



**City of Round Rock
Bloodborne Pathogen Exposure Control Plan**

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SCOPE

The purposed of this plan is to prevent or minimize the exposure to employees of bloodborne pathogens and other potentially infectious materials in the workplace.

I. POLICY

Bloodborne pathogens, though difficult to contract, can be extremely dangerous to employees. Employees shall refrain from coming into contact with blood or other potentially infectious materials, other than through the means contained herein, and through the use of universal precautions. Departments with a heightened likelihood of contact may supplement this policy with additional safeguards provided said policy provides additional, job specific protections.

II. DEFINITIONS

Blood- human blood, human blood components, and products made from human blood.

Bloodborne Pathogens(BBP)- pathogenic microorganisms that are present in human blood and cause disease in humans. These pathogens include but are not limited to, hepatitis A (HAV), hepatitis B (HBV), hepatitis C (HCV) and human immunodeficiency virus (HIV).

Contaminated- the presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated sharps- any contaminated object that can penetrate the skin, including but not limited to, needles, scalpels, knives, broken glass, broken capillary tubes, and dental wires.

Decontamination- the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item until they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.

Engineering Controls- controls (e.g. sharps disposal containers and other similar items) that isolate or remove the bloodborne pathogen hazards from the workplace.

Exposure Incident- a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potential infectious materials that result from the employee's performance of job duties.

Handwashing Facilities- a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV- hepatitis B

HIV- human immunodeficiency virus

HCV-hepatitis C

HAV-hepatitis A

Licensed Health Care Professional- A person whose legally permitted scope of practice allows them to independently perform the activities necessary to advise employees on the consequences of a pathogen exposure.

Infection Control- preventing the spread of bacterial and/or viral disease caused by the presence in the body of the microorganism.

Mouth Pipetting- the collection or removal of blood or OPIM by use of the mouth or other non-mechanical means as a suction unit.

Occupational Exposure- reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of employee duties.

Other Potentially Infectious Material (OPIM)s- human body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, ,

any body fluid that is visibly contaminated with blood, and all body fluid including vomit and feces in which it is difficult or impossible to differentiate.

Parenteral- piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment- specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes are not intended to function as PPE.

Regulated Waste- 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 microbiological wastes containing blood or OPIM.

Sharps- any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, razors, knives and drills.

Source individual- any individual, living or dead, whose blood or other potentially infectious materials may be a source of an occupational exposure to the employee.

Sterilize- the use of physical or chemical procedure to destroy microbial life.

Universal Precautions- an approach to infection control. All human blood and most human body fluids are to be treated as if contaminated with a bloodborne pathogen.

Work Practice Controls: controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

III. EXPOSURE DETERMINATION

Employees in the following job classifications are subject to exposure and will be trained in bloodborne pathogens exposure control and post-exposure procedures.

Police Officers	Firefighters
Code Enforcement Officer	Commercial Inspector
Concessions Assistant	Concessions Manager
Lifeguard	Safety Coordinator
Victims Services	Counselor-Kids Club
Counselor-Sports Camp	Counselor-Youth
Court Bailiff	Crew Leader-Parks
Crime Scene Specialist	Crime Scene Analyst
Custodial Staff (all)	Facility Maintenance Technician
Juvenile Case Manager	Manager-Facility Maintenance

Swim Lesson Supervisor	Risk Manager
Park Ranger	Parks Maintenance Workers-all
Pool Attendant	Pool Manager
Recreation Assistant	Recreation Shift Leader
Environmental Services (all)	Waste Water Staff (all non-clerical)
Library Staff	

IV. METHODS OF COMPLIANCE

A. Universal Precautions

1. Universal precautions will be observed to prevent contact with all blood and OPIM.
2. All blood or OPIM will be considered infectious regardless of the perceived status of the source individual.
3. See attachment 1 for a summary of universal precautions.

B. Engineering Controls and Work Practices

1. Engineering controls and work practices will be utilized to reduce or eliminate the risk of occupational exposure. Any equipment or practices involved will be examined and maintained or replaced as needed
2. Puncture resistant, leak proof containers will be used for all potentially infectious sharps. These containers will be red and clearly labeled "Biohazard".
3. Hand washing facilities will be provided for all employees with potential exposure. When hand washing facilities are not readily available, antiseptic towelettes or other infection control cleansers will be provided.
4. Employees are required to wash hands and any other skin with soap and water immediately, or as soon as possible, after removing gloves or other PPE following contact with blood or OPIM.
5. Contaminated sharps (needles, razors, lancets...) will not be broken, bent or re-capped.
6. Contaminated sharps will be disposed of in the containers identified above.
7. Employees are not to eat, drink, apply cosmetics, or lip balm, smoke or handle contact lenses after coming in contact with blood or OPIM until after employee has thoroughly washed their hands and exposed body parts.
8. Mouth pipetting of blood is strictly prohibited.
9. All cleaning and sterilizing procedures shall be conducted in a manner to minimize splashing, spraying and splattering.
10. Equipment that has become contaminated with blood or OPIM will be decontaminated as necessary-unless it is not feasible. If it is not feasible, it will be placed in a "biohazard" bag after contacting the risk manager.

C. Personal Protective Equipment

1. PPE used by City employees will be provided at no cost to the employee.
2. PPE will only be considered appropriate if it does not permit blood or OPIM to pass through and reach the employee's skin, clothing, eyes, mouth or other mucous membranes under normal conditions.
3. Readily available PPE should include: disposable gloves, hypoallergenic gloves, work gloves, protective eye wear, face masks and/or face shields.
4. The use of PPE is mandatory when there is a reasonable probability for exposure to blood or OPIM.
5. All PPE will be immediately cleaned, decontaminated or disposed of immediately after coming into contact with blood or OPIM at no cost to the employee.
6. Gloves will be worn when it is reasonably anticipated that employees will have hand contact with blood, OPIM, non-intact skin or mucous membranes. Any glove that is torn will be immediately replaced. Disposable gloves may not be re-used under any circumstance.
7. Hypoallergenic gloves will be provided to individuals allergic to latex.
8. Utility gloves may be decontaminated provided the integrity of the glove has not been torn or compromised.
9. Masks in conjunction with face shields shall be worn whenever there is a reasonable probability of splashing, splattering or spraying.

D. Housekeeping

1. All City buildings and equipment will be maintained in a clean and sanitary condition. Locations of bloodborne pathogens spill kits are found attachment B.
2. All equipment, floors and surfaces will be decontaminated as soon as possible after coming into contact with blood or OPIM using an appropriate disinfectant including but not limited to a 10% bleach solution.
3. During normal business hours the custodial division of general services will be responsible decontamination and cleaning of large blood spills and OPIM on the floors and working surfaces of City buildings.
4. Employees should call 512-563-0783 to report any large spill or contamination
5. Any non-custodial employee observing blood or OPIM will immediately secure the area to prevent transmission and contamination of individuals and adjacent areas prior to contacting custodial services.
6. When available, an absorbent should be used to contain large spills before cleaning and disinfecting.
7. All surfaces will be decontaminated using an OSHA approved disinfectant or 10% bleach solution by allowing the disinfectant to remain on the contaminated area for a minimum of five (5) minutes.
8. All reusable equipment will be decontaminated in the same manner. Decontamination of the equipment may be performed by field crews in open areas.

9. All sharps should be picked up using a broom, tongs, forceps and dust pan, or other mechanical device.
10. All sharps will be disposed of in approved sharps containers.
11. Any clothing, cloth or other infected material will be soaked in a 10% bleach solution or other approved disinfectant before discarding.
12. Trash/waste containers will not be compressed by the use of unprotected hands.
13. Each building where employees routinely meet or work will contain a minimum of one sharps container and one biohazard disposal kit.
14. General services will purchase and install the original biohazard disposal kit. The departments are responsible for refills.
15. All waste water and parks vehicles will be provided with a sharps container.
16. During non-normal business hours, the employee observing the blood or other OPIM will be responsible for decontaminating the area in accordance with the above procedures.
17. When a sharp's container becomes full, contact the Risk Management Department for disposal instructions.
18. Liners in trash receptacles will removed without compression and carried away from the body to the disposal location.

E. Post exposure procedures

1. All exposure incidents shall be reported immediately in the same manner as any other employee injury/accident.
2. The employee will be immediately transported to the Rockcare Clinic during normal business hours or other approved provider during non-normal business hours.
3. Supervisors will document the route of exposure and the circumstances under which the exposure occurred.
4. The supervisor will make every reasonable effort to gather the name, address and telephone number of the source individual.
5. During normal business hours, the risk management division will make contact with the source individual and see if the individual is willing to provide a sample for testing.
6. If the source individual is unwilling to provide a blood sample, then the risk management division will contact City and County Communicable disease departments to see if the individual has been identified as having a BBP.
7. When the source individual admits to being positive for a BBP, no testing is required.
8. The results of source individuals testing or search will be provided to the employee as soon as practical.

F. First Aid

1. Put on gloves before performing any first aid
2. Whenever possible, avoid making direct contact with a person requiring first aid. Hand the injured employee/citizen any bandages that may be needed.
3. Decontaminate any discarded medical supplies with a 10% bleach solution before discarding

G. Training

1. All employees identified in **Section III** will be trained on this policy by October 30, 2015 and annually thereafter.
2. Newly hired employees in **Section III** will be trained on this policy within 14 days of hire.
3. Training records will be kept for a minimum of three (3) years.

V. **IMMEDIATE SUPERVISORS**

- All supervisors should attend and complete training on this policy by October 1, 2015
- Ensure that employees are trained on this policy by October 30, 2015
- Track and record all training
- Make sure you have appropriate PPE for the job including disinfectants, bleach, gloves, masks and face shields
- Ensure that employees use universal precautions and wear all applicable PPE
- Make sure your buildings and vehicles are equipped with disposable sharps containers
- Make sure your building(s) have a biohazard kit in a readily accessible area, general services will be installing kits in a break room when available
- Identify the means and method of exposure and complete an incident report in the same manner as workers compensation claims
- Identify the source individual when possible including all contact information
- Transport the employee to Rockcare or other approved medical provider for evaluation
- Complete an incident report
- Do not discussion exposures with anyone other than the employee and Risk Management division

VI. **EMPLOYEES**

- Understand that blood and OPIM can be dangerous, but there is no reason to surround it with hysteria. The chance of contracting a BBP at work is extremely remote
- Wear your PPE. Insist on new gloves when they are cracked and broken. Do not reuse disposable gloves

- During normal business hours, secure the area and call facilities maintenance/custodial services for large spill clean-up
- During non-normal business hours, follow the universal precautions in attachment A and the housekeeping procedures identified above
- Do not handle sharps with your hands. Use tongs, brushes, brooms and dust pans
- Wash your hands and any other body part that came in contact or may have come in direct contact with blood or OPIM
- Bleach is your friend. A ten percent (10%) bleach to water solution is all you need to decontaminate surface areas, equipment, clothing or other material
- If you suffer an exposure, then immediately report it to your supervisor and go to Rockcare during normal business hours or other approved provider during non-business hours



UNIVERSAL PROCEDURES FOR HANDLING BLOODBORNE PATHOGENS

1. All blood and OPIM shall be considered contaminated
2. Gloves should be worn before working on any project or assignment where there is a reasonable probability the employee will come into contact with blood or OPIM
3. Hands should be washed immediately following contamination with blood and/or OPIM. This includes after your gloves have been removed
4. Gloves should be made of appropriate material for the job.
5. Do not use gloves that are cracked, peeling or have holes in them
6. Throw away disposable gloves
7. Masks and protective eye wear should be worn when performing tasks that may cause blood or other bodily fluids to splash into mucous membranes
8. Sharps/needles should not be recapped or bent
9. Sharps/needles should never be handled by hand. Use tongs, brushes, brooms and dust pans
10. Sharps/needles should must be placed in puncture resistant containers before disposal
11. Contaminated clothing, surfaces, floors and equipment must be decontaminated using an approved disinfectant and/or 10% bleach and water solution
12. Put on gloves before performing any first aid
13. Whenever possible, avoid making direct contact with a person requiring first aid. Hand the injured employee/citizen any bandages that may be needed
14. Decontaminate any discarded medical supplies with a 10% bleach solution before discarding
15. Clothing or other materials than cannot be decontaminated must be disposed of using "biohazard" bags
16. Do not push down on or try and compact any trash cans in areas open to the general public that are full of trash
17. Carry all trash bags removed from areas available to the general public away from the body
18. Removal all trash bags by pulling up on the top, outside portion of the bags. Do not insert hands into the center of the bag during removal. If the bag tears or it appears the bag will tear, remove the entire trash can to the disposal area.

ATTACHMENT A



BLOODBORNE PATHOGEN SPILL KITS

City Hall- In cabinet above sink in 2nd floor breakroom.

Business Center- one in HR breakroom, 1 in cabinet above sink in breakroom (finance side)

Library- 1 at down stairs service desk, 1 at upstairs service desk.

McConico – Planning cabinet in copier room with first aid kit. Pard office breakroom on far table. Courts, in cabinet at sink in small employee restroom.

Water Treatment Plant- In janitorial closet in Phase 5.

CMRC- in Janitorial closet on shelf.

Baca Center- in the reception area in cabinet with first aid kit.

Public Works- Janitorial closet.

Inspections- Janitorial closet.

Vehicle Maintenance- Janitorial closet.

Street and waterline- Street side on first aid kit, waterline side on first aid kit.

Environmental services- in lab on cabinet.

Pard Yard- in cabinet under sink.

Sports Center- in janitorial closet.

Police Dept- Janitorial office.