

## Blood Borne Pathogens Policy WD 8-19-2016

### *POLICY 16-04 WD*

- Background

Employees of the District provide services to citizens that may require employees to come into contact with bodily fluids, such as blood or other potentially infectious materials. There are a variety of methods by which this exposure may occur.

- Policy

Exposure to bloodborne pathogens may lead to sickness such as hepatitis, AIDS, or malaria. The District wants to assure its employees of a safe and healthy work environment. It is the policy of the District to comply with all legal and regulatory obligations for the prevention of exposures to bloodborne pathogens. To this end, the District will comply with all sections of the Oregon Administrative Rules, Chapter 437 and all other statutory requirements regarding the prevention of occupational exposures to blood borne pathogens.

The District classifies the following routine work tasks as being potential exposures of blood borne pathogens: All work performed at the laboratory, lift stations, and around the wastewater treatment plant equipment.

- Infected Citizens

As a public service organization, the District cannot discriminate against citizens on the basis of disability. If uniform health precautions are followed rigorously and routinely, then the risks of accidental infection when rendering aid to an infected person are minimized. The routine activities of citizens in dealings with the District pose no measurable risk of bloodborne infection to employees. Unlawful discrimination against citizens with or suspected of infection will not be tolerated.

- Exposures

In the event of exposure to body fluids under circumstances that could present a risk of infectious exposure, a report will be made to the supervisor as soon as possible. If confirmed, the supervisor may solicit the cooperation of the source person through voluntary testing with informed consent. In order to protect the employee, a baseline test will be made within the week following exposure and at three-month intervals for one year. The supervisor will insure that the employee involved receives counseling appropriate for the circumstances. All testing will be preceded by informed consent and written authorization.

- Universal Health Precautions and Work Practices

As recommended by public health authorities, the District will adhere to a program of universal precautions for protection against diseases spread by blood or bodily fluids. ("Bodily fluids" refers to fluids that may contain blood or feces, not urine, sweat, saliva, or tears.) This means that, for safety purposes, employees will operate on the assumption that all blood and bodily fluids are potential carriers of bloodborne disease, and will

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adhere to universal precautions protecting against AIDS and other diseases. The following general precautions will be followed:

- Eating, drinking, smoking, applying cosmetics, lip balm, or handling contact lenses are prohibited in the work areas, including field locations, where there is an anticipated exposure to bloodborne pathogens.
- The Oregon Administrative Rules mandate universal precautions at all times to prevent contact with blood or other potentially infectious materials. It is difficult or impossible to differentiate between bodily fluid types under circumstances present in the workplace. Therefore, ALL BODILY FLUIDS SHALL BE CONSIDERED POTENTIALLY INFECTIOUS MATERIALS, including blood and tissue or organs from either a living or dead human.
- Any employee cleaning up a spill of blood or bodily fluids or rendering emergency medical assistance will wear appropriate protective gear (such as latex gloves and a mask); All employees performing the sanitary District duties of laboratory work, sewer lift station work, and other wastewater treatment plant work tasks will wear appropriate PPE for the job (such as latex gloves, masks, eye protection)
- Protective gear for working among fluids containing, or suspected to contain blood borne pathogens, will be provided by the District and will be located in all District buildings and vehicles.
- An employee performing general duties of the District, including the possibility of rendering medical assistance, which may expose the employee to blood or bodily fluids will take precautions against contamination (such as wearing latex gloves while bandaging a bleeding wound, or using a disposable mouthpiece for CPR). An employee exposed to blood or bodily fluids will scrub with soap and water, remove rings, watch, and jewelry and scrub thoroughly.
- Gloves shall be available in all first aid kits.
- Hand washing facilities shall be provided at all locations where there is anticipated exposure to bloodborne pathogens.-Where the anticipated exposure is to an individual at a place where hand washing facilities are not available, antiseptic hand cleaner or towelettes shall be readily accessible and shall be used. However, if antiseptic hand cleaner or towelettes are used, the exposed areas shall be washed with soap and water as soon as possible after removal of the personal protective equipment.
- Contaminated syringes or needles shall be handled only in accordance with approved one-handed methods or with approved devices. Needles shall not be bent, recapped, or removed unless authorized and the employee is specifically trained to do so.

- If potentially contaminated syringes or needles are discovered, the devices shall be placed in approved containers. After securing in an approved container, the item shall be delivered to a medical services provider for disposition.
- Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing and shall be decontaminated as necessary. Emergency service equipment may be used while contaminated to complete the assignment. However, upon completion of the immediate assignment, vehicles and equipment shall be removed from service and the contaminated area decontaminated prior to the next use.

Any additional precautions applicable to specific job functions, as well as any further general precautions, will be conveyed through employee training sessions, educational material, or more specific departmental policy.

- Personal Protective Equipment. When an employee has an anticipated exposure to a bloodborne pathogen, and the exposure cannot be controlled through redesign of work facilities, mechanical devices or barriers which isolate people from potentially infectious materials, or work practice controls, then personal protective equipment shall be provided.
  - The equipment shall be provided at no cost to the employee and shall be decontaminated and/or replaced as necessary.
  - Employees shall wear appropriate personal protective equipment whenever there is a potential for an exposure. Personal protective equipment is appropriate if it does not permit blood or other potentially infectious materials to pass through and come in contact with the employee's street clothes, undergarments or, skin.
  - Personal protective equipment selected shall be appropriate for the anticipated exposure. Some examples of personal protective equipment are latex (surgical) gloves, surgical masks, and disposable mouth-piece for CPR, face-shields, disposable coveralls, and disposable boots.
  - If the personal protective equipment is penetrated by blood or other potentially infectious materials, the personal protective equipment shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed before leaving the work area, and placed into an appropriate designated area or container for storage, washing, decontamination, and/or disposal.
  - If gloves are used for protection, the following precautions shall be taken:
    - Disposable gloves shall be replaced as soon as practical when contaminated.
    - Disposable gloves shall not be washed or decontaminated for reuse.

Reusable gloves may be decontaminated for reuse if the integrity of the glove is not compromised. Reusable gloves shall be thrown away if the glove is contaminated and cracked, torn, punctured, or when their ability to function as a barrier is compromised.

- Masks and eye and face protection shall be worn when there is an anticipated exposure to splashed, spraying, spatter of blood or other potentially infectious materials.
- Other body protection, such as disposable coveralls, over-boots and aprons shall be worn when there is an anticipated exposure to blood or other potentially infectious materials.

- Housekeeping

Worksites shall be maintained in a clean and sanitary condition. When warranted due to risks of contamination, a supervisor shall determine and implement an approved written schedule for cleaning and method for decontamination. If the anticipated exposure is in the field, a supervisor shall determine if and where decontamination exists and whether it is necessary to implement the appropriate actions.

- All equipment and environment, including work surfaces shall be cleaned and decontaminated after known or suspected contact with blood or other potentially infectious materials.
- All protective coverings, such as plastic wrap used to cover equipment, shall be removed as soon as feasible.
- All bins, cans, pails, or similar devices which are anticipated to become contaminated shall be visually inspected and cleaned on a regular schedule. If there is visible contamination, they shall be cleaned immediately.
- All refuse anticipated to be contaminated with blood or other potentially infectious materials shall be handled with a mechanical device.

- Decontamination and Laundry

Decontamination of employees, equipment, materials, and the environment shall be done immediately or as soon as practical, upon discovery of the contamination. Decontamination means the washing of the body, equipment, materials, and the environment so as not to have any contamination with blood or other potentially infectious materials.

- The minimally acceptable level of decontamination is washing with soap and water. Depending on the type of contamination, more aggressive measures may need to be taken such as use of commercially prepared agents or a 1:9 solution of household chlorine bleach and water.
- If an employee's clothes become contaminated, the employee shall immediately, or as soon as feasible, remove all contaminated clothing and wash with soap and water. If contamination of an employee's clothes results in exposure of the employee's non-intact skin or mucus membranes to blood or potentially infectious materials, the employee should be transported to the nearest hospital or the nearest appropriate facility for evaluation. If the employee is required to enter a

vehicle while contaminated, both the employee and vehicle shall be decontaminated prior to being put back into service.

- Hepatitis B Vaccination Information.
  - All employees who have a reasonably anticipated occupational exposure to Hepatitis B and have received training in accordance with OAR 437.002-1910.1030(f) shall be offered the opportunity to receive the Hepatitis B vaccination series, and any boosters as recommended by law. Receiving the Hepatitis B series is not mandatory, nor is it a bona fide occupational qualification.
  - The Hepatitis B vaccination series shall be offered to all employees within 10 days of initial assignment, unless the employee has previously received the complete hepatitis B series. Antibody testing may be performed to determine that the employee is immune to Hepatitis B, or that the vaccine is contraindicated for medical reasons.
  - An employee may decline to receive the Hepatitis B series initially, and later change his/her mind and receive the series at any time the employee performs duties where there is a reasonably anticipated occupational exposure to Hepatitis B.
  - If any employee declines to receive the Hepatitis B vaccination series, the employee shall sign a statement indicating the declination, which states:

"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."

- Post-Exposure Evaluation and Follow-up.
  - Upon notification of an exposure to blood or other potentially infectious materials, the employee will be given the opportunity to have a confidential medical evaluation and follow-up at a local hospital at no cost to the employee.
  - The immediate supervisor of the employee exposed to blood or other potentially infectious materials shall perform an investigation of the exposure immediately after the exposure. A copy of the evaluation shall be provided to the employee and the person performing the medical evaluation. The Post-Exposure Evaluation shall contain the following information:
    - Employee biographical information;

- Circumstances under which the exposure incident occurred;
  - The route of exposure;
  - A description of the exposed employee's duties as they relate to the exposure incident;
  - Results of the source individual's blood testing, if available;
  - If the exposure was not a person, the source of the exposure;
  - All medical records relevant to the appropriate treatment of the employee, including vaccination status.
  - The department shall obtain a copy of the health care provider's written evaluation, if any, within fifteen (15) days of the evaluation, and shall provide a copy to the exposed employee. The information shall be kept confidential and not disclosed without the employee's consent.
  - After an exposure an employee shall be given the opportunity to have their blood tested for the presence of Hepatitis B (HBV) and human immunodeficiency virus (HIV).
  - After the exposure an employee shall be given the opportunity for counseling.
  - Reasonable attempts shall be made to identify the source individual and obtain a consent test for HIV/HBV, including consent to make the test results available to the exposed employee.
- Communication and Training
    - All employees working in classifications identified as having a reasonably anticipated potential for an occupational exposure to blood or other potentially infectious materials shall be trained prior to initial assignment, upon change in assignment and annually thereafter.
    - The training program shall contain the elements required by OAR Chapter 437.
- Recordkeeping
    - Individual employee medical records shall be kept by the Manager. The records shall be kept confidential and only released to the employee, to anyone having the employee's express written consent, and as may be required by law. Employee medical records with regard to exposures to blood or other potentially infectious materials shall be kept for the term of employment, plus thirty (30) years.

- An official record of training shall be maintained in the employee's personnel file. Training records shall be provided, upon request, to employees, employee representatives, and as required by law. The record of training shall be maintained as a permanent part of the personnel file.