

NOTICE!

The following procedure is currently under revision.

If you need to refer to this procedure and have questions regarding applicability, please contact the Safety Office at 425.388.3549.

EXPOSURE CONTROL PLAN

I. This procedure applies to all occupational exposure to blood or other infectious materials. Each department/division with employees listed in section III (A) shall develop an addendum to this procedure that identifies specific requirements for exposure control; such as required personal protective equipment and housekeeping guidelines (WAC 296-823-140 and WAC 296-823-150).

II. DEFINITIONS

- A. "Blood" means human blood, human blood components, and products made from human blood, and other infectious materials.
- B. "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).
- C. "Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
- D. "Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- E. "Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain contaminated sharps.
- F. "Contaminated Sharps" means 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.
- G. "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- H. "Engineering Controls" means controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove the bloodborne pathogens hazard from the workplace.

- I. "Exposure Incident" means a specific eye, mouth, other 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.
- J. "Handwashing Facilities" means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- K. "HBV" means Hepatitis B virus.
- L. "HIV" means human immunodeficiency virus.
- M. "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.
- N. "Other Potentially Infectious Materials" means:
1. The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal 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); 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.
- O. "Parenteral" means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- P. "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.

- Q. "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 micro biological wastes containing blood or other potentially infectious materials.
- R. "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 components.
- S. "Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- T. "Universal Precautions" - are 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.
- U. "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).

III. EXPOSURE DETERMINATION

- A. The following job titles are such that all employees in that job classification have or are reasonably expected to have occupational exposure as a result of performing their regular job duties.

JOB CLASS TITLE

Administrative Coordinator-Medical Examiner

Airport Public Safety Supervisor

Airport Firefighter

Campus Security Marshall

Corrections Officer (Custody)

Corrections Lieutenant

Corrections Sergeant (Custody)

Custody Officer

Evidence Control Officer

Evidence Control Supervisor
Juvenile Custody Worker
Landfill Equipment Operator
Licensed Practical Nurse
Medical Examiner
Medical Investigator
Park Ranger
Park Ranger Asst.
Park Ranger Sr.
Pathology Assistant
Registered Nurse
Sergeant
Sheriff, Deputy
Sheriff, Officers
Solid Waste Laborer
Solid Waste Maint. Worker
Transfer Station Operator

NOTE: Some temporary workers in the above job classifications may be exempt from receiving Hepatitis B vaccine. Department Head and/or Supervisor must notify Safety for exemption approval.

- B. The following job classifications are such that some employees in the classification have the potential to receive an occupational exposure.

JOB CLASS TITLE

Facility Maintenance Worker
Safety and Health Officer

- C. Employees identified in section III(B) will only receive occupational exposure through non-routine tasks such as first aid, rescue, or discovery of sharps, human remains, minor clean-up of blood or other bodily fluids, or similar incidents.
- D. Supervisors of employees listed in III (A) & (B) will ensure those employees are familiar with all aspects of this procedure and are trained in the appropriate procedures.

IV. METHODS OF COMPLIANCE

- A. Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

- B. Engineering and work practice controls.
1. Engineering and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
 2. Each facility that has workers listed in section III(A) & (B) shall ensure that hand washing facilities are readily accessible to those employees.
 3. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
 4. Where employees work out of a vehicle, or where hand washing facilities are not feasible, they shall be provided with antiseptic towelettes or an antiseptic hand cleanser and cloth or paper towels.

NOTE: When antiseptic hand cleanser or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

5. Supervisors must ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
6. Contaminated needles and other contaminated sharps shall not be bent, recapped, removed sheared, or broken.
7. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be:
 - a. Puncture resistant;
 - b. Labeled with the biohazard symbol shown in Appendix A.
 - c. Leakproof on the sides and bottom.
 - d. Color-coded fluorescent orange or orange-red.
8. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
9. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
10. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize

splashing, spraying, spattering, and generation of droplets of these substances.

11. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
12. Specimens
 - a. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping. The container shall be labeled with the symbol shown in Appendix A and shall be color coded fluorescent orange or orange-red.
 - b. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled with the symbol shown in Appendix A.
 - c. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.
13. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless it can be demonstrated that decontamination of such equipment or portions of such equipment is not feasible.
 - a. A readily observable label as shown in Appendix A shall be attached to the equipment stating which portions remain contaminated.
 - b. The supervisor shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

C. Personal Protective Equipment

1. When there is occupational exposure, the employer shall provide, at no cost to employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks with eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious

- materials to pass through to, or reach, the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal condition of use and for the duration of time which the protective equipment will be used.
2. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
 3. The supervisor shall ensure that the employee uses appropriate personal protective equipment unless the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented by the supervisor and the County Safety Office in order to determine whether changes can be instituted to prevent such occurrences in the future.
 4. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed immediately or as soon as feasible and placed in a bio-hazard bag.
 5. All personal protective equipment shall be removed prior to leaving the work area.
 6. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
 7. Gloves shall be worn when it can reasonably be anticipated that the employee may have hand contact with blood, or other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures and when handling or touching contaminated items or surfaces.
 - a. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
 - b. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 - c. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

- d. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
8. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
 9. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupation exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
 10. Surgical caps or hoods and/or show covers or boots shall be worn in instances when gross contamination can reasonably be anticipated, such as autopsies.
 11. All departments will ensure that CPR shields, (such as masks, mouthpieces, resuscitation bags, or shield/overlay barriers) are available as part of their first aid supplies.
 12. For departments with employees listed in section III(A) or (B), the department's addendum to this procedure will set guidelines for the use of CPR shields.
 13. Those departments will also ensure workers are properly trained in the use of those devices.
- D. Housekeeping
1. Supervisors shall ensure that the work site is maintained in a clean and sanitary condition. They shall determine and implement an appropriate written schedule for cleaning and a method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
 2. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - a. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work

shift if the surface may have become contaminated since the last cleaning.

- b. Protective coverings, such as plastic wrap, aluminum foil, or imperiously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift.
- c. All bins, pails, cans, and similar receptacles intended for use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
- d. 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 dust pan, tongs, or forceps.
- e. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

E. Containers for Contaminated Sharps

1. Containers shall be:
 - a. 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 (e.g., laundries):
 - b. Maintained upright throughout use; and
 - c. Replaced routinely and not be allowed to overfill.
2. When moving containers of contaminated sharps from the area of use, the containers shall be:
 - a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping;
 - b. Placed in a secondary container if leakage is possible.

3. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of injury.

Note: Notify the County Safety Office for instructions on disposal of sharp containers and biohazard materials.

F. Regulated Waste Containment

1. Regulated waste shall be placed in containers which are:
 - a. Closable;
 - b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
 - c. Labeled with symbol shown in Appendix A and
 - d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
2. If outside contamination of the regulated waste container occurs, it shall be placed in a second container.

G. Laundry

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.
 - a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.
 - b. Contaminated laundry shall be placed and transported in bags or containers labeled or color coded in accordance with Section VI (C). When a facility utilized universal precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with universal precautions.
 - c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
2. The supervisor shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3. When a facility ships contaminated laundry off-site to a second facility which does not utilize universal precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with Section VI (C).

V. **HEPATITIS B VACCINATION AND POST-EXPOSURE EVALUATION AND FOLLOW-UP.**

- A. Each department shall make available the Hepatitis B vaccine and vaccination series to all employees who have or are reasonably anticipated to have occupational exposure, as identified in section III (A), and post-exposure evaluation and follow-up to all employees who have had an exposure incident.
- B. Each department shall coordinate with the County Safety Office to ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylactics, are:
 1. Made available to the employee at a reasonable time and place; and
 2. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed health care professional; and
- C. If the employee initially declines Hepatitis B vaccination but at a later date decides to accept the vaccination, the supervisor shall make available the Hepatitis B vaccination at that time.
- D. The supervisor shall assure that employees who decline to accept Hepatitis B vaccination offered by the employer sign the statement in Appendix B, keep a copy, in employee's file and forward a copy to the County Safety Office.
- E. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster does(s) shall be made available.
- F. Post-exposure Evaluation and Follow-up.
 1. Following a report of an exposure incident, the supervisor shall coordinate with the County Safety Office to make immediately available to the exposed employee a confidential medical

evaluation and follow-up with a health care professional, including at least the following elements:

- a. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 - b. Identification and documentation of the source individual, unless the Department Head can establish that identification is infeasible or prohibited by state or local law;
 - (i) The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the local Health District will be notified. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.
 - (ii) When the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
 - (iii) Results of the source individual's testing shall be made available to the exposed employee, and the employee informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
 - c. Collection and testing of blood for HBV and IV serological status;
 - (i) The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.
 - (iii) If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.
2. The employee will also receive counseling and an evaluation of reported illnesses thru the health care provider.

3. The department will coordinate with the County Safety Office to ensure all necessary information relevant to the exposure incident is provided to the health care professional.
4. The County Safety Office will coordinate receipt of the evaluating health care professional's written opinion.
 - a. A copy of the opinion will be sent to the employee within 15 days of completion.

VI. COMMUNICATION OF HAZARDS TO EMPLOYEES

- A. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials.
- B. Labels shall be used as shown in Appendix A.
- C. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.
- D. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
- E. Regulated waste that has been decontaminated need not be labeled or color-coded.

VII. EVALUATING CIRCUMSTANCES SURROUNDING EXPOSURE INCIDENTS.

- A. When an employee receives an occupational exposure, the circumstances will be evaluated by:
 1. The employee's supervisor.
 2. Department Head or their designee.
 3. The County Safety Office.
- B. The above personnel will determine how and why the exposure occurred.
- C. Make recommendations for corrective action or implement measures to the exposure control plan to ensure similar incidents will not occur.

- D. Copies of the final report will be maintained by the individual department and the County Safety Office.

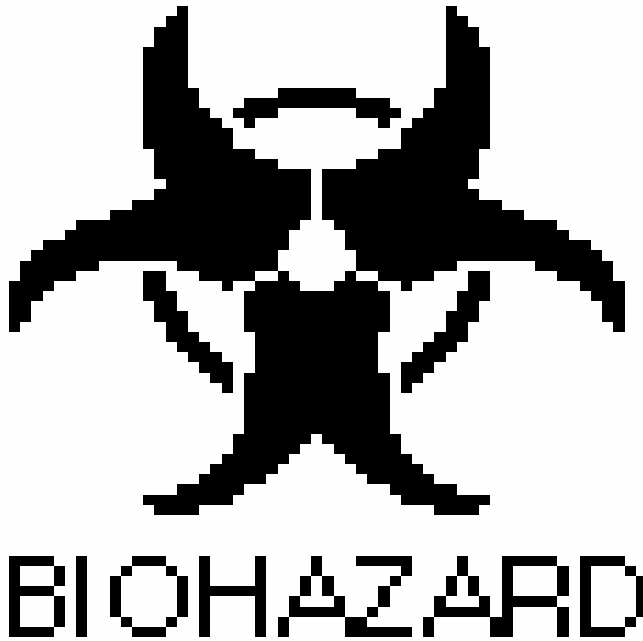
VIII. TRAINING

- A. All employees identified in Section III A should receive annual training.
- B. New employees will receive training prior to initial assignment.
- C. Additional training shall be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure.

IX. RECORD KEEPING

- A. Medical
 - 1. The Safety Office and/or department will coordinate the maintenance of all medical records associated with this procedure.
 - 2. These records shall be maintained for the employee's duration of employment plus 30 years.
- B. Training
 - 1. The Safety Office and/or department will maintain all training records associated with this procedure.
 - 2. These records shall be maintained for a minimum of three years.

APPENDIX A



APPENDIX B **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.

Printed Name

Department/Division

Signature

Date