

RESOLUTION NO. 343

**A RESOLUTION ESTABLISHING AN EXPOSURE  
CONTROL PLAN RELATING TO BLOODBORNE  
PATHOGENS.**

**R E C I T A L S:**

1. As a result of guidance and directive from the United States Department of Labor Occupational Safety and Health Administration, it is the decision of the City to adopt the document which follows as the plan to control the risks of exposure to various bloodborne pathogens.

2. In developing this policy, the City has attempted to take into consideration the various classification of employee and the resulting risk of exposure.

3. No policy is any better than the understanding of the policy by the individuals covered by it and the commitment of those individuals to compliance with the policy. It is the desire and intention of the City to do all that is reasonably necessary and possible to achieve the maximum protection for the individuals covered by this policy.

NOW, THEREFORE, BE IT RESOLVED AS FOLLOWS BY THE CITY COUNCIL OF THE CITY OF McCLEARY, THE MAYOR CONCURRING:

**SECTION I: Job Classifications:**

1.1. It is found that members of the emergency medical service and law enforcement officers are most likely to come into contact with exposure and potential infection from bloodborne pathogens. Individuals who serve with the City in these capacities shall be deemed to be serving in

Category II-A for purposes of this Resolution. As to those employees of the City within the classifications specified in Category II-A, the provisions of Sections II through III shall be applicable.

1.2. Firefighters not participating in emergency medical service are found to be subject to a lesser risk of exposure than those contained within Category II-A, but greater than Category II-C. In light of that, the employees within this category shall be provided with the information and training and shall comply with the provisions of paragraphs 3.1.B, 3.1.D, 3.1.E, 3.1.F, 3.1.G, and the following paragraphs of 3.1.H: .1, .2, .3, .5, and .6.

1.3. Other employees of the City, including those within the Department of Public Works, Light & Power, Office of the Clerk-Treasurer, and the Municipal Court, are not anticipated to incur such exposure and potential infection within the course of their employment with the City. Those within this category shall be categorized as being within classification II-C. As to employees within this category, they shall be provided with the information and training and shall comply with the provisions of paragraphs 3.1.B, 3.1.D, 3.1.E, 3.1.F.4, 3.1.G, and the following paragraphs of 3.1.H: .1, .2, .3, .5, and .6

SECTION II: Purpose: Employees incur risk of infection and subsequent illness each time they are exposed to blood or other potentially infectious materials. Therefore, this policy is the core element used to reduce employee risk by minimizing or eliminating exposure incidents to bloodborne pathogens, such as HBV and HIV. The implementation of these procedures relate to the control of infectious disease hazards.

SECTION III: Procedure:

3.1.A. Exposure determination:

3.1.A.1. It is identified that all Category II-A employees are likely to be exposed to blood or other potentially infectious materials.

3.1.A.2. Fluids that have been recognized by the Centers for Disease Control as directly linked to the transmission of HBV and/or HIV are: blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, concentrated HIV and HBV viruses, and saliva in dental settings.

3.1.B. Control Methods:

3.1.B.1. "Universal Precautions" policy shall be employed.

3.1.B.1.a. Refers to a method of infection control in which all human blood and other potentially infectious materials are treated as if known to be HIV or HBV infectious.

3.1.B.2. "Engineering Controls":

3.1.B.2.a. Refers to the use of available technology and devices to isolate or remove hazards to an employee; i.e. "barrier protection".

3.1.B.2.b. To be used whenever blood or any potentially infectious materials are present.

3.1.B.3. "Work Practice Controls":

3.1.B.3.a. Hands shall be washed after removal of gloves or as soon as possible after contact with body fluids.

3.1.B.3.b. All personal protective equipment (PPE) should be removed immediately, or as soon as possible after contact with body fluids, and placed in the designated

areas and containers for washing, decontamination, or disposal.

3.1.B.3.c. All needles, syringes, and other sharps that come into our control shall **not** be sheared, bent, broken, recapped, or sheathed by hand. They shall be placed into the appropriate containers provided for disposal, or evidence retention, and properly marked with the word "BIOHAZARD", or the nationally recognized biological hazard symbol.

3.1.B.4. "Personal Protective Equipment" (PPE):

3.1.B.4.a. Refers to specialized clothing or equipment used as barrier protection from direct exposure to blood or other potentially infectious materials.

3.1.B.4.b. Wherever practicable, all PPE shall be of the disposable type and shall include, but not be limited to: gloves, fluid resistant coveralls or aprons, face shields or masks, eye protection, mouthpieces, pocket masks or other ventilation devices; when there is a potential for exposure to blood or other potentially infectious materials.

3.1.B.4.c. All PPE requiring disposal shall be placed in the appropriately designated containers, and shall be marked with the word "BIOHAZARD:", or the biohazard symbol. Disposable type PPE shall not be washed or disinfected for reuse. Reusable items will be sterilized or disinfected using standard procedures currently recommended for Hepatitis B.

3.1.B.4.d. All clothing, including, but not limited to: employee uniform and equipment; hats, jackets, shirts, slacks, equipment belt, and shoes or boots, when contaminated with blood or potentially infectious material, shall be turned over to the Ambulance Director.

3.1.B.4.e. The Chief of the Department shall be notified of any need for replacement or repairs to PPE in order to maintain its effectiveness.

3.1.C. HBV Vaccination:

3.1.C.1. The HBV vaccinations shall be offered, at no cost, to all Category II-A employees.

3.1.C.2. Vaccinations shall be given according to recommendations for standard medical practice, by qualified medical personnel.

3.1.C.3. All records of HBV vaccination, or waivers of vaccination, shall be maintained in a confidential file, exclusive of employee personnel records.

3.1.D. Post Exposure Evaluation and Follow-up:

3.1.D.1. Employees shall immediately report an exposure incident to the Chief of the respective department or the Ambulance Director. The report shall document the route of exposure, HBV and HIV status of the source subject(s), if known, and the circumstances under which the exposure occurred.

3.1.D.2. The Grays Harbor Health Department shall be notified of the exposure incident and a confidential medical evaluation and follow-up of the incident shall be made available to the employee. 3.1.D.3. The source subject(s) shall be contacted and an attempt to obtain consent to collect and test a sample of their blood to determine the presence of HBV and/or HIV infection shall be made.

3.1.D.4. With the consent of the exposed employee, a sample of his/her blood shall be collected as soon as possible after the exposure, to determine HIV and/or HBV infectious status. Repeat post-exposure testing, in accordance with standard medical recommendation, shall be offered the exposed employee.

3.1.D.5. Follow-up of the exposed employee shall include counseling, medical evaluation of any acute febrile illness that occurs within 12 weeks post-exposure and use of safe and effective post-exposure measures according to recommendations for standard medical practice.

3.1.E. Infectious Waste Disposal:

3.1.E.1. Disposal of infectious waste shall be in accordance with applicable Federal, State, and Local regulations.

3.1.E.2. All infectious waste shall be placed in closable, color coded, leakproof containers or bags, properly labeled or tagged, as an integral part of the containers or bags or affixed as close as safely possible to their respective hazards, secure enough to prevent loss or unintentional removal.

3.1.E.3. Disposable syringes, needles, and other sharp items shall be placed in puncture resistant containers, located in each vehicle's equipment inventory.

3.1.E.4. Double-bagging practice shall be employed prior to handling, storing, and/or transporting infectious waste whenever the outside of a bag or container becomes contaminated with blood or other potentially infectious materials.

3.1.E.5. Evidence specimens of body fluids shall be transported in a container that will prevent leaking and shall be disposed of in accordance with Department and regulatory requirements.

3.1.F. Tags, Labels, and Bags:

3.1.F.1. Tags that comply with 29 CFR 1910.145(f) shall be used to identify the presence of actual or potential biological hazards.

3.1.F.2. Tags, labels, or bags shall contain the word "BIOHAZARD" or the biological hazard symbol. ]

3.1.F.3. Red bags or red containers may be substituted for labels or tags on containers of infectious waste.

3.1.F.4. All employees shall be instructed on the meanings of various labels, tags, and color-coded bags.

3.1.G. Housekeeping Practices:

3.1.G.1. All departmental offices and vehicles shall be maintained in a clean and sanitary condition.

3.1.G.2. Employees shall wear appropriate PPE during all clean-up of blood or potentially infectious materials and shall utilize approved hospital disinfectant chemical germicide that is tuberculocidal or a solution of 5.25 percent sodium hypochlorite (household bleach) diluted between 1:10 and 1:100 with water.

3.1.H. Training and Education:

3.1.H.1. All Category II-A personnel shall be provided State approved training and education on the prevention, transmission, and treatment of HBV and HIV, and other infectious diseases transmitted by contaminated body fluids.

3.1.H.2. All Category II-A personnel shall receive education on the precautionary measures, epidemiology, modes of transmission and prevention of HBV, HIV, and other infectious diseases.

3.1.H.3. Training shall also cover the location and proper use of personal protective equipment (PPE) and proper work practices, including the concept of "universal precautions", as it applies to work practices.

3.1.H.4. All Category II-A personnel shall be trained in the meanings of color coding or other methods

used to designate contaminated articles or potential infectious waste.

3.1.H.5. Training shall further include procedures to be used in case an exposure incident occurs, including initial treatment, reporting, and medical follow-up.

3.1.H.6. All Category II-A personnel shall be made aware of Department policy concerning the Hepatitis B vaccination program and its efficacy, safety, and benefits.

3.1.1. Recordkeeping:

3.2.1.1. The respective department shall track each employee's reported exposure incident to blood or other potentially infectious materials in a confidential file, exclusive of his/her personnel file.

3.2.1.2. The respective department shall endeavor to comply with all Federal, State, and Local laws concerning reporting and record keeping of exposure incidents, treatment administered by licensed medical personnel, and outcome of treatment.

PASSED THIS 12<sup>th</sup> day of November, 1992, by the City Council of the City of McCleary, and signed in approval therewith this 12<sup>th</sup> day of November, 1992.

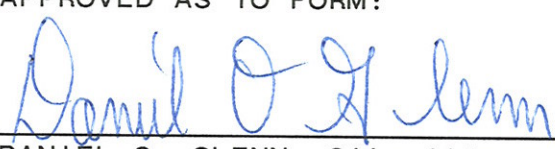
CITY OF McCLEARY:

  
D. GARY DENT, Mayor

ATTEST:

  
DONNIE ROSTEDT, Clerk-Treasurer

APPROVED AS TO FORM:

  
DANIEL O. GLENN, City Attorney