

Infectious Disease Precautions & Bloodborne Pathogens

I. Purpose

The purpose of this exposure control plan is to eliminate or minimize employee occupational exposure to blood or other body fluids; and to comply with Minnesota Rules 5206.0600, subpart 4, and OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

II. Exposure Determination

O.S.H.A. requires employers to determine which of its employees by job classification may be expected to incur occupational exposure to blood or other potentially infectious materials, regardless of frequency. The Combined Safety Committee will coordinate this determination for all City employees.

III. Identification - Transmission - Exposure

- A. The infectious disease process includes:
 - 1. A sufficient quantity of an infectious agent.
 - 2. A mode of transmission.
 - 3. A portal of entry, such as needle stick injury, open sore, etc.
 - 4. A susceptible unprotected host.

- B. Infectious Materials:
 - 1. Employees who encounter body fluids under uncontrolled emergency circumstances shall treat these fluids as infectious.
 - 2. The known presence of any of the following materials from a human, living or deceased, requires the use of proper precautions.
 - a. Blood.
 - b. Semen.
 - c. Vaginal secretions.
 - d. Amniotic fluid.
 - e. Cerebrospinal fluid.
 - f. Synovial.
 - g. Pleural fluid.
 - h. Peritoneal fluid.
 - i. Body tissue or organs.

- C. Significant Exposure Defined
 - 1. Contact of broken skin or mucous membrane of employees with a patient or another's blood, or other body fluids is a significant exposure.

2. A needle stick, instrument wound or other wound inflicted by a blood contaminated object that is capable of cutting or puncturing employee's skin is a significant exposure.
3. An exposure that occurs by any other method of transmission recognized by current epidemiological standards as a significant exposure.

IV. Compliance Methods

- A. Universal Precautions will be observed by employees of the City of Cloquet in any incident in which an exposure could occur.
- B. Vaccination for the Hepatitis B virus is available to employees through the City at no cost to the employee. Those employees who have been identified at risk who choose not to have the vaccination must sign a declination form. They may choose to be vaccinated at a later date and this will still be at no cost to the employee.
- C. Universal Precautions require the use of Personal Protective Equipment (PPE). This equipment includes the following;
 1. Disposable gloves – nitrile or non-latex.
 2. Pocket masks where needed.
 3. HEPA masks.
 4. Eye protection.
 5. Splash guards where required.
 6. Waterless hand cleaner (disinfectant).
- D. Personal Protective Measures are to be followed by all employees to minimize risk. Employees will be trained in the use of PPE according to level of risk.

V. Significant Exposure Procedure

- A. As soon as possible after the significant exposure has occurred use waterless disinfectant if applicable.
- B. As soon as possible wash the affected area with warm soap and water.
- C. Report exposure to your immediate supervisor and fill out the City of Cloquet's accident report clearly identifying an exposure has occurred.
- D. Follow up will occur with the City's occupational health services vendor, which is currently the Community Memorial Hospital.
 1. Additional forms will be completed at the occupational health services vendor as well as medical counseling.

Appendix A. Hepatitis B - Declination Statement

APPENDIX A

Hepatitis B Vaccinations - Declination Statement

The City of Cloquet shall make available the Hepatitis B vaccine series to all employees. The Department Heads for those employees shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine are made available to the employee.

1. At no cost
2. At a reasonable time and place
3. Performed by or under the supervision of a licensed physician, or other licensed health care provider.
4. Are provided according to the recommendations of the U.S. Public Health Service

The following statement of declination of Hepatitis B vaccine must be signed by those employees who choose not to accept the vaccine. This statement can only be signed by the employee following appropriate training, and education regarding the vaccine, the disease process, safety, and benefits of the vaccine.

The statement is not a waiver. Employees can request and receive the vaccine at a later date if they remain occupationally at risk for Hepatitis B.

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 me. 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.

Employee Signature

Date