious diseases transmitted through blood and other body fluids are in the following job classifications:
 - (a) Employees whose specific job description includes first responder duties
 - i. Sworn police personnel.
 - ii. Reserve police personnel.
 - iii. Lifeguards.
 - (b) Employees whose job descriptions do not specifically require them to administer first aid, but who could, in the course of their employment, be exposed to a situation where a blood borne pathogen could be transmitted.
- (2) Groups. A high risk of the transmission of infectious diseases exists when department personnel have contact with the following groups:
 - (a) Bleeding accident victims.
 - (b) Alcohol abusers.
 - (c) Illegal drug users.
 - (d) Hemophiliacs.
 - (e) Persons known to have engaged in high risk sexual activity.
 - (f) Persons with open or infected wounds.
 - (g) Persons who state they have Hepatitis B, C or HIV.
- (3) Situations. Employees may encounter situations where there is a high risk of the transmission of infectious disease. They are:
 - (a) Anytime body fluids are present.
 - (b) Homes with unsanitary conditions.
 - (c) Death scenes, especially those situations where body fluids may be oozing from the corpse.
 - (d) Combative situations, especially those situations where bleeding occurs.
 - (e) Body cavity searches.
 - (f) Crime scenes. Specific dangers include knives, needles, and razor blades.
 - (g) Extrication at auto accidents.

- (4) Other. Employees must judge the risk level of groups and situations not listed above.

(B) Methods of Compliance.

- (1) Universal Precautions - Universal precautions will be observed when employees are exposed to blood or other potentially infectious materials. Documented exposures to infectious diseases have not resulted from feces, nasal secretions, sputum, sweat, tears, urine or vomitus. Since any body fluid may transmit infectious diseases if it contains traces of blood, employees are directed to treat all blood and body fluids as infectious substances.
- (2) Hand Washing - Hands and other skin surfaces must be washed thoroughly as soon as possible if contaminated with blood or other potentially infectious materials to which universal precautions apply. Hands should always be washed after gloves are removed even if the gloves appear intact. Hand washing should be completed using appropriate facilities such as utility or restroom sinks. Hands must not be washed in a sink where food preparation may occur. Hand washing should be done with warm water and soap. The application of hand creme after hands are dried is advisable. Waterless antiseptic hand cleaner shall be provided to employees when hand washing facilities are not available. Employees are advised to wash their hands at the earliest opportunity after using the waterless antiseptic hand cleaner.
- (3) Protective Clothing - Employees at-risk will be provided disposable gloves, goggles, and face masks. Disposable gowns and disposable impervious shoe covering will be available for unusual cases where great volumes of blood or other potentially infectious materials may be present such as the scene of homicides, violent assaults, autopsies, etc.
- (a) Disposable gloves must be worn when employees are involved with emergency patient care. Where multiple patients are present, the employee shall change gloves, if possible, after caring for one patient and before beginning care on the next.
- (b) Eyewear must be worn in cases where splashing of blood or other potentially infectious materials may be anticipated.
- (c) Face masks should be worn anytime the goggles are worn.
- (d) The employee must use personal protective equipment except in rare and extraordinary circumstances. Such circumstances occur when in the employee's professional judgment the use of personal protective equipment would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the employee or other associates. 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.
- (e) Contaminated disposable items must be discarded in a leak-proof plastic bag that is red in color or marked with the international bio-hazard symbol.

(4) Laundering of Clothing

- (a) The uniform issued to police employees and non-uniform clothing worn by other employees is not considered protective clothing. Contaminated uniform and non-uniform items should be handled by employees wearing gloves, bagged in a leak proof, plastic bag, red in color, or marked with the international bio-hazard symbol. Soiled uniform items may be decontaminated by laundering according to the manufacturer's instructions.
- (b) Boots and leather may be scrub-brushed with soap and hot water to remove contamination.
- (c) Employees whose uniform or other clothing is soiled by blood or other potentially infectious materials shall change from the contaminated uniform or clothing to a clean uniform or clothing as soon as possible.
- (d) Employees are directed to avoid handling personal items such as combs and pens while wearing contaminated gloves. Contaminated gloves should be removed as soon as possible and discarded in a leak- proof bag.

(5) Resuscitation Equipment - Employees are discouraged from giving direct mouth-to-mouth resuscitation to a non-breathing victim. Pocket masks with one-way valves, disposable airways, or resuscitation equipment are the preferred methods of treatment. Durable equipment such as face masks and resuscitation equipment must be thoroughly washed and cleaned with a disinfectant after each use.

(6) Needles and Sharp Objects

- (a) Employees shall take precautions to prevent injuries caused by needles, knives, broken glass, razor blades, or other sharp instruments, devices, or debris which can puncture or lacerate the skin.
- (b) Police employees must use caution when searching prisoners for weapons or contraband or when searching small areas or crevices in containers, purses, briefcases, vehicles and buildings.
- (c) Sharp objects that are located and are inventoried by the police department must be placed in a puncture resistant container or packaged in such a manner as to render the sharp object harmless to those handling it. Evidence containers or sheathing material must be labeled with the bio-hazard warning label or color-coded or both.

(7) Housekeeping

- (a) All equipment and work areas shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- (b) The work area shall be cleaned with an appropriate disinfectant as soon as possible after a spill of blood or any other potentially infectious materials.
- (c) Waste baskets and other receptacles which have a likelihood of contamination shall be inspected and cleaned on a regularly scheduled basis. The wastebaskets must be color-coded and/or display the bio-hazard warning label

- (d) Waste baskets and receptacles that are visibly contaminated shall be cleaned immediately.
 - (e) Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lens are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
 - (f) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter tops where blood or other potentially infectious materials may be present.
- (8) Laundry
- (a) Contaminated laundry, such as blankets and towels, shall be handled as little as possible. Contaminated laundry shall be placed in bags or containers bearing the bio-hazard label or color coded to alert others of the potential danger.
 - (b) The laundry service receiving the laundry must be advised of the contents.

III. **HEPATITIS B**

- (A) Hepatitis B vaccination will be made available to all regular full-time employees whose job classifications are identified in Section II(A)(1)(a). Training regarding Hepatitis B and the offer of vaccination will be made within 10 days of the employee's date of employment or of change in job assignment. Employees may decline to accept the Hepatitis B vaccination by signing a waiver which includes a statement that the employee acknowledges that the risks associated with contracting Hepatitis B have been explained.
- (B) Employees who initially decline the Hepatitis B vaccination, but at a later date decide to accept the vaccination, must be allowed to receive the Hepatitis B vaccination at that time.
- (C) Seasonal employees covered in Section II(A)(1)(a) and all employees covered in Section II(A)(1)(b) will receive training regarding Hepatitis B, but the Hepatitis B vaccination will be made available only in the case of a Significant Exposure as described in Section IV.
- (D) Hepatitis B vaccinations will be made available to covered employees at no cost to the employee.

IV. **SIGNIFICANT EXPOSURE**

A significant exposure occurs when blood or infectious materials come into direct contact with eyes, nose, mouth, into an open cut, or by a needle puncture injury.

- (A) If an employee experiences significant exposure to blood or potentially infectious materials or experiences a situation where a significant exposure is likely to have occurred, the employee will:
 - (1) report the incident to the supervisor on duty as soon as possible.
 - (2) the employee will complete a Personal Injury Report describing the incident completely. The Report will document specifically the method of potential transmission of the infectious disease.

- (3) the supervisor will complete the required First Report of Injury.

(B) Communicable Disease Exposure Report Form

- (1) The employee will report to the emergency room at a local hospital to advise hospital staff of the exposure or potential exposure and to complete a communicable disease exposure report form. The medical evaluation and follow up shall be confidential. North Memorial Medical Center is the preferred hospital. However, if the source individual is transferred to another location, the exposed employee should report to the same hospital as the source individual.
- (2) Hospital staff will test the source individual's blood as soon as feasible after consent is obtained in order to determine the presence of Hepatitis B, C or HIV. If the source individual declines to give consent, hospital staff shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the employee shall obtain documentation that the consent could not be obtained.
- (3) When the source individual is already known to be infected with Hepatitis B, C or HIV, testing of the source individual's blood need not be repeated.
- (4) Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- (5) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to base line blood collection but does not give consent for HIV testing, the sample shall be preserved for at least 90 days. If when in 90 days of the exposure incident the employee elects to have the base line sample tested, such testing shall be done as soon as feasible.
- (6) Counseling during this period is available through the Employee Assistance Program.

V. **TRAINING**

The City of New Hope shall provide training regarding the spread of infectious disease to all employees with the potential for occupational exposure as identified in Section II (A). Training will be provided at the time of initial assignment to tasks where occupational exposure may take place. Annual refresher courses must be provided. Additional training shall be provided as technology and medical research dictate.

VI. **RECORD KEEPING**

(A) Medical records

- (1) Medical records are confidential and are not released without an employee's expressed written consent to any person within or outside the City, except as required by rule or law
- (2) Medical records must include a copy of the employees Hepatitis B vaccination record including dates of vaccination, or copies of refusal forms.

- (3) Medical records will be maintained in a file separate from the employee's personnel file. Medical records will be maintained for the duration of the employee's employment plus 30 years.
- (B) Training Records
 - (1) The City will keep a record of all training provided to its personnel. The training records will include the date and content of training and a roster of employees in attendance. The training records will be maintained for a minimum of 3 years from the date of training.

VII. **RESPONSIBILITY**

- (A) General Employees
 - (1) It is the responsibility of the employee to be aware of the types of infectious diseases that can be transmitted by blood or body fluid. The employee is responsible for participating in training by the City and is responsible for using protective equipment provided by the City as necessary.
- (B) Supervisors
 - (1) It is the supervisor's responsibility to monitor the activity of employees determined at-risk to be certain that the provisions of this policy are obeyed.
 - (2) Any supervisor observing an infraction of this policy or observing a hazardous condition involving infectious disease transmitted by blood or body fluid must report that condition to his or her supervisor.
 - (3) Supervisors are also responsible for maintaining the appropriate level of personal protective equipment.
- (C) City Administration
 - (1) It is the responsibility of members of the City administration to provide personal protective equipment to those employees with occupational exposure. The exposure control plan for the City must be reviewed annually. The exposure control plan must also be posted in a conspicuous location within the City.
 - (2) The City administration will make certain that each significant exposure incident is thoroughly evaluated to determine if the significant exposure could have been avoided. An evaluation of the circumstances will be conducted to determine if policies, procedures, or protective equipment should be amended or changed to avoid future significant exposure incidents.
 - (3) Training to all employees with occupational exposure must be completed annually.
 - (4) Hepatitis B vaccination must be provided to all covered employees who desire the vaccination.
 - (5) The City administration will be responsible for assuring that medical and training records are kept in an orderly fashion and under the retention schedule required.