# Bloodborne Pathogens

# Model Exposure Control Plan

**For Police /EMS/ Fire**

The following exposure control plan has been developed in accordance with the OSHA Standard on Bloodborne Pathogens, 29 CFR 1910.1030. It can be modified for your particular municipality by filling in the spaces and adding to it.

The exposure control plan should be reviewed and updated at least annually and whenever necessary to reflect new tasks or procedures.

Municipal/state employees assigned to pick up discarded syringes on public property may reference the “Exposure Control Plan for Non-Healthcare Workers – Syringe Pickup”

Schools may reference the “Exposure Control Plan for Schools”

November 2015

**BLOODBORNE PATHOGEN**

**EXPOSURE CONTROL PLAN FOR**

**Police/ Fire/ EMS Departments in Massachusetts**

*NOTE: This model program provides minimum requirements. Your department can add additional information to tailor the program to your department. The layout of the program can be updated to match the format of your existing policies and procedures.*

1. **Purpose:**

Public safety employees can be exposed to blood and body fluids during their job duties. This Exposure Control Plan is designed to protect employees from unprotected exposure.

2. **Program Coordinators**

The following personnel are assigned to implement components of the program**:**

|  |  |
| --- | --- |
| **Task** | **Person Assigned** |
| Coordinate the Bloodborne Pathogen Program |  |
| Coordinate follow-up medical for employee exposed to blood splash or needlestick; liaison with source patients to obtain permission for testing |  |
| Coordinate sharps disposal |  |
| Purchase gloves, disinfectant, sharps containers |  |
| Coordinate Hepatitis-B vaccine |  |
| Coordinate new hire and annual training. |  |

**3. Definitions**:

The following definitions are used to implement this program.

**Blood includes**: Human blood. Animal blood is not included.

**Bloodborne Body Fluids include**: amniotic fluid, semen, vaginal fluids, and fluids that surround body organs. Human Bites: Saliva can be infectious for Hepatitis-B/C.

**Bloodborne Body Fluids do NOT include**: urine, feces, vomit, tears, and sweat.

(NOTE: urine, vomit and feces can be infectious for bacteria and viruses that can cause diarrhea, flu, and other disease. However, they are not considered by OSHA to be bloodborne carriers (HIV, Hepatitis-B, Hepatitis-C.)

**4 Exposure Determination**:

The following public safety employees may have potential exposure to blood, or other potentially infectious materials.

|  |  |
| --- | --- |
| Department | Tasks with potential exposure to blood |
| Police Department | * Accident first responder * Crime scene with blood * Injured resident or suspect * Handling syringes used by the public * Handling evidence which is contaminated with blood * Baby delivery – amniotic fluid; blood * Cleaning detention cells: vomit/feces/fluids * First aid |
| Fire Department | * Accident first responder * Handling syringes used by the public * Baby delivery – amniotic fluid; blood * First aid |
| Emergency Medical Services | * Accident first responder * Crime scene with blood * Handling syringes used by the public * Handling syringes used by EMS * Baby delivery – amniotic fluid; blood * Cleaning interior of ambulance * First aid |

**5: Universal Precautions**

To protect department employees, all blood and body fluid is considered to be infectious, regardless of the perceived or known health status of the student(s) or staff that is being assisted. At this department, Universal Precautions are used:

**Universal precautions**: All blood is considered infectious for bloodborne pathogens, regardless of the source student or staff. *NOTE: a department may elect to use Standard Precautions, which is stricter than Universal Precautions to include blood, body fluids, vomit, and feces.*

**Vomit, Urine, Feces, Spit**: these materials are not considered bloodborne pathogens under the OSHA standard, unless blood is visible in these materials. However, gloves and disinfectants will be used to prevent the spread of bacteria and viruses that could be present (i.e. Flu).

6.  **Work Practices**

The following work practices will be followed to prevent unprotected exposure to blood or body fluids:

Accident Event

* Don gloves.
* Protect eyes with goggles if a blood splash is expected.
* Wash hands as soon as possible after gloves are removed. Antiseptic gel can be used if water and soap is not available.
* Remove and replace clothing that has become soiled with blood.

Activity with a person who is bleeding:

* Don healthcare gloves.

**CPR activities:**

* A resuscitation mask with one-way valve should be used.

**Evidence**

* Syringes, needles and other sharps that are required for evidence should be stored in a hard-shell plastic container such that subsequent persons handling the evidence cannot receive a puncture or needlestick.
* Blood contaminated items can be allowed to dry, and processed as evidence. The exterior of the bag should be labeled with a biohazard warning.

**EMS activities**:

* + Retractable and self-locking sharps will be purchased for medication

administration, including blood sugar lancets, syringes, and IV stylets.

* + All medical sharps will be disposed immediately into a medical Sharps Disposal Container.
  + No one-handed recapping of used needles is permitted.
  + No removal of needle from a syringe is permitted. Dispose entire syringe immediately.
  + Used Epi-pens will be retracted into their housing so that the needle is not exposed.
  + Disinfect surfaces with a disinfectant labeled for effectiveness against HIV, Hepatitis-B and TB.

First Aid Event:

* Guide injured person to a safe area.
* Use healthcare gloves.
* Encourage self-administration of first aid: Whenever possible, public safety employee should guide the injured person to apply the ice pack, bandaids, and gauze themselves.
* Use a compress as a barrier to prevent employee contact with blood.
* First Aid providers should don gloves as soon as possible.
* First Aid providers should wash hands as soon as possible after the event is over.

Blood Spill or disinfection of dried blood on surfaces:

* Use gloves.
* Disposable towels may be used to remove initial visible debris.
* Dispose in plastic trash bag or rinse down a sewage drain.
* Spray disinfectant on visible debris.
  + Disinfect surfaces with a disinfectant labeled for effectiveness against

HIV, Hepatitis-B and TB. Prepare this disinfectant according to label and manufacturer instructions.

* Use paper towels again to remove residue.
* Spray surface again with disinfectant.
* Wait the minutes specified on product label, and wipe with disposable towels.
* Dispose paper towels or rags into a sealed plastic bag, and dispose in dumpster as soon as possible.

**Large Blood Spill**

* Use waterproof utility gloves.
* Don splash-proof goggles if spatter will be possible.
* Rinse as much blood and fluids down a drain, if possible.
  + Disinfect surfaces with a disinfectant labeled for effectiveness against

HIV, Hepatitis-B and TB. Prepare this disinfectant according to label and manufacturer instructions.

* If a bleach solution will be used, do not use full-strength. Use 1 part bleach to 10 parts water. Consider a full face respirator to protect workers eyes and lungs from bleach vapors.
* Disposable towels or a wet-vac may be used to remove initial visible debris.
* Dispose paper towels in a plastic trash bag; empty wet-vac into a custodial floor drain that is connected to sewage system.
* Spray disinfectant on visible debris.
* Use paper towels again to remove residue.
* Spray surface again with disinfectant.
* Wait the minutes specified on product label to allow disinfectant to work, and wipe dry with disposable towels.
* Dispose paper towels or rags into a sealed plastic bag, and dispose in dumpster as soon as possible.
* Rinse mops handles and wet-vac with disinfectant.
* Remove gloves. Wash hands immediately.

**Cleaning Feces/Vomit in Jail Cells**

Note: Feces and Vomit are not considered Bloodborne pathogens unless blood is visible. Feces and Vomit are not known to be contagious for Hepatitis B, or HIV. However, Feces and Vomit can be contagious for the flu, Hepatitis-A, and norovirus. Therefore, these work practices are provided:

* Use waterproof utility gloves.
* Don splash-proof goggles if spatter will be possible.
* Rinse as much blood and fluids down a drain, if possible.
  + Disinfect surfaces with a disinfectant labeled for effectiveness against

HIV, Hepatitis-B and TB. Prepare this disinfectant according to label and manufacturer instructions.

* If a bleach solution will be used, do not use full-strength. Use 1 part bleach to 10 parts water. Consider a full face respirator to protect workers eyes and lungs from bleach vapors.
* Disposable towels or a wet-vac may be used to remove initial visible debris.
* Dispose paper towels in a plastic trash bag; empty wet-vac into a custodial floor drain that is connected to sewage system.
* Spray disinfectant on visible debris.
* Use paper towels again to remove residue.
* Spray surface again with disinfectant.
* Wait the minutes specified on product label to allow disinfectant to work, and wipe dry with disposable towels.
* Dispose paper towels or rags into a sealed plastic bag, and dispose in dumpster as soon as possible.
* Rinse mops handles and wet-vac with disinfectant.
* Remove gloves. Wash hands immediately.

Handwashing:

* Handwashing is required after removal of gloves, even if the glove is not contaminated.
* If soap and water are not immediately available, then antiseptic alcohol gel should be used.
* Alcohol gel is not required if handwashing with soap and water is conducted.

**7: Personal protective equipment**

Personal Protective Equipment is selected based on the potential for exposure to blood or body fluids during a particular task. For that reason, different gloves may be selected for different tasks. Personal protective equipment must be provided free of charge.

|  |  |
| --- | --- |
| **Task** | **Personal Protective Equipment** |
| Possibility of direct hand contact with blood or contact with a bleeding person | Healthcare gloves |
| CPR | Healthcare gloves  CPR mask |
| Picking up discarded syringes | Puncture-resistant gloves |
| Crime scene with extensive amounts of blood | Healthcare gloves  Goggles  Poly-coated tyvek coverall  Poly-coated tyvek booties |
| Possibility of splash to face | Disposable face mask;  Goggles |
| Possibility of spattering to worker’s clothing | Healthcare coverall |
| Crime scene with extensive amounts of blood | Healthcare gloves  Goggles  Poly-coated tyvek coverall  Poly-coated tyvek booties |
| Disinfecting interior of ambulance | Healthcare gloves |
| Disinfecting jail cell;  Cleaning blood spills  Cleaning feces/vomit from jail cells | Waterproof utility gloves  Goggles, if splatter is possible  Respirator, if bleach is sprayed and mist could contact eyes/mouth |

Disposable gloves should be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Typically, used gloves may be placed in regular trash. In circumstances where gloves are soaked and dripping with blood, the gloves should be placed in a leak-proof plastic bag with a biohazard label.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Clean with soap and water before storage. Store in a dry place at room temperature.

8. **Compliance Methods: Disinfection**

Decontamination of surfaces and equipment will be done as soon as possible after contact with blood or body fluids.

The product selected should have a product label which shows that the product has been tested against HIV, Hepatitis B and TB. Prepare this disinfectant according to label and manufacturer instructions.

Bleach is not the best choice for disinfecting ambulances, electronic equipment, and other surfaces that can be corroded by bleach. Choose a commercial product labeled for HIV, Hepatitis B and TB.

If Bleach is selected due to cost, the following recipe is recommended by the CDC. Do NOT use bleach full strength out of the bottle – it can cause respiratory and eye irritation. Prepare a solution of 600 parts per million of bleach. Prepare the bleach solution on the same day that you use it.

|  |  |
| --- | --- |
| **Recipe for 600 ppm Bleach** | |
| **Bleach (household, 6%)** | **Water** |
| 2 teaspoon | 1 Quart |
| 3 tablespoon | 1 gallon |
| ¾ cup | 5 gallon bug spray container |

9 **Regulated Waste**

Regulated waste will be disposed of in accordance with the MA Department of Public Health Regulation 105 CMR 480.000 (Storage and Disposal of Infectious or Physically Dangerous Medical or Biological Waste) in addition to the OSHA standard on bloodborne pathogens.

The following materials must be disposed in a Sharps Disposal Container:

* Syringes
* Lancets
* IV stylets
* Epi pens
* Suture needles
* Used razors
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following materials can be disposed in regular trash:

* Paper towels, rags that are contaminated with blood, but blood cannot be squeezed out of the fabric.
* Used band-aids and gauze when blood cannot be squeezed out of fabric
* Feminine hygiene products

The following materials should be disposed in a plastic “red bag” that is labeled as medical waste:

* Paper towels, rags that are contaminated with copious amounts of blood in which blood is dripping out of the fabric.
* Used gloves when blood is dripping out of fabric.

10 **Laundry**

Clothing that is contaminated with blood may be laundered. If laundry is sent off site to a third party, inform them that the clothing is contaminated with blood.

* Placed contaminated laundry into a plastic bag, label as contaminated.
* Put laundry into washing machine, directly out of the plastic bag without sorting. Don healthcare gloves (neoprene, nitrile) to put clothing into the machine.
* Use hot water wash,
* Add ¼ cup bleach using machine instructions.

1. **Hepatitis B Vaccine**

The Hepatitis-B vaccine is very effective in preventing transmission of the Hepatitis-B virus. Department personnel should be vaccinated as follows, depending upon their potential exposure to blood and body fluids:

**The Hepatitis-B Vaccine should be offered to personnel who have potential exposure to blood or infectious body fluids:**

|  |  |
| --- | --- |
| Staff | Hepatitis B Vaccine |
| Police/ Fire /EMS who perform tasks with potential exposure to blood or body fluids | Offer Hepatitis-B within 10 days of assignment |
| Police/ Fire/ EMS where exposure to blood or body fluids is not expected:  -dispatch  -vehicle maintenance  - | The Hepatitis B vaccine may be offered after the worker’s first “First Aid” event or exposure to blood or body fluids |

The vaccine consists of a 3 doses administered at 1-week, 1-month, and 6-month intervals. The vaccine also includes an antibody test to see of the vaccine was effective. The antibody test should be conducted at 4-8 weeks after the third dose.

Employees who decline the vaccine will sign a waiver which uses the wording in Appendix A of the OSHA Standard (see attached appendix A on page 14). Persons who have previously received the vaccine should decline the vaccine – a new vaccine series is not required if an employee changes location of employment.

Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

1. **Post-exposure evaluation and follow-up**

Needlestick or Blood-Exposure Follow-up should be provided within **24 hours**.

**Report needlestick or blood exposure immediately to**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employees who experience an “Exposure Incident” should be sent to the following healthcare provider within the first 24 hours.

Name of Healthcare Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What to Do if You Experience an Exposure Incident**

Immediate medical attention is required after an “Exposure Incident.” An exposure incident includes:

* Needlestick with a used syringe;
* Laceration or puncture with a medical instrument that has been used on a patient (ie suture needle, dental instruments);
* Splash to your eyes, nose or mouth;
* Splash to non-intact skin;
* Human bite that has broken your skin.

**If you experience an Exposure Incident, get medical treatment within the first 24 hours**. Studies have shown that receiving medical treatment for a needlestick within the first 24 hours is able to prevent transmission of HIV and Hepatitis.

Employees may not decline going to a healthcare provider for evaluation. (The employee may decline the advice or treatment offered by a healthcare provider, but they must obtain the evaluation.) The medical exam is confidential – the employer should not receive medical test results or other medical information regarding the employee.

**Instructions after a Needlestick**:

* Discard the syringe into the Sharps Disposal Container.
* Do not bring the syringe to the doctor – the blood in the syringe is not tested for HIV or Hepatitis.
* Wash the puncture area with soap and water.
* Do not disinfect your skin with bleach or disinfectant – this can damage the skin and make transmission of Hepatitis or HIV easier.
* Be prepared to tell the healthcare provider about:
  + Location of puncture on your skin
  + How deep the puncture/laceration
  + Whether or not there was visible blood inside the syringe tube
  + Whether or not there was visible blood on the needle

**Source Testing:**

When the identity of the source person is known, he or she may be contacted to inform them that a public safety employee was exposed to the person’s blood, and request consent for the person to obtain testing for HIV, Hepatitis B and Hepatitis C. The results are not released to the public safety department – the results should be maintained privately between the source person’s healthcare provider, the source person, and the exposed employee. If consent is not obtained from the source of the exposure, it shall be documented that consent cannot be obtained.

1. **Training**

Training for all employees who are reasonably anticipated to have occupational exposure to blood and OPIM will be conducted prior to the initial assignment and annually. Training records will be maintained for three years from the date on which the training occurred.

Training will include:

* The OSHA Bloodborne Pathogens Standard
* Symptoms and transmission of bloodborne diseases
* The employer’s exposure control plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
* Control measures
* Personal protective equipment available in this department and an explanation of the basis for its selection and use
* Post-exposure follow/up and evaluation
* Hepatitis B vaccine program
* Appendix A to Section 1910.1030:

### 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 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.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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