

LA MESA POLICE DEPARTMENT INSTRUCTION

MISCELLANEOUS: BLOODBORNE PATHOGENS CONTROL POLICY

No: 517

Adopted: Aug. 8, 2004

Page: 1 of 12

Ray Sweeney, Chief of Police

I. PURPOSE AND AUTHORITY

The Code of Federal Regulations, 29CFR 1910.1030, December 1991 and the California Code of Regulations (CCR), Title 8, Section 5193, (**See www.dir.ca.gov/title8/5193.html**) requires employers to develop and implement an exposure control plan for their employees. The regulatory agency for this standard is the California Division of Occupational Safety and Health, Department of Industrial Relations (Cal/OSHA).

II. BACKGROUND

Federal OSHA and Cal/OSHA have issued a standard requiring employers to take steps to protect workers who have occupational exposure to bloodborne pathogens such as HIV and HBV.

The rule and this program mandate controls, work practices and personal protective equipment along with training for all employees who may be reasonably expected to have contact with blood or other potentially infectious materials while performing their jobs.

III. POLICY

It is the policy of the City of La Mesa to maintain, insofar as is reasonably possible, a working environment that will not adversely affect the health, safety and well-being of its employees and citizens. Because not all working environments can be made completely safe from potentially hazardous bloodborne pathogens, the City has established a Bloodborne Pathogens program that will establish protections and safeguards for City employees exposed to these hazards.

IV. PURPOSE

The purpose of this standard is to reduce the risk of occupational exposure to blood and other potentially infectious materials that could result in the transmission of bloodborne pathogens.

V. SCOPE

The Police Department's Bloodborne Pathogen program covers all Department employees who have occupational exposures with blood or potentially infectious materials during their normal job duties. See Section VIII.A and Appendix I for the job classifications specifically covered under this program.

VI. DEFINITIONS

- **Exposure Incident:** Eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials.
- **Exposure Control Plan:** A written plan which includes methods of implementation and procedures to reduce occupational exposure.
- **Exposure Determination:** Identification of job classifications, tasks and procedures where occupational exposure occurs.
- **HBV:** Hepatitis B Virus causes chronic liver disease. There is no cure. Prevention is the way to control the disease.
- **HBV Vaccinations:** A vaccination program consisting of three inoculations over a six-month period.
- **HIV:** Human Immunodeficiency Virus which results in Acquired Immune Deficiency Syndrome(AIDS).
- **Infectious Materials:** Includes but is not limited to blood, semen, vaginal secretions, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, or any body fluid known to be contaminated with blood. This would also include blood, organs, or any unfixed tissue, animal or human, infected with HIV, HBV or other human bloodborne pathogens.
- **Occupational Exposure:** Contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- **Parenteral:** Piercing mucous membranes or the skin through such events as needle sticks, human bites, cuts and abrasions.
- **Personal Protective Equipment (PPE):** Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not considered personal protective equipment.
- **Protruding Objects:** any object that has the ability to penetrate or cut the skin and can be, but not limited to, glass, wire, rods, plastic, etc.
- **Source Individual:** An individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- **Sterilize:** A physical or chemical procedure to destroy all microbial or viral life.
- **Universal Precautions:** Concept whereby all human blood and bodily fluids are treated as if known to be infectious for HIV, HBV or other bloodborne pathogens.

- **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

VII. RESPONSIBILITIES

A. Chief of Police

1. Provide the resources necessary to obtain the appropriate safety equipment to reduce the risk of exposure to affected employees.
2. Ensure all employees in the high to moderate categories (see Section VIII.A and Appendix I) are offered Hepatitis B vaccinations in accordance with Section VIII.E.
3. Identify tasks and procedures where occupational exposure may occur.
4. Determine potential levels of exposure to bloodborne pathogens for specific job categories or classifications.
5. Provide specific training for those affected by the Bloodborne Pathogen Program and the Exposure Control Plan.
6. Document training.
7. Ensure all exposure incidents are reported and that the provisions of **Post Exposure Evaluations and follow-up** (Section VIII.F) are followed.
8. See that annual audits are conducted to determine the Exposure Control Plan effectiveness. Make recommendations to update the plan as necessary.
9. The Chief of Police may designate the Administrative Sergeant to assist with this function.

B. Command Staff and Sergeants

1. See that all incidents of exposure are reported.
2. Insure employees are wearing the proper personal protective equipment.
3. Ensure all employees in the high to moderate categories (see Section VIII.A and Appendix I) are offered Hepatitis B vaccinations in accordance with Section VIII.E.
4. Ensure all exposure incidents are reported through the Chain of Command to the Chief of Police and City Risk Manager and that the provisions of Post Exposure Evaluations and follow-up (Section VIII.F) are followed.

C. Affected Employees

1. Understand the applicable components of the Exposure Control Plan.
2. Adhere to the practices and procedures of universal precautions.
3. Report any exposure, accident, injury or illness to their supervisor as soon as reasonably possible.

D. All Department Employees

1. Reduce exposure to a minimum by following the procedures outlined in Section VIII.B.2(E).

E. City Risk Manager

1. Maintain a copy of the Police Department's Bloodborne Pathogen Program/Exposure Control Plan. Ensure a copy is made available to all employees upon request.
2. Assist in the development and review of the Program.
3. Assist in determining job categories affected by this program.
4. Assist in training, selection of materials, and development of compliance guidelines.
5. Act as a resource for the Program.
6. Assist in updating the plan as necessary.

VIII. EXPOSURE CONTROL PLAN

A. Employee Job Classification List for Exposure Determination

Exposure determination shall be based upon an employee's reasonable potential for exposure to blood or any other infectious materials that they may contact during their job duties. OSHA requires exposure evaluations based on the potential for job-related tasks leading to exposure. The program at the La Mesa Police Department is designed to cover those who are at a higher risk of exposure by establishing high, moderate, or low risk categories. All other employees will be evaluated and determined on an individual basis by the Administrative Sergeant assisted by the City Risk Manager. The three categories are as follows:

Category 1 - High Risk

Procedures or jobs that involve inherent potential for contact with blood, body fluids, tissues, mucous membranes, or skin contact that could possibly transmit the HBV, HIV or other bloodborne pathogen.

Category 2 - Moderate Risk

This category has been established for those employees who do not work in situations that routinely (day to day) involve contact with infectious materials. There is, however, a potential for exposure to these mediums.

Category 3 - Minimal Risk

This category involves no exposure to blood, body fluids or tissues such as are described in category 1. Exposure is very unlikely or anticipated.

See Appendix I for a list of job classifications and their risk category.

B. Work Place Controls and Compliance Methods

Engineering and work practices will be used, reevaluated and revised on a regular basis to ensure their effectiveness. This should eliminate or reduce employee occupational exposures. Whenever practical, these engineering controls shall be used as a first line of defense against exposure to blood borne pathogens. In areas where exposure to blood borne pathogens may occur, special procedures will be developed to insure safe handling of these potentially infectious fluids or media. The procedures will include proper handling, storage, transportation and analytical procedures. (Department specific procedures will be maintained in Appendix II of this policy.) These controls include:

1. UNIVERSAL PRECAUTIONS

Universal precautions require that all blood and certain body fluids be treated as if they were known to be infectious for HIV, HBV, and other bloodborne pathogens. All blood and blood products will be perceived as infectious regardless of the known status of the source individual. The following procedures specify handling, transportation, storage, and analytical protocols and shall be maintained with this exposure control plan.

2. ENGINEERING AND WORK PRACTICE CONTROLS

- a. The appropriate ventilation will be used, if applicable, based on the specific type of hazard present.
- b. The Department shall provide hand-washing facilities that are readily accessible to employees. When facilities are not available, employees shall be provided either with an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
- c. Employees shall wash their hands immediately, or as soon as possible, after the removal of gloves or other personal protective equipment.
- d. No eating, drinking, smoking, or application of cosmetics, lip balm or handling of contact lenses in work areas where the possibility of exposure exists.
- e. No foods or drink will be stored (including refrigerators, freezers, shelves, cabinets or on countertops) or consumed in areas where bloodborne pathogens may be present.
- f. Contaminated needles or sharps will not be recapped, bent, or broken unless the supervisor can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device if available or a one-handed technique.

- g. Immediately, or as soon as possible after use, all potentially contaminated sharps will be placed in a puncture proof, labeled, leak proof container and disposed of according to the County Guidelines in Appendix III (or properly impounded by the Police Department according to methods outlined in Appendix II).
 - h. All potentially infectious protruding objects will be placed in puncture resistant containers. (A box or corrugated container that can be disposed of in the manner outlined in letter g above.)
 - i. After use, or as soon as possible, reusable sharps will be placed in the appropriate containers for sterilization or reprocessing.
 - j. Supervisors are responsible for ensuring that employees wear the proper Personal Protective Equipment
 - k. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
 - l. All procedures must minimize splashing, spraying, spattering, and generation of droplets of infectious substances.
3. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment will be made available to employees upon entry into work areas where infectious materials may be present. This equipment will be removed immediately upon leaving these work areas and placed in the appropriate receptacle for storage, washing, decontamination or disposal. This equipment would include:

Gloves

Disposable gloves will be worn when the employee has the potential for direct skin contact with infectious materials. Disposable gloves shall be properly disposed of if visibly soiled, torn, or damaged. They will not be washed or disinfected for re-use. Gloves are not to be removed or worn outside the work area. (hypoallergenic gloves shall be provided to personnel who are allergic to the gloves normally provided.)

Non-disposable gloves used in the handling of potentially infectious material must be washed thoroughly with soap and water prior to removing.

Hand washing must follow removal of all gloves.

Masks / Eye Protection / Face Shields

This equipment will be worn singularly or in combination as guidelines specify. They will be worn when the potential exists for spattering, spraying, splashing droplets or aerosols of blood or any other potentially infectious materials may be present. This applies when the employee's eyes, nose, or mouth are potentially exposed to contamination.

Aprons / Gowns / Lab Coats / Disposable Shoe Covers

The appropriate protective clothing will be worn when the potential for occupational exposure is present. The garments shall be, but not limited to, aprons, gowns, lab coats, or any similar protective garment that provides an effective barrier against blood or any other infectious materials. Shoes and/or head covers will be worn as needed or as required by protocol.

Guidelines for use of Personal Protective Equipment (PPE)

- a. The Department shall provide personal protective equipment where necessary.
- b. The Department shall train and ensure their employees properly use the PPE available.
- c. The Department will clean, launder, or dispose of personal protective equipment at no cost to the employee.
- d. If a garment is penetrated by blood or other potentially infectious material, the garment shall be removed immediately or as soon as feasible.
- e. All personal protective equipment shall be removed prior to leaving the work area.
- f. When removed, PPE shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- g. Employees who fail to utilize PPE, as required, are subject to disciplinary action.

4. HOUSEKEEPING AND DECONTAMINATION

Disinfectants and/or germicides shall be applied to working area surfaces to ensure the area is maintained in a clean and sanitary condition. A written and posted policy with a schedule which outlines methods for decontamination and disinfection shall be implemented in these work areas where bloodborne pathogens may be used. All equipment and working surfaces shall be disinfected routinely after exposure to blood or any other potentially infectious materials.

- a. Working surfaces and equipment shall be cleaned after completion of working procedures, when these items are potentially contaminated or immediately after a spill of potentially infectious materials.
- b. Surfaces where infectious materials are used shall be protected with coverings such as imperviously backed absorbent paper, plastic wrap, or aluminum foil. These coverings shall be changed at the end of work or as necessary.
- c. Broken glassware which may potentially be contaminated shall be picked up by tongs, forceps, broom, dustpan, etc. At no time will employees pick up potentially contaminated broken glass with their bare hands. Protective clothing shall be worn during the cleanup, (example: goggles, face mask, appropriate gloves).

- d. All containers, cans or similar receptacles intended for use in disposal of these wastes will be enclosed or have a lid or top on the container. These containers will be collected at the end of working and disposed of according to the County Guidelines in Appendix III. Any reusable containers will be inspected, cleaned, and disinfected on a routine basis or as soon as possible or after visible contamination.
- e. Reusable items that may be potentially infectious will be decontaminated before washing or reprocessing.
- f. Laundry that potentially may be contaminated shall be collected from employees and cleaned. The employees who normally generate potentially contaminated garments shall be informed of the location and specific container for the garments. These garments will not be rinsed or sorted at the location of their removal. The employees who collect, wear, or process these garments shall wear the proper PPE, (gloves, lab coats, etc.) and receive training for bloodborne pathogen. The containers these garments are collected in will be labeled as biohazardous and described as soiled laundry. They must be closeable and leak proof bags or containers and must be color coded.

5. FIRST AID/CPR RESPONDERS

The City of La Mesa has a number of employees that are CPR and First Aid trained or may be put into a position where they might assist another employee or citizen with minor injuries involving contact with blood or other infectious materials. While pre-exposure precautions do not apply as outlined in Section VII.D.6, precautions must be taken by these individuals to avoid exposure. Employees must use the following guidelines to avoid possible exposure:

- a. The Department will have, as part of its required first aid supplies, several pair of disposable gloves and used as outlined in Section VIII.B.3.
- b. Serious injuries involving loss of blood shall be reported as soon as possible to the employee's Supervisor. If the supervisor is not immediately available, the Watch Commander shall be notified.
- c. Contact with the blood of an injured person should be avoided. For non-serious first aid injuries, allow the injured person to treat themselves. If contact and exposure is unavoidable, wear protective gloves.
- d. If blood or body fluid exposure occurs, you must notify your supervisor ASAP or if not available the Police Watch Commander. A *Supervisor's Report of Injury* form, a state *Worker's Compensation Form*, and a *County Communicable Disease Exposure Report* must also be filled out. (See Appendix IV).
- e. If you have not been trained in Bloodborne Pathogens Procedures, do not attempt to clean up any of the spilled blood, if present. This is considered biohazardous medical waste and must be cleaned up and disposed of according to waste regulations by a trained person.

f. REPORT ALL EXPOSURE INCIDENTS.

C. REGULATED/NON-REGULATED WASTE DISPOSAL

1. Disposal of Contaminated and Uncontaminated Sharps

- a. Contaminated sharps shall be packaged or discarded immediately or as soon as feasible in containers that are closeable, puncture resistant, leak proof on sides and bottom and properly labeled.
- b. Containers for sharps shall be easily accessible to personnel and located as close as possible to the area where sharps are used or can be reasonably anticipated to be found.
- c. When containers are moved, they must be closed to prevent spillage or protrusion.
- d. If leakage is possible, a secondary container must be used to prevent leakage during transport and handling. The secondary container must be properly labeled to identify the contents.

2. Regulated Biohazard Waste Disposal

- a. Regulated biohazard waste or evidence must be placed in containers that are constructed to contain all contents and prevent leakage of fluids during handling, storage, transport and shipping.
- b. All containers must be labeled with the contents and a biohazard symbol.
- c. Prior to removal from the area of use, it must be closed to prevent spillage or protrusion.
- d. If a secondary container is used to prevent spillage, it must also be closeable, labeled and closed prior to removal.
- e. Containers used for the containment and/or transport of biohazards must be leak resistant, have tight fitting covers, and be in good repair. The container must be red and labeled with the words "Biohazard Waste", or with the international biohazard symbol and the word "Biohazard" on the lid and sides so as to be visible from any lateral direction.

3. Contaminated/Non-Contaminated Protruding Objects

These are objects that may not normally be treated as sharps but have the potential of scratching, cutting, or puncturing the skin or container without special procedures and considerations for handling them. This places a special concern for those who collect and transport these items as waste haulers. These objects include but are not limited to needles, razor blades, scalpels, broken glass and/or plastic, sharp edged metals or wire, glass or plastic pipettes, or sharp plastic, etc..

Protruding objects that are potentially infectious are to be treated as contaminated sharps and should be disposed of in accordance with safe

handling procedures. All other protruding objects are to be disposed of in a puncture proof container, (a box should suffice) that can be taped closed and placed into the regular trash.

D. HEPATITIS B VACCINATIONS

HBV vaccinations will be made available to all employees in categories 1 and 2 (high and moderate) who are occupationally exposed to infectious materials at no cost. Each identified employee will receive information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, and the benefits of being vaccinated. The following provisions apply:

1. HBV vaccinations must be made available to all employees within 10 working days of initial assignment unless the employee has previously received vaccination, and antibody testing has shown the employee to be immune or unless contraindicated for medical reasons.
2. Category 1 and 2 employees must receive training in bloodborne pathogens.
3. If a worker initially declines the HBV vaccination he must sign a declination form(see Appendix V) to do so. If that worker, at a later date, decides to accept the HBV vaccination, it will be provided.
4. The Chief of Police or his/her designee will coordinate and schedule all HBV vaccinations to be given employees.
5. Three months following the vaccination series, a test for anti- bodies will be conducted.
6. If a routine booster dose of HBV is recommended by the US. Public Health Service at a future date, such booster will be made available to employees.
7. The City Risk Manager will maintain records of all those on the Hepatitis B vaccination program.
8. It is not required to offer pre-exposure vaccinations for voluntary first aid providers if the following conditions exist:
 - a. Rendering first aid is not the primary job assignment.
 - b. The employee does not render first aid on a regular basis at a location where injured employees regularly go for assistance.

Unvaccinated first aid providers will be offered HBV vaccinations following an exposure as outlined in Section VIII.E.

See Appendix V for the procedures and forms pertaining to the vaccination program.

E. POST EXPOSURE EVALUATION AND FOLLOW-UP (Mandatory)

After a report of an exposure incident, the following procedures must be followed:

1. The exposure incident must be reported to the Supervisor, or the Police Watch Commander as soon as possible. A *Supervisor's Report of Injury*, a *Worker's Compensation Claim form*, and a *Communicable Disease Exposure Report* (Appendix IV) must be completed. The City/Department shall make available to the employee a confidential medical evaluation and follow-up.
2. A full HBV vaccination series will be made available within 24 hours to those first aid providers that have not received the pre-exposure series.
3. Documentation will be made of the routes of exposure and the circumstances under which the exposure incident occurred.
4. Identification of the source individual must be made, if possible. The source individual's blood must be tested if consent (or court order) can be obtained. Source testing is not needed if it is already known the individual is infected with HBV or HIV. Results of the test must be made available to the exposed employee.
5. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to blood collections, but does not give consent for testing, the sample must be preserved for 90 days. The employee may elect, during that time, for testing to be done. Additional testing and collection will be made available as recommended by the US Public Health Service.

Information provided the Healthcare Professional

The following information shall be provided the attending physician:

- a. A copy of the standard (CCR Title 8, 5193).
- b. Description of affected employee's job duties and history regarding the occupational exposure. (Completed Exposure Incident Report)
- c. Documentation of the route of exposure and circumstances under which exposure occurred.
- d. Results of the source individual's blood testing, if available.
- e. All medical records relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professional's Written Opinion

The attending physician shall provide the Department with the following information in writing within 15 days from completion of the evaluation:

- a. An opinion whether or not a vaccination for Hepatitis B is indicated and if the series has been initiated.
- b. That the employee has been informed of the results of the evaluation.
- c. That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

F. LABELS AND SIGNS

Cal/OSHA requires communication to employees who may come in contact with bloodborne pathogens. This is accomplished using material safety data sheets, labels, warning signs, and employee training.

1. *Warning signs*

Warning signs will be posted on the doors outside of the rooms where potentially infectious materials are used. They will provide the following information:

- a. The international symbol for biohazard.
- b. The name of the specific biohazardous materials used in the location.
- c. The special requirements for PPE and other laboratory procedures.
- d. The name and telephone number of the Property Clerk.

2. *Warning Labels*

Labels shall be affixed to all collection or storage containers of potentially infectious materials. All containers, (sharps containers, bags, boxes, refrigerators, freezers, waste cans, and buckets), that collect, store, or transport these material must have a label indicating that the contents are biohazardous. These labels shall include the universal legend for Biohazard or a label that states Biohazardous waste. The label shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color. These labels will be affixed to a container in a manner as to prevent their removal. (For more information reference appendix IV of the IIPP manual for biohazard safety program).

G. TRAINING AND INFORMATION

The Administrative Sergeant will arrange or conduct employee training for bloodborne pathogens. Training shall be conducted prior to assignment of tasks where occupational exposures to infectious materials may occur. Training must be repeated every 12 months (annually) thereafter. The training will include the principles of biosafety, potential hazards associated with etiologic agents, universal precautions, the proper use of personal protective equipment (PPE), emergency procedures and the following:

1. A review of the standard and an explanation of its contents and how an employee obtains a copy.
2. An explanation of the epidemiological characteristics and symptoms of bloodborne diseases.
3. Information regarding the modes and methods of transmission of bloodborne diseases.

4. Information regarding jobs and tasks that involve exposure to bloodborne materials.
5. Information regarding the uses and limitations of engineering controls, personal protective equipment, and work practices that reduce the risk of exposure to infectious materials.
6. Information regarding the selection of the proper PPE (Personal Protective Equipment).
7. Information regarding the types of PPE, uses, location, handling, removal after use, decontamination and disposal.
8. Information regarding the HBV vaccine for administering, efficacy, and risks vs. benefits.
9. Explanation of warning signs and labels. (Hazcom)
10. Emergency procedures which includes incident reporting and medical follow-up.

IX. RECORD KEEPING

The Chief of Police or his/her designee shall establish and maintain an accurate record for each employee who has the potential for exposure to bloodborne pathogens in accordance with section 3204 of the CCR Title 8. These records shall include the following:

A. MEDICAL RECORDS

All medical records shall be confidential and will not be disclosed to any person except where regulation requires. Each record will be maintained for a period of at least (30) years and will include the following information:

1. The employees full name and social security number.
2. A copy of the HBV vaccination record or declination form.
3. A written record of all medical evaluations, results, recommendations, and follow-ups.
4. The attending physician's written evaluation.
5. Copies of all other information provided the healthcare professional.

B. TRAINING RECORDS

Training records shall be prepared and maintained by the Administrative Sergeant. These records shall include the following information:

1. The dates for the training session.
2. The contents, outline and summary of training information.
3. The names and qualifications of the person or persons conducting the training.
4. The names and job titles of all attendees.

C. RECORDS AVAILABILITY

These records will be made available in accordance with CCR Title 8 section 5193.

D. TRANSFER OF RECORDS

The employer shall comply with the requirements for transfer of records in accordance with section 3204 of CCR Title 8.

X. CONTRACT SERVICES

Companies contracting services which involve their employee's exposure to bloodborne pathogens must have their own exposure control plan with job specific guidelines for work at the contracted City of La Mesa worksite. The contractor must provide a written exposure control plan to the City Risk Manager, Chief of Police or his/her designee prior to the start of work.

XI. ANNUAL PROGRAM REVIEW

The Administrative Sergeant shall be responsible for annually reviewing the Exposure Control Plan in order to evaluate the program's effectiveness and shall recommend changes to the program as needed.

APPENDIXES

Appendix I	Department Employee Job and Risk Classifications
Appendix II	Special Department Specific Handling, Storage, Transportation, and Analytical Procedures
Appendix III	Disposal Procedures – San Diego County Guidelines
Appendix IV	County Communicable Disease Exposure Report
Appendix V	Hepatitis Vaccination Consent / Declination Forms
Appendix VI	Blood Testing Pursuant to Court Order