

Document Type: Regulation
Number: 6.01d
Effective: 10-28-13
Revised:
Legal References: I.G.S.H.S. 330
29 C.F.R.
1910.1030

COMMUNICABLE DISEASE EXPOSURE CONTROL

I. INTRODUCTION

The purpose of this regulation is to minimize and, where possible, eliminate employee exposure to communicable diseases. This plan includes requirements for immunizations, reporting exposures and post exposure follow-up, training, and general precautions to prevent or minimize exposure.

II. SCOPE AND APPLICATION

This plan applies to all employees who have an anticipated occupational exposure to bloodborne pathogens (BBPs) and other potentially infectious material (OPIM). For the purpose of this regulation, communicable disease is defined as diseases that can be transmitted through blood and/or bodily fluid or OPIM. Bloodborne pathogens are pathogenic microorganisms that may be present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B and A virus, and human immunodeficiency virus (HIV). All employees shall assume and treat human blood and OPIM as if it were contaminated with infectious disease. Examples of positions with anticipated occupational exposure include: fire fighters, law enforcement officers, janitorial crews, lifeguards, and select maintenance and operational positions.

III. IMMUNIZATIONS

The purpose of the Hepatitis B and A (HBV/HAV) vaccine is to minimize or eliminate employee susceptibility to these communicable diseases. All employees who have an anticipated occupational exposure will be offered the opportunity to be vaccinated against Hepatitis B and Hepatitis A viruses at no cost, during normal working hours, and in a timely manner from their initial assignment to the position with anticipated exposure. Supervisors shall be responsible for notifying their employees of the availability and process of completing the vaccination series.

The City will secure a preferred provider who will conduct immunizations according to the Advisory Committee on Immunization Practices of the US Public Health Services. The HBV/HAV immunization is a series of vaccination shots. After the final dose a blood draw can be performed to determine the HBV/HBA antibody level. If the level is low, a booster may be necessary to adequately protect the employee. The City permits employees to complete the Hepatitis B series or the combination Hepatitis B/Hepatitis A series for immunizations.

A. Immunization Process

To complete or decline the vaccination series, employees will need to:

1. Complete the Hepatitis B Vaccination Declination or Acceptance form (Exhibit 6.01dd) and submit it to their supervisor for retention. Supervisors shall provide Risk and Safety Services with a copy of the form.
 - a. Employees who wish to **decline** the vaccination series will complete Section I (Declination of the Hepatitis Vaccine) of the form. Employees may choose to accept the Hepatitis Vaccination Series at any point after initially declining.
 - b. Employees who wish to **accept** the vaccination series will complete Section II (Acceptance of the Hepatitis Vaccine) of the form.
2. With their supervisor or designee, complete the Vaccination Voucher Form (Exhibit 6.01ddd) from the City's preferred provider and schedule a visit. This voucher must be completed and accompany the employee for each visit during the vaccination series.

IV. REPORTING EXPOSURES TO BLOODBORNE PATHOGENS AND FOLLOW-UP PROCEDURES

A. Reporting Procedures

Should an employee suspect that they have been exposed to blood or OPIM, the employee must report the exposure to their supervisor immediately. In the case of significant exposures (needlesticks; blood/OPIM contact with non-intact skin or mucous membranes) employees are strongly encouraged to seek medical attention immediately, but no later than two hours after exposure. If the exposure is only on clothing, appropriate decontamination procedures should be followed.

Once a supervisor is notified of an exposure, the supervisor will complete an SD-1 First Report of Injury or Illness Form and submit it to Risk and Safety Services. Supervisors shall document on the SD-1 form the route of exposure, and the circumstances under which the exposure incident occurred.

B. Follow-up Procedures

When an employee experiences an occupational exposure, supervisors are responsible for offering and making available medical attention for review of treatment options available. After any exposure, medical records will be maintained confidential and will be shared on a "need to know basis". The City's preferred provider will maintain all the necessary medical forms.

V. TRAINING

All employees with assigned duties that are considered to have an anticipated exposure to bloodborne pathogens will receive training on this Communicable Disease Exposure Control Plan. The content of the training program will include:

- A. The Communicable Disease Exposure Control Plan;
- B. The types of BBPs and how they are transmitted between individuals;
- C. General safety rules;
- D. Universal precautions;
- E. Personal Protective Equipment;
- F. Medical waste disposal procedures;

- G. Post-exposure treatment and procedures; and
- H. Vaccinations.

VI. GENERAL PRECAUTIONS

- A. Supervisors must ensure their staff is trained in proper work practices that may be specific to the work they perform and monitor their understanding of universal precautions, personal protective equipment and proper cleanup and disposal techniques for contaminated material.
- B. All blood, bodily fluids, and OPIM encountered by City employees will be treated as infectious for BBPs.
- C. All employees performing tasks with reasonably anticipated exposure to blood or OPIM will be provided with and are required to use appropriate PPE.
- D. For employees designated to provide emergency First Aid or CPR, supervisors shall ensure that nitrile gloves are provided, as well as resuscitation equipment such as pocket masks.
- E. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a potential for exposure to any health hazard. Food and drink shall not be stored in refrigerators, freezers, cabinets, or in other areas of possible contamination where blood or OPIM exists.
- F. According to the level of risk, whenever there is a possibility that body fluids or OPIM could come in contact with skin or clothing, the wearing of protective clothing, gowns, aprons, or lab coats may be required.
- G. Gloves must be made of appropriate disposable material (nitrile or vinyl) and shall be used in the following circumstances:
 - 1. When performing job duties with potential exposure if the employee has cuts, abraded skin, chapped hands, dermatitis, or similar conditions;
 - 2. When providing First Aid;
 - 3. When performing custodial duties; or
 - 4. When working in or around sewage of any type.
- H. Employees shall:
 - 1. Wash their hands or any exposed area of skin immediately or as soon as feasible;
 - 2. Wash their hands after removing gloves or other personal protective equipment; and
 - 3. Flush mucous membranes with water immediately or as soon as feasible after contact with blood or OPIM.

Employees should wash hands and any other skin with non-abrasive soap and water. Antiseptic towelettes should be made available and used until an employee has an opportunity to wash their hands with soap and water.

- I. If clothing or equipment is thought to be contaminated, it must be placed in a separate container for storage, washing, decontamination, or disposal. Care should be taken not to spread the contamination to other areas.

- J. All procedures involving the handling of blood or potentially infectious agents must be performed in a manner that will minimize splashing, spraying, or misting.
- K. Warning labels shall be affixed to containers of waste contaminated with blood or OPIM, or containers or bags used to store, transport, or ship blood or OPIM. Labels shall contain the universally accepted "BIOHAZARD" symbol.
- L. Surfaces and equipment contaminated of blood or OPIM should be decontaminated as soon as feasible with a solution of 1 part bleach to 10 parts water or any EPA-approved disinfectant. At a minimum, employees shall wear non-permeable gloves and a face shield when performing decontamination procedures.
- M. To avoid contact, sharps (syringes, needles, broken glass, or razor blades) shall be collected using tweezers, tongs, pliers, broom and dustpan, or shovel, and placed into a ridged, puncture-resistant, container which is labeled "BIOHAZARD".