

CITY OF FORT BRAGG

BLOODBORNE PATHOGENS PROGRAM

A. PURPOSE

It is the City's policy to protect the health and safety of employees through the establishment and enforcement of this exposure control plan that eliminates or minimizes occupational exposure of employees to bloodborne pathogens. This exposure control plan identifies employees who are subject to occupational exposure to bloodborne pathogens, establishes information and training standards for those employees, establishes an immunization program for the Hepatitis B virus that provides protection for City employees from occupational exposure to bloodborne disease.

Bloodborne pathogens refers to pathogenic microorganisms that are transmitted in human blood and body fluids. This section details controls to prevent employee exposure, procedures to follow to clean-up spills, and a post-exposure protocol to follow. The most widely known bloodborne pathogens are hepatitis (B & C) and human immunodeficiency virus (HIV). Of these three most common bloodborne pathogens, hepatitis B is the most infectious.

It is not reasonably anticipated that many City employees will be exposed to bloodborne pathogens. The exceptions are noted below. Those who have been identified by the City as "reasonably anticipating" exposure to bloodborne pathogens follow an exposure control plan designed to minimize exposure. Any employee who believes that the exposure exists for them, and has not been identified, should bring their concerns to the attention of their supervisor.

B. EXPOSURE DETERMINATION

The following tasks and procedures are reasonably anticipated to involve exposure to blood, body fluids, or other potentially infectious materials:

1. Performing first aid duties and/or emergency medical treatment;
2. Performing mouth-to-mouth resuscitation;
3. Performing custodial duties in bathrooms, parks, or other public areas where needles may have been disposed of in trash receptacles; or
4. Performing work within sewers and coming into possible contact with untreated sewage.

All personnel in the following job classifications are determined to have Occupational Exposure or Potential Occupational Exposure:

<u>Police Department</u>	<u>Public Works Department</u>
Police Officer	Facilities Maintenance Worker
Community Service Officer	Lab Technician
Transportation Officer	Maintenance Worker
Police Service Technician	Mechanic
	Treatment Plant Operator

C. TRAINING & INFORMATION

Employees in the above classifications receive training at no cost to the employee, provided during working hours. The department provides training on bloodborne pathogens within seven (7) days of hire and annually thereafter.

Training includes, at a minimum, the following elements:

1. A copy of the Program and an explanation of the contents;
2. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. An explanation of the modes of transmission of bloodborne pathogens;
4. An explanation and copy of this Bloodborne Pathogens Program;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination shall be offered free of charge;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potential infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, and the medical follow-up that will be made available.
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. An opportunity for questions.

Training Records

Training Records shall contain the following:

1. The dates of the training sessions;
2. The contents or a summary of the training sessions;
3. The names and qualifications of the person(s) conducting the training; and
4. The names and job titles of all persons attending training sessions.

Training Records are maintained for three (3) years from the date on which the training occurred.

D. METHODS OF COMPLIANCE – EXPOSURE CONTROL PLANS

Those departments with exposed employees must create an Exposure Control Plan. Departments required to have an Exposure Control Plan are: **Police** and **Public Works**.

You are not required to have an Exposure Control Plan if the sole exposure is the likely provision of first aid to injured workers or public prior to emergency personnel arriving.

The Exposure Control Plan is reviewed annually and updated as needed.

Universal precautions are observed by all City employees in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material shall be considered infectious regardless of the perceived status of the source individual.

The following are to be identified in the department Exposure Control Plan:

1. Work practice controls covering at least the following:
 - a. Engineering controls that will reduce the exposure are identified as the primary control step.
 - b. Work practice controls that will reduce the exposure are identified as the second control step.
 - c. Personal protective equipment necessary to protect employees and reduce the exposure. The location of specific personal protective gear such as face, hand, body, and eye protection is specifically identified in the department Exposure Control Plan.
 - d. Personal sanitation practices to reduce and control bloodborne pathogens exposure.
 - e. Proper practices for the disposal of “sharps” or syringes regardless of where found.
 - f. Spill clean-up procedures, if applicable.
2. Post-exposure evaluation and follow-up (see Post Exposure Protocols in Section F below).
3. Hepatitis B vaccine provisions (see Section E below)

E. HEPATITIS B VACCINE

Hepatitis B vaccination is available to the above job classifications upon hire or any time thereafter and to any employee after exposure. All employees of the City who come in contact with bloodborne pathogens in the normal course of their work duties shall be offered the hepatitis B vaccine, at no cost to the employee. The vaccine shall be offered within ten (10) working days of their start of employment, unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

Employees who do not elect to participate in the vaccination program are required to complete the declination form (see Appendix A). Employees who initially decline

vaccination can elect at any other time to commence vaccinations. Record of completion or declination of the vaccination program shall be filed in a Confidential Medical File.

Vaccination services are provided during work hours, and employees shall be provided with transportation to vaccination service sites.

A copy of this procedure shall be provided to the medical services provider selected by the City to provide hepatitis B vaccinations to City employees.

F. POST-EXPOSURE PROTOCOLS

Should a City employee be exposed to bloodborne pathogens in the course of employment, the following protocols are part of individual Exposure Control Plans:

1. Reporting requirements, including immediate notification of the supervisor and, if necessary, completion of workers' compensation forms. An accident investigation is always completed after an exposure incident.
2. Post exposure evaluation and follow-up care shall be made available at no cost to all employees who have an exposure incident.
3. Immediately following an exposure incident, the employee shall be provided a free confidential medical evaluation, confidential medical counseling, and follow-up care outlined. The licensed medical provider is provided a copy of the requirements under Cal/OSHA (see link below).
4. Documentation of the route of exposure, circumstances in which the incident occurred and identification and documentation of the source individual, unless the source is unknown, shall be placed on the exposure treatment sheet.
5. The source individual's blood shall be tested as soon as possible, after consent is obtained, for HIV infectivity. Unsuccessful attempts made to obtain consent shall be documented. HBV testing shall be ordered immediately on the source blood if available. Specimen may be frozen until HIV consent is obtained.
6. Source testing for HBV and/or HIV need not be repeated when the source individual is known to be infected with HBV or HIV.
7. The results of the source individual's blood tests shall be made available to the exposed employee. The employee shall be informed of applicable laws.
8. Exposed employees shall be offered the hepatitis B vaccine. Should the employee decline the hepatitis B vaccine, the employee shall sign a declination form (see Appendix A). Should the employee change his/her mind regarding accepting hepatitis B vaccine in the future, it shall be provided to the employee at no cost.

All findings, diagnosis, and medical records regarding exposure shall remain confidential and be maintained by the City. Medical records are kept for thirty (30) years.

G. CAL/OSHA REGULATIONS

The site below reaches the Cal/OSHA regulation governing bloodborne pathogens:
<http://www.dir.ca.gov/Title8/5193.html>

Appendix A

HEPATITIS B VACCINE DECLINATION

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 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 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

Date