

OSHA BLOODBORNE PATHOGEN COMPLIANCE PROGRAM

PROVIDENCE POLICE DEPARTMENT

Department of Public Safety



Bloodborne Pathogens

EXPOSURE CONTROL PLAN

OSHA (Occupational Safety and Health Administration)

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Exposure Control Plan

Definitions: (See Appendix A)

Exposure Determination:

All employees will be divided into Categories indicating likelihood of exposure. Category A jobs are those in which all workers *have* occupational exposure, such as emergency responders. Category B jobs are those in which some workers *may have* occupational exposure. Workers in either Category A or Category B jobs are covered by provisions of this standard. Listing of tasks and procedures in which occupational exposure occurs and that are performed by employees in these job categories are attached in Appendix B.

Methods of Compliance:

Universal precautions, including work practices which prevent contact with blood or other potentially infectious materials, will be observed at all times. Engineering and work practice controls, including personal protective equipment, will be used to eliminate or minimize employee exposure. This will include hand washing facilities, sharps disposal, regulated waste, housekeeping, laundry, personal protective equipment and work practice polices. (See Appendix C)

Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up:

The Providence Police Department and Occupational Health & Rehabilitation, Inc., will make available the Hepatitis B. vaccine and vaccination series to all employees who have occupational exposure and follow-up to all employees who have had an exposure incident. All medical evaluations and procedures will be made available at no cost to the employee, made available at a reasonable time and place, performed by or under the supervision of a licensed physician or another licensed health care professional, and provided according to recommendations of the United States Public Health Service (USPHS) current at the time the procedures take place. There will be no charge to the employee for any laboratory test conducted in compliance with this standard.

Hepatitis B Vaccine:

The vaccine will be offered after the employee has received the required training and within ten (10) working days of initial assignment, unless the employee has previously received the vaccination series, antibody testing has revealed that the employee is immune, or if the vaccine is contraindicated for any reason. (See Appendix D)

All employees with occupational exposure will participate in a training program which will be provided at no cost to the employee and during working hours. Training will be provided at the time of initial assignment, to tasks where occupational exposure may occur, and at least annually thereafter. The training will include the following components:

- ▶ A copy of the regulation and an explanation of its contents.

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- ▶ A general explanation of the spread and symptoms of bloodborne disease.
- ▶ An explanation of the modes of transmission of bloodborne pathogens.
- ▶ An explanation of the exposure control plan and the means by which the employee may obtain a copy of the written plan.
- ▶ An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
- ▶ An explanation of the use and limitation of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment.
- ▶ Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- ▶ An explanation of the basis for selection of personal protective equipment.
- ▶ Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered at no cost to the employee.
- ▶ Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- ▶ An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- ▶ Information on the post-exposure evaluation and follow-up that is required to provide for the employee following an exposure incident.
- ▶ An explanation of the signs and labels and/or color coding required.
- ▶ An opportunity for interactive questions and answers with the person conducting the session.

Participation in a pre-screening program will not be a pre-requisite for receiving the hepatitis B vaccine.

If the employee declines the hepatitis B vaccine, but at a later date (while still covered under the standard) decides to accept the vaccination, the Providence Police Department and Occupational Health & Rehabilitation, Inc., will make the vaccination available at that time.

Employees who decline to accept the hepatitis B vaccine sign the declination form provided. (See Appendix D)

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Booster doses, if recommended by the USPHS at a future date, will be made available by Providence Police Department and Occupational Health & Rehabilitation, Inc., to covered employees.

Post-exposure Evaluation and Follow-up:

Following a report of an exposure incident (See Appendix E), Occupational Health & Rehabilitation, Inc., will make immediately available to the exposed employee a confidential medical evaluation to the exposed employee a confidential medical evaluation and follow-up to include these elements:

- ▶ Documentation of route of exposure and the circumstances under which the incident occurred;
- ▶ Identification of the source individual;
- ▶ Testing of the source individual to determine HBV and HIV infectivity; testing need not be done if the source's HBV or HIV is known;
- ▶ Providing results of the source individual's blood test to the exposed worker;
- ▶ Collect and test blood of exposed worker to determine HBV and HIV status;
- ▶ Provide post-exposure prophylaxis per USPHS guidelines;
- ▶ Provide counseling and follow-up to evaluate illness subsequent to the exposure incident.

COMMUNICATION OF HAZARDS TO EMPLOYEES

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials. The legend "BIOHAZARD" will appear on the label. Red bags or red containers may be substituted for the labels. Blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempt from the labeling requirement.

RECORD KEEPING

The Providence Police Department and Occupational Health & Rehabilitation, Inc., will establish and maintain an accurate record for each employee with occupational exposure. This record will include:

- ▶ Name and social security number of the individual.
- ▶ 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 vaccination.

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- ▶ A copy of the healthcare professional's written opinion regarding whether vaccination is indicated for the employee.
- ▶ A copy of the information provided to the healthcare professional, specifically documentation of routes of exposure and circumstances of exposure, description of the worker's duties as they relate to the exposure incident, and results of the source individual's blood testing.

The Providence Police Department and Occupational Health & Rehabilitation, Inc., will ensure that the records are kept confidential and not disclosed without the employee's express written consent to any person within or outside the workplace. Records will be maintained for at least the duration of employment plus thirty (30) years.

Training Records (See Appendix F)

These will include:

- ▶ Dates of the training sessions.
- ▶ Contents or summary of the training sessions.
- ▶ Names and qualifications of persons conducting the training.
- ▶ Names and job titles of all persons attending the training sessions.

These records will be maintained for three (3) years from the date on which the training occurred.

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APPENDIX A

DEFINITIONS

Blood means human blood, human blood components and products made from human blood.

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) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

Contaminated Laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps mean 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.

Decontaminated means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on an item or surface.

Engineering Control means controls (e.g. sharps disposals containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

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

Hand Washing Facilities means a facility providing an adequate supply of running potable water, soap and single-use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) hepatitis B vaccination and post-exposure evaluation and follow-up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

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APPENDIX A

Definitions (Continued)

Occupational Exposure means 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 means:

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is 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).
3. HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g. uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

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

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains and individuals who donate or sell blood or blood components.

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APPENDIX A

Definitions (Continued)

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

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 means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

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APPENDIX B

EMPLOYEE CLASSIFICATION

Category A - Those jobs in which all employees have occupational exposure.

JOB TITLE	TASKS WHERE EXPOSURE MAY OCCUR
FIRST-LINE OFFICERS	<ul style="list-style-type: none"><u>-SEARCHING AND ARRESTING INDIVIDUAL WHO HAS BEEN BLEEDING, SPITTING, URINATING OR DEFECATING.</u> <u>-ASSISTING A PERSON INJURED IN AN AUTOMOBILE ACCIDENT WHO SHOWS SIGNS OF BLEEDING.</u> - <u>CONDUCTING CPR ON A PERSON NOT BREATHING AND PULSELESS.</u> <u>-BECOMING INFECTED BY A CONTAMINATED NEEDLE OR SHARP OBJECT AFTER ONE'S SKIN IS PENETRATED WHILE SEARCHING A SUSPECT OR THE SUSPECT'S BELONGINGS.</u> - <u>INVESTIGATING THE DEATH OF AN INDIVIDUAL.</u> - <u>CLEANING A BLOOD OR URINE SPILL OF A PRISONER.</u>



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Category B - Those jobs in which *some* employees have occupational exposure.

JOB TITLE	TASKS WHERE EXPOSURE MAY OCCUR
OFFICERS AND JANITORS	<u>THE CLEANING OF HUMAN BLOOD OR OTHER</u>
AND DETENTION OFFICERS	<u>POTENTIALLY INFECTIOUS MATERIALS FROM HOLDING CELLS, FLOORS OR ANY OTHER OBJECTS</u>

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APPENDIX C

BLOODBORNE PATHOGEN EXPOSURE: PREVENTION AND CONTROL (Universal Body Substance Precautions)

Guidelines will be provided for employees to prevent and control the spread of bloodborne pathogens. This includes procedures for Universal Body Substance Precautions, Engineering Control and Work Practice Controls.

DEFINITIONS

Universal Precautions refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be infectious for HIV and HBV. The infectious materials in this case include blood, blood products, semen, vaginal secretion, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, amniotic fluid.

Body Substance Precautions include feces, nasal secretions, sputum, sweat, tears, urine or vomitus.

Engineering Controls is the use of available technology and devices to isolate or remove hazards from the worker.

Work Practice Controls are alterations in the manner in which a task is performed in an effort to reduce the likelihood of a worker's exposure to blood or body fluids.

RESPONSIBILITIES

All employees having potential exposure are responsible for following the procedures. Commanding officers responsible for assuring officers practice the procedures.

GENERAL GUIDELINES

- All articles and supplies are available and readily accessible. Most articles are disposable. Reusable articles will be checked, cleaned and repaired.
- Employees new to any area are to be able to locate necessary articles and supplies.
- Employees are to follow the precautions at all times, regardless of prisoner's conditions.

The use of personal protective equipment is based upon the degree of exposure the employee will have to the prisoner's blood and/or body fluids.

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APPENDIX C

BLOODBORNE PATHOGEN EXPOSURE: PREVENTION AND CONTROL (Universal Body Substance Precautions) (Continued)

- All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing and spraying.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a responsible likelihood of occupational exposure.
- Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, on countertops or bench tops where blood or other potentially infectious materials are present.

HAND WASHING

Cuts or breaks in the skin should be covered with Band-Aids or dressings. Sinks, paper towels, soap, both regular and antiseptic are available for hand washing. Hands and other skin surfaces are to be washed immediately and thoroughly for eight (8) to (10) seconds, before human contact, if soiled with blood and/or body fluids, and after removing gloves. In the event that soap is not available, a substitute product may be used.

PERSONAL PROTECTIVE EQUIPMENT

Gloves are worn:

- when hands will be in contact with a person's blood and/or body fluids, or articles soiled with blood and/or body fluids.
- when prisoners have cuts, scratches or breaks in his/her skin.
- glove liners or hypoallergenic gloves are available for persons sensitive/allergic to latex gloves.
- surgical or examination gloves are to be changed in between prisoners, be replaced when visibly soiled, torn or punctured or when their integrity is compromised.
- they are not to be washed or disinfected for reuse.

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APPENDIX C

BLOODBORNE PATHOGEN EXPOSURE: PREVENTION AND CONTROL (Universal Body Substance Precautions) (Continued)

- utility gloves may be cleaned and disinfected for reuse if they show no signs of deterioration.

Gowns/Aprons

Wear when soiling or splashing of clothing is anticipated to prevent strike through of body fluids. If grossly soiled (dripping) with blood or body fluids, place them in the **RED** infectious waste receptacle.

Eye/Mouth/Nose Protection

Wear masks/goggles or face shields if the procedure you are performing could splash/spray into your eyes, nose or mouth. Side pieces must be worn with glasses if they are considered protective devices.

Resuscitation Masks and Ventilation Devices

Use individual resuscitation masks or Ambu bags for resuscitating. Both devices are reusable. They should be placed in a Ziplock bag and sent for processing.

All personal protective equipment (PPE) should be removed immediately, or as soon as possible upon leaving the work area. Disposable articles are placed in the regular waste if they are soiled. Soiled articles are placed in a red infectious waste can. Reusable linens are placed in laundry bags and sent for processing. Reusable articles are placed in plastic bags and sent for reprocessing.

ENGINEERING CONTROLS

Sharps Containers

Sharps containers are rugged, puncture-proof containers which have been placed as close as possible to the point of sharps generation in prisoner cell areas.

Broken glass is to be swept up with a brush and dust pan. One is not to pick up glass with their hands.

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APPENDIX C

BLOODBORNE PATHOGEN EXPOSURE: PREVENTION AND CONTROL (Universal Body Substance Precautions) (Continued)

Specimen

Specimens are to be contained in leak-proof containers and placed in a plastic Ziplock bag. Individual specimens, i.e., tube of blood may be transported without a biohazard sign. If more than one specimen is being transported, they should be in a leak-proof container and the container should wear the biohazard sign. Specimens (Fixed) may be transported in containers only.

Linens

Used linen is placed in regular laundry bags. Soiled linen to the point of splashing or dripping will be placed in an identifiable (contaminated) impervious bag.

Spills

Gloves should be worn. Spills should be blotted up and placed in a plastic bag. Wash the area a Clorox solution (5.25%) diluted to 1:10 or 1:100 and place cloth and gloves in plastic bag. Place in infectious waste receptacle.

Environmental Cleaning

Cell Block area are cleaned daily with a germicidal solution. Walls and floor are spot checked and cleaned as necessary. Thorough cleaning is performed on a scheduled basis and sooner, if necessary.

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**BLOODBORNE PATHOGENS
FACT SHEET**

DISEASES

-- *Hepatitis B Virus*

A viral infection which invades the liver

-- *Human Immunodeficiency Virus (HIV)*

A viral infection which attacks the immune system and causes AIDS.

EPIDEMIOLOGY

HBV

--Potentially life threatening bloodborne pathogen

--Approximately 280,000 HBV infections

HIV

--Life threatening bloodborne pathogen

--By the end of 1992 an estimated per year in the U.S. 365,000 cases of AIDS will occur in the U.S.

--Not as infectious as HBV, because there is less # of the HIV in body fluids

--Very fragile virus, can be easily destroyed on an environmental surface.

RISK GROUPS (Much the same for both diseases)

- Homosexual/Bisexual males
- IV drug users
- Heterosexual contact with someone infected with either virus
- Receiving blood products before the blood was screened for HIV and HBV
- Healthcare and other professions

MODES OF TRANSMISSION

- Sexual contact involving the sharing of body fluid
- Needle stick or contact with blood through mucous membranes and non-intact skin
- Perinatally - Mother to Baby
- Receiving blood products before the blood was screened for HIV and HBV
- Organ transplantation

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BLOODBORNE PATHOGENS

Fact Sheet

BODY FLUIDS WHICH TRANSMIT BLOODBORNE DISEASES:

- Blood
- Vaginal secretions
- Synovial fluid
- Pericardial fluid
- Breast milk
- Semen
- Cerebrospinal fluid
- Pleural Fluid
- Peritoneal fluid
- Saliva in dental procedure
- Amniotic fluid
- Any fluid visibly contaminated with blood

Other potentially infectious materials also include any unfixed human tissue or organ and cell or tissue culture containing HIV or HBV.

SIGNS AND SYMPTOMS:

HBV

- fatigue
- loss of appetite
- mild fever

- aching muscles, joints
- nausea and vomiting
- diarrhea

- jaundice

- itching skin

- dark urine or light colored feces

HIV

- swollen lymph glands
- recurrent fever, night sweats
- rapid weight loss for no apparent reason
- constant fatigue
- diarrhea and decreased appetite
- yeast infections or other blemishes of the mouth
- other opportunistic illnesses will occur which means the person has AIDS
- Examples of these are: Kaposi's Sarcoma,
- Pneumocystis carinii, pneumonia

-- if symptoms show up they will do so 6 weeks to 6 months after exposure you may have the symptoms for weeks to months

A great majority of people with both diseases have no symptoms, so they don't know they are infected

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BLOODBORNE PATHOGENS

Fact Sheet

PREVENTION:

- Stop/Avoid IV Drug Use
- Abstinence
- Safe Sex

- Safe Work Practices – Engineering Controls
- Universal Precautions
- Personal Protective Equipment
- Hepatitis B Vaccination
- Management and Follow-up exposures

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APPENDIX D

HEPATITIS B IMMUNIZATION PROGRAM

CONSENT

I have read or have had explained to me information about hepatitis B and hepatitis B vaccine. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the hepatitis B vaccine and request that it be given to me.

(Please print)

Last Name	First Name	MI	DOB/Age
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Street Address	Social Security Number
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City	State	Zip Code
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Home Phone Number	Work Phone Number
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Signature of Person to Receive Vaccine	DATE
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1.				
	Date of Immunization	Manufacturer	Lot. No.	Side Effects
2.				
	Date of Immunization	Manufacturer	Lot. No.	Side Effects
3.				
	Date of Immunization	Manufacturer	Lot. No.	Side Effects
4.				
	Date of Immunization	Manufacturer	Lot. No.	Side Effects
	Signature of Clinician			DATE

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APPENDIX D

HEPATITIS B IMMUNIZATION PROGRAM

(Continued)

Hepatitis B Vaccine Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

I do not wish to receive the hepatitis B vaccine at this time.

Signature

Date