

CITY OF SACRAMENTO REGULATORY COMPLIANCE PROGRAM
TOPIC: BLOODBORNE PATHOGEN CONTROL PROGRAM
EFFECTIVE DATE: 05/19/09
SUPERSEDES: 03/01/93
SECTION: RCP # 5

PURPOSE

This written regulatory compliance program provides procedures to reduce the likelihood of exposure to and/or transmission of infectious bloodborne pathogens during the performance of duties by City of Sacramento employees. This program complies with the California Code of Regulations (CCR) Title 8, Section 5193, Bloodborne Pathogens. Bloodborne pathogens include, but are not limited to, Hepatitis B (HBV), Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV).

Departments may develop, implement and maintain additional written procedures and guidelines (e.g. Standard Operating Procedures, General Orders, and Manual of Operations) to eliminate or minimize employee exposure to bloodborne pathogens and other infectious diseases as needed. A copy of these procedures and this exposure control plan must be accessible to employees who may have occupational exposures. Employees are required to follow these procedures to control potential occupational exposures to infectious diseases by utilizing universal precautions (i.e. body substance isolation procedures) to reduce exposure to potentially infectious materials. Work practice controls must be in writing and comply with the minimum requirements of CCR 8 Section 5193 (d).

I. Exposure Determination

Employees who may be exposed to blood or other potentially infectious materials (OPIMs) include the following:

1. Employees who may be exposed to blood or OPIMs during performance of his or her job duties;
2. Employees whose primary assignment includes rendering of first aid on a regular basis (e.g. police officers, firefighters, lifeguards, etc.);
3. Employees who in the course of his or her duties cleaning public areas may come in contact with OPIMs.

Employees must follow the procedures listed in the table below for any occupational exposures:

Incident Level	Incident Description	Action to Be Taken
1.	Close proximity to potentially infectious materials or person.	Complete first report of Injury Form (WC001) and check exposure box.
2.	Contamination of clothing equipment and/or unprotected skin contact.	Wash body parts, equipment and/or clothing thoroughly. Complete first report of injury form (WC001) and check exposure box.
3.	True exposure involving contact with a person's bodily fluids through non-intact skin, needle stick or mucous membranes.	Seek medical attention immediately. Complete first report of injury form (WC001) and DWCI. Notify designated Medical Officer or Environmental, Health and Safety (EH&S) Office.

2. Exposure Control and Post-Exposure Procedures

The following exposure control practices are the minimum requirements for this Blood Borne Pathogen Exposure Control Plan. Employees also must comply with any department-specific policies and procedures.

a. Hygienic Work Practices

1. Hand-washing facilities are generally readily available to employees;
2. If hand-washing facilities are not feasible, antiseptic hand cleaner will be provided and hands must be washed with soap and warm water as soon as possible after exposure;
3. Hands must be cleaned as soon as possible after removal of gloves or other personal protective equipment (PPE);
4. Hands and any other skin must be washed with soap and water as soon as possible following contact with blood or OPIM. Mucous membranes must be flushed with water.

b. Hepatitis B Vaccination (pre-exposure)

1. The Hepatitis B vaccine series is available to all employees who may have occupational exposure to bloodborne pathogens. The series is available to all affected employees at no cost after they have received the required training. This should occur within 10 working days of initial assignment;

2. If an employee declines the Hepatitis B vaccine, they must complete and sign a declination form;
3. Employees who sign the statement of declination may revoke the declination at any time by contacting the City's Environmental Health & Safety (EH&S) Office and agreeing to accept the Hepatitis B vaccination.

c. Personal Protective Equipment (PPE)

1. PPE such as, but not limited to, gloves, gowns, face shields, masks, eye protection, and mouthpieces or pocket masks will be made available to employees;
2. Appropriate PPE must be used when there is likelihood of occupational exposure;
3. PPE will be made available in appropriate sizes;
4. Disposable (single use) gloves must be worn when it can reasonably be anticipated that an employee may have hand contact with blood or OPIM when performing CPR and/or first aid. Gloves shall be replaced as soon as possible once contaminated, torn, or punctured. Hypoallergenic gloves or similar alternatives must be made available to those employees who are sensitive to the gloves normally provided. Disposable gloves must not be washed or decontaminated for re-use;
5. Masks and eye protection must be worn whenever splashes, sprays, splatters, or droplets of infectious materials may be generated, and eye, nose or mouth contamination can be reasonably anticipated.

d. Housekeeping

1. Any area that may come in contact with OPIM must be maintained in a clean and sanitary condition. All counter tops, work surfaces and floors must be disinfected at least daily by using an Environmental Protection Agency (EPA) approved disinfectant or a 1:10 bleach to water solution that is mixed fresh and not more than 24 hours old;
2. Protective coverings on equipment must be removed and replaced as soon as possible when they become obviously contaminated;
3. All pails, bins and cans intended for reuse which have a likelihood of becoming contaminated with blood or OPIM must be lined with red biohazard bags and properly disposed of;
4. Broken glassware, which may be contaminated, must be picked up by a mechanical method (not by hand) (e.g. using pliers, tweezers, and tongs) and disposed of in designated hard-walled waste containers.

e. Contaminated Sharps

1. All contaminated sharps must be disposed of immediately in red labeled or color-coded “sharps” containers displaying the biohazard symbol. These containers are portable, closeable, sealable, leak resistant and, once sealed, are incapable of being re-opened without great difficulty;
2. All sharps containers must be easily accessible to work area, kept closed unless adding sharps, kept upright, replaced routinely, and not allowed to be filled to level greater than 2/3 total capacity;
3. Disposal of regulated waste will be in compliance with state and local regulations.

f. Laundry

1. Contaminated laundry must be handled as little as possible and only with proper PPE (e.g. gloves);
2. Contaminated laundry must be placed in color-coded (i.e. red biohazard) bags that prevent soak through or leakage of fluids to the exterior;
3. Disposal of regulated waste will be in compliance with state and local regulations.

g. Post-Exposure Evaluation and Follow-up

1. Following a report of an exposure incident, a confidential medical evaluation and follow-up must be made immediately available to the exposed employee with the City’s medical services provider. Post-exposure evaluation and follow-up for bloodborne pathogens exposure is also available to all employees who have had exposure incidents;
2. The supervisor will document the route(s) of exposure, and the circumstances under which the exposure incident occurred by completing the First Report of Injury Form (WC001). The supervisor must also notify the department’s Designated Officer or the City’s EH&S Office;
3. The supervisor must identify and document the source individual, unless it is established that identification is infeasible or prohibited by state or local law. If possible in accordance with state law, the source individual’s blood will be tested, and the results documented and made available to the exposed employee. The employee will also be informed of the laws related to disclosure;
4. Post-exposure treatment will be provided if medically indicated. The full hepatitis B vaccination series will be made available within 24 hours to all unvaccinated first aid providers who have rendered assistance in any situation involving presence of blood or OPIM regardless of whether or not a specific exposure incident has occurred. The employee will receive health care professional’s written opinion within 15 days;

5. Counseling and medical follow-up for reported illnesses will be provided.

3. Hazard Communication and Training

a. Signs and Labels

1. Biohazard labels must include the word “biohazard.” Labels must be fluorescent orange or orange-red in color with contrasting black lettering. Labels must be attached to containers of regulated medical waste or other OPIM. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags.

b. Training

1. Annual training is required for employees who have occupational exposure to bloodborne pathogens and infectious diseases. All training must be documented. As required by the Bloodborne Pathogen Standard training must at least include the following elements:
 1. A copy of and an explanation of the Bloodborne Pathogen Standard;
 2. The City’s Bloodborne Pathogen Exposure Control Plan;
 3. Department-specific procedures;
 4. Epidemiology and symptoms;
 5. Modes of transmission;
 6. Risk identification;
 7. Methods of compliance;
 8. Decontamination and disposal procedures;
 9. Use and care of personal protective equipment (PPE);
 10. Hepatitis B vaccination series;
 11. Emergency actions;
 12. Exposure incidents;
 13. Post-exposure procedures;
 14. Signs and labels; and
 15. Be interactive with questions and answers.

4. Record Keeping and Plan Review

a. Training Records

- I. Training records must be maintained by the department for a minimum of three years. Training records must include the following:
 1. The dates of the training;
 2. The contents or a summary of the training;
 3. The names and qualifications of the persons conducting the training; and
 4. The names, job titles and signatures of all persons attending the training.

b. Medical Records

- I. Medical records must be maintained for at least the duration of employment plus 30 years. They are to be kept confidential unless there is written consent from the employee to disclose information. These records must include the following:
 1. The name and social security number of the employee;
 2. A copy of the employee's Hepatitis B vaccination status including a copy of the employee's declination form or the dates of the Hepatitis B vaccinations; and
 3. A copy of all results from examinations, medical testing and follow-up procedures and including any written opinions provided to employer by a healthcare professional and/or a copy of the information provided to the healthcare professional.

c. Sharps Injury Log

- I. A sharps injury log must be maintained by Workers' Compensation for a minimum of five years from the date the exposure incident occurred. Each exposure incident must be recorded within 14 working days of the date of the incident. The log must be maintained in such a manner as to protect the confidentiality of the injured employee. The log must include the following information, if known or reasonably available:
 1. Date and time of exposure incident;
 2. Type of brand of sharp involved in the exposure incident;

3. A description of the exposure incident, which must include the job classification of the exposed employee, the department or work area where the exposure occurred, the procedure that the exposed employee was performing at the time of the incident, how the incident occurred, and the body part involved in the exposure incident;
4. If the sharp had engineered sharps protection or not, whether the protection was activated, and if the injury occurred before, during or after the activation of the mechanism; and
5. The injured employee's opinion as to whether and how such an engineered protection mechanism may have prevented the injury as well as if any engineering, administrative or work practice control may have prevented the exposure or injury.

d. Plan Review

This Bloodborne Pathogen Exposure Control Plan and any department-specific procedures will be reviewed at least annually or when any of the following conditions exist:

1. When new or modified tasks and procedures affect occupational exposure are developed;
2. When changes in technology that reduce or eliminate exposure to bloodborne pathogens become available;
3. When new or revised employee positions with occupational exposures are identified;
4. When the review and evaluation of exposure incidents indicate changes are needed; and
5. When information indicating the Bloodborne Pathogen Exposure Control Plan is deficient in any area are identified.

Definitions (Attachment A)

Blood

Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens

Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B virus (HBV) Hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV).

Contaminated

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or an item.

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.

Engineering Controls

Controls that isolate or remove the bloodborne pathogens hazard from the workplace (e.g. such as sharps disposal containers, needleless systems and sharps with engineered sharps injury protection).

Engineered Sharps Injury Protection

A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective means; or a physical attribute built into any other type of needle device, or into a non-needle sharp which effectively reduces the risk of an exposure incident.

Exposure Incident

A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Occupational Exposure

Reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

OPIM

Other potentially infectious materials including these human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, such as emergency response.

Parenteral Contact

Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment (PPE)

Specialized clothing or equipment worn or used for protection against a hazard (e.g. gloves, masks, goggles, face shields, etc.). This does not include general work clothes (e.g. uniforms, pants, shirts).

Regulated Waste

Waste that is liquid or semi-liquid blood or OPIM; contaminated items that contain liquid, semi-liquid or dried-blood which are capable of releasing these materials when handled or compressed; contaminated sharps, pathological or microbiological wastes containing blood or OPIMs, or medical waste regulated by Health and Safety Code Sections 117600 through 118360.

Sharps

Any object used or encountered 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, broken glass and exposed ends of dental wires.

Universal Precautions

An approach to infection control where all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.