



Exposure Control Plan

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Note: this document supersedes any/all previous versions.

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I. Purpose and Scope

The Occupational Safety and Health Administration (OSHA) regulates workplaces where employees may be exposed to Bloodborne Pathogens and therefore promotes safe work practices to minimize the incidence of disease due to Bloodborne Pathogens. OSHA enacted the Bloodborne Pathogen Standard, 29 CFR 1910.1030, to reduce/eliminate Occupational Exposure to Hepatitis B Virus, Hepatitis C Virus, Human Immunodeficiency Virus (HIV) and other Bloodborne Pathogens that employees may encounter in their workplaces.

The City of Elk River's ("City") Exposure Control Plan ("Plan") is not limited to exposures as defined by the Bloodborne Pathogen Standard. This Plan covers all employees who may come in contact with bloodborne *and* all other potential pathogens via any route of transmission.

The City's Plan is based on the following principles:

- Risk of exposure to pathogenic agents should never be underestimated.
- Exposure to all pathogenic organisms is minimized to the greatest extent possible.

II. Objectives

The objectives of this Plan are to:

- A. Provide information and describe procedures designed to prevent or minimize Occupational Exposure to Bloodborne Pathogens and OPIM.
- B. Ensure compliance with the Bloodborne Pathogen Standard.

III. Definitions

- A. Bloodborne Pathogens are pathogenic microorganisms 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).
- B. Blood means human blood, human blood components, and products made from human blood.
- C. Exposure Incident includes any incident in which an employee comes into contact with blood or bodily fluid via a needle-stick, puncture, broken skin, or mucous membrane.
- D. Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties.
- E. OSHA is the Occupational Safety and Health Administration.
- F. Other Potentially Infectious Materials (OPIM) include:
 - 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

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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).
 - c. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- G. Parenteral means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.
- H. PPE is personal protective equipment such as gloves, goggles, gowns, etc.
- I. Regulated Waste means liquid or semi-liquid blood or OPIM; contaminated items that may release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

IV. Authority for Plan

Guidelines and procedures found in this plan follow those outlined by:

- A. OSHA 29 CFR 1910.1030, *Bloodborne Pathogens*
- B. The Centers for Disease Control

V. Roles and Responsibilities

The following roles and responsibilities for implementation of the Plan will be updated as needed to reflect any change(s) in the assignment of these responsibilities.

Department Directors

- 1. Implement the Plan by:
 - A. Directing all supervisors to comply with this Plan where there is an Occupational Exposure risk to Bloodborne Pathogens and OPIM.
 - B. Providing all employees with Occupational Exposure risk information, training, PPE, and vaccination to Hepatitis B as indicated, for their protection and for the protection of others.
 - C. Ensuring that all necessary PPE or products are available to comply with this Plan.
- 2. Enforce compliance with this Plan. All employees, who may have an Occupational Exposure risk to Bloodborne Pathogens and OPIM, must be trained and responsible for compliance with this Plan.

Supervisors

- 1. Direct employees to comply with this Plan where there may be an Occupational Exposure to Bloodborne Pathogens and OPIM; provide employees with the information, training,

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equipment, and/or vaccination needed to protect them in the event of an Exposure Incident.

2. Inform and educate employees about the Plan and how its requirements apply to their workplace.
3. Assist the coordination of annual training for affected employees in recognition, use of universal precautions, proper infection control procedures, and PPE on the job.
4. Enforce compliance with this Plan.

Human Resources

1. Assist departments with the determination and control of Exposure Incidents.
2. Offer vaccinations, through a contracted medical clinic or provider, for Hepatitis B to all employees who may have risk for Occupational Exposure to Bloodborne Pathogens and provide a Hepatitis B titer 1-2 months following completion of vaccine series. Payment for these vaccinations and titer shall remain the responsibility of the department.
3. Review Exposure Incidents with the City safety coordinator and consult with a competent medical authority when necessary to determine what incidents are significant and require further testing, medical evaluation, and/or treatment.
4. Provide medical counseling on a pre- and post-exposure basis for employees who have had an Exposure Incident in the course of their employment.
5. Control, file and maintain all reports of employee Exposure Incidents as required.

Safety Coordinator

1. Assist departments with the determination and control of Bloodborne Pathogen Exposure Incidents and appropriate infection control procedures.
2. Assist in the coordination of training for the City's Plan for appropriate supervisors and employees who may have an Occupational Exposure risk.
3. Audit each department's compliance with this Plan on a regular basis.

Employees

1. Understand their assigned tasks relating to this Plan.
2. Comply with the directives of this Plan.
3. Advise supervisors immediately of any Exposure Incident.
4. Wear PPE as required.
5. Dispose of bio-hazardous waste properly.

VI. Exposure Determination and Assessment Procedure

All departments shall continually assess and compile data on their employees who could incur routine Occupational Exposure to blood or OPIM in the workplace.

Appendix A lists the City job classifications determined to have reasonable risks of an Occupational Exposure to blood or OPIM.

Classification A lists ALL employees within this job title/classification that have a routine occupational exposure to Bloodborne Pathogens or OPIM.

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Classification B lists SOME employees within this job title/classification that have a routine occupational exposure to Bloodborne Pathogens or OPIM.

Employees not included in A or B above will be covered under this program only after an occupational exposure has occurred.

Department directors have the discretion to include additional employees in this Plan following consultation with a job/task evaluation by human resources and the City's safety coordinator that indicates potential Occupational Exposure. Appendix A should be updated accordingly.

VII. Universal Precautions, Engineering, and Work Practice Controls

Universal precautions shall be observed by all employees to prevent contact with blood or OPIM. All blood or OPIM shall be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls shall be utilized to eliminate or minimize workplace exposures. Where the potential for Occupational Exposure remains after implementation of these controls, PPE shall also be provided and used.

Hygienic Procedures

All blood or body fluids shall be assumed to be potentially infectious. The procedures below shall be followed and enforced at all times.

1. Employees shall avoid all direct bodily contact with any body fluids; PPE shall be used at all times.
2. Gloves, bandages, and other disposable protective coverings shall be used when handling potentially infectious materials. Any infectious materials shall be promptly cleaned and disinfected after use.
3. Disinfectants, disposable materials, and soaps will be provided by the City and available at effected facilities.
4. Eating, drinking, smoking, applying cosmetics and lip balm, and handling contact lenses is prohibited in work areas where there is potential for exposure to Bloodborne Pathogens and OPIM. Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or OPIM are present.

PPE

Department directors and supervisors are responsible for ensuring that appropriate PPE in the appropriate sizes is readily accessible at the worksite or is issued to and utilized by employees.

1. Hypoallergenic gloves, glove liners, powderless gloves, or similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided. PPE is provided at no cost to protect employees. This equipment may include, but is not limited to:
 - A. Gloves of latex or nitrile.
 - B. Disposable gowns and lab coats.
 - C. Face shields/masks.
 - D. Safety glasses/goggles.
 - E. Mouthpieces/resuscitation bags/pocket masks or other ventilation devices.
 - F. Hoods and shoe covers.

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2. Employees are trained on the proper use of the appropriate PPE for the tasks/procedures performed. If necessary, additional training is provided when an employee takes a new position or is assigned new tasks/procedures. Any needed training is provided by the department/division supervisor. Supervisors are required to document all training.
3. To ensure that PPE is not contaminated and is in good condition to protect employees from potential exposure, the following practices shall be utilized:
 - A. All PPE is inspected periodically and repaired/replaced to maintain effectiveness;
 - B. Reusable PPE is properly cleaned, laundered, and decontaminated as needed;
 - C. Single-use PPE and PPE that cannot be decontaminated is disposed of properly.
4. To ensure that PPE is used effectively, employees shall adhere to the following practices:
 - A. Any garments penetrated by blood or other infectious materials shall be removed immediately, or as soon as feasible;
 - B. All PPE will be removed prior to leaving the work area and placed in an appropriately designated area or container for storage, washing, decontamination or disposal;
 - C. When handling patients, first responders shall take measures to eliminate cross-contamination between patients by changing gloves.
5. Gloves will be worn:
 - A. Whenever employees anticipate hand contact with potentially infectious materials;
 - B. When performing vascular access procedures; or
 - C. When handling or touching potentially contaminated items or surfaces.
6. Disposable gloves are replaced as soon as practicable after contamination or if torn, punctured, or otherwise lose their ability to function as an "exposure barrier." Disposable (single use) gloves are not washed or decontaminated for re-use.
7. Utility gloves may be decontaminated for re-use unless they are cracked, peeling, torn, or exhibit other signs of deterioration, at which time they are disposed.
8. Masks in combination with eye protection such as goggles or glasses with solid side shields, or chin-length face shields are used whenever splashes, sprays, or droplet generation of infectious material, can be reasonably anticipated.
9. Protective clothing is worn whenever potential exposure to the body is anticipated. Type and characteristics of protective clothing will depend on the task and the degree of exposure that is anticipated.
10. Surgical caps/hoods and/or shoe covers/boots are used in any instances where "gross contamination" is anticipated.

Engineering Controls

Engineering controls mean controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered injury protections, and needleless systems) that isolate or remove the Bloodborne Pathogen and OPIM hazards from the workplace. Engineering controls:

1. Shall be examined and maintained or replaced on a regular schedule to ensure effectiveness.
2. Are used to eliminate or minimize employee exposure to bloodborne and other pathogens.
3. Are reviewed regularly for the availability of safer medical devices, review is documented, and input is provided by non-administrative staff.

Containers for contaminated sharps have the following characteristics:

1. Puncture-resistant.

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2. Color-coded or labeled with a biohazard warning label.
3. Leak-proof on the sides and bottom.
4. Closable.

Work Practice Controls

It is the responsibility of supervisors, in conjunction with department directors, to oversee the implementation of work practice controls.

1. Hand washing is the single most important means of preventing the spread of infection and:
 - A. Should be done frequently and shall be required before and after food preparation, after toilet use, after contact with any body fluids, after sneezing, or coughing).
 - B. Should use soap and clean water. Where soap and water are not available, a waterless antiseptic cleanser or an antiseptic towelette may be used.
 - C. Use friction to mechanically remove micro-organisms.
 - i. With soap and running water;
 - ii. Rinse hands under running water;
 - iii. Lather with soap, scrub backs of hands, cuticles, under finger nails;
 - iv. Scrub for 20 seconds (sing Happy Birthday twice);
 - v. Rinse well under clean water;
 - vi. Dry hands well with a paper towel;
 - vii. Use paper towel to turn off faucet. All manually controlled faucets are considered contaminated;
 - viii. Dispose of single use or linen towels in appropriate containers.
2. Sharps procedures
 - A. Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless it can be demonstrated that there is no feasible alternative. Necessary recapping is done through mechanical means or with a one-handed technique.
 - B. Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use.
 - C. During use containers must be easily accessible and kept upright.
 - D. Containers must be replaced when $\frac{3}{4}$ full and closed prior to removal.
3. All procedures involving blood or OPIM is performed in such a manner as to minimize splashing, spraying, spattering, or other actions generating droplets.
4. Mouth pipetting/suctioning of blood or OPIM is prohibited.
5. Blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, or transport.

VIII. Hepatitis B Vaccination

The Hepatitis B vaccination will be made available to all employees who have an Occupational Exposure. The offer of vaccination will be made after employees have received training regarding Hepatitis B vaccination by signing a waver which includes a statement that the employee acknowledges that the risks associated with contracting Hepatitis B have been explained.

New employees or an employee that has changed assignments which classifies them as having an Occupational Exposure shall receive training regarding Hepatitis B and the vaccination shall be made available within 10 days of the employee's start date or change in position.

Employees who initially decline the Hepatitis B vaccination, but at a later date decide to accept the vaccination, must be allowed to receive the Hepatitis B vaccination at that time.

IX. Exposure Incident Procedure

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the employee shall immediately notify their supervisor of an Exposure Incident. For all workplace related Exposure Incidents, employees should complete an *Employee Exposure Incident Report*. After an Exposure Incident, the employee is provided confidential medical treatment, evaluation, and follow-up under the supervision of a licensed physician or another licensed health care professional. Tests are conducted by an accredited laboratory at no charge to the employee. Post-exposure evaluation and follow-up to Bloodborne Pathogen OPIM exposure must include:

1. Documentation of the routes(s) of exposure and the circumstances under which the Exposure Incident occurred.
2. Identification and documentation of the source individual, unless it can be established that identification is infeasible or prohibited by local, state, or federal law.
3. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the City shall establish that legally-required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
4. Results of source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
5. If the employee agrees to blood collection and testing following an Exposure Incident, it will be done as soon as possible after consent is given.
6. If the employee consents to baseline blood collection at the time of the exposure, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the Exposure Incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
7. An exposed employee will be offered:
 - A. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
 - B. Counseling;
 - C. Evaluation of subsequent reported illnesses.
8. The City will investigate the circumstances surrounding the Exposure Incident to determine what action (training, change in work practice, engineering controls, etc.) must be taken in order to prevent similar incidents in the future.
9. The City's Occupational Health Provider is responsible for maintaining employee medical records according to OSHA regulations. All medical records are confidential; information will not be disclosed without the employee's written consent. Medical records, with regards to an Occupational Exposure, will be maintained for at least the duration of employment plus 30 years.

X. Cleanup, Disinfection, and Disposal Procedures

It is important that employees exercise caution when cleaning up body fluid spills (bloodborne or OPIM).

Note: The cleanup of vomit is not considered an activity that falls under the requirements of the OSHA Bloodborne Pathogens Standard unless it contains visible blood. Red or coffee-ground colored vomitus may indicate internal bleeding. It is recommended to take precautions to prevent contact with the material by using PPE such as gloves and eye protection, and utilizing a general cleaner to wipe surfaces after the vomit has been removed.

Procedures for cleaning-up of body fluid spills

1. Wear disposable gloves and discard following cleanup.
2. Clean and disinfect soiled area immediately using paper towels, soap and water.
3. Disinfect area with a solution of 10% household bleach (about one and three fourths cup of liquid sodium hypochlorite to one gallon of water). It is also acceptable to use a solution of 90% isopropyl alcohol. However, never mix the bleach solution with the alcohol.
4. Clothing or PPE soaked with another's blood or body fluids should be isolated and washed separate from other clothing in a 10% household bleach solution. Consult manufacturer's instructions for the cleaning/decontamination of PPE.
5. Following exposure to blood or OPIM, visibly contaminated paper towels and disposable gloves should be placed in a red plastic bag, secured and disposed of in a designated regulated waste disposal site for removal by the City's designated vendor.

Procedures for the cleaning of equipment/facilities

1. Use of appropriate PPE including general purpose utility gloves while cleaning blood or OPIM and during decontamination procedures is required.
2. Initial clean-up of blood or OPIM should be followed with the use of an approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 10% household bleach (about one and three fourths cup of liquid sodium hypochlorite to one gallon of water). It is also acceptable to use a solution of 90% isopropyl alcohol, however never mix the bleach solution with the alcohol.
3. Use a disinfectant solution to clean equipment or facilities as soon as possible when there is an overt contamination or after any spill of blood or OPIM and at the end of the work shift if the surface may have become contaminated since the last cleaning.

XI. Regulated Waste Disposal

Bio-hazardous waste, or regulated medical waste, may include clothing, bandages, gloves, sharps, or body parts that contain blood, or OPIM. These shall be stored in a labeled container and placed in a properly marked red bag with the biohazard symbol.

Regulated medical waste means semi-liquid blood or OPIM, contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed, items that are caked with dried blood or OPIM that are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood and other potentially infectious materials.

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This storage bag should be placed in a properly designated area until properly disposed of by an approved regulated waste hauler.

Note: red biohazard bags or other bags with a biohazard symbol, even if autoclaved, cannot be disposed of as “normal waste” and must go in the biohazardous waste stream.

XII. Labels

Biohazard warning labels and signs are used to communicate hazards to employees. Labels and signs display the Biohazard symbol and are colored fluorescent orange or orange-red.

1. Labels are affixed to:
 - A. Biohazard waste containers, sharps disposal containers, laundry bags, or other containers used to store, transport, or ship blood or OPIM.
 - B. Refrigerators/freezers containing blood or OPIM.
 - C. Contaminated equipment with indication of which portion of equipment is contaminated.
2. Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents loss or unintentional removal.
3. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled.
4. Regulated waste that has been decontaminated need not be labeled or color-coded.

XIII. Training

Employees with an Occupational Exposure must be trained at the time of initial assignment and at least annually thereafter per OSHA Standards, 29 CFR 1910.1030, *Bloodborne Pathogens*. All new employees, as well as employees changing jobs or job functions, will be given additional job-specific training prior to beginning new work assignments.

Training material will include but not be limited to:

1. An accessible copy of the Bloodborne Pathogens Standard
https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051
2. The epidemiology and symptoms of bloodborne and other diseases
3. The modes of transmission of bloodborne and other pathogens
4. The City's Plan
5. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM
6. A review of the use and limitations of methods that will prevent or reduce exposure, including:
 - A. Engineering controls
 - B. Work practice controls
 - C. PPE
7. Selection and use of PPE, including:

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- A. Types available and location
 - B. Proper use
 - C. Removal and handling
 - D. Decontamination and disposal
8. Information on the Hepatitis B vaccine, including:
 - A. Efficacy and safety
 - B. Method of administration
 - C. Benefits of vaccination
 - D. No cost to employee
 9. Post exposure evaluation procedures

Training Methods

The following types of training, *by themselves*, do not constitute training and do not comply with this Plan or the regulation:

1. Providing a data sheet, package insert, reference manual, or any printed material to read.
2. Watching video or static computer-delivered presentations, especially when the material in the video is not specific to the operation and hazards at hand.
3. Any type of training which does not include an opportunity for employees to ask questions to ensure they understand the information presented to them.

Audiovisuals, interactive videos, printed materials, etc., may be used as a component of the training program if they are supplemented by specific information related to the employees' job duties and related exposures, and if employees are permitted to ask questions and have them answered.

**Appendix A
Employee Classifications**

The following is a listing of ALL City job classifications that have routine occupational exposure to blood or OPIM as defined by 29 CFR 1910.1030:

Classification A lists ALL employees within this job title/classification that have a routine occupational exposure to Bloodborne Pathogens or OPIM.

Classification B lists SOME employees within this job title/classification that have a routine occupational exposure to Bloodborne Pathogens or OPIM.

Classification A

Department	Division	Title	Tasks/duties in which Occupational Exposure might occur
Police	All	All sworn officers, CSO's, CPS, and reserves	Emergency medical care
Fire	All	All firefighters	Emergency medical care

Note: all City employees who have been designated and authorized by the City to render first aid treatment and/or CPR on a regular basis as part of their assigned duties/responsibilities are considered to be in Classification A.

Classification B

Department	Division	Title	Tasks/duties in which Occupational Exposure might occur
Finance	Building Maintenance	Building Maintenance Supervisor	Cleanup of public areas, sharps disposal
Finance	Building Maintenance	Assistant Building Maintenance Supervisor	Cleanup of public areas, sharps disposal
Finance	Building Maintenance	Technician	Cleanup of public areas, sharps disposal
Finance	Building Maintenance	Custodian	Cleanup of public areas, sharps disposal
Parks and Recreation	Ice Arena	Ice Arena Manager	Cleanup of public areas, sharps disposal
Parks and Recreation	Ice Arena	Ice Arena Maintenance Supervisor	Cleanup of public areas, sharps disposal
Parks and Recreation	Ice Arena	Ice Arena Lead Worker	Cleanup of public areas, sharps disposal