

914. **Occupational Exposure to Bloodborne Pathogens Policy**

Effective: 06/01/1997

Revised: 05/03/2023

.1 **Purpose**

The City of Tulsa is committed to providing a safe and healthful work environment for our entire staff. The purpose of this policy is to ensure employees understand the hazards associated with potential exposure to bloodborne pathogens and are knowledgeable in mitigation practices.

.2 **Scope**

This policy applies to all employees who, through job hazard analyses and risk assessments, have reasonable expectation of exposure to bloodborne pathogens. This policy also applies to management teams who supervise employees meeting these criteria.

.3 **Exposure Control Plan**

.31 Purpose:

To identify those tasks and/or corresponding job classifications for which it can be reasonably anticipated that an exposure to blood, other body fluids or other potentially infectious materials may occur; to establish a schedule for implementation of the City's infection control plan; and to identify the procedure for the evaluation of circumstances surrounding exposure incidents.

.32 Exposure Determination Considerations

.321 The following job classifications are reasonably anticipated to involve exposure to blood, body fluids or other potentially infectious substances in the performance of the job duties:

City Physician, Occupational Nurse, X-ray Technician, Law Enforcement Personnel, Forensic Lab Technician, Firefighter, Hazardous Materials Response Team Members and other emergency response personnel not specifically defined by formal classifications, Janitor, Wastewater worker, Lifeguard, Security Personnel.

.322 Any other City employee not in those classifications listed above and who come in contact with sharps or body fluids visibly contaminated with blood or other potentially infectious substances, in the course of their job duties, will be evaluated at City Medical.

.33 The following job tasks involve employee work duties which are among those which, in certain instances, can be reasonably anticipated to involve exposure to blood, body fluids or other potentially infectious materials:

.331 Investigation at crime scenes or vehicle accidents and associated recovery or removal of bodies.

- .332 Rescue of victims from hostile environments including burning structures, water or oxygen deficient atmospheres.
- .333 Extrication of persons from vehicles, machinery, collapsed excavations or structures.
- .334 Response to hazardous materials emergencies, both transportation and fixed-site, involving potentially infectious substances.
- .335 Providing medical care to injured or ill employees and to citizens during emergency response scenarios.
- .336 Decontamination of City of Tulsa facilities and public properties, involving potentially infectious substances.
- .337 Custody and control actions on violent actors to protect city employees and/or the public.

.4 Record Keeping

.41 The infection control program is applicable to all employees who as a result of performing their job duties could reasonably anticipate an exposure to blood, other body fluids, or other potentially infectious materials. Sections .42 through .43 below detail specific program responsibilities of City Departments. Department Heads shall ensure all departmental responsibilities are properly addressed by their respective departments. This shall include that each department head takes responsibility to establish and communicate any internal procedures necessary to effect compliance with this policy.

.42 Medical Records Keeping

Medical records will be maintained for each employee with occupational exposures in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." This record will include:

- .421 The name and employee ID.
- .422 A copy of the employee's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations, and any medical records relative to the employee's ability to receive the vaccination.
- .423 A copy of all results of examinations, medical testing and follow-up procedures.
- .424 A copy of the health care professional's written opinion. All medical records shall be kept confidential and will not be disclosed or reported, without the express written consent of the employee, to anyone within or outside the workplace except as mandated by statutory requirements.
- .425 Medical records of occupational exposure will be maintained for the duration of employment plus 30 years.

.43 Departmental Training Records

Written records of all training sessions will be maintained by the employee's department for three (3) years from the date on which the training occurs.

- The dates of the training sessions.
- The contents or a summary of the training sessions.
- The names and qualification of the persons conducting the training.
- The names and job titles of all employees who attended the training.

.5 Training Program

.51 Information and training shall be provided by departments during working hours at no cost to the employee. This training shall occur prior to initial assignment to tasks where exposure may take place, and at least annually thereafter. Additional training shall be provided when existing tasks are modified or new work tasks, which may change the employee's occupational exposure to bloodborne pathogens.

.52 Persons conducting training must be knowledgeable about the subject matter. Information provided must be appropriate in content and vocabulary to the educational level, literacy and language of the audience. Individuals who conduct training shall request and receive approval from the Safety Program Manager prior to training being conducted.

.53 Training related to the communicable disease program shall contain the following elements:

.531 An accessible copy of 29 CFR, Part 1910.1030 and an explanation of its contents.

.532 A general explanation of epidemiology, the dangers and symptoms of bloodborne diseases.

.533 An explanation of the ways in which bloodborne pathogens are transmitted.

.534 An explanation of the city's exposure control plan and how the employee can obtain a copy of the same.

.535 Information on how to recognize tasks that might result in occupational exposure to blood and other potentially infectious materials.

.536 An explanation of the use and limitations of methods that will prevent or reduce exposure including safe work practices, engineering controls, personal protective equipment, and proper victim handling and resuscitation.

.537 Information on the Hepatitis B vaccine such as its safety, efficacy, benefits, methods of administration and the fact that these

vaccinations are provided free of charge to designated City employees.

- .538 Appropriate actions to take in an emergency where potentially infectious materials are present.
- .539 Procedures to follow if an exposure occurs including the method of reporting the incident and the medical follow-up that will be made available.
- .5310 Information on post-exposure evaluation and the follow-up provided by the City of Tulsa.
- .5311 An explanation of the signs, labels and/or color-coding required by the bloodborne pathogen standard.
- .5312 An opportunity for interactive questions and answers must also be given to employees during all training sessions.

.6 Methods of Control

.61 Engineering and Work Practice Controls

Engineering and work practice controls shall be used by departments to eliminate or minimize employee exposure. Where exposure remains after instituting these controls, personal protective equipment shall also be used. Engineering controls reduce employee exposures in the workplace by either removing or isolating the hazard or isolating the worker from exposure. Proper work practice controls alter the manner in which a task is performed. Proper engineering and work practice controls include and require the following:

- .611 Hand washing facilities must be made available and readily accessible to employees when it is feasible. When not feasible, and appropriate antiseptic hand cleaner in conjunction with clean cloth towels, paper towels or antiseptic towelettes shall be provided to employees. When antiseptic hand cleaners or towelettes are used, hands shall be washed with soap and running water as soon as feasible. Employees are to wash their hands as soon as possible after removal of gloves or other personal protective equipment. Employees shall wash hands and other skin with soap and water or flush mucous membranes with water as soon as possible following contact of such body areas with blood or other potentially infectious material.
- .612 Information on the proper types, selection, use, location, removal, handling, decontamination, and disposal of personal protective equipment relating to blood and other infectious materials.
- .613 Contaminated needles and other contaminated sharps shall not be bent, recapped or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. Such recapping or removal of needles must be accomplished through the use of a mechanical device or a one-

handed technique. Shearing or breaking of contaminated needles is prohibited.

- .614 Eating, drinking, smoking, applying cosmetics or lip balm and the handling of contact lenses is prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- .615 All procedures involving blood, other body fluids, or potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying or spattering.
- .616 Immediately, or as soon as possible after their use, contaminated sharps shall be placed in a proper, puncture resistant, leak proof container that is properly marked and labeled.
- .617 Pipetting and suctioning by mouth of blood or potentially infectious materials shall not be allowed.
- .618 Specimens must be placed in a properly labeled container capable of preventing leakage.
- .619 All potentially contaminated equipment shall be examined before it is serviced or shipped and shall be decontaminated. If the equipment cannot be decontaminated, it must be clearly labeled as potentially infectious and contaminated.

.62 Personal Protective Equipment

- .621 Personal protective equipment shall be provided by departments and used by employees if occupational exposure remains after instituting engineering and work practice controls or if such controls are not feasible.
- .622 Personal protective equipment includes but is not limited to: gloves, gowns, laboratory coats, face shields or masks and eye protection. Personal protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be in use.
- .623 Under the standard and this policy, the departments shall provide, make available at no cost and require the use of personal protective equipment by the employee. Personal protective equipment will be provided in appropriate sizes. Hypo-allergenic gloves or other similar alternative will be made available to employees who have an allergic sensitivity to gloves. The department shall also ensure protective equipment is properly used and appropriately cleaned, laundered, repaired, or replaced as necessary to maintain its effectiveness and properly discarded as necessary.

- .624 In general, appropriate personal protective equipment is expected to be used whenever an occupational exposure may occur. An employee may temporarily and briefly decline wearing personal protective equipment under rare and extraordinary circumstances when, in the employee's professional judgement, it prevents a critical delivery of emergency health care or public safety services or poses an increased hazard to the worker. These circumstances are expected to be life threatening.
- .625 Departments shall be responsible to ensure that employees observe the following safety precautions for handling and using personal protective equipment:
- Remove protective equipment before leaving the work area and after a garment becomes contaminated.
  - Place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated or discarded.
  - Wear appropriate gloves when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials; when performing vascular access procedures; and/or when handling or touching contaminated items or surfaces. Gloves shall be replaced if torn, punctured, deteriorating, contaminated or if their ability to function as a barrier is compromised.
  - Utility gloves may be decontaminated for reuse if their integrity is not compromised. Utility gloves shall be discarded when they show signs of cracking, peeling, tearing, puncturing, or deteriorating.
  - Never wash or decontaminate disposable gloves for reuse.
  - Wear appropriate face and eye protection such as a mask with glasses with solid side shields or chin-length face shield when splashes, sprays, spatters or droplets of blood or other potentially infectious materials pose a potential hazard to the eyes, nose or mouth.
  - Wear appropriate protective body covering such as gowns, aprons, caps and shoe covers when occupational exposure is anticipated. The type and character will depend upon the task and degree of exposure anticipated.

.7 Housekeeping

- .71 Under 29 CFR. Part 1910.1030 (the standard) and this policy, each department shall ensure that the worksite is maintained in a clean and sanitary condition. To do this, work areas shall develop and implement a written cleaning schedule that includes appropriate methods of decontamination and tasks or procedures to be performed as necessary. This schedule must be based on the location within the facility, the type of surfaces to be cleaned, the potential types of contamination present, the tasks or procedures to be performed in the area.
- .711 Clean and decontaminate all equipment, environmental surfaces, and

work surfaces that have been contaminated with blood or other potentially infectious materials.

- .712 Decontaminate work surfaces with an appropriate disinfectant: after completion of procedures, immediately when overtly contaminated, after any spills of blood or other potentially infectious materials and at the end of the work shift when surfaces have become contaminated since the last cleaning.
- .713 Remove and replace protective coverings (used to cover equipment and environmental surfaces) such as plastic wraps and aluminum foil when contaminated.
- .714 Inspect and decontaminate all bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials on a regularly scheduled basis. When contamination is visible, clean and decontaminate receptacles immediately or as soon as feasible.
- .715 Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.
- .716 Place regulated waste in sealed and properly labeled or color-coded containers. When storing, handling, transporting or shipping, place other regulated waste in containers that are constructed to prevent leakage.
- .717 When discarding sharps, place them in containers that are sealed, puncture-resistant, appropriately labeled or color-coded, and leakproof on the sides and bottom.
- .718 Ensure that sharps containers are easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. Sharps containers shall be kept upright throughout use, replaced routinely, closed when moved and not allowed to overfill.
- .719 Never manually open, empty or clean sharps disposal containers.
- .720 Discard all regulated waste according to federal, state and local regulations.
- .721 Handle contaminated laundry as little as possible and with a minimum of agitation.
- .722 Use appropriate personal protective equipment when handling contaminated laundry.
- .723 Place wet contaminated laundry in leakproof, properly labeled or color-coded containers before transporting.

.724 Bag contaminated laundry at its location of use.

.725 Never sort or rinse contaminated laundry in areas of its use.

.8 Labeling

Fluorescent orange or orange-red warning labels shall be attached to containers of regulated waste, to refrigerators and freezers containing blood and other potentially infectious materials and to other containers used to store, transport or ship blood or other potentially infectious materials.

.81 These labels are not required when: (1) red bags or red containers are used; (2) containers of blood, blood components or blood products are labeled as to their contents and have been released for transfusion or other clinical use; and (3) individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal.

.82 The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word BIOHAZARD in a contrasting color and be attached to each object by string, wire, adhesive or other method to prevent loss or unintentional removal of the label.

.9 Hepatitis Vaccination

Departments shall be responsible to communicate with and coordinate vaccinations through City Medical.

.91 The City of Tulsa shall make the Hepatitis B vaccine series available to all employees who have been identified as having a reasonable likelihood of occupational exposure.

.92 The City shall also provide a post-exposure and follow-up evaluations to all employees who experience an exposure incident in which Universal Precautions were not properly followed or in which a failure of those precautions has been recognized to have occurred.

.93 The vaccine and vaccinations, as well as all medical evaluations and follow-up, will be made available at no cost to the employee., All vaccinations will be performed by or under the supervision of the City Physician or a licensed physician or licensed health care professional whose scope of practice allows him or her to independently perform activities required by paragraph (f) of the standard (such as a nurse practitioner).

.94 Vaccinations will be administered according to current recommendations of the U.S. Public Health Service. Employees who decline the vaccination must sign a Consent/Declination form (Appendix A) provided by City Medical.

.95 The employee may request and obtain the vaccination at a later date and at no cost, if they sustain an exposure at a later time.

.96 Each department shall be responsible for having the Consent/Declination form



(Appendix A) properly completed and signed by any employee who refused the HBV series and for filing the completed for in the employee's departmental personnel file.

.97 The Hepatitis B vaccine and vaccination series must be offered by departments prior to initial assignment to employees who have reasonable likelihood of occupational exposure to blood or other potentially infectious materials unless: the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons

.98 Before receiving the Hepatitis B vaccination series, all employees must read and sign the vaccination Consent/Declination form (Appendix A).

.10 Post Exposure Evaluation and Notification

What to Do if an Exposure Incident Occurs:

.101 The standard requires that the post-exposure medical evaluation and follow-up be made available immediately for employees who have had an actual uncontrolled exposure incident. Any employee who has had such an exposure during regular working hours will be referred to City Medical by their supervisor. The supervisor will refer after hours exposures to City Medical the following morning. At the time of evaluation for potential exposure, the employee and the employee's supervisor or management designee shall have completed part one of the OSDH form 207(Appendix B). At minimum, the evaluation and follow-up must include the following elements:

.1011 Document the routes of exposure and how the exposure occurred.

.1012 Identify and document the source individual, unless the employer can establish that identification is not feasible or prohibited by state or local law. The employee shall report to City Medical for completion of OSDH form 207 Part II.

.1013 After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident.

.1014 Provide testing, counseling and post-exposure prophylaxis following the current recommendations of the U.S. Public Health Service.

.102 The City will also provide to the City Physician or any other health care professional evaluating an employee after an exposure incident a description of the employee's job duties relevant to the exposure, circumstances of exposure and results of the source individual's blood tests, if available, and all relevant employee medical records, including vaccination status.

.103 Within 15 days after evaluation of an employee suffering an exposure incident, the City of Tulsa must provide the employee with a copy of the treating health care professional's written opinion. The written opinion is limited to whether the vaccine is indicated and if it has been received. The written opinion for post-exposure evaluation must ensure and document that the employee has been informed of the

results of the medical evaluation and of any medical conditions resulting from the exposure incident that may require further evaluation or written report.

.104 Notification of Communicable Disease Risk Exposure to OSDH

The following rules will implement a system of notifying the Oklahoma State Department of Health (OSDH) of risk exposures which are capable of transmitting a communicable disease to City of Tulsa employees. The City of Tulsa is required by Federal OSHA standards to have management policies and systems to handle such exposures. Only workers at health care facilities have access to patient charts and laboratory results. Therefore, in order to facilitate access to source person's information, the notification system herein established shall apply to risk exposures to Police, Fire, and other City employees arising out of and in the course of their employment with the City.

.105 Notification Procedure

Any City employee that sustains a potential risk exposure is responsible for immediately reporting the exposure to the appropriate supervisor or designee and call the City of Tulsa's injury hotline. The supervisor will complete the 905-A injury reporting form and shall ensure that the exposed worker completes Part I: Exposed Worker Section of the OSDH Form 207 (Appendix B) and submits it to their department's designated person.

.106 For non-sworn departments the employee's supervisor or management designee shall be responsible for having the circumstances of the exposure reviewed by the City Physician or a licensed health care professional to determine if a risk exposure occurred. A designated person shall be named by the Police and the Fire Departments. The licensed health care professional should use guidelines of the Centers for Disease Control to make this determination.

.107 The supervisor shall ensure that the exposed employee takes the completed Part I: Exposed Worker Section of OSDH Form 207 (Appendix B) to City Medical for evaluation of the exposure. If the exposure has the potential for transmission of a communicable disease such as Hepatitis, HIV, or meningococcus as determined by the City Physician or other licensed health care provider, Part I: Exposed Worker Section of OSDH Form 207 (Appendix B), yellow copy will be completed and sent to the OSDH by the health care provider. The yellow copy is sent to the OSDH. The employee or the department's designee will then physically take the green form, Part II, to the health care provider, if a source person is known. Part II of the form is to be completed by the source person's health care provider or designee. After completion it shall immediately be sent by mail to the OSDH by the health care provider. Part III is to be completed by the OSDH. City Medical will inform the exposed employee if they have or have not been exposed to a communicable disease and make recommendations for appropriate follow-up care.

.11 Definitions

Bloodborne Pathogens: means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and Human Immunodeficiency Virus (HIV).

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

Contaminated laundry: laundry soiled with blood or other potentially infectious materials or sharps.

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

Decontamination: use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they can no longer transmit infectious particles and the surface or items are rendered safe for handling, use, or disposal.

Exposure incident: specific eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Handwashing facilities: a facility providing an adequate supply of running, potable water; soap and single-use towels or hot-air drying machines.

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

Other potentially infectious materials:

- 1) the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, amniotic fluid, saliva in dental procedures, any body fluid visibly contaminated with blood and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
- 2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- 3) 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.

Regulated waste: liquid or semi-liquid blood or blood or potentially infected materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or other potentially infectious materials and capable of releasing these materials during handling; contaminated sharps; and pathological and micro-biological wastes containing blood or potentially infectious materials.

Standard: Occupational Safety and Health Administration (OSHA) standard as published in 29 CFR 1910.1030.

Source individual: any individual (living or dead) whose blood or other potentially infectious materials may be a source of occupational exposure to employees.

Universal Precautions: is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as

if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work practice controls: controls that reduce the likelihood of exposure by altering how a task is performed. e.g., prohibiting recapping of needles by a two-handed technique.