

## 365 - Exposure Control Plan

### Bloodborne Pathogens

(WAC 296-823)

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The Tukwila Pool Metropolitan Park District is committed to providing a safe and healthful work environment for our entire staff. This is our plan to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees, who have occupational exposure to blood, or other potentially infectious material (OPIM), must follow the procedures and work practices in this plan.

Employees can review this plan at any time during their work shifts. We will provide a copy to an employee within 15 days of a request.



This plan includes:

- ◆ Overview
- ◆ Identify employees who are at risk for exposure
- ◆ Controlling Employee Exposure to Bloodborne Pathogens
- ◆ Employee Training and Hazardous Communication
- ◆ Post Exposure Evaluation and Follow-up
- ◆ Recordkeeping

#### **Exposure Determination**

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter.

The following is a list of all jobs at our establishment in which all employees have occupational exposure:

#### **High Risk:**

Lifeguard

Aquatics Manager

Assistant Aquatics Manager

The following is a list of jobs in which some employees at our establishment may have occupational exposure:

#### **Low Risk:**

Front Desk Attendant

Executive Director

## **HBV Vaccination**

HBV vaccinations shall be offered to all employees identified as high risk free of charge by the Tukwila Pool Metropolitan Park District. The Tukwila Pool Metropolitan Park District will pay all fees associated with that service not covered by the individuals health insurance. The vaccination will be provided after the employee has received the training outlined in these policies, but within 10 (ten) days of assignment to duties.

This policy shall exempt employees who have previously received the complete vaccination series, whose antibody testing indicates they are immune, or those employees for whom the vaccine is contraindicated.



Employee vaccinations shall be documented and maintained in the employee's medical record files in the Tukwila Pool Metropolitan Park District HR files as prescribed by WISHA, and shall be preserved in the Tukwila Pool Metropolitan Park District HR files for the duration of employment plus thirty (30) years.

Routine booster dose(s) of the HBV vaccine shall be provided in accordance with US Public Health Service recommendations at no cost to the employees.

If an employee refuses to obtain the required HBV vaccination, the employee will be required to document that refusal on the HBV Declination Statement form (**See Appendix**) which will be maintained in the employee's medical record for the duration of employment plus thirty (30) years. If however, an employee subsequently decides to have an HBV vaccination; it will be made available under the same terms and conditions as stated above, upon employer's receipt of a written request to the Aquatics Manager or Executive Director.

## **Follow-Up Procedures After Possible Exposure To HIV/HBV**

All employees are required to report any incident of exposure to blood and/or body fluids to their immediate supervisor. All exposure incidents shall be recorded on the OSHA 300 form and investigated using the Exposure Incident Investigation form (**See Appendix**) which will subsequently become a part of the employee's medical record. All exposures must document the route(s) of exposure and the circumstances under which the exposure occurred.

Possible exposure incidents include percutaneous needle sticks or cuts, mucous membrane exposure to blood or body fluids, or contact with blood or body fluids via chapped, abraded, or otherwise non-intact skin surfaces.

Using the Post Exposure Evaluation and Follow-up Checklist (**See Appendix**) the following steps will be taken:

1. The source individual shall be notified of the exposure incident and be requested to consent to and obtain testing for HIV/HBV. A refusal of the source individual to consent for testing shall be documented.
2. The results of the source individual's test shall be made known to the exposed employee.

3. The exposed employee shall also be reminded of the laws and regulations concerning the disclosure of the identity and infectious status of the source individual.
4. If the source individual refuses to consent to HIV/HBV testing, or if the source individual tests positive, the exposed employee shall have a clinical evaluation which will include HIV and HBV antibody testing as soon as possible.
5. If the exposed employee tests zero-negative, the employee shall be retested 6-weeks post-exposure and on a periodic basis thereafter; 12 weeks and 6 months.
6. Follow-up procedures shall also be taken for employees exposed or potentially exposed to HBV, depending on employee immunization status, antibody response, and HBV serologic status of source individual.
7. If the exposed employee refuses to submit to clinical evaluation and HIV and HBV testing, such refusal will be documented and maintained in the employee's medical record.
8. If the employee consents to baseline blood collection, but does not consent to testing, the employee's blood sample shall be preserved for ninety (90) days. If within ninety (90) days of exposure, the employee elects to have the baseline sample tested; such testing will be conducted as soon as possible.
9. Exposed employees shall have access to post-exposure prophylaxis, as recommended by the US Public Health Service, when medically indicated, as well as counseling.
10. Exposed employees shall also be advised to report and seek medical evaluation of any acute febrile illness within twelve (12) weeks following exposure.
11. All tests shall be conducted by an accredited laboratory and expenses which are not covered by insurance may be submitted to the TPMPD for reimbursement. .



The following information will be provided to the physician performing the post-exposure evaluation:

- ◆ A copy of the WISHA regulation pertaining to bloodborne pathogens.
- ◆ A description of the employee's duties.
- ◆ Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
- ◆ Results of the source individual's blood testing, if available.
- ◆ All relevant medical records of the employee, including vaccination status.

The Tukwila Pool Metropolitan Park District Executive Director will obtain a written report and opinion from the physician performing the post-exposure evaluation which shall be limited to:

- ◆ Whether an HBV vaccination is indicated, and if the employee has received such vaccination.

- ◆ That the employee has been informed of the results of the evaluation.
- ◆ That the employee has been told about any medical conditions resulting from exposure to blood or other infectious materials which warrant further evaluation or treatment.

In the event of employee exposure to blood or body fluids via percutaneous needle stick, cuts, or mucous membrane exposure, necessary medical treatment shall be administered as appropriate for the type of injury.

### **Sharps and Disposable Items**

The following sharp instruments or disposable sharps may be encountered by employees in the TPMPD:

- ◆ Hypodermic needles
- ◆ Syringes
- ◆ Razor Blades
- ◆ Blood stained broken glass

Sharp instruments and/or disposable sharps shall be disposed of in the following manner:

1. All such sharp items shall be placed in a leak proof, rigid, puncture-resistant, break-resistant container which is conspicuously labeled.
2. The person recovering/receiving a sharps instrument or item shall be responsible for its proper disposal as soon as feasible. In no instance will any employee leave any such sharp instrument at any work station beyond the end of the employee's shift without notifying his/her supervisor.
3. Needles shall **not** be recapped, purposely bent or broken, or removed from disposable syringes. (If recapping or removal is necessary, it must be accomplished by using a mechanical device or a one-handed "scoop" technique).
4. Appropriate protective gloves will be worn at all times when handling any sharps or knives possibly contaminated by blood or OPIM.
5. At no time will any employee reach into a sharps container to retrieve any item. All such removal will be accomplished with tongs, pliers, or other mechanical tool.



### **Hand Washing**

**All employees** having direct contact with blood or O.P.I.M. (Other Potentially Infectious Materials) shall wash hands using warm water and soap before, when anticipated, but **always** after contact with blood or O.P.I.M. If such facilities are unavailable, alcohol foams or antiseptic towelettes may be used.



Employees shall immediately remove and dispose of gloves in appropriate segregated waste receptacles.

Where exposure may occur in order to prevent contamination from spreading to other work areas:

- ◆ Employees shall immediately and thoroughly wash hands and other exposed skin surfaces after removal of gloves using warm water and soap. The Tukwila Pool Metropolitan Park District encourages all employees to regularly wash their hands as a means of controlling the spread of infectious diseases.
- ◆ These procedures shall also be followed after removal of other personal protective equipment following accidental exposure to blood or body fluids.
- ◆ Reusable personal protective equipment shall be rinsed and sterilized per the recommendations set forth by the manufacturer.

### **Personal Protective Equipment**

The Tukwila Pool Metropolitan Park District will provide and maintain, in a sanitary and reliable condition, necessary personal protective equipment which is relevant to the procedures and job functions of the various employees. Employees are required to use appropriate protective equipment for the task they are performing, except in those extraordinary circumstances when such use would, in the employee's professional judgment, prevent the service from being provided. In such cases the incident shall be investigated and documented in order to determine if changes can be instituted to prevent such occurrences.

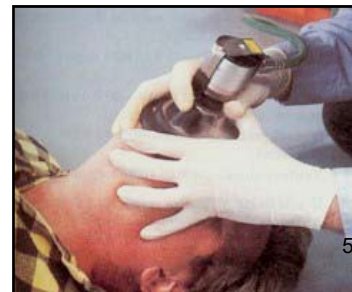
The use of **Gloves** is indicated and must be worn:

1. For all emergency response care which involves potential exposure to blood or body fluids, particularly if the employee has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin.
2. During all decontamination procedures involving clean-up of blood or body fluids.
3. When scrubbing equipment contaminated with blood or body fluids prior to sterilization.
  - ◆ Gloves shall be of appropriate quality and material and shall comply with the standards of safety for the procedure performed. A sufficient quantity and appropriate size for each employee will be supplied by the TPMPD.
  - ◆ Hypo-allergenic gloves, glove liners, powderless gloves or similar alternatives will
  - ◆ be made available to those employees who are allergic to the gloves normally provided.
  - ◆ Gloves shall be single-use and shall be disposed of immediately following each contaminant contact or procedure.

**Masks and Eye Protectors** are to be available and are required to be used:

- ◆ When contamination of mucosal membranes (eye, nose, or mouth) with body fluids is likely to occur.

**Resuscitation equipment** is provided to minimize the



need for mouth-to-mouth resuscitation and shall be easily accessible in the event resuscitation is necessary. Mouth suctioning of blood or other potentially infectious material is prohibited.

All contaminated personal protective equipment must be removed from work stations, and disposed of in the appropriate area or container prior to leaving the work area.

New personal protective equipment will also be installed to replace contaminated equipment. This will be the responsibility of the employee who used the equipment. Failure to replace/restock used materials will make the employee(s) subject to disciplinary action.

### **Housekeeping**

A cleaning schedule for equipment with or areas will be established and maintained. The following guidelines will be followed until such time as procedures or policies require an appropriate update.

1. All equipment and surfaces shall be cleaned as soon as practical after any contamination by blood or other potentially infectious material. Under no circumstances will this be left for other officers/employees to do. It is the responsibility of the officer/employee who contaminated the area.
2. Protective coverings used to cover equipment are to be removed, cleaned, or replaced as soon as feasible after being contaminated.
3. All bins, cans, or other receptacles which will be reused and which may be contaminated are to be emptied, cleaned, and decontaminated at the end of each work shift.
4. Broken glass which may be contaminated is not to be picked up by hand, but cleaned up or picked up by using a broom and dust pan.



### **Regulated waste (disposable sharps)**

Contaminated sharps shall be discarded immediately after they are located or used, or as soon as feasible, in appropriate containers. This presumes that there is no compelling need to retain the item for evidentiary purposes. Appropriate containers, whether for disposal or evidence, are described as follows:

- ◆ Closable
- ◆ Puncture resistant
- ◆ Leak-proof on sides and bottoms
- ◆ Appropriately labeled
- ◆ Maintained upright
- ◆ Emptied or replaced whenever 2/3 full, except evidence containers



When moving containers containing contaminated sharps, care should be taken to assure the container is closed to prevent spillage or protrusion of contents.

In the event of leakage or protrusion, the container is to be placed in a secondary container which must also be closable, puncture resistant, and leak-proof.

### **Other Regulated Waste includes:**

- ◆ Liquid or semi-liquid blood or other infectious 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 are capable of releasing these materials during handling.
- ◆ Pathological and microbiological wastes containing blood or other potentially infectious materials.



Such regulated waste must be placed in the appropriate, labeled containers. Containers must meet the following specifications:

- ◆ Closable
- ◆ Able to prevent leakage during handling, storage, or transport
- ◆ Appropriately labeled

Containers must be closed prior to removal to prevent leaks. If outside contamination of a container occurs, the container is to be placed in a secondary container which is also closable, able to prevent leakage, and appropriately labeled.

### **Disposal of Regulated Waste**

If regulated waste is collected, remove waste from all work areas and place in an appropriate waste receptacle lined with a red, leak-proof plastic bag, and store in the appropriate location for pick-up and disposal by an outside contractor. Such independent contractors will be responsible for the training of their employees regarding the identification, segregation, and disposal of infectious waste.

### **Signs and Labeling**



Warning labels shall be affixed to all containers of regulated waste, laundry, sharps containers, disposable personal protection equipment, refrigerators, or freezers containing blood or other potentially infectious material, and containers used to store or transport blood or potentially infectious materials.

Warning labels will include the preceding symbol and will be florescent orange or orange-red, or predominantly so, with lettering and symbol in a contrasting color. Warning labels will be affixed to containers by string, wire, or adhesive in order to prevent their unintentional removal.

Note: Red containers may be substituted for labels. Red bags will be used for contaminated laundry and non-sharp regulated waste.

## **Education and Training of Employees**

All employees whose job functions involve the risk of exposure to blood or body fluids shall receive appropriate education and training prior to the commencement of their duties and annually thereafter. Such education and training shall, at a minimum, include:

- ◆ A copy of the exposure control plan and an explanation of its contents.
- ◆ A general explanation of the epidemiology and symptoms of blood borne diseases.
- ◆ An explanation of the modes of transmission of bloodborne pathogens.
- ◆ An explanation of exposure control plan and means by which the employee can 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 or other potentially infectious materials.
- ◆ An explanation of the use and limitations of methods that will prevent or reduce exposure, including 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 selecting personal protective equipment.
- ◆ Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that the vaccine will be offered free of charge.
- ◆ 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 procedures 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 the employer is required to provide.
- ◆ An explanation of the signs and labels and/or color-coding used by the employer.
- ◆ An opportunity for interactive questions and answers with the persons conducting the training sessions.

Additional training will be provided when new tasks or procedures involving potential exposure are instituted.

Records of training sessions will be maintained for three (3) years. Such records will include:

1. The date of training.
2. A summary of the content of training.





3. The names and qualifications of person(s) conducting the training session.
4. The names and job titles of all persons attending the training session.

### **Medical Records**

A medical record for each employee who has experienced an occupational exposure will be maintained by the Tukwila Pool Metropolitan Park District. These records will include:

1. The name and social security number of the employee.
2. A copy of the employee's HBV vaccination status including the dates of vaccination and any medical records regarding the employee's ability to receive the vaccination.
3. A copy of all opinions, examinations, testing, and follow-up involving post-exposure incidents.
4. A copy of any information provided to any other healthcare professional regarding possible exposure.

Such records will be kept confidential and will not be disclosed to any person, except as required by law, without the express written consent of the employee. Such records will be maintained for thirty (30) years beyond the duration of the employment.

In the event the Tukwila Pool Metropolitan Park District ceases to do business and there is no successor employer to transfer the records to, the Tukwila Pool Metropolitan Park District will notify the Department of Labor and Industries at least three (3) months prior to the disposal, and will transfer them to the Department, if requested to do so.

### **Procedures In The Event Of Personal Exposure**

All employees are required to use the following procedures in the event of exposure to possibly infectious blood or body fluids:

- ◆ **Needle Stick/Cut:** Milk the exposure to express blood and clean the wound vigorously with soap and water for at least 10-15 seconds using friction.
- ◆ **Mucosal Splash:** For a mucosal splash to eyes, nose, or mouth, flush or rinse with saline or water. For a mucosal splash to the skin or contamination of open wound, wash with soap and water. Shower and change clothes if necessary.
- ◆ **Blood Splash/Contact:** For blood splash to mucosal tissues follow mucosal splash guideline above. For blood splash or contact to chapped, abraded, cut or broken skin, wash with soap and water and again remove contaminated clothing as soon as possible.

For any other contact with blood or body fluids to skin surfaces, wash with soap and water immediately, or antiseptic wipes when wash facilities are not available. Remove contaminated clothing, shower and, if continued contamination is anticipated, put on appropriate personal protective equipment.

**Reporting:** Report all needle sticks, mucosal splashes, and contamination of open wounds with blood and/or body fluids to your immediate senior supervisor.

Tukwila Pool Metropolitan Park District

**EXPOSURE INCIDENT INVESTIGATION FORM**

Date of Incident	Time of Incident
Location	Person(s) Involved

<b>Potentially Infectious Materials Involved</b>	
Type	Source
Circumstances (what was occurring at the time of the incident)	
How the incident was caused (accident, equipment malfunction, and so forth; list any tool, machine, or equipment involved)	
Personal protective equipment and engineering controls being used at the time of the incident	
Actions taken (decontamination, clean-up, reporting, and so forth)	
Training of employee	
Recommendations for avoiding repetition of the incident, including any recommended changes to the ECP (Exposure Control Plan)	

Tukwila Pool Metropolitan Park District

**HEPATITIS B VACCINE DECLINATION FORM**

Facility Name: **TUKWILA POOL**  
**4414 S. 144<sup>th</sup> St., Tukwila WA 98168**

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

You have given me the opportunity to be vaccinated with the 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 be at risk of acquiring hepatitis B, a serious disease. If, in the future, 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 have already received the hepatitis B vaccination series. (check if true)

\_\_\_\_\_  
Employee's Name (Print)

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

If the employee is less than 18 years of age at the time of employment with the TPMPD, the employee's parent or guardian must sign below.

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Tukwila Pool Metropolitan Park District

**HEPATITIS B VACCINATION RECORD**

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 information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration and the benefits of being vaccinated. I also understand that my cost of the vaccine and vaccination series will be reimbursed by the TPMPD.

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I, \_\_\_\_\_ (write name) have completed the following inoculations using:

\_\_\_\_\_ Recombivax-HB Vaccine                      or                      \_\_\_\_\_ Enerix-B Vaccine

- Inoculation 1 Date: \_\_\_\_\_ Given at: \_\_\_\_\_
- Inoculation 2 Date: \_\_\_\_\_ Given at: \_\_\_\_\_
- Inoculation 3 Date: \_\_\_\_\_ Given at: \_\_\_\_\_

Employee Name (Printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Signature of Parent/Guardian (required if employee is under 18):  
\_\_\_\_\_

Date: \_\_\_\_\_

Tukwila Pool Metropolitan Park District

**EMPLOYEE MEDICAL RECORD CHECKLIST**

**NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

Attach a copy of the employee's hepatitis B vaccination record or declination form. Attach any additional medical records relative to hepatitis B.

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Brief Description of Exposure Incident: \_\_\_\_\_

**Log and attach copy of: (Check all that apply)**

- The information provided to the health care professional
- The Exposure Incident Investigation Report
- The results of the source individual's blood testing, if consent for release has been obtained and results are available
- The health care professional's written opinion

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Brief Description of Exposure Incident: \_\_\_\_\_

**Log and attach a copy of: (Check all that apply)**

- The information provided to the health care professional
- The Exposure Incident Investigation Report
- The results of the source individual's blood testing, if consent for release has been obtained and results are available
- The health care professional's written opinion



Tukwila Pool Metropolitan Park District

**NEEDLESTICKS/SHARPS EXPOSURE LOG**

**INSTRUCTIONS:**

1. Complete a log for each employee exposure incident involving a sharp
2. Make a photocopy for your own record; and
3. Ensure that the form is received by the Executive Director

Employee exposed:	Social Security Number:	Phone number/ E-mail:
Department:	Supervisor on Duty:	Phone number/ E-mail:

Date and Time of Stick or contact with Sharp:	Location of Incident:	Job classification of employee:
Nature of exposure:	Body part stuck:	Procedure being performed at time of exposure:

Describe how the incident occurred:

a. Was the sharp/ needle contaminated? \_\_\_\_\_

b. If yes, what was the contaminant? \_\_\_\_\_

c. Was training provided that could have prevented this incident? \_\_\_\_\_

d. If yes, was training/procedure being followed? \_\_\_\_\_

For the employee: What do you think could have been done to prevent this injury?

For the employer: What do you think could have been done to prevent this injury?

Employee's Signature:	Date:
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Tukwila Pool Metropolitan Park District

**POST-EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST**

The following steps must be taken, and information transmitted, in the case of an employee's exposure to Bloodborne Pathogens:

<u>ACTIVITY</u>	<u>COMPLETION DATE</u>
<input type="checkbox"/> Employee furnished with documentation regarding exposure to incident.	_____
<input type="checkbox"/> Source individual identified.	_____
_____	
Source Individual	
<input type="checkbox"/> Source individual's blood tested and results given to exposed employee.	_____
<input type="checkbox"/> Consent has not been able to be obtained.	
<input type="checkbox"/> Exposed employee's blood collected and tested.	_____
<input type="checkbox"/> Appointment arranged for employee with healthcare professional.	_____
_____	
Professional's Name      Phone # or Company	
<input type="checkbox"/> Documentation forwarded to healthcare professional.	_____
<input type="checkbox"/> Bloodborne Pathogens Standard.	
<input type="checkbox"/> Description of exposed employee's	
<input type="checkbox"/> duties.	
<input type="checkbox"/> Description of exposure incident, including routes of exposure.	
<input type="checkbox"/> Result of source individual's blood testing.	
Employee's medical records.	