

BACKGROUND

The employees of the City of Oak Harbor are in the business of providing service to the citizens of this community. Part of this obligation may require employees to come into contact with body fluids, such as blood, or other potentially infectious materials (OPIM). This may be done as a regular part of their duties as an emergency responder or a police officer, as a refuse collector disposing of citizens trash, working in the sanitary sewage treatment plant, cleaning up litter in the park, or as a clerical person performing first aid on another employee. Needless to say, there are a variety of methods by which this exposure may occur.

POLICY

Since being exposed to a Bloodborne pathogen may lead to sickness such as hepatitis, AIDS or malaria, and since the City of Oak Harbor wants to assure our employees as healthy a work environment as possible, it is the policy of the City of Oak Harbor to comply with all sections of the Washington Administrative Code and all other statutory requirements regarding the prevention of occupational exposures to Bloodborne pathogens. The following **EXPOSURE CONTROL PLAN** document will be considered the City policy and procedure. Failure to comply with this document will result in discipline up to and including termination.

AUTHORITY

The City of Oak Harbor's Blood Borne Pathogen Policy (BBP) is in accordance with and in compliance of the most current version of WAC 296-823. For additional information refer to WAC 296-823.

(added July 2015)

DEFINITIONS

BIOHAZARD

The existence of a condition which may pose a threat of illness to a human from contact with a biological material. Usually used to describe something contaminated.

BIOHAZARD LABEL

A label affixed to containers of regulated waste, or containers of blood or other potentially infectious materials. Universally recognizable and must be used to ship or store containers of contaminated materials.

BLOOD

Human blood, human blood products and products made from human blood.

BLOODBORNE PATHOGEN

Disease causing (pathogenic) microorganism that is present in blood. Including, but not limited to, Hepatitis B (HBV), human immunodeficiency virus (HIV), malaria and syphilis.

CONTAMINATED

The presence or the reasonably anticipated presence of blood or other potentially infectious materials on a person or on something which could reasonably be anticipated to come into contact with a person. This includes clothing, personal protective equipment, work equipment and materials.

CONTAMINATED LAUNDRY

Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps shall be considered contaminated.

CONTAMINATED SHARPS

Any contaminated object that can penetrate the skin, including, but not limited to: needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires are considered contaminated sharps.

DECONTAMINATION

The clean-up of a contaminated surface by use of chemical or mechanical means. Decontamination is designed to destroy Bloodborne pathogens to a point where they are no longer infectious. The result of decontamination is that the surface is rendered safe for handling by people. The contaminated surface shall be decontaminated as soon as practical.

DISINFECTANT

Can be used in a solution for disinfecting and cleaning reusable equipment. Spray bottle with a pre-mix solution may be located on all apparatus. The solution, if used, shall be changed on a monthly basis. In accordance with WAC 296-823-14055 a concentration of household bleach (5.25%) and a water mixture ration of 1:10 provides an appropriate disinfectant for TB, HIV and HBV. To obtain a 1:10 ration mix 1/3 cup of bleach to a container, then add sufficient water to make one quart of mixture. OR - use a pre-mixed commercially purchased disinfectant.

ENGINEERING CONTROLS

The use of mechanical devices to isolate or remove people from coming into contact with blood or other potentially infectious materials. Some examples are plastic barriers, rigid containers for waste and tongs.

EXPOSURE CONTROL

The use of engineering controls, personal protective equipment, education, and enforcement to control exposures to blood or other potentially infectious materials.

EXPOSURE CONTROL PLAN

The written document, which is required by law, identifies regulations to protect employees from exposure to blood and other potentially infectious materials. It is City policy and is required to be read, understood and followed by all employees, in all operations.

EXPOSURE INCIDENT

A specific eye, mouth, or other body contact with blood or other potentially infectious materials or with a contaminated surface which results from performance of an employee's duties.

EXPOSURE SOURCE

The person, living or dead, or item which is the cause of the exposure incident. If it is a person, that person is referred to as a Source Individual for documentation purposes.

HAND WASHING FACILITY

A facility providing running potable water, soap, and single use towel or drying machine.

HBV

The B type virus of Hepatitis. There are also four other types: A,C,D and E. HEP: A&BV are the only types with a vaccine. There is a 40 – 180 day incubation period from the time a person contacts the virus. Some of the complications of the virus are chronic liver disease, cirrhosis, and cancer.

HIV

Human Immunodeficiency Virus. The precursor to Acquired Immune Deficiency Syndrome (AIDS). There is no vaccine for HIV.

LICENSED HEALTH CARE PROFESSIONAL

A person whose legally permitted scope of practice allows him/her to perform the activities required by this rule. (amended 11-21)

OCCUPATIONAL EXPOSURE

An exposure incident occurring at work.

OTHER POTENTIALLY INFECTIOUS MATERIALS

- (1) All body fluids, except tears and sweat. All body fluids visibly contaminated with blood, and all body fluids which cannot be distinguished.
- (2) Any unfixed tissue or organ from a living or dead human.
- (3) HIV or HBV cells or tissue or blood, organs or tissue from experimental animals infected with HIV or HBV.

PARENTERAL

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

PERSONAL PROTECTIVE EQUIPMENT

Specialized clothing and equipment designed, issued and to be worn by an individual employee for protection in a hazardous environment. Regular work clothes not designed to protect against a hazardous environment are not considered personal protective equipment.

REGULATED WASTE

Any blood, liquid or dried, or other potentially infectious materials, contaminated items which would release blood or other potentially infectious material, and any containers identified as containing biological hazard.

SOURCE INDIVIDUAL

The person who is the cause of the exposure incident.

STERILIZE

The method of total destruction of microbial life, including highly resistant bacteria.

UNIVERSAL PRECAUTIONS

An approach to control an exposure incident by considering ALL body fluids as containing HIV or HBV or other potentially infectious materials.

WORK PRACTICE CONTROLS

The control of an exposure incident by altering the method by which a job is performed.

GENERAL REQUIREMENTS

The following parts identify the minimum requirements for employees to prevent exposure to blood or other potentially infectious materials (OPIM), what actions shall be taken when an exposure occurs, including chain of command communications and required record keeping. These requirements are based on state and federal law, and the key is personal responsibility. This Exposure Control Plan shall be adhered to by all employees. Failure to follow these requirements shall result in discipline up to and including termination.

UNIVERSAL PRECAUTIONS

The Washington Administrative Code mandates Universal Precautions at all times to prevent contact with blood or other potentially infectious materials (OPIM). It is difficult or impossible to differentiate between body fluid types under circumstances present in the workplace. Therefore, ALL BODY FLUIDS SHALL BE CONSIDERED POTENTIALLY INFECTIOUS MATERIALS, including blood, unfixed tissue, or organs of a living or dead human.

HEPATITIS B VACCINATION INFORMATION

All employees who have a reasonably anticipated occupational exposure to hepatitis B and have received training, shall be offered the opportunity to receive the hepatitis B vaccination series and any boosters as recommended by law. Getting the hepatitis B series is not mandatory, nor is it a bona fide occupational qualification.

The hepatitis B vaccination shall be offered to all employees within 10 days of initial assignment, unless the employee has previously received the complete hepatitis B series; unless the antibody testing has revealed that the employee is immune to hepatitis B, or that the vaccine is contraindicated for medical reasons.

An employee may decline to receive the hepatitis B series initially, and change his or her mind and receive the series at any time they perform duties where there is a reasonably anticipated occupational exposure to hepatitis B.

If an employee declines the hepatitis B vaccination series, the employee shall sign a statement indicating the declination. Appendix A – Forms – Hepatitis B Vaccination Decision Form.

HEPATITIS A VACCINATION INFORMATION

In accordance with the City's Personnel Policies Manual: "Employees who may be exposed to hepatitis A or hepatitis B, as indicated in the Bloodborne Pathogen Exposure Control Plan, have the option to receive hepatitis A and/or hepatitis B vaccinations paid for by the City of Oak Harbor. Employees will be advised during orientation of the risks of exposure and will be given the opportunity to accept or decline the vaccinations.

IDENTIFIED CLASSIFICATIONS

Identified under this section are all City departments, except police and fire, the classifications which are reasonably anticipated to become exposed to blood or other potentially infectious materials, and the specific actions to prevent or mitigate the exposures, as identified and approved by the departments. If there is not a reasonably anticipated exposure, that also is indicated.

Classification		EXP Yes	EXP No	Anticipated Method of Exposure
Administration				
	City Administrator		X	
	Executive Assistant to Mayor		X	
	Executive Asst. to City Admin		X	
	Human Resources Director		X	
	HR Analyst/Elec. Media Spec.		X	
	Administrative Assistant – HR		X	
Legal Department				
	City Attorney	X		Defendant Contact
	Assistant City Attorney	X		Defendant Contact
	Administrative Assistant – Legal	X		Defendant Contact
	Paralegal	X		Defendant Contact
Engineering Department				
	City Engineer	X		Sanitary sewer emergency
	Administrative Assistant – Eng		X	
	Project Engineer(s)	X		Sanitary sewer emergency
	Civil Engineer(s)	X		Sanitary sewer emergency
	Construction Inspector	X		Sanitary sewer emergency
	Engineering Technician	X		Sanitary sewer emergency
	Interns / Seasonal Laborer(s)	X		
Building Division				
	Building Official	X		Grease traps, inspection of remodeling projects
	Plans Examiner	X		Grease traps, inspection of remodeling projects
	Building Inspector	X		Grease traps, inspection of remodeling projects
	Permit Coordinator		X	
Finance Department				
	Finance Director		X	
	Accountants		X	
	City Clerk		X	

Classification	EXP Yes	EXP No	Anticipated Method of Exposure
Accounting Technicians (all)		X	
Cashier/Receptionist		X	
Marina			
Harbormaster	X		Maintenance of restroom pumpout facility
Assistant Harbormaster	X		Maintenance of restroom pumpout facility
Marina Maint Attendant II	X		Maintenance of restroom pumpout facility
Marina Maint Attendant I	X		Maintenance of restroom pumpout facility
Marina Customer Svc Tech		X	
Seasonal Labor (s)	X		Maintenance of restroom pump out facility
Planning & Community Development			
Director of Development Services		X	
All Planners & Admin Staff		X	
Public Works Department			
Director of Public Works	X		
Administrative Assistant - PW		X	
Budget & Purchasing Spec.		X	
Treatment Plant Supervisor	X		Raw sewage, body fluids
All Treatment Plant Employees Leads, I & II OIT	X		Raw sewage, body fluids
Lead Equipment Mechanic	X		Equipment maintenance
Storm Drain & Collection System Lead, I & II	X		Raw sewage, body fluids
Equipment Mechanic	X		Equipment maintenance
Laboratory Technician	X		Raw sewage, body fluids
Parks Specialist Lead, I & II	X		Cleaning restrooms, park facilities, litter control
Solid Waste Specialist Lead, I & II	X		Handling garbage

Classification	EXP Yes	EXP No	Anticipated Method of Exposure
Public Works Ops Manager(s)	X		Raw sewage, streets
Public Works Seasonal (s)	X		Parks Maintenance, Cleaning, Trash Collection
Street Specialist Lead, I & II	X		Cross training
Water Specialist Lead, I & II	X		Cross training
Water Coordinator		X	
Senior Services			
Director - Senior Services	X		Body fluids, first aid, CPR
Program Coordinators	X		Body fluids, first aid, CPR

Fire and Police Departments are required by WAC's and RCW's to have and maintain Blood Borne Pathogen Programs and as such meet all the requirements of the City of Oak Harbor's Blood Borne Pathogen Program.

INFECTION CONTROL POLICY

Bloodborne pathogens

PURPOSE – The purpose of this policy is to apply all known and reasonable procedures to prevent or reduce the risk of bloodborne disease transmission or exposure to potentially infectious materials.

RESPONSIBILITY – It shall be the responsibility of each at-risk employee and their supervisor to ensure this policy is followed.

The City shall not be liable to any employee that suffers damages as a result of their own failure to follow the proper procedures. It may be grounds for discipline up to and including termination for any employee who fails to follow the procedures in this plan.

ENGINEERING AND WORK PRACTICES CONTROLS – Engineering and work practice controls shall be researched and used if applicable, anytime there is a known or anticipated exposure to bloodborne pathogens.

Engineering controls are those controls which eliminate human contact with the potential exposure to bloodborne pathogens. Examples of engineering controls are: automated refuse collectors, tongs for handling contaminated materials, sharps containers.

All procedures involving blood or other potentially infectious materials (OPIM) will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

1. Classification of Work

- a. **Engineering Department** – Employees are at potential risk when responding to emergencies at the City’s wastewater treatment facilities and major breaks in the sanitary sewer system mains that would require assistance from engineering staff.
- b. **Building Department** – Building division employees may be at risk of encountering blood borne pathogens when inspecting grease traps or performing inspections of remodeling projects involving used toilet facilities.
- c. **Legal Department** – Attorneys and office staff are at risk of being exposed to body fluids when dealing with defendants who may attack or spit on them.
- d. **Marina Facility** – Employees are at potential risk of being exposed to bloodborne pathogens when emptying and maintaining the restroom pumpout barge, operating the fuel dock pumpout system, cleaning restrooms, or rendering first aid or CPR.
- e. **Public Works** – Employees are at potential risk of exposure to bloodborne pathogens by encountering raw sewage during sewer inspection of lines and manholes, performing duties at the wastewater treatment plants, and by performing first aid and CPR in the field under emergency conditions. Park employees may encounter other potential infectious materials while maintaining park grounds, cleaning restrooms and facilities or rendering first aid and CPR.
- f. **Senior Center** – Adult Day Care Program providers may be at risk of being exposed to bloodborne pathogens when assisting the elderly who may be incontinent or have open sores or injuries that require dressing changes or re-bandaging. CPR and first aid assistance would also present potential exposure to Senior Center employees.

2. Infection Control Procedures

a. Medical Abatement Program

- i. All at risk personnel are encouraged to maintain a current tetanus vaccination.
- ii. All at risk personnel will be offered the Hepatitis A & B vaccination series without charge, within ten (10) days of their initial assignment. If an employee declines, he or she must sign a refusal slip to be placed on file with the City Supervisor. See Appendix A – Forms.

b. Personal Protective Equipment – When an employee has an anticipated exposure to a bloodborne pathogen and the exposure can not be controlled through engineering or work practice controls, personal protective equipment shall be provided.

- i. The equipment shall be provided at no cost to the employee and shall be decontaminated and/or replaced as necessary by the department.
- ii. All employees shall wear the personal protective equipment whenever there is a potential for an exposure.
- iii. Personal protective equipment shall only be considered appropriate when it does not permit blood or other potentially infectious materials to come in contact with the employee's street clothes, undergarments or skin.
- iv. All personal protective equipment shall be approved by the department head.
- v. Personal protective equipment shall be appropriate for the anticipated exposure. Some examples of PPE are latex (surgical) gloves, surgical masks, face-shields, disposable coveralls, and disposable boots.
- vi. If the PPE is penetrated by blood or OPIM, the PPE shall be removed immediately or as soon as feasible.
- vii. All PPE shall be removed before leaving the work area and placed into an appropriate designated area or container for storage, washing, decontamination, and/or disposal.
- viii. If gloves are used for protection, the following precautions shall be taken:
 - (1) Disposable gloves shall be replaced as soon as practical when contaminated.
 - (2) Disposable gloves shall not be washed or decontaminated for reuse.
 - (3) Reusable gloves may be decontaminated for re-use if the integrity of the glove is not compromised. Reusable gloves shall be thrown away if the glove is contaminated and cracked, torn, punctured, or when their ability to function as a barrier is otherwise compromised.
- ix. Masks, eye, and face protection shall be worn when there is an anticipated exposure to splashes, spraying, or spatter of blood or OPIM.
- x. Other body protection, such as disposable coveralls, over-boots and aprons shall be worn when there is an anticipated exposure to blood or OPIM.

- c. **Equipment and Location** – All items listed shall be restocked by a designated department employee after use.
- i. **Disposable Gloves** – Gloves shall be kept in all work centers and in all first aid kits in engineering, building, marina, public works, and senior center vehicles.
 - ii. **Resuscitation Equipment** – All first aid kits must carry resuscitation masks to prevent the exchange of potentially infectious material in the event of CPR/first aid is performed.
 - iii. **Disinfectant Waterless Hand Cleaner** – Clean rags or paper towels and disinfectant waterless hand cleaner shall be carried in all engineering, building, marina, public works and senior center vehicles for routine and field use to decontaminate when soap and water is not available.
 - iv. **Cleaning solution** – Virahol *or other approved cleaning solution as outlined in WAC 296-823-14055* shall be used when cleaning reusable equipment. This product shall be kept in all engineering, building, marina, public works and senior center vehicles and in the work centers.
 - v. **Infectious Waste Bag** – Each vehicle shall carry large RED plastic bags for the transportation of possible contaminated equipment. The bags shall be labeled using a biohazard label and closed prior to handling, storing or shipment.
 - vi. **Bio-Hazard Mask (disposable)** – For use to protect the mouth and nose from blood or body fluids. This item shall be carried in all engineering, building, marina, public works and senior center vehicles.
 - vii. **Eye Goggles or Full Face Shield** – Eye goggles/face shields are to be used to protect eyes from blood and body fluids. This item shall be carried in all engineering, building, marina, public works and senior center vehicles.
 - viii. **Sharps Disposal Box** – A Sharps Disposal Box shall be carried in park maintenance vehicles to be used to dispose of “sharp” objects such as needles.
- d. **Operating Procedures for the Prevention of Transmission of HIV/HBV** – These procedures shall be adhered to without exception.
- i. **Personnel Procedures:**
 - (1) All employees shall routinely use disposable gloves when exposed to sewage or other potentially infection materials or performing first aid.
 - (2) Disposable gloves shall be worn when cleaning equipment after inspection or during data collection procedures when the possibility of contact with sewage or other potentially infectious materials is present.
 - (3) If first aid is given to more than one person, gloves shall be changed and disposed of after contact with each individual.
 - (4) Protective eye wear with bio-hazard_mask shall be used anytime blood or other body fluids may come in contact with the eyes, mouth or nose.

- (5) Hands and other skin surfaces shall be washed immediately if contaminated with blood or other body fluids. They shall be washed immediately after disposable gloves are removed. Employees are instructed not to eat, smoke, drink, apply cosmetics, or handle contact lenses while wearing gloves. Flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
 - (6) Antiseptic hand cleaner shall be used in the field to wash hands and Virahol or other approved solution for disinfecting equipment.
 - (7) Hand washing facilities shall be provided at all locations where there is an anticipated exposure to bloodborne pathogens. If the anticipated exposure is to a crew working in the field, an approved portable pressure tank may be used. There shall be a sufficient amount of soap and water to wash the greatest number of anticipated washings of the crew. When the anticipated exposure is to an individual, antiseptic hand cleaner or towelettes may be used. However, if antiseptic hand cleaner or towelettes are used, the exposed areas shall be washed with soap and running water as soon as possible. Also, employees using personal protective equipment (PPE) shall wash with soap and water as soon as possible after removal of PPE.
 - (8) Contaminated syringes or needles shall be handled only in accordance with approved one-handed methods or with approved devices. Needles shall not be bent, recapped, or removed unless authorized by the department head and the employee is specifically trained to do so.
 - (9) If potentially contaminated syringes or needles are discovered on City property, the devices shall be placed in approved containers. After securing in an approved container, the Police Department shall be notified for disposition.
 - (10) Eating, drinking, smoking, applying cosmetics, lip balm, or handling contact lenses are prohibited in work areas, including field locations, where there is an anticipated exposure to bloodborne pathogens.
 - (11) All CPR shall be done by using resuscitation masks or other devices, never mouth to mouth.
 - (12) Personnel who have open sores, cuts, etc., shall refrain from all direct contact with raw sewage, blood or any body fluids.
 - (13) Female personnel who are pregnant should realize the infant is at risk of infection resulting from prenatal transmission. They should refrain from direct contact with bloodborne pathogens or OPIM when possible and strictly adhere to these procedures.
- ii. Housekeeping – Departments shall ensure that the worksite is maintained in a clean and sanitary condition. Supervisors shall determine and implement an appropriate written schedule for cleaning and a method for decontamination. If the anticipated exposure location is in the field, the supervisor shall determine if and when decontamination is necessary and implement the appropriate actions.
- (1) All equipment and environment, including work surfaces shall be cleaned and decontaminated after known or suspected contact with blood or OPIM.

- (2) All protective coverings, such as plastic wrap used to cover equipment, shall be removed as soon as feasible.
- (3) All bins, cans, pails, or similar devices which are anticipated to become contaminated shall be visually inspected and cleaned on a regular schedule. If there is visible contamination, they shall be cleaned immediately.
- (4) All refuse anticipated to be contaminated with blood or OPIM shall be handled with a mechanical device.

iii. **Equipment Cleaning Procedures** – Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing and shall be decontaminated. Emergency service equipment may be used while contaminated to complete the assignment. However, upon completion of the immediate assignment the vehicle shall be removed from service and the contaminated area decontaminated prior to the next use. The contaminated area shall be identified with an approved BIOHAZARD label, and all affected employees, including maintenance personnel, shall be informed of the hazard until decontaminated.

- (1) A designated area at the City maintenance facility shall be identified for cleaning of contaminated clothing and equipment.
- (2) Virahol or other approved solution shall be used to clean equipment.
- (3) Anytime clothing, rain gear, boots, shoes, or gloves are contaminated, they shall be cleaned as soon as possible.
- (4) To protect employees from exposure to potentially infectious materials, all surfaces shall be decontaminated after equipment has been used or in contact with contaminated materials, blood, sewage, waste, etc.

iv. **Laundry Procedures**

- (1) Soiled clothing shall be removed as soon as possible and disposed of or properly disinfected prior to reuse. Do not wear home.
- (2) Use rubber disposable gloves or reusable rubber gloves when bagging soiled equipment or clothing or when removing equipment from bags for decontaminating.

v. **Waste Management** – To prevent the spread of known or potential infectious disease, a waste management program will be implemented. The program will be implemented as soon as the potential exposure is discovered. The City will use red plastic bags, identified with the biohazard label for contamination containers. If the contaminated materials are evidence and used in a criminal proceeding, the containers shall be transported only by the Public Works Solid Waste Division under direction of police department personnel.

- (1) When PPE is removed it shall be placed in an appropriate biological hazard container. The container shall be:
 - (a) Closable,
 - (b) Constructed to contain all contents and prevent leakage of fluids,
 - (c) Labeled biohazard and colored red, and
 - (d) Closed prior to removal.
- (2) Disposal of all infectious waste shall be done in accordance with all federal, state and local requirements.
- (3) Prior to the discarding of 'sharps containers' the container shall be filled with liquid Plaster of Paris and allowed to hardened. Island County Solid Waste will accept sharps containers that have been secured with Plaster of Paris.

3. **Communication, Education and Training** – Communication of the potential hazards from blood or OPIM contaminated materials shall be by means of labels or signs, with the appropriate "biohazard" label, red bags or red containers.

All employees working in classifications identified as having a reasonably anticipated potential for an occupational exposure to blood or OPIM, shall be trained prior to initial assignment, upon change in assignment, and annually thereafter.

- a. Initial Training – An initial training program covering these polices and procedures shall be given during regular work hours to all at-risk employees.
- b. Training Content – The training shall include information on epidemiology, modes of transmission and prevention of bloodborne diseases. An explanation of the infection control policy, methods or work practices that will prevent or reduce exposure and the procedure to follow if an exposure occurs will also be included.
- c. Refresher (Annual) Training – Refresher training shall be given annually.
- d. Training Records – Training records shall be kept in the employee's personnel file for at least three (3) years after the training.

4. **Exposure Reporting, Documentation and Medical Management**

- a. **Failure to Use Protective Equipment or Precautions**
 - i. Failure to use Personnel Protective Equipment shall be reported to the immediate supervisor within twenty-four (24) hours of any possible exposure.
 - ii. The supervisor shall review the failure with the employee and determine the severity of the exposure. A Post Exposure Form (Appendix A) shall be filled out within twenty-four (24) hours if any exposure to blood or body fluids occurred. Additionally, the City's *On the Job Injury Report* is required to be completed.

b. Failure of Protective Equipment In Use

- i. If gloves or other protective devices should fail while in use, they shall be replaced as soon as possible. Decontamination of all exposed skin shall follow as soon as possible.
- ii. The immediate supervisor shall be notified. The employee shall check to see if they have any cuts, open wounds, etc., to determine the severity of exposure for documentation.

c. Percutaneous Exposure to Blood or Other Body Fluids (needle sticks, cuts, bites, or mucous membrane exposure, such as a splash to the eyes, nose, or mouth).

- i. Such exposure shall be addressed as quickly as possible; and the employee shall be replaced by another employee so soap and water or cleaners can be used to reduce contamination.
- ii. Flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- iii. A report of the exposure to the immediate supervisor on the scene is necessary in order for a decision to be made, based on whether this is a probable exposure or a known exposure.
- iv. If an employee is exposed; documentation of the exposure, using the Post Exposure Report Form shall be completed and forwarded to the Infection Control Officer.

All exposures that enter the responders body via; needle sticks, cuts, open sores, mucous membranes, mouth, absorbed through the skin, or any other open portal shall be required to seek medical treatment and/or evaluation. This evaluation shall be completed as soon as possible after the exposure. The testing process may include serologic testing of the responder and the patient, counseling, immunization and/or medications. All testing or medical follow-up will be at no cost to the employee. This requirement is in accordance with WAC 296-823-160

- v. All Post Exposure Forms shall be sent to the Director of Human Resources for filing and a copy of the form shall be given to the exposed employee. *All records required by WAC 296-823-160 are to be confidential. The contents are not to be disclosed or reported without the employee's express written consent to any person within or outside the work place except as required by this regulation or as required by Washington State Law.*

d. Post-Exposure Evaluation and Follow Up

- i. Upon notification of an exposure to blood or other potentially infectious materials (OPIM), the employee will be given the opportunity to have a confidential medical evaluation and follow-up at the doctor of their choice.
- ii. The immediate supervisor of the employee exposed to blood or OPIM shall perform an investigation of the exposure immediately after the exposure. A copy of the evaluation shall be provided to the person performing the medical evaluation. The Post-Exposure Evaluation Form (Appendix A) shall contain the following information:

- (1) Employee biographical information,
 - (2) Circumstances under which the exposure incident occurred,
 - (3) The route of exposure,
 - (4) A description of the exposed employee's duties as they relate to the exposure incident,
 - (5) The identification of the person who was the source of exposure,
 - (6) If the source of exposure was not a person, the sources of the exposure,
 - (7) All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the City's responsibility to maintain.
 - (8) The Post Exposure Evaluation Form shall be presented to the health care professional evaluating the employee. (revised 7-15)
 - (9) In accordance with WAC 296-823-16025, a copy of WAC 296-823-160 must be provided to the health care professional. This may be found at <http://www.lni.wa.gov/rules/> (added Oct 2016)
- iii. The Human Resources Office shall obtain a copy of the health care provider's written opinion within fifteen (15) days of the evaluation and shall provide the exposed employee a copy.
- (1) The health care professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:
 - (a) That the employee has been informed of the result of the evaluation; and
 - (b) 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.
 - (c) All other findings or diagnoses will remain confidential and will not be included in the written report.
- iv. After an exposure, an employee shall be given the opportunity to have their blood tested for the presence of hepatitis B (HBV) and human immunodeficiency virus (HIV).
- v. After an exposure an employee shall be given the opportunity for counseling.

5. Administration

a. Compliance Monitoring

- i. The immediate supervisor shall make sure all safety precautions are followed when employees are scheduled to work at a potentially contaminated site. The supervisor is responsible for the decontamination of equipment and the work area at the end of the day.
- ii. The immediate supervisor shall ensure that proper documentation is done for medical reports. The employee and the Supervisor shall complete the

'Employee's Report of on-the-Job Injury' report. This report is located in the public drive / folder. This report must be submitted within 24-hours of the incident.

- iii. All employees shall ensure that all equipment used is reported for replacement, restocking or refilling.

b. Record Keeping

- i. Individual employee medical records shall be kept in the Human Resource's Office – Medical Records Section. The records shall be kept confidential and only released to the employee, to anyone having the employee's express written consent and as may be required by law. Employee medical records with regard to exposures to blood or other OPIM shall be kept for the term of employment plus thirty (30) years.
- ii. An official record of training shall be maintained in the employee's personnel file in the Human Resources Office. Training records shall be provided upon request to employees, employee representatives and as required by law. The record of training shall be maintained for three (3) years after the training date.

c. Policy Review

- i. This policy shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks or procedures which affect occupational exposures.
- ii. The City Administrator shall order a review of this policy and/or retraining of individuals on a City-wide basis when reports indicate a general failure to follow policy.

d. Training

- i. Initial Training – An initial training program covering these policies and procedures shall be given during regular work hours to all at-risk employees.
- ii. Training Content – The training shall include information on epidemiology, modes of transmission and prevention of bloodborne diseases. An explanation of the infection control policy, methods or work practices that will prevent or reduce exposure and the procedure to follow if an exposure occurs will also be included.
- iii. Refresher (Annual) Training – Refresher training shall be given annually.
- iv. Training Records – Training records shall be kept in the employee's personnel file for at least three (3) years after the training.
- v. Training will cover but not be limited to:
 - (1) OSHA Standard for bloodborne pathogens.
 - (2) Symptomology of bloodborne diseases.
 - (3) Modes of transmission of bloodborne pathogens.
 - (4) City of Oak Harbor exposure control plan.

- (5) Procedures which might cause exposure to blood or other potentially infectious materials.
- (6) Recognition and prevention of occupational exposure to potentially infectious materials.
- (7) Personal protective equipment familiarity.
- (8) Post-exposure evaluation and follow-up.

POLICY UPDATED:

This policy was reviewed and updated September 23, 2014
By Ray Merrill, Fire Chief Oak Harbor Fire Department.

This policy was reviewed and updated July 10, 2015
By Ray Merrill, Fire Chief Oak Harbor Fire Department –

This policy was reviewed and updated October 16, 2015 for the purpose of correcting/adding
Personnel in the IDENTIFIED CLASSIFICATIONS section
By Ray Merrill, Fire Chief

This policy was reviewed and updated October 28, 2016
By Ray Merrill, Fire Chief Oak Harbor Fire Department.

This policy was reviewed and compared to the most current version of WAC 296-823 dated
January 1, 2017. This policy is compliant to that WAC standard.
By Ray Merrill, Fire Chief

This policy was reviewed for compliance with the most current version of WAC 296-823
dated January 1, 2017. This policy was reviewed on October 15, 2018. It is current to the
WAC 296-823 Standard.
By Ray Merrill, Fire Chief

This policy was reviewed for compliance with the most current version of WAC 296-823
dated January 1, 2017. This policy was reviewed on January 13, 2020. It is current to the
WAC 296-823 Standard.

This policy was reviewed for compliance with the most current version of WA 296-823 dated
January 1, 2017. This policy was reviewed on December 14, 2020. It is current to the WAC
296-823 Standard.

This policy was reviewed for compliance with the most current edition of WAC 296-823
dated October 2020. This policy was reviewed, November 2021. It is current to the WAC
296-823 Standard.

By Ray Merrill, Fire Chief