

City of Newport News
Bloodborne Pathogens Control Plan



Occupational Exposure to Bloodborne Pathogens
CFR 1910.1030

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NOTE: Fillable forms can be found on the Human Resources/Worker's Compensation Intranet pages.

I. PURPOSE

The OSHA/VOSHA 1910.1030 Bloodborne Pathogens Standard was issued to reduce the occupational transmission of infections caused by microorganisms found in human blood, body fluids and other potentially infectious materials (OPIM). Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV) have been shown to be responsible for infecting workers who were exposed to human blood and certain other body fluids containing these viruses, through routes like needle stick injuries and by direct contact of mucous membranes and non-intact skin with contaminated blood/materials, in the course of their work. Occupational transmission of HBV occurs much more often than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent exposure of workers.

This exposure control plan has been established by the City of Newport News in order to minimize and to prevent, when possible, the exposure of our employees to disease-causing microorganisms transmitted through human blood, body fluids and other potentially infectious materials. **This document is a general plan to encompass all city employees; some departments may have specific procedures relative to their operation.**

This plan will be reviewed at least annually and updated as necessary by the Safety Program Administrator. It is the individual department's responsibility to contact the Safety Program Administrator for any revisions made to this exposure control plan. Copies of this plan shall be readily accessible for review by any employee. An employee may obtain a copy of this plan within 15 days of his/her request from his/her supervisor or by contacting the Safety Program Administrator.

A. Components of Exposure Control Plan

Basic Components of this exposure control plan include:

1. Exposure Determination
2. Methods of Compliance
 - a. Universal Precautions
 - b. Engineering and work practice controls
 - c. Personal protective equipment
 - d. Housekeeping
3. Hepatitis B Vaccination Policy
4. Post-exposure evaluation and follow-up
5. Employee Training
6. Recordkeeping Procedures

7. Procedures for evaluating circumstances surrounding exposure incidents

II. Definitions

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).

Communicable Disease – an infectious disease capable of being passed to another by contact with an infected person or their body fluids.

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

Contaminated Laundry – laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps – any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed end of dental wires.

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 (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

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. *This can include exposure to airborne pathogens if any employee breathes in droplets that become airborne when an infected person coughs or sneezes.*

Handwashing Facilities – a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV – hepatitis B virus

HCV – hepatitis C virus

HIV – human immunodeficiency virus

Infection Control Coordinator – person designated by each department to implement the Exposure Control Plan within the department. Has received specific training in exposure management and risk reduction. Acts as primary contact person for possible bloodborne exposures within the department.

Infectious Disease Exposure Consultant – person designated by the City to assess exposures, coordinate source testing and provides counseling and/or initial treatment.

Needleless systems – a device that does not use needles for:

- A. The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established.
- B. The administration of medication or fluids.
- C. Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM) means:

- A. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- B. Any unfixed tissue or organ (other than intact skin from a human (living or dead)); and
- C. HIV-containing cell or tissue cultures, organ cultures, and HIV, HBV, or HCV containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

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

Personal Protective Equipment – specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Production Facility – a facility engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

Regulated Medical Waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps with engineered sharps injury protections – a non-needle sharp or needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual – any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Sterilize – the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions – is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV and other bloodborne pathogens.

Work Practice Controls – controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

III. Responsibility

Each City department will designate an individual to be the infection control coordinator; this person will be responsible for implementation of the Exposure Control Plan (ECP) in their respective departments. The department infection control coordinator will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures and send a copy of the modifications to the Safety Program Administrator.

Employees who are determined to have occupational exposure to blood or other potentially infectious material (OPIM) must comply with the procedures and work practices outlined in the department ECP.

The department infection control coordinator will provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels and red bags as required by the standard in adequate supplies and appropriate sizes.

Human Resources will be responsible for ensuring that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained.

The department infection control coordinator will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA and NIOSH representatives.

The Safety Program Administrator will review state and federal regulations regarding bloodborne pathogens and inform City departments when changes to the program are necessary. Review program on an annual basis and update as necessary, also audit departmental programs for compliance.

IV. Exposure Determination

1. All job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or outside the body contact with blood or other body fluids will be included in this exposure control plan.
2. Exposure determination is made without regard to the use of personal protective equipment.
3. First Aid Providers for those employees rendering First aid/CPR as a collateral duty.
4. While urine and fecal material are not in the category of OPIM, they should be treated in a manner similar to those infectious materials.
5. Blood, body fluids and other potentially infectious materials (OPIM), are listed below:

Body Fluids	Other Materials
Semen Vaginal secretions Synovial fluid Cerebrospinal fluid Pleural fluid Pericardial fluid Amniotic fluid Any body fluid visibly contaminated with blood Salvia in dental procedures	Any unfixed tissue or organ (other than intact skin) from a human (living or dead) HIV containing cell or tissue cultures, organ cultures, and HIV or a HBV containing culture medium or other solutions Blood, organs or other tissues from experimental animals infected with HIV/HBV

All full-time, part-time and temporary employees in job categories listed under this section are included in the plan.

Fire Department

Fire Chief	ASST Fire Chiefs
Fire Marshall	ASST Fire Marshall
Deputy Fire Chief	Deputy Fire Marshall
EMS Chief	Fire Battalion Chiefs
Fire Captains	Fire Lieutenants
Fire Prevention Inspectors	Fire Investigators
Firefighter/Medics	

Juvenile Services

Secure Detention Administrator	Administrative Assistant II
ADMIN Coordinator	Detention Specialists
Community Programs ADMIN	Compliance Coordinator
Custodian, Lead	Financial Svcs. Analyst
Detention Specialist, Senior	Support Svcs. Supervisor
Director, Juvenile Services	Laundry Workers
Juvenile Services Supervisors	Personnel Coordinator
Stock Clerk II	Training Specialist

Magistrate's Office

Administrative	
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Parks & Recreation

Animal Control Officers	Aquatics Supervisor
Animal Service Technician	Aquatics Operations Coordinator
Aquatics Programs Coordinator	ASST Summer Center Supervisors

ASST Rec Center Supervisors	Bus Driver/Councilors
Athletic Assistants	Concessions Attendants
Chief Ranger	Custodians
Crew Supervisors	Dock Master Assistants
Dock Masters	Facility Assistants
Equipment Operators	Grounds Keepers
Facility Attendants	Marina Attendants
Lifeguards	Mature Adult Center Supervisors
Park Rangers	Ranger Aides
Rec Center Supervisors	Rec Program Leaders
Rec Program Coordinators	Recreation Specialists
Recreation Aides	Recreation Leaders
SAP Aides	SAP Facilitators
SAP Leaders	Shallow Water Attendants
Summer Center Supervisors	Superintendent Animal Services
Therapy Program Councilors	Therapy Program Supervisors
Water Instruction Trainers	Water Safety Aids
Water Fitness Instructors	Water Safety Instructors
Maintenance Grounds Keepers	

Waterworks

Supervisors	Crew Leaders
Laborers	Motor Equipment Operators
Pipe Layers	Maintenance Mechanics
Maintenance Specialist	Security Guards
Water Line Maintenance Techs	Trades Assistants

Public Works

Administrators	Crew Leaders
Concrete Worker	Motor Equip Operators
Pipe layers	Maintenance Mechanics
Maintenance Specialists	Concrete Specialist
Sewer Maintenance Technicians	Asphalt Finisher
Staff Technician	Technicians
Superintendents	Supervisors
Wastewater Inspectors	Construction/Maint. Workers
Electricians	Solid Waste Field Representative
Maintenance Mechanics	Generator Specialist

Police Department

Chief	Assistant Chief
Captains	Lieutenants
Sergeants	Police Officers
Police Aides	Forensic Technicians
Property Technicians	Volunteer Law Enforcement
Police Recruits	Parking Enforcement Officers
Evidence Specialists	Staff Technicians
Staff Assistants	Relief Crossing Guards
Crossing Guards	

Sheriff's Department

Sheriff	Chief Deputy Sheriff
Deputy Sheriffs	

Human Services

Child Protective Services	Family Services Aides
Family Services Supervisors	Structural Family Counselor
Family Services Seniors	Parent Educator
Family Services Specialists	

V. First Aid Providers

Designated first aid providers who render assistance in any situation involving blood or OPIM (regardless of whether an actual: "exposure incident" occurred) shall be offered the full Hepatitis B vaccination series as soon as possible, but no later than 24 hours after the incident. The first aid provider shall also be provided with appropriate post-exposure evaluation; prophylaxis and follow-up **(See Section VII Procedures for Evaluation and Follow up of Exposure Incidents)**.

First aid rendered by such an employee is rendered only as collateral duty, responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

Supervisors shall fill out the appropriate forms **(See Section VII Procedures for Evaluation and Follow up of Exposure Incidents)** for all first-aid incidents that involve blood or OPIM before the end of the work shift during which the incident occurred. The supervisor shall notify Human Resources immediately.

All first aid providers shall be properly trained in accordance with Section VIII Employee Training and Section IX Recordkeeping Procedure of this exposure control plan.

VI. Methods of Compliance

A. Universal Precautions

All employees will utilize universal precautions and handle all blood, body fluids or other potentially infectious materials (as described in Section IV Exposure Determination) as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

B. Communication of Hazards to Employees

Employees covered by this plan shall receive explanation during their initial training and will also be reviewed in their annual refresher training. Employees will also be informed whenever there is a revision in the exposure control plan through continuous training programs as discussed in Section VII – Employee Training of this written plan.

The departments infection control coordinator will maintain, review and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures and send a copy of the modifications to the Safety Program Administrator.

C. Engineering and Work Practice Controls

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens.

1. Sharps Management

Contaminated needles and other contaminated sharps (broken glass, knives, ice picks, razor blades etc.) shall be recovered as found. Shearing or breaking of contaminated needles is prohibited.

When feasible, contaminated sharps (broken glass, needles, knives, ice picks, razor blades) will not be picked up by hand but rather by mechanical means, tongs or forceps, or broom & dustpan. They shall be placed in containers that will not leak or permit protrusion of contents during handling, storage, transport or shipping.

Contaminated sharps shall be discarded, as soon as possible, in disposable sharps containers. Sharps shall be transported in containers that are closeable, puncture resistant, labeled or color-coded, and leak proof on side and bottom, and maintained upright throughout transport.

2. Hand Washing and other General Hygiene Measures

Employees shall wash hands thoroughly using a non-abrasive soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water as soon as possible.

When running water is not available, the department shall provide disposable antiseptic towelettes or hand sanitizing lotion. As soon as feasible, the employee shall wash the contaminated area with a non-abrasive soap and water.

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials.

Food and drink shall not be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where blood and other potentially infectious materials are or could be present.

All procedures involving blood or body fluids shall be performed as to minimize splashing, spraying, spattering and generation of droplets.

3. Precautions in Handling Contaminated Objects/Evidence

Objects with evidence of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container must be closed before being stored, transported, or shipped.

When transporting evidence, minimize the exposure to other employees as much as possible.

Wet contaminated clothing, bed linens, carpets, etc., collected, as evidence shall be placed in a container that will prevent leakage.

Other contaminated items will be recovered using tongs, dustpan, forceps, tweezers or cotton gloves over latex gloves and placed in leak proof containers for transport.

All containers used for the recovery of contaminated articles must be breathable, i.e., paper or cardboard and have a readily observable biohazard label posted on it. (**See Appendix A**)

If outside contamination of the primary container occurs, or if the evidence could puncture the primary container, the primary container shall be placed within a secondary container, which prevents leakage, and/or resists puncture during handling, processing, storage, transport or shipping. Use tape instead of staples when packaging evidence.

Before releasing the scene, advise the property owner of the potential infection risk and advise the owner to contact a qualified cleaning service.

4. Management of Contaminated Equipment

Each department shall have a designated area for the cleaning and disinfecting of protective equipment, protective clothing, portable equipment, and any other clothing and vehicles. This cleaning area shall have proper ventilation, lighting and drainage connected to a sanitary sewer system.

This disinfecting area shall be physically separate from areas used for food preparation, cleaning of food and cooking utensils, personal hygiene, and sleeping and living areas.

Disinfecting shall not be conducted in kitchens, living, sleeping, or personal hygiene areas.

Each department shall designate a location where a receptacle can be placed to receive contaminated waste. The receptacle shall be marked with a biohazard label, shall be a different color from regular waste receptacle and shall be placed where citizens cannot access it and where there will be minimum risk of accidental spillage. The receptacle shall be checked and all waste disposed of at least every 24 hours.

Keep contaminated equipment separate from "clean" equipment until it is decontaminated. All non-disposable equipment shall be cleaned with a 10% bleach/water solution sprayed on the contaminated surface and allowed to sit 10-15 minutes or an EPA registered germicide.

Metal and electronic equipment shall be disinfected with 70% isopropyl alcohol left on surfaces for 10 minutes or an EPA registered germicide.

Equipment, which may become contaminated with blood or other potentially infectious materials, shall be examined and decontaminated prior to repairing or shipping.

If decontamination is not feasible, a readily observable biohazard label shall be affixed. The portion of the equipment, which is contaminated, must be indicated on the label. All affected employees, servicing personnel, and/or the equipment manufacturers must be informed of the potential exposure so they can take appropriate precautions.

D. Personal Protective Equipment

1. General Guidelines

All personal protective equipment (PPE) will be provided, repaired, cleaned and disposed of by the employer at no cost to employees. Employees shall wear personal protective equipment when doing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags, pocket masks are available. A variety of sizes are in stock. Employees who have allergies to regular latex gloves may obtain hypoallergenic gloves.

It shall be the responsibility of the on-duty supervisor to ensure that all employees of the department, under his/her command comply with this plan.

In the event where PPE would prevent delivery of health care or public safety services or would pose a hazard to the safety of the employee or fellow employee, a trained, knowledgeable employee can temporarily and briefly decline the use of PPE. In the event of such a decision on the part of any employee, a report shall be made and a thorough investigation shall be conducted to determine if the situation was an extraordinary circumstance and if an individual's safety was at risk. If feasible, changes shall be instituted to prevent such occurrences in the future.

All contaminated PPE shall be removed prior to leaving the work area and placed in a red/orange, plastic bag clearly marked with a biohazard label. The biohazard bag shall be properly sealed and disposed of in the departments designated location.

2. Personal Protective Equipment (PPE)

In general, employees should select personal protection equipment (PPE) appropriate to the potential for spill, splash or exposure to body fluids. Common sense must be used. When in doubt, select maximal rather than minimal protection.

All Personnel listed in **Section IV Exposure Determination** shall be issued protective equipment suitable to their job category. **Bloodborne Pathogen Kits** shall be issued to designated personnel. **Bloodborne Pathogen Kits** shall contain at least the following items:

- Disposable gloves
- Disposable eye, face and mouth protection
- Disposable antiseptic towelette (for use when running water and soap is not available, employee must use running water and soap when feasible)
- BIOHAZARD bag designed for disposal of contaminated waste clearly marked with a BIOHAZARD label
- Small container of disinfectant for decontamination of small items/areas
- BIOHAZARD stickers

It shall be the responsibility of the supervisor and department infection control coordinator to ensure that PPE is readily available, appropriate for the job and that supplies nearing expiration dates are utilized first.

3. Protection for Hands

Gloves shall be worn in the following situations:

- When hands will contact blood or other potentially infectious materials (OPIM), mucous membranes, and non-intact skin
 - When handling or touching contaminated items or surfaces
 - Utilizing decontamination procedures
- a. Disposable Gloves
- Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised
 - Do not wash or decontaminate single use gloves for reuse

b. Non-disposable Gloves

- Decontaminate for reuse if the gloves are in good condition
- Discard when gloves are cracked, peeling, torn, punctured or shows other signs of deterioration (whenever their ability to act as a barrier is compromised).

For employees who have latex allergies, gloves made from hypoallergenic material shall be provided.

4. Protection for Eyes/Nose/Mouth

Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields or chin-length face shields) whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials (OPIM) may be generated and eye, nose or mouth contamination can be reasonably anticipated. Situations that would require such protection are as follows:

- Anticipated exposure to the face
- Assisting in rescue or emergency medical care
- Utilizing decontamination procedures

5. Protection for the Body

A variety of garments including gowns, aprons, lab coats, clinic jackets, etc., are to be worn in occupational exposure situations. Surgical caps or hoods and/or shoe covers or boots shall be worn when gross contamination can be reasonably anticipated. Situations that would require such protection are as follows:

- Assisting in an autopsy, a homicide or any other scene where blood or OPIM may contaminate the area.
- Assisting in rescue or emergency medical care
- Utilizing decontamination procedures

E. Housekeeping

1. General Policy

All work sites shall be maintained in a clean and sanitary condition. Only trained personnel wearing appropriate PPE shall decontaminate blood or other potentially infectious materials (OPIM). If an accident/incident occurs on City property, which results in gross contamination of blood or

OPIM, the area must be isolated to minimize exposure. Contact Building Services and ask for the designated personnel trained in the decontamination of potentially infectious materials.

All spills of blood or blood-contaminated fluids shall be cleaned up immediately using an EPA-registered germicide or a 1:10 solution of household bleach in the following manner:

- a. Gloves shall be worn during any decontamination procedure.
- b. If splashing is anticipated, protective eyewear shall be worn along with an impervious gown or apron, which provides an effective barrier to splashes.
- c. Visible material shall first be removed using an absorbent or disposable paper towels. Never use mops or items to be reused.
- d. The area shall then be decontaminated with an appropriate germicide, or a 1:10 solution of household bleach.
- e. Hands shall be washed following removal of gloves
- f. All waste generated shall be placed in a red plastic bag clearly marked with a BIOHAZARD label. (**See Appendix A**)

2. Equipment and Environmental Working Surfaces

All equipment and environmental working surfaces shall be cleaned and decontaminated immediately or as soon as feasible using appropriate disinfectant whenever they become contaminated with blood or OPIM.

Remove and replace protective coverings (e.g. plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces as soon as feasible when overtly contaminated or at the end of the work shift if they may have become contaminated.

Regularly inspect/decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or OPIM. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible.

Blood Spill Clean Up/Decontamination Protocol

Blood or other human body fluid spills that occur need to be decontaminated to prevent the potential transmission of communicable diseases. The circumstances associated with blood spills can obviously vary greatly depending on the volume and type of contact surface. A small amount of blood, if splashed, can cover a large surface area. A large volume, if undisturbed on a flat surface, can pool in a relatively small area. Because of the unpredictable nature of spills and the various volumes, each incident must be evaluated on a case by case basis. Depending on the size of the spill, they can be cleaned by the department where the spill is located, Building Services Custodial Staff or an outside qualified vendor in the event of a major spill. If unsure the OSHA Hotline Number Telephone: 800-321-OSHA (6742) | TTY

A Small Spill

Is considered a volume that is easily managed with a minimal amount of decontamination equipment and materials required. A spill roughly up to 6 inches diameter should be cleaned up by department staff who are current on training of Bloodborne Pathogens following universal precautions. Use of PPE and safety requirements.

A Large Spill

Is considered a volume that may require more than one person to decontaminate, large amounts of decontamination equipment and materials, and/or contamination of objects that would prove difficult to decontaminate. Building Services should be contacted for cleanup. The area should to other staff and the public until staff is able to respond.

A Major Spill

Is characterized by large amounts of blood and/or tissue where the injured person has sustained significant bodily trauma. The area should be closed off and Building Services should be contacted to begin the process of bringing in a qualified service provider.

Cleaning Blood from a Floor, or other Surface:

- 1.) Put on gloves and all required personal protective equipment
- 2.) Keep other persons away from the spill site until it has been properly cleaned
- 3.) Clean up the spill immediately or as soon as possible after the spill occurs.

4.) Wipe up the spill with paper towels, gauze, or other absorbent material. Do NOT use a towel unless no other absorbent material is available.

5.) Spray the contaminated area with the cleaning solution provided and wipe the area with clean paper towels.

6.) Place contaminated waste in a red biohazard bag and tie the top. Any towel or clothing that is contaminated must also be stored in a biohazard bag.

7.) Removal of Gloves and all required personal protective equipment.

Hands and any other exposed skin should be washed with soap and water, flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Note: Every department is required to have a Bloodborne Pathogens Protection Kit on hand. Kits can be obtained from the Central Warehouse.

3. Special Sharps Precautions

Clean up broken glass, which may be contaminated using mechanical means such as a brush and dustpan, tongs or forceps. DO NOT pick up directly with the hands.

Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner, which will expose employees to the risk of percutaneous injury. DO NOT reach by hand into a container that stores reusable sharps.

4. Types of Regulated Medical Waste

- Liquid or semi-liquid blood or other potentially infectious materials.
- Contaminated items that would release blood or other potentially infectious materials in liquid or semi-liquid state if compressed.
- Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling
- Contaminated sharps

- Pathological and microbiological wastes containing blood or other potentially infectious materials.

a. Medical Waste Containers

Any of the substances listed above must be placed in containers, which are closeable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping.

Containers will be clearly marked with a fluorescent orange sticker with the biohazard warning and symbol in a contrasting color. The label must be either an integral part of the container or attached as close as is feasible to the container by string, wire, adhesive, or other methods that prevent its loss or intentional removal. Regulated waste that has been decontaminated need not be labeled or color-coded.

Containers must be closed prior to moving/removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping. If the outside of the container becomes contaminated, it is to be placed in a second container, which must have the same characteristics as the initial container as discussed above.

b. Disposal

It is important to minimize exposure as much as possible; therefore, all contaminated waste shall be contained prior to leaving the work area and placed in a red, plastic bag clearly marked with a biohazard label and disposed of in accordance with the Virginia Department of Waste Management's Infectious Waste Management Regulations.

5. Laundry

Protective clothing, work uniforms, or other clothing, which becomes contaminated with blood or OPIM, shall be removed as soon as possible and the employee shall rinse the affected area using antiseptic soap and then regular soap. Grossly contaminated articles or items that cannot be rinsed shall be secured in a designated biohazard bag for disposal. It is the responsibility of the supervisor and department infection control coordinator to determine whether the garment is salvageable or not.

Cleaning and disinfecting of contaminated protective clothing, work uniforms, or other clothing shall take place in designated decontamination areas only. To avoid the possibility of spreading infectious diseases by cross-contamination, **contaminated protective clothing, work uniforms or other clothing shall not be taken home.**

Employees who handle contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

Contaminated laundry shall be handled as little as possible with a minimum of agitation. Do not sort/rinse laundry in location of use.

Wet, contaminated laundry which may soak through or cause leakage from bag or container will be placed and transported in labeled bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Bags/containers will be marked with readily visible biohazard labels. (When utilizing universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is acceptable if it permits all employees to recognize the containers as requiring compliance with universal precautions).

When contaminated laundry is shipped offsite to a second facility which does not use universal precautions, the bags or containers must be labeled with a biohazard label or be color-coded in red.

6. Labels

Warning labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. The label is either to be an integral part of the container or affixed as close as feasible to the container by a method which prevents loss or unintentional removal of the label. The label shall have the biohazard symbol and the text BIOHAZARD.

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Contaminated equipment, clothing and evidence shall also be labeled and dated in this manner. Information about the portions of the equipment that remains contaminated shall be added to the label.

The labels/color-coding described here are not required in the following instances:

- When containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use;
- When individual containers of blood or other potentially infectious materials are placed in labeled containers during storage, transport, shipment or disposal;
- When regulated waste has been decontaminated.

VI. HEPATITIS B VACCINATION POLICY

All employees who have been identified as having high risk of exposure to bloodborne pathogens (See Section IV Exposure Determination) will be offered the Hepatitis B vaccination series at no cost to them at time of employment. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job through workers' compensation.

The vaccination will be made available to employees immediately upon employment. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated. A titer test is available to confirm immunity.

Employees will fill out a Hepatitis B Vaccination Decision Form on the City's website at <https://www.nnva.gov/FormCenter/Human-Resources-4/Hepatitis-B-Vaccination-Decision-Form-350> either electing to accept the vaccination shots or declining too. Employees who decline may request and obtain the vaccination at a later date at no cost. The Department of Human Resources maintains documentation of consent/refusal and vaccinations to include titer test results.

All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by at a City contracted medical facility and under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the U. S. Public Health Service. A copy of the bloodborne pathogens standard will be provided to the healthcare professional responsible for the employee's Hepatitis B vaccination.

The vaccination is a series of three injections. The second injection is given one month from the initial injection. The final dose is given six months from the initial dose.

Hepatitis B Vaccination forms and schedule can be found on City's website at <https://www.nnva.gov/FormCenter/Human-Resources-4/Hepatitis-B-Vaccination-Decision-Form-350>.

VII. PROCEDURES FOR EVALUATION AND FOLLOW-UP OF EXPOSURE INCIDENTS

A. Reporting an Exposure Incident

An "exposure incident" is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee's duties. Employees who experience an exposure incident must:

- Notify supervisor immediately after an exposure to blood/body fluids.
- Supervisor should notify the Designated Control Officer by calling (757) 677-0007 followed by the appropriate contact phone number. If no response within ten (10) minutes, call the phone number listed on the pager voice mail.
- The Designated Control Officer will determine appropriate action to be taken in regard to medical treatment and/or "source testing". If it's a major exposure during normal working hours, the employee will be directed to the panel physician designated to treat occupational exposures. If the exposure occurs after hours, the Designated Control Officer will meet the employee at a convenient location and provide him/her with prophylaxis medication to last until the medical facility opens the next day. If it's a minor exposure, the employee will be directed to report to the designated panel physician's office the next day for treatment.
- The employee should be directed to choose the panel physician designated to treat occupational exposures. (*This is the only time an employee should be told which panel physician to select*). Both the employee and the supervisor should sign the form and a copy should be faxed to the Department of Human Resources at (757) 926-1842.
- **Supervisors** will fill out the following forms located on the City's website at <https://www.nnva.gov//1499/Workers-Compensation>.

1. Authorization for Medical Treatment
2. First Report of Injury
3. Accident/Incident Investigation Report

Form 1 needs to be printed and provided to employee to be taken with them to their appointment.

Forms 2 & 3 can be submitted online.

- If the Designated Control Officer has determined that "source" testing should be accomplished, a "Source Testing Release" form will be presented to the "source individual" to complete and sign at the medical facility.

If the "source individual" refuses to sign the release, refer to the Occupational Exposure - Source Testing Flow Chart (**Appendix A**) for assistance in obtaining a court order to perform the appropriate testing even if the "source individual" is not in custody. If the "source individual" is not injured and does not require medical attention, take the person directly to the Lab at Riverside Hospital.

- The Designated Control Officer along with the designated panel physician will be responsible for treating the employee and providing them with the results of the "source testing".

B. Procedure for Evaluating the Circumstances Surrounding an Exposure Incident

Each department's safety representative will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of incident
- Procedure being performed when the incident occurred

- Employee's training

Department safety representatives or infectious disease coordinator will record all percutaneous injuries from contaminated sharps on a Sharps Injury Log.

If revisions to this ECP are necessary the department's infectious disease coordinator and/or safety representative will ensure that appropriate changes are made and a copy sent to the Safety Program Administrator.

VIII. EMPLOYEE TRAINING

Affected employees will be trained regarding bloodborne pathogens at the time of initial assignment to tasks where exposure may occur and annually, during work hours. Additional training will be provided whenever there are changes in tasks or procedures, which affect employees' occupational exposure; this training will be limited to the new exposure situation.

The training approach will be tailored to the educational level, literacy, and language of the employees. The training plan will include an opportunity for employees to have their questions answered by the trainer. Training shall be arranged and/or conducted in correlation with each department directly involved and the Safety Program Administrator. Each department's safety representative and/or infectious control coordinator will be responsible for the training of procedures specific to their department.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- General explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases
- Procedures which may expose employees to blood or other potentially infectious materials (OPIM)
- Control methods that will be used to prevent/reduce the risk of exposure to blood or other potentially infectious materials (engineering controls, work practices and PPE)
- Explanation of the basis for selection of personal protective equipment

- Information on the hepatitis B vaccination program including the benefits and safety of vaccination
- Information on procedures to use in an emergency involving blood or other potentially infectious materials
- What procedure to follow if an exposure incident occurs
- Explanation of post-exposure evaluation and follow-up procedures
- An explanation of warning labels and/or color-coding.

Bloodborne Pathogen Awareness training is available online at <https://www.webnettraining.com/lms/login>

IX. RECORDKEEPING PROCEDURES

Training Records

Training records shall be maintained for **3 years** from the date on which the training occurred in the employees department.

Training Records include:

- The dates of the training session
- The contents or a summary of the training sessions
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training sessions

Training records shall be provided upon request for examination and copying to employees, to employee's authorized representatives, and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20 within 15 working days.

Medical Records

Medical records will be established and maintained for each employee with an exposure. The record shall be maintained for the **duration of employment plus 30 years** in accordance with 29 CFR 1910.20. All medical records shall remain confidential in the City panel physician and/or third party administrators' offices.

The medical records shall include the following:

- Name and social security number of employee.
- A copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of the examination results, medical testing, and any follow-up procedure.
- A copy of the healthcare professional's written opinion.
- A copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive hepatitis B vaccination prophylactically and/or after an exposure incident.

The record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation. Employee medical records required under CFR 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirement (29 CFR 1904). This determination and the recording activities are done by the department's safety representative.

Sharps Injury Log

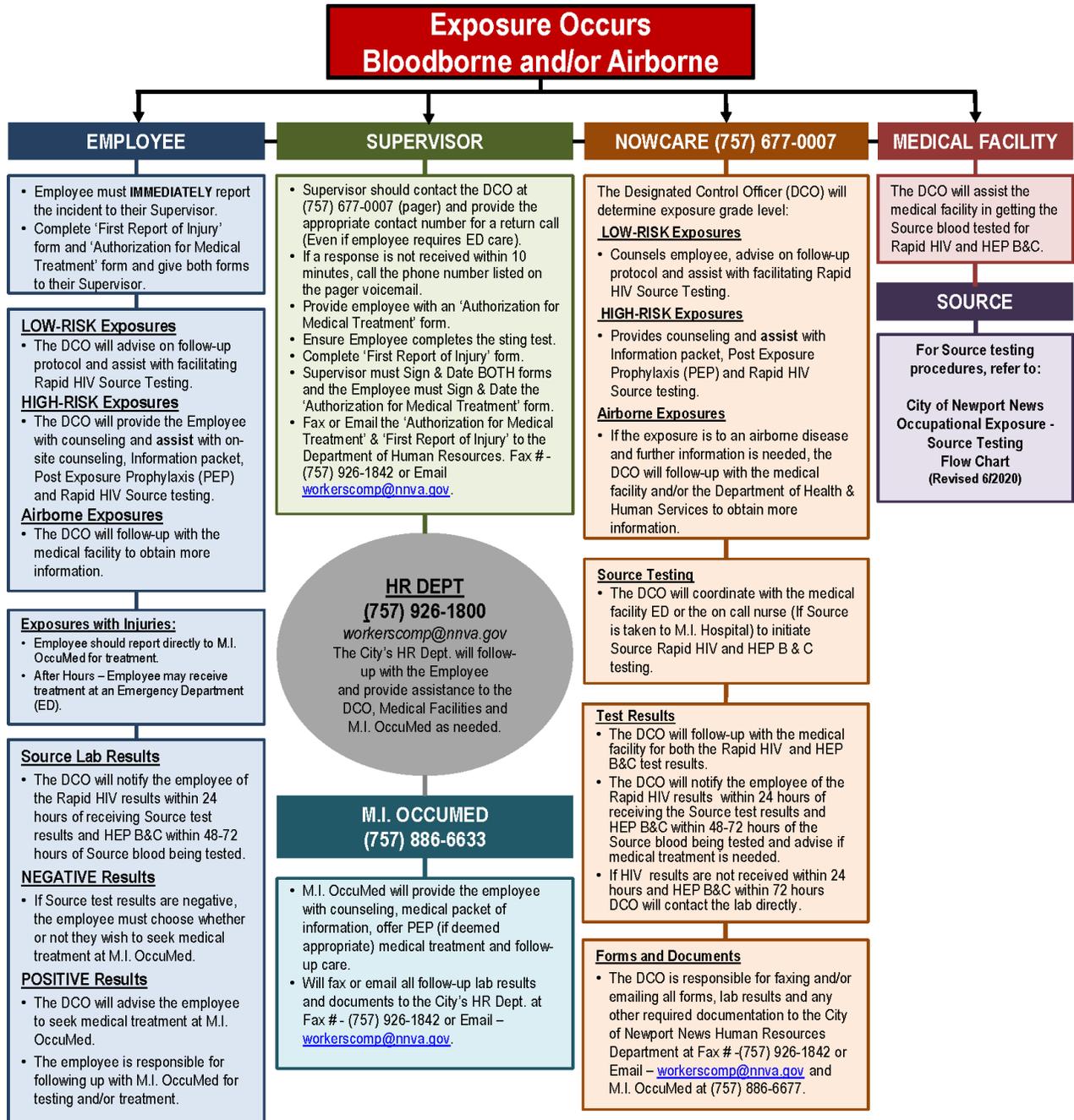
In addition to the 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:

- Date of the injury
- Type and brand of the device involved (syringe, suture needle)
- Department or work area where the incident occurred
- Explanation of how the incident occurred.

This log is required to be maintained for at least five years following the end of the calendar year covered. If a copy is requested by anyone, it must have any personal identifiers removed from the report.

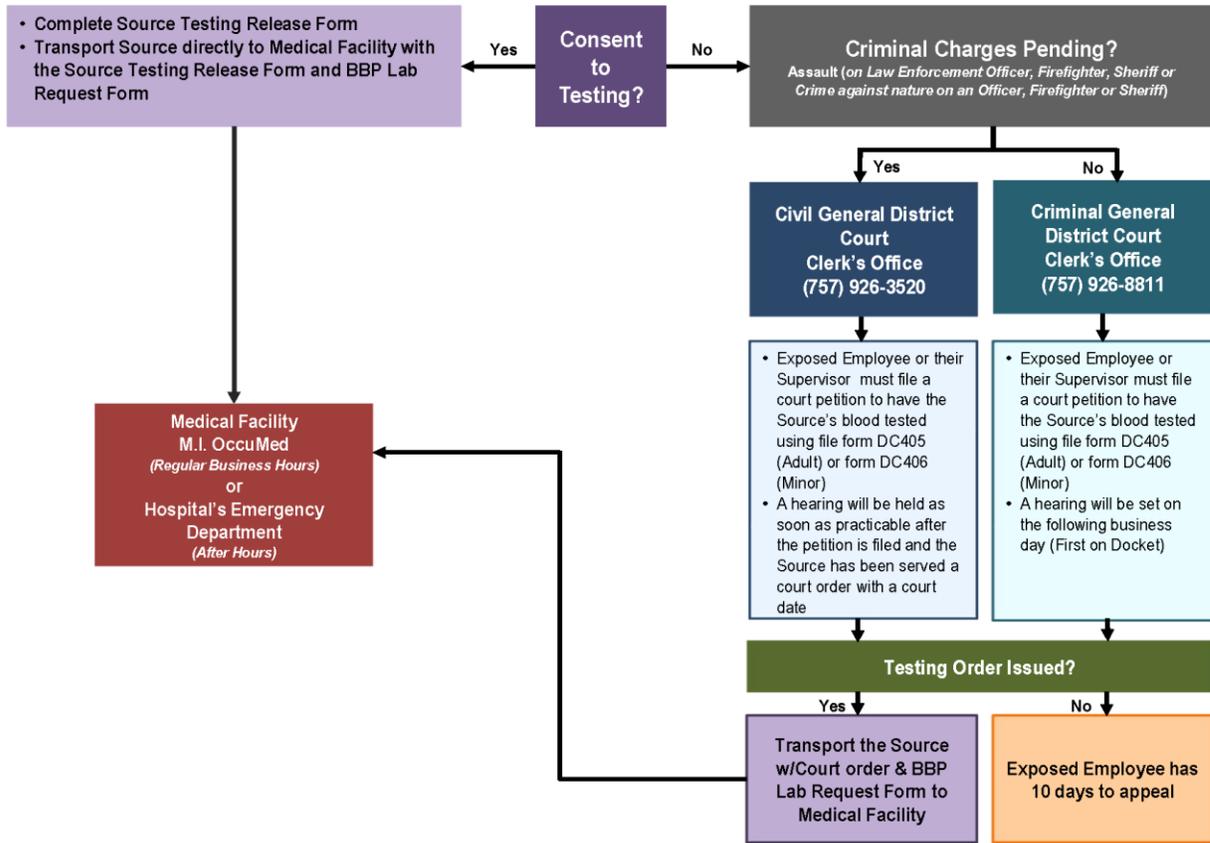
See Appendix C for example of a Sharps Injury Log.

**City of Newport News
Occupational Exposure Flow Chart
(Revised 6/2020)**



APPENDIX B

**City of Newport News
Occupational Exposure - Source Testing
Flow Chart**
(Revised 6/2020)



- IMPORTANT NOTES**
- ❖ The Sheriff's Department will ONLY transport a Source in their custody.
 - ❖ The Sheriff's Department will NOT draw Source blood for transport.
 - ❖ The Source's blood will ONLY be drawn/tested at a Medical Facility.
 - ❖ Do NOT transport the Source to Health Department.

*Please direct all Exposure questions to the Department of Human Resources at
(757) 926-1800 or workerscomp@nnva.gov*

