

# CITY OF PORTLAND

## EXPOSURE CONTROL **POLICY**

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# EXPOSURE CONTROL PLAN

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# **CITY OF PORTLAND**

## **EXPOSURE CONTROL PLAN**

### **1.0 SCOPE AND APPLICATION**

#### **1.1 Scope:**

This [Policy](#) covers all employees who could be "reasonably anticipated", as a result of the performance of their job duties, to come into contact with bloodborne or other potentially infectious materials.

The Center for Disease Control (CDC) has recognized all blood, body fluids, secretions and excretions, except sweat and urine, as linked to the potential transmission of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV), and other bloodborne pathogens in the occupational setting. These include:

- Blood/Products/Components
- Body Fluids Contaminated with Blood
- Vaginal Secretions
- Saliva w/Blood (Dentistry)
- Pericardial Fluid
- Saliva (Dental Procedures)
- HIV Cell or Tissue Cultures
- Semen
- Pleural Fluid
- Amniotic Fluid
- Synovial Fluid
- Peritoneal Fluid
- Cerebrospinal Fluid

These substances shall be collectively referred to as blood and "Other Potentially Infectious Materials" (OPIM) for the remainder of this document.

#### **1.2 Purpose:**

The purpose of this Exposure Control Policy is to provide and maintain a safe working environment for all employees by minimizing and/or eliminating occupational exposure to bloodborne pathogens, including, but not limited to HBV, HCV and HIV. It is the [commitment of the City of Portland](#) to maintain administrative and engineering controls, personal protective equipment, and to promote safe work practices.

*It is the responsibility of employees to practice and follow the [procedures set forth by this policy](#).*

### **2.0 LOCATION OF EXPOSURE CONTROL PLAN**

A copy of this policy will be available with each department identified as well as with the Risk Division at City Hall, 389 Congress Street, in Room 113.

### **3.0 EXPOSURE DETERMINATION**

Exposure determinations are made concerning which City of Portland employees that may incur occupational exposure to bloodborne or other potentially infectious materials, regardless of frequency and without regard to the use of personal protective equipment. (See section 12.0, "Exposure Determination Risk Factors"), Occupational Exposures are reviewed at least annually, and whenever job classifications or tasks with potential occupational exposure are added or changed. Employees in occupations involving exposure to potential injuries with sharp instruments used in parenteral medical procedures will be considered at higher risk.

### **4.0 METHODS OF COMPLIANCE**

#### **4.1 General:**

Body Substance Isolation will be observed in order to prevent contact with blood or OPIM. All blood or OPIM will be considered infectious regardless of the perceived status of the source. "attachment A" lists Body Substance Isolation Techniques to be followed by all employees exposed to blood or OPIM.

Post exposure follow-up procedures outlined in section 9.1 must be adhered to in the event of a blood or OPIM exposure.

Administrative, engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. If an occupational exposure remains after the institution of these controls, personal protective equipment shall be utilized.

#### **4.2 Administrative Controls:**

Administrative controls include all policies and procedures developed by the City. These include the assignment of responsibilities for implementation, compliance, accountability and consequences for non-compliance.

#### **4.3 Engineering Controls:**

Engineering controls employ mechanical devices designed to remove or reduce exposure hazards. These may include, but are not limited to, handwashing sinks, glove boxes, splash guards, eyewash stations, sharps containers, single-handed recapping devices, mechanical pipettes, self-sheathing needles, and needleless IV systems.

Engineering controls must be examined and maintained or replaced on a regularly-scheduled basis by each department to ensure effectiveness and proper working order.

Contaminated, reusable sharps containers shall be puncture-resistant, leakproof, and labeled. Sharps shall be disposed of in accordance with the City's sharps & biohazard debris disposal protocol (see **attachment C**).

Employees shall be provided with handwashing facilities which are readily accessible. When handwashing facilities are not available, employees shall be provided with an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

#### **4.4 Work Practice Controls:**

Proper work practice controls alter the manner in which a task is performed. In work areas where a reasonable likelihood of occupational exposure exists, the Body Substance Isolation techniques and Work Practice Controls listed on "**attachment A**" shall be followed.

### **5.0 PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment must be used if a **potential** exposure remains after instituting engineering and work practice controls or if the controls are not feasible. (See "**attachment A**" for specific information on personal protective equipment).

When there is a **potential** exposure, appropriate personal protective equipment shall be provided by the employer and will be readily accessible, at no cost, to employees. This includes, but is not limited to, the following:

- Gloves
- Eye Protection
- Gowns
- Mouth Pieces
- Lab Coats
- Resuscitation Bags
- Face Shields
- Appropriate Mask

Personal protective equipment must also be provided in appropriate sizes. Hypoallergenic gloves or other similar alternatives must be made available to employees who have an allergic sensitivity to gloves.

Personal protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the personal protective equipment will be used.

Each department must ensure that personal protective equipment is properly used, cleaned, laundered, repaired or replaced as needed, or discarded.

If personal protective equipment is penetrated by blood or OPIM, it shall be removed as soon as is practicable. All personal protective equipment shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal prior to leaving the work area.

## 6.0 SPECIFIC CLEAN-UP PROCEDURES

In the event of a blood or body fluid spill, all visible, organic matter must first be removed and then the area must be decontaminated in accordance with the following:

### 6.1 Large and Small Spills:

**Large spills encountered in the work environment or on the street may require that the Portland Fire Department on-duty EMS Supervisor be called in to assist with the clean-up. The decision to contact PFD should be made only after all other possible in-house resources prove ineffective for the size of the spill.**

- Wearing gloves, cover area with absorbent material to minimize spread of blood or other potentially infectious material (i.e. paper towels or cat litter).
- Wearing gloves, gown and other personal protective equipment as necessary, pick up absorbent material and discard into a medical waste receptacle or red bag. BLOOD AND OTHER POTENTIALLY INFECTIOUS MATERIALS ARE NOT TO BE WASHED DOWN USING A HOSE.
- Cover contaminated area with an approved disinfectant (see list below). Follow manufacturer's instructions for length of time disinfectant should be in contact with contaminated surfaces.
- After disinfectant has sufficient contact time, mop area to remove disinfectant, rinse mop with clean water, and rinse decontaminated area with clean water.
- **Dispose** of all regulated medical waste in accordance with applicable local, state and federal regulations and the City's Sharps and Biohazard Debris protocol (see **attachments B & C**).
- If broken glass is present, use a broom and dust pan to pick up material. DO NOT USE GLOVED HANDS! Place broken glass into a puncture-resistant container ( cardboard bo)

The following disinfectants can be used for decontamination:

- **Household Bleach - 1:10 strength**
  - **one part water to 10 parts bleach(mix new solution each day)**
- **Cidex Solution (hospital environment)**
- **Airx**
- **Approved "hospital disinfectants" for blood and body fluids that include tuberculocidal agents**

*Using any of the above requires Personal Protective Equipment*

### 6.2.1 Disposal of Sharps:

Despite the efforts of Public Health officials to inform the general public about the hazards created by improper disposal of sharps and needles, **sharps are disposed of improperly.** Only employees having received training in the collection of discarded syringes are permitted to perform the collection.

Sharps may be found in grass, flower beds, garbage cans, rest rooms, garbage, and waste water. Any area that is likely to be frequented by intravenous drug users should be suspected of concealing improperly discarded sharps.

Employees should pay attention in the course of their work day and note where suspected IV drug users are congregating. These are the areas where employees will want to be especially careful!

**There are several things you can do to prevent a needle stick injury.**

**This includes the following:**

- Never stick a hand blindly into an area where sharps may be present. Always use a tool to carefully sweep an area before sticking a hand in. Situations when employees should use mechanical devices to sweep include: weeding flower beds (always rake the ground around the weeds), examining the contents of a trash bag (use a hand tool to spread the garbage).
- Never rest a garbage bag on a leg after removing it from a garbage can.
- Always wear personal protective equipment such as work gloves and work boots while working in an area where syringes or other sharps may be encountered.
- Carefully examine an entire area before placing a hand, knee, or elbow on the ground.

**The following steps should be followed if a syringe or other sharp is found:**

- Mark the location of the syringe with a cone, inverted bucket or other device to prevent others from stepping on it. This should only be done as a temporary measure, while you are preparing to remove the syringe. Never leave a syringe completely unattended. Call the Public Works dispatcher, or Risk Division for assistance in the event the proper equipment is not available to safely do the job.
- Don heavy work gloves and safety glasses. If there is blood or other fluids visibly dripping from the syringe then rubber gloves should be worn beneath work gloves.
- Use a tool such as pliers, a shovel, tongs; anything that can be safely used to mechanically pick up the syringe without the chance of a needlestick injury.

- Immediately place the entire syringe with needle intact in a sharps container or sharps shuttle. ***Under no circumstances is the needle to be broken off the end of the syringe.*** Sharps containers have been assigned to crews. Contact the Safety/Training officers if one is not available. Grounds crew members will have “sharps shuttle” assigned to them.
- In the event that a sharps container is not available, it is acceptable to use a rigid plastic container such as a soda bottle to store the syringe in while it is being transported to a proper sharps container. Use a container that has a screw on cap or cover. Personal protective equipment should be worn. Simply scoop the syringe from its ***plunger*** end into the container. Place the cap or cover on the container. The whole container must be disposed of as **soon** as possible. Disposal locations are listed in **attachement C**.
- Large sharps containers should be exchanged when they are half- full. It is not necessary to exchange a large container each time a syringe is added to it. “Sharps shuttles” are for a single use only and should be disposed of immediately. ***Under no circumstances are sharps containers to be emptied.***
- Send a report to the Public Health Division giving the date object found (e.g. syringe), the exact location (a diagram would be helpful), and the name of the person who found it (**see attachment C1**). The Public Health Division uses the information to direct out-reach workers to areas where needles (IV drug users) are found.
- Decontaminate tools using a solution of 1 part bleach to 100 parts water. Heavy soiling should be decontaminated using a higher concentration of bleach (1:10). Clothes that have just a few drops of blood can be safely laundered. Heavily contaminated clothing or equipment (soaked) should be discarded. Contaminated clothing should be placed in a plastic bag and the bag should be identified with a biohazard label and disposed of according to the guidelines in **attachment B** of this policy.
- Wash hands using soap and water. Towlettes will be provided for field use.

## 7.0 EXPOSURE IMMUNIZATION, AND TESTING

### 7.1 Administration and Responsibilities

The Risk Division shall be responsible for coordinating the administration of Hepatitis B Vaccine and Hep B Surface Antibody Titers to employees identified as at-risk. **And shall follow the guidelines set forth by CDC at that time.** Infection Control Officers (ICO) will be assigned to each at-risk department. It will be the ICO’s responsibility to implement immunizations and titers as described below.

### 7.2 Hepatitis B Vaccine & Surface Antibody Titers



All employees identified as having potential exposure to blood or OPIM will be offered the Hepatitis B Vaccination (**attachment D**), at no cost. The vaccine will be offered within 10 working days of their initial assignment unless the employee has previously had the vaccine. [Any employee that has previously had the series is required to provide the city with a copy of the vaccination report.](#)

Employees who choose to take the Hepatitis B Vaccine series must sign the consent form and complete the medical questionnaire found on "**attachment D3**."

Employees who decline the Hepatitis B vaccine series will sign the waiver listed on "**attachment D4**." Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost.

The Risk Division, Infection Control Officer, or Agent of, will offer the Hepatitis B vaccine series and follow up Surface Antibody Titers at a reasonable time and place. Vaccinations will be given under the direction of the City of Portland's Medical Director in accordance with recommendations of the U.S. Public Health Service. Employees must receive training in accordance with the "**Information and Training**" section of this Policy prior to receiving the Hepatitis B vaccine.

No prescreening is required in order to be eligible for the vaccination.

A Surface Antibody Titer will be drawn between one and six months following completion of the vaccine series for **high risk** employees in occupations routinely involving exposure to potential injuries with sharp instruments used in parenteral medical procedures. This is in accordance with recommendations of the City's Medical Director based on Center for Disease Control guidelines. This shall be completed at no cost to the employee. A record of the employee's antibody status will be maintained in the employee's medical file and by the Infection Control Officer.

If a booster dose of the Hepatitis B vaccine is recommended by the City of Portland's Medical Director, such booster dose(s) shall be made available at no cost to employees.

## **8.0 POLICY FOR EXPOSURE EVALUATION AND FOLLOW-UP**

The Risk Division shall be responsible for coordinating post exposure evaluation and follow-up. Actual follow-up will be performed by Mercy Hospital with all medically related information kept confidential.

Employees having potential contact with bloodborne or OPIM should refer to and follow the procedures outlined in **section 9.0, In-house Procedure for Bloodborne and OPIM Exposure**.

When an employee [has](#) an exposure involving bloodborne or OPIM, it [shall](#) be reported immediately (within 1/2 hour) to the appropriate Infection Control Officer or the [WC](#) Manager. A determination shall be made regarding the degree of the exposure. Incidents

resulting in a significant exposure (blood/blood, blood/mucus or needlestick) will result in an immediate referral to Mercy Hospital within 1 hour of the exposure. If exposed employee is unable to make contact with the ICO or WC Manager within 1/2 hour following an exposure, the employee should proceed directly to Mercy Hospital. Following the initial visit to Mercy, the exposed employee should contact the appropriate ICO to assist the employee with post-exposure follow-up in accordance with the OSHA guidelines, the Ryan White Act and in-house City procedures for work-related injuries (see **Section 9.0**).

Employees who choose follow-up testing will do so under Mercy Hospital's post-exposure protocol (**attachment D**) . If the employee chooses not to follow-up, declination waivers must be signed. This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- Identification of the source individual and, if possible, the status of the source individual.
- The blood of the source individual will be tested (if consent can be obtained) for HIV, Hepatitis B and Hepatitis C Virus. If consent cannot be obtained, the City of Portland will establish that legally-required consent cannot be obtained.
- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The employee will be offered the option of having their blood collected for testing of HIV, Hepatitis B and Hepatitis C Virus serological status. The blood sample will be preserved for up to 90 days, if requested, to allow the employee to decide if the blood should be tested for serological status. However, if the employee decides prior to that time that testing will or will not be conducted, then the appropriate action will be taken and the blood sample discarded.
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the City Medical Director, the Center for Disease Control and the U.S. Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and report any related experiences to the WC Manager or designee for follow-up with health care professionals.

## **9.0 IN-HOUSE PROCEDURE FOR POST-EXPOSURE FOLLOW-UP**

If an employee is exposed to the blood or OPIM of a person they come in contact with during the work day, they should:

- Wash the exposed areas thoroughly with soap and water. When washing facilities are not available, employees will be provided with an appropriate antiseptic hand cleanser and clean cloth/paper towels or antiseptic wipes.
- Any blood or OPIM exposure that occurs during patient handling and transport to a medical facility shall be reported to the receiving Emergency Department at the receiving facility and a formal request for exposure determination made.
- When an employee **has** an exposure involving bloodborne or OPIM, it **must** be reported immediately (within 1/2 hour) to the appropriate Infection Control Officer (ICO) or the **WC** Manager. A determination shall be made regarding the degree of the exposure. Incidents resulting in a significant exposure (blood/blood, blood/mucus or needlestick) will result in an immediate referral to Mercy Hospital within 1 hour of the exposure. If exposed employee is unable to make contact with the ICO or **WC** Manager within 1/2 hour following an exposure, the employee should proceed directly to Mercy Hospital. Following the initial visit to Mercy, the exposed employee should contact the appropriate ICO to assist the employee with post-exposure follow-up in accordance with the OSHA guidelines, the Ryan White Act and in-house City procedures for work-related injuries
- When reporting to Mercy Hospital Emergency Department, employees must identify themselves as a City of Portland employee involved in a work-related exposure incident. Ask the Emergency Department receptionist to call the in-house Clinical Advisor or Infection Control Practitioner.

Mercy Hospital will follow CDC guidelines for prophylaxis of Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and HIV infection.

- If the exposed employee has been previously vaccinated against Hepatitis B Virus, blood may be drawn for Anti-HBs antibody level.
- If a significant exposure to HIV, HBV or HCV is identified, the employee is entitled to HIV post exposure prophylaxis, if indicated, and blood tests to determine if either virus has been contracted from the exposure. A consent form **must** be signed.
- If a significant exposure to the HIV, HBV or HCV virus is identified and the source (person) is known, the source (person) can be asked to submit to a voluntary blood test. (Under certain circumstances, a source who refuses to voluntarily submit to a blood test may be required by a court order to do so.) If the source is known positive for HBV, Hepatitis B Immune Globulin and a booster HBV vaccine can be given to protect from Hepatitis B Virus.
- The HBV and HCV blood tests consists of one specimen which is drawn immediately after exposure, and a follow-up. The HIV blood test consists of a series of specimens drawn over a twelve month period. Counseling occurs during each visit or when requested, and is available to family members and co-workers. Further counseling is available with the Mercy Hospital Infection Control Practitioner (during treatment), ICO, Employee Assistance Coordinator or Public Health Counselor if requested.

- Strict confidence will be maintained in all incidences unless appropriate medical and/or information releases have been obtained.
- As soon as practical following treatment and/or counseling at Mercy Hospital, the employee should contact the appropriate Infection Control Officer and/or the [WC Manager \(x8622\)](#) to discuss any further post exposure procedures that may be necessary.

Chip Boehm, ICO; Police, Fire and Medcu.....874-8948, pager 780-7390  
 Jodi Ficket, ICO; Public Health and Social Services .....874-8768  
[Cressey Mollison](#) , [WC Manager](#).....874-8622,

- An Employee Injury Report Form should be filed by the employee with the department workers' compensation liaison within 24 hours of the exposure.

## **10.0 INFORMATION AND TRAINING**

Each department with at risk employees shall be responsible for the dissemination of pertinent information and providing training to employees. Infection Control Officers and [WC](#) liaisons will be assigned to assist in providing training to each at-risk department. It will be the ICO and liaison's responsibility to monitor the quality and content of training activities and to keep accurate records of employees attending training.

All employees performing tasks which have been determined to have a potential for exposure are required to participate in a training program prior to initiating the task. Information and training will be provided at no cost to the employee, at the time of initial assignment, during working hours, and at least once a year thereafter. Additional training is needed when existing tasks are modified or new tasks that involve occupational exposure to bloodborne pathogens affect the employee's exposure. Persons conducting training must be knowledgeable about the subject matter, and the information provided must be appropriate in content and vocabulary to the educational level, literacy, and language of the audience, and must contain the following elements:

- How to obtain a copy of the regulatory text and an explanation of its contents.
- Information on the epidemiology and symptoms of bloodborne diseases.
- Ways in which bloodborne pathogens are transmitted.
- Explanation of the Exposure Control Policy and how to obtain a copy.
- Information on how to recognize tasks that might result in occupational exposure.
- Explanation of the use and limitations of work practices, engineering controls, and personal protective equipment.
- Information on the types, selection, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- Information on hepatitis B vaccination such as safety, benefits, effectiveness, methods of administration, availability, and that vaccine is free of charge.
- Information on who to contact and what to do in an emergency.

- Information on how to report an exposure incident and on post-exposure evaluation and follow-up.
- Review of the Ryan White Act.
- Information on warning labels and signs, where applicable, and color-coding.
- Question and answer session on any aspect of the training.

## 11.0 **RECORDKEEPING**

The **WC** Manager maintains and/or has access to all employee records regarding exposure incidents. Specific medical information resulting from follow-up procedures is maintained by Mercy Hospital and is confidential.

The City of Portland will preserve and maintain for each employee an accurate record of occupational exposures according to OSHA's rule governing access to employee exposure and medical records (**See Attachment E**), "Title 29 Code of Federal Regulations, Part 1910.20."

Each exposure record shall include the following information:

- Employee's name and social security number.
- Employee's hepatitis B vaccination status including vaccination dates and any medical records related to the employee's ability to receive vaccinations.
- Billing information resulting from post-exposure evaluation and follow-up procedures.
- Health care professional's written opinion.
- A copy of the information provided to the health care professional.

Confidential medical records will be kept confidential, on file at Mercy Hospital, and maintained for at least the duration of employment plus 30 years.

All post-exposure follow-up related to blood exposures will be maintained in a separate file and will not be incorporated into an employee's general medical record.. They shall be maintained by Mercy Hospital in a separate, locked file. These records shall not be disclosed to anyone without the employee's express written consent, except as required by OSHA regulations or state law.

Accurate training records will be maintained for 3 years and will include the following:

- Training dates.
- Content or a summary of the training.
- Names and qualifications of trainer(s); and,
- Names and job titles of trainees.

Upon request, both medical and training records must be made available to the Director of the National Institute for Occupational Safety and Health (NIOSH) and to the Assistant Secretary of Labor or their equivalent State of Maine Authority.

Exposures, including needle stick injuries, will be recorded on the OSHA-300 log if medical treatment (as defined by OSHA.) is required, or if duties are restricted or time is lost. HCV, HBV and HIV infections shall **not** be recorded on the OSHA-300 log if the illness can be traced back to an occupational injury or incident.

## **12.0 EXPOSURE DETERMINATION RISK FACTORS**

Employees working in the following job classifications are at-risk for potential occupational exposure to bloodborne and OPIM. Each classification is followed by the list of tasks performed which have this potential without regard to personal protective equipment.

(\*\*Employees in occupations routinely involving exposure to potential injuries with sharp instruments used in parenteral medical procedures will be considered at higher risk.)

THIS LIST WILL BE REVIEWED ON AT LEAST AN ANNUAL BASIS AND WHENEVER JOB CLASSIFICATIONS OR TASKS ARE ADDED OR CHANGED.

### **12.1 BARRON CENTER**

#### **C.N.A.\*\***

- Bathing, dressing, grooming, toileting and transferring residents.
- Assistance provided during emergency situations such as falls, lacerations, skin tears, abrasions, vomiting.
- Administration of enemas.
- Administration of vaginal douches.

#### **Housekeeper**

- Cleaning patient care areas that may be contaminated with potentially infectious material.
- Cleaning of equipment used in direct patient care that may be contaminated with potentially infectious material.

#### **Laundry Worker**

- Handling potentially contaminated linen during pick-up, transport or processing.
- Potential contact with contaminated material during pick-up, transport and disposal of hospital trays.

### **Physical Therapist/Physical Therapy/Asst. PT Aide**

- Potential contact with mucous membrane or non-intact skin contaminated with blood or OPIM during treatment.
- Dressing changes.

### **Registered Nurse/Licensed Practical Nurse\*\***

- Administration of intramuscular medications.
- Administration of subcutaneous medications.
- Administration of intradermal medications.
- Administration of rectal medications.
- Administration of fluids or medications through a gastrostomy tube.
- Insertion and withdrawal of urinary catheters.
- Administration of enemas.
- Administration of vaginal douches.
- Dressing changes.
- All activities involving bathing, dressing, grooming, toileting and transferring.
- Intervention in emergency situations such as falls, lacerations, bruises and skin tears.
- Suctioning of the nose and throat.
- Examination of the internal aspects of the ear.
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or un-cooperative individuals).

## **12.2 PUBLIC HEALTH**

### **Community Health Promotion Specialist\*\***

- Phlebotomy.
- Handling and/or collection of culture material/swabs and media possibly contaminated with blood or other potentially infectious materials.
- Handling and/or labeling laboratory specimens containing blood or other potentially infectious materials.
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious materials. (Client placement, assistance, transport, general client care, etc.)
- Handling of contaminated waste.
- Participating in resuscitation activities.
- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

### **Dental Hygienist\*\***

- Exams with non-intact skin or with mucous membrane contact.

- Handling or cleaning of contaminated instruments or linens.
- Handling of contaminated waste.
- Cleaning areas after procedures, exams, or client contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

#### **Laboratory Director/Technician\*\***

- Phlebotomy.
- Fingersticks.
- Handling and/or collection of culture material/swabs and media possibly contaminated with blood or other potentially infectious materials.
- Handling and/or labeling laboratory specimens containing blood or other potentially infectious materials.
- Handling or cleaning of contaminated instruments or linens.
- Handling of contaminated waste.
- Cleaning areas after procedures, exams, or client contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

#### **Nurse Practitioner/Public Health Nurse\*\***

- Phlebotomy.
- Fingersticks.
- Handling and/or collecting culture material/swabs media possibly contaminated with blood or other potentially infectious materials.
- Handling and/or labeling laboratory specimens containing blood or other potentially infectious materials.
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious materials. (Client placement, assistance, transport, general client care, etc.)
- Exams with non-intact skin or with mucous membrane contact.
- Handling or cleaning of contaminated instruments or linens.
- Handling of contaminated waste.
- Dressing wounds.
- Cleaning areas after procedures, exams, or client contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Controlling hemorrhage and burn care.
- Participating in resuscitation activities.



- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

#### **Public Health Aide\*\***

- Fingersticks.
- Handling and/or collection of culture material/swabs and media possibly contaminated with blood or other potentially infectious materials.
- Handling and/or labeling laboratory specimens containing blood or other potentially infectious materials.
- Handling or cleaning of contaminated instruments or linens.
- Handling of contaminated waste.
- Cleaning areas after procedures, exams, or client contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

#### **Substance Abuse Counselor**

- Potential exposure to blood or other potentially infectious material by accidental or intentional trauma (i.e. contact with violent or uncooperative clients).

### **12.3 FIRE DEPARTMENT/MEDCU ( all employees except administrative)**

- Handling or collection of culture materials/swabs/media contaminated or possibly contaminated with blood or other potentially infectious materials.
- Handling (includes labeling) of laboratory (body fluid or tissue) specimens containing blood or other potentially infectious materials.
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious materials. (Patient placement, assistance, transport, general patient care, etc.)
- Exams with non-intact skin or with mucous membrane contact.
- Handling or cleaning of contaminated instruments (blunt or sharp).
- Handling of contaminated waste.
- Dressing wounds.
- Cleaning areas after procedures, exams, or patient contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Handling contaminated re-usable instruments or linens.
- Controlling hemorrhage and burn care.
- Participating in resuscitation activities.

- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or uncooperative individuals).
- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious materials. (Patient placement, assistance, transport, general patient care, etc.)
- Exams with non-intact skin or with mucous membrane contact.
- Vascular access procedures (starting intravenous lines).
- Phlebotomy.
- Handling or cleaning of contaminated instruments (blunt or sharp).
- Fingersticks.
- Handling of contaminated waste.
- Handling (includes labeling) of laboratory (body fluid or tissue) specimens containing blood or other potentially infectious materials.
- Dressing wounds.
- Handling or collection of culture materials/swabs/media contaminated or possibly contaminated with blood or other potentially infectious materials.
- Cleaning areas after procedures, exams, or patient contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Handling contaminated re-usable instruments or linens.
- Controlling hemorrhage and burn care.
- Participating in resuscitation activities.
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or uncooperative individuals).

## **12.5 POLICE DEPARTMENT (all sworn officers)**

- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious material (patient placement, assistance, transport, general patient care, etc.)
- Handling of contaminated waste.
- Dressing wounds.
- Cleaning areas after procedures, exams, or physical contact where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Controlling hemorrhage and burn care.
- Participating in resuscitation activities.
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (i.e. potential contact with violent or uncooperative individuals).
- Potential exposure to sharps or blood or other potentially infectious materials during searches.

## **12.6 SOCIAL SERVICES**

**Shelter Manager/Attendant  
Custodial Worker**

- Potential contact with non-intact skin or skin contaminated with blood or other potentially infectious material (client assistance, transport, general client care etc.)
- Handling of contaminated waste.
- Dressing wounds.
- Potential exposure to blood or other potentially infectious materials by accidental or intentional trauma (ie. potential contact with violent or uncooperative individuals.
- Handling or cleaning of contaminated instruments or linens.
- Cleaning client areas where contamination of surfaces or linens with potentially infectious materials might have occurred.
- Activities involving bathing, dressing, and transferring.
- Intervention in emergency situations such as falls, bruises, lacerations and skin tears.

**BODY SUBSTANCE ISOLATION-WORK PRACTICE CONTROLS**

In order to provide a consistent approach in managing body substances from all patients/clients, and in order to reduce the risks of exposure to bloodborne pathogens and OPIM, the practice of Body Substance Isolation shall be followed by all employees at all times, regardless of patient diagnosis. All blood, body fluids, secretions and excretions, except sweat shall be considered potentially infectious.

Compliance with Body Substance Isolation shall be monitored by each **department** and the Infection Control Officers. In the event that employee work practice is not in compliance with this section, disciplinary action **shall** be taken.

**HANDWASHING:**

- A. Wash hands often and thoroughly with soap and water.
- B. Wash hands between each patient contact.
- C. Wash hands after removing gloves or other personal protective equipment.
- D. Wash hands after contact with blood or other potentially infectious material.
- E. In the event that handwashing facilities are not immediately available, a substitute antiseptic handcleaner or towelette will be used. Hands shall be washed with running water and soap as soon as possible.

**GLOVES:**

- A. Gloves shall be worn when there is anticipated or potential contact with blood or body fluids or when touching patient's non-intact skin.
- B. Gloves shall be worn when the employee has non-intact skin (cuts, abrasions, dermatitis, etc.)
- C. Gloves shall be worn when performing any vascular access procedure.
- D. Gloves shall be worn when collecting, handling, manipulating, transporting, or testing any patient specimen, or handling any pathology specimens which have not been received in fixative.
- E. Gloves shall be worn during invasive examination, instrumentation, or procedures.
- F. Gloves shall be worn by the persons responsible for the transportation and handling of soiled linen and red bag waste.
- G. Gloves shall be worn when cleaning any surfaces or areas soiled with blood or body fluids.
- H. Gloves shall be worn when handling/cleaning patient care items or patient care areas/surfaces soiled with blood or body fluids.
- I. Gloves shall be changed between patient contacts.
- J. Gloves shall be changed before caring for different body sites on the same patient.
- K. Gloves shall be changed when visibly soiled or damaged.
- L. Disposable/single-use gloves shall not be washed or decontaminated for re-use.
- M. Gloves shall be replaced as soon as possible when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- N. Utility gloves may be decontaminated for reuse 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.

### **MASKS/PROTECTIVE EYEWEAR/FACE SHIELDS:**

- A. Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn during procedures where splashes, spray, splatter, droplets of blood or other potentially infectious body fluids may be generated and contact to the eye, nose or mouth can be reasonably anticipated.

### **GOWNS:**

- A. Fluid-impervious gowns, aprons, cover jackets, or lab coats shall be worn to protect skin when there is potential for blood or body fluids to penetrate clothing. The specific type and characteristics of the protective garment will depend upon the task and degree of exposure anticipated.
- B. Regular work clothes and/or street clothes should be periodically examined for blood or body fluid splashes to ascertain if additional protection is necessary.

### **NEEDLES/SHARPS:**

- A. Needles shall not be recapped, bent, broken, removed from disposable syringes, or otherwise manipulated by hand.
- B. Recapping devices will be allowed only in limited circumstances as approved by the current Medical Director on retainer with the City of Portland.
- C. All needles and sharps (knife blades, guidewires, etc.) shall be disposed of in puncture-proof containers specifically manufactured for this purpose. These containers shall be located in use areas, convenient for immediate disposal.
- D. Containers shall be checked daily by a designated individual in each department and changed when full.
- E. Sharps shall be disposed of as described in the City's Sharps & Biohazard Debris Protocol (**attachment C**).

### **SOILED LINEN:**

- A. Standard/Transmission-Based Precautions shall be utilized when handling all used linen, since all used linen shall be considered potentially infectious.
- B. Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.
- C. Soiled linen shall be handled as little as possible, with a minimum of agitation.

- D. 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.
- E. All soiled linen generated at sites other than the Barron Center shall be:
  - 1.) placed in water soluble bags, then 2.) placed in RED STRIPED laundry bags.  
**Bags should not be overfilled!**
- F. Whenever soiled linen is wet (i.e. saturated or dripping) and presents a reasonable likelihood of leakage during transport, it shall be placed in a red plastic bag.
- G. Laundering of all soiled linen generated by City departments is completed at the Barron Center.

**WASTE:**

- A. All waste shall be properly packaged to prevent spill or leakage, and labeled for disposal by the area generating the waste.

**BLOOD OR BODY FLUID SPILLS:**

- A. In the event of a blood or body fluid spill, all visible organic matter must first be removed and then the area must be decontaminated. Broken glassware or sharps shall be picked up using a dust pan and brush, not by hand. Decontamination shall be done by soaking and wiping the area of a spill with an approved disinfectant or bleach (**see section 6.0 of Exposure Control Policy**).

**LAB SPECIMENS:**

- A. All lab specimens must be contained in leak-proof containers. The outside of the primary container shall be clean and dry.
- B. Individual/single specimens shall be placed in a secondary container or a leak proof bag for transport to the laboratory.
- C. All specimens must be clearly labeled with the appropriate patient information.
- D. All specimens shall be handled as if potentially infectious; therefore, special labeling of known high risk specimens is not necessary.

**RESUSCITATION EQUIPMENT:**

- A. Resuscitation devices, including pocket masks or ambu bags, shall be strategically located to provide emergency personnel with immediate access for emergency situations. These devices shall be used in place of emergency, mouth-to-mouth resuscitation. Once used, these items shall be properly bagged for disposal or decontamination and cleaning.

**CONTAINERS FOR STORAGE, TRANSPORT OR SHIPPING:**

- A. Containers for storage, transport or shipping shall be labeled or color-coded in accordance with "**Attachment B**" and closed prior to being stored, transported or shipped.
- 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, transporting or shipping and is labeled or color-coded in accordance with "**Attachment B.**"

#### **CONTAMINATED EQUIPMENT:**

- A. 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.
- B. A readily-observable label shall be attached to the equipment stating which portions remain contaminated in accordance with "**Attachment B.**"
- C. If contaminated equipment needs to be shipped, repaired or serviced, all affected employees, the servicing representative and/or the manufacturer, must be informed that the equipment is contaminated prior to handling, shipping or servicing so that appropriate precautions will be taken.
- D. Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper, used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become contaminated or at the end of the work shift if they may become contaminated during the shift.
- E. All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood of 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.

#### **HOUSEKEEPING:**

- A. Each department shall ensure that the worksite is maintained in a clean and sanitary condition. The affected Department shall determine and implement a schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of infectious material present, and tasks or procedures being performed.

#### **WORK AREA RESTRICTIONS:**

- A. 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.
- B. 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.
- C. 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.
- D. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.



**BIOMEDICAL WASTE HANDLING:**

Regulated waste is defined, for the purpose of this policy, as liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological waste containing blood or OPIM.

**A. Methods for Contaminated Sharps:**

Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

- Closable
- Constructed to contain all contents and prevent leakage during transport, handling, storage and shipping
- Labeled or color-coded in accordance with "**Attachment B1.**"
- Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to risk of percutaneous injury

**B. Methods for Other Regulated Waste:**

**Regulated waste shall be placed in containers that are:**

- Closable.
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, and shipping.
- Labeled or color-coded in accordance with "**Attachment B1.**"
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, or shipping
- Placed in a secondary container if outside contamination of the regulated waste container occurs.

**This secondary container shall be:**

- Closable.
- Constructed to contain all contents and prevent leakage during transport, handling, storage and shipping.
- Labeled or color-coded in accordance with "**Attachment B1.**"
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

Disposal of all regulated waste will be in accordance with the City's Sharps and Minor Biohazard Disposal [Protocol \(attachment C\)](#) and applicable rules & regulations.

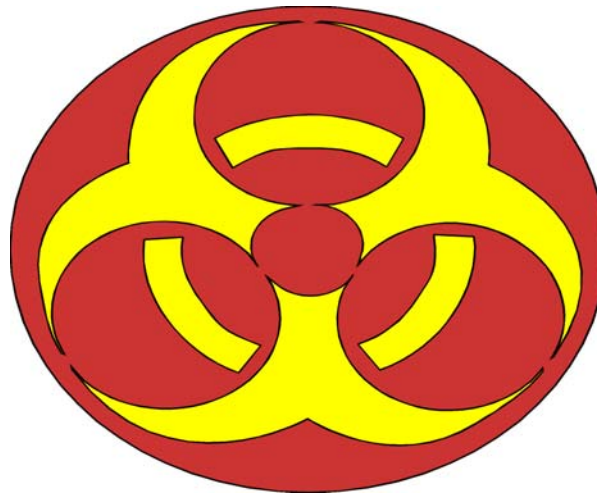
## LABELING

Fluorescent orange or red warning labels shall be attached to containers of regulated waste, to refrigerators, freezers and rooms containing blood and other potentially infectious materials, and to other containers used to store, transport, or ship blood or other potentially infectious materials (See Table B2).

The warning label must be fluorescent orange or orange-red, contain the biohazard symbol and the word BIOHAZARD (see Figure B1) in a contrasting color, and be attached to each object by string, wire, adhesive, or another method to prevent loss or unintentional removal of the label.

**These labels are not required when (1) red bags or red containers are used, (2) containers of blood, blood components, or blood products are labeled as to their contents and have been released for transfusion or other clinical use, and (3) individual containers of blood or other potentially infectious materials are placed in a labeled container during storage, transport, shipment or disposal.**

**FIGURE B1**



**BIOHAZARD**

Table-B2

**LABELING REQUIREMENTS**

<u>ITEM</u>	<u>Biohazard Label</u>		<u>Red Container or bag</u>
Regulated waste container (e.g. contaminated sharps containers)	X		or X
Reusable contaminated sharps container (e.g. surgical instruments soaking in a tray)	X	or	X
Refrigerator/freezer or room holding blood or other potentially infectious material	X		
Containers used for storage, transport or shipping of blood	X	or	X
Blood/blood products for clinical use*			
Individual specimen containers of blood or other potentially infectious materials remaining in facility*	X	or	X
Contaminated equipment needing service (e.g. dialysis equipment; suction apparatus)	X (plus a label specifying where the contamination exists)		
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal	X	or	X
Contaminated laundry*	X	or	X
Contaminated laundry sent to another facility that does not use Universal Precautions	X	or	X

**(\*) No label is needed if universal precautions are used, and specific use of container or item is known to all employees.**

Alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Body Substance Isolation.

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**SHARPS & MINOR BIOHAZARD  
DISPOSAL PROTOCOL**

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The following locations will accept minor biohazard debris, sharps containers and sharp shuttles from any city department at the times listed. Containers are **not** to be left at the drop off points unattended. The contact person must be contacted prior to the drop off.

**Public Health Lab**- Items generated by the department of **Public Health**, the **homeless shelters** as well as the **needle exchange program**. Contact Doug Smith @ x8788 to arrange a drop off.  
**During normal business hours**

**Central Fire & Medcu stations** – Items found by city employees from **Parks, Recreation and Public Works**. Contact must be made with the on duty EMS supervisor @ x8794 or by radio contact on the fire alarm channel. **Anytime of operation**

**Barron Center** - Items found by city employees from **Parks, Recreation, and Public Works**. Contact must be made with Colleen Dunlap @ 774-2623 to arrange a drop off.  
**During normal business hours**

**Police Dept.** – Items found by city employees from **Parks, Recreation, and Public Works**. Contact must be made with Betsy Chapman @ 756-8128 to arrange a drop off.  
**During normal business hours**

**Sharps containers are to be disposed of when ½ full and sharp shuttles are to be disposed of immediately.**

Any sharp found by city employees in the field (I.E. Public Works, Parks & Recreation) requires the filling out of the Public Health division's report stating the following:

- **Date item was found.**
- **Exact location (diagram if possible).**
- **Name of the employee finding the sharp.**

All reports are to be forwarded to Barbara Ginley @ x8024 at the public health office in city hall (see attached copy of form).

Sharp Shuttles can be purchased through most safety vendors. The list below identifies the vendors currently being used by the departments.

- Lab Safety
- Atlantic
- Bound Tree
- SA SO

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**SHARPS REPORT**  
**INTER-DEPARTMENTAL**  
**MEMO**

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**To:** Barbara Ginley, Public Health Department Rm. 303 City Hall (x 8024)

**Re:** Report of Found needle(s)

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**Date:** (MM/DD/YY) / /

**Location:** (be Specific: house number, street name, near a tree, playground, hidden, covered up, etc.)

[Redacted location details]

(Add a sketch of the area if possible)

**Number of points found:** [Redacted]

**Comments:** (add any additional relative information that may assist the Public Health department)

[Redacted comments]

**Employees Name:** \_\_\_\_\_ **Work** \_\_\_\_\_ **ext.:** \_\_\_\_\_

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Attachment D

**CITY OF PORTLAND**  
**HEPATITIS B VACCINATION PROGRAM**

**Purpose:**

To provide and maintain a safe working environment by providing protection to employees who may be occupationally exposed to the Hepatitis B Virus.

**Scope:**

All City employees who have been identified as at-risk of exposure to blood or other potentially infectious materials (OPIM) will be offered the Hepatitis B vaccine and Surface Antibody Titers in accordance with current recommendations of the Immunization Practices Advisory Committee and the Center for Disease Control (CDC).

This Program will be reviewed annually by the **WC** Manager and City Medical Director.

**Procedure:**

The vaccine will be offered at no cost to the employee.

The vaccine will be offered within 10 working days of their initial assignment to work involving the potential for occupational exposure to blood or other potentially infectious materials unless the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee to have sufficient immunity.

The Hepatitis B vaccine will be administered as an initial dose followed by a follow-up vaccination of 1.0 cc. intramuscularly at one and six months following the initial vaccination.

Employees who choose to take the Hepatitis B Vaccine series must sign the consent form found as "Attachment D3". They will also be given a copy of "Attachment D2", "Information Regarding the Hepatitis B Vaccine."

Employees who decline the Hepatitis B vaccine series will sign the waiver listed as "Attachment D4". Employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost to them.

Employees who begin the series of three immunizations but who fail to take the second or third dose after being given sufficient notice by the City of their immunization schedule will be considered to have declined the vaccine series.

Between One (1) to Six (6) months following the series a titer will be drawn and a record of the employee's antibody status will be maintained in the employee's medical file at Mercy Hospital. If the titer indicates that the employee has not sero-converted for the HBs antibody, the employee will be provided with appropriate boosters as recommended by the City's Medical Director.

Requirement for Hepatitis B vaccination boosters at some point following the initial series has not been officially determined by the CDC as yet. If an employee sustains an exposure to a bloodborne pathogen, that employee will have his or her Hepatitis B antibody status determined by having a titer drawn. If the employee's antibody status is adequate, no further booster will be given. If the employee's immune status is inadequate, a booster vaccination of Hepatitis B will be given at that time; or, in the case of a very low antibody status or in the case of a known Hepatitis B patient who is responsible for the exposure, hyperimmune Hepatitis B globulin 1 cc will be administered intramuscularly.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
City of Portland, Medical Advisor/Director

INFORMATION REGARDING THE HEPATITIS B VACCINE

**Hepatitis-B:**

Hepatitis is an inflammation of the liver due to viral infection transmitted by two types of virus. The Hepatitis B type is commonly known as serum hepatitis or long incubation hepatitis.

Hepatitis B is transmitted through exposure by infected body fluids such as blood or blood products, saliva, feces, tears, urine, semen, vaginal secretions, and breast milk. Transmission also occurs through close interpersonal contact, including sexual contact.

Hepatitis B can be a serious disease because of the potential for life-threatening complications. In the U.S., 2% of cases develop hepatic (liver) failure and eventually die. Although many individuals infected never develop symptoms, 10% must be hospitalized. Whether or not symptoms are present, many become chronic carriers and spread the infection.

**Immunization:**

Heptavax-B and Recombivax-HA are vaccines which immunize individuals at risk against Hepatitis B. Heptavax-B is derived from a live virus, whereas Recombivax is derived from a non-human source.

In over 90% of healthy adults who have completed the vaccination series, protective antibodies have developed against Hepatitis B exposure.

The vaccination consists of a series of three intramuscular injections in the arm; the initial dose; one month later; and six months later.

Side effects from the vaccine are rare, and are noted to be more common with Heptavax-B. These reactions include soreness at the injection site, nausea and fatigue. Individuals hypersensitive to yeast should not receive Recombivax.

**YOU SHOULD NOT TAKE THE VACCINE:** (Unless under the advice of your physician)

1. If you have an allergy to yeast.
2. If you are pregnant or nursing.
3. If you are planning to become pregnant within the next six (6) months.
4. If you have had a fever, gastric symptoms, respiratory symptoms, or other signs of illness in the last 48 hours.

You may want to consult with your own physician before taking the vaccine.

The vaccine used is derived from recombinant yeast cultures, which means that it is free of association with human blood or blood products. The vaccine has a low incidence of side effects; however, as with any pharmaceutical product, there may be a reaction. Common side effects include:

**LOCAL REACTION:** Pain, itching, bruising at the injection site. You may use a cold pack for 5-7 minutes to relieve symptoms.

**GENERAL BODY:** Sweating, weakness, chills, flushing, tingling. This may be described as mild, flu-like symptoms. You may wish to take your preferred, over-the-counter analgesic, such as aspirin, Tylenol, or ibuprofen.

Occasionally, more severe reactions may be experienced. If you think you have a reaction, you should seek medical attention.

In order to be effective, it is critical that you complete the series of three injections at 1 month and 6 months after the first dose. Each injection is given intramuscularly via the deltoid muscle. The exact duration of protective affect from the vaccine is unknown at present. Booster doses are not recommended by the CDC at this time.

If you terminate your employment before the completion of the vaccination series, it is your responsibility to contact your personal physician to complete the series.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
City of Portland, Medical Director

**CITY OF PORTLAND**  
**HEPATITIS B VACCINE CONSENT FORM**

I have read the literature made available to me regarding Hepatitis B and the vaccine, **and agree** to receive the Hepatitis B immunization. I have been informed that the vaccine will be administered in a series of three, intramuscular injections spaced approximately as follows: 1st injection \_\_\_\_\_; 2nd injection within four weeks of the first; 3rd injection within twenty-six weeks of the second. I understand that I must complete the series within the specified time limits for a full Hepatitis B immunization. It is my responsibility to follow-up after the first injection and to ensure that I receive the full series and the City has no liability or responsibility should I fail to do so.

I may choose to have the follow-up vaccinations done by a physician of my choice at my own cost. If I choose to do so, I agree to release the record of such follow-up vaccination, up request, to the City to be retained as part of my confidential medical record.

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

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

Department \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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

**Please complete the medical history questions on the reverse side of this form.**

Please contact the appropriate Infection Control Officer (ICO) for follow-up vaccination scheduling, at:

Chip Boehm, ICO; Police, Fire and Medcu.....874-8948, pager 780-7390  
Jodi Fickett, ICO; Public Health and Social Services .....874-8768  
**Cressey Mollison** , WC Manager.....874-8622,

-over-





**CITY OF PORTLAND**  
**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 me. **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's Name (Please Print): \_\_\_\_\_

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

Department \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

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

**City of Portland  
Risk Division, Human Resources Department  
Confidential Employee Medical Records**

**Maintenance of Files:**

1. All employee medical records are confidential records (i.e. not public records), and will be maintained separately from other employee personnel records. They will be maintained in the Risk Division office under lock and key.
2. Employee medical records will be further separated as follows:
  - a. Work-related injury/illness information and non-work related injury/illness information will be maintained in the same medical file, but will be segregated between work-related and non-work-related information within that file. Medical screenings conducted by past employee health nurses, including but not limited to, TB, lead, audiometric, pulmonary, and asbestos, will be maintained as part of the work-related information.
  - b. All blood exposure, and HIV infection status information on an employee will be maintained in a separate confidential file at Mercy Hospital, except that non-HIV status information will be transferred to the workers compensation file upon filing of a claim based upon such exposure so that associated cost may be paid.
  - c. HIV status information will continue to be maintained separately and confidentially at Mercy Hospital, even if a workers compensation claim is filed. This is done to avoid an inadvertent release without the specific employee consent form required under 5 M.R.S.A. Sec. 19203-D.

**Access to Medical Records:**

1. The City's WC Manager or designee will maintain and have access to all employee medical records on file from past "employee health" programs. These records do not include any medical information relating to HIV status or follow-up procedures resulting from a bloodborne exposure. In the absence of the WC Manager, the Director of Human Resources will have access to these files.
2. If an employee requests information from his/her own medical file the following procedure will be followed:
  - a) Employee will sign "Release #E1";
  - b) The WC Manager or designee will pull the medical record with the employee present;
  - c) The employee will review the file and pull the items to be photocopied; and

- d) The **WC** Manager or designee will copy the requested information and provide it to the employee.
3. Medical information related to a Workers' Compensation claim may be disclosed in accordance with State Workers Compensation law to the City's **WC** Manager, City and outside legal counsel, health care providers and the City's workers compensation third party administrator. In accordance with the Maine Worker's Compensation Statute, a release is generally not required for this information to be distributed or gathered but General Release #E4 below will be requested, as has been the past practice. Release #E2 and #E3 will be requested in HIV related workers compensation claims.
4. In accordance with the Americans with Disabilities Act, City supervisors and managers may be informed on a confidential, need to know basis, regarding necessary restrictions on the work or duties of an employee or necessary accommodations; or if a medical condition poses a direct threat to the health or safety of the employee or others. In addition, first aid and safety personnel may be informed if an employee's medical condition might require emergency treatment, or if some specific procedures are needed in the event of a fire or other evacuation of the work premises.
5. All records of consultation and treatment with the Employee Assistance Coordinator shall be separately maintained from the Medical Records referenced herein, and shall be kept in his/her sole custody and control, and shall be disclosed only upon specific employee authorization.

#### **Medical Releases:**

1. The appropriate release(s) (copies attached) will be obtained before information is disseminated from an employee's medical record:

**Release #E1:** To be signed by the employee when the employee wishes to review or copy information from his/her own medical file.

**Release #E2:** To be signed by the employee when the employee requests that information be sent from his/her medical file to a third party. The employee may designate certain medical records, i.e. mental health, drug and alcohol abuse records and HIV status records, to be excluded from release.

**Release #E3:** To be signed by the employee when the **WC** Manager needs to obtain information about that employee from a third party. The employee may designate certain medical records, i.e., mental health, drug and alcohol abuse records and HIV status records, to be excluded from release.

**Release #E4:** To be signed by the employee upon filing of a workers compensation claim, except that if such claim is based upon a possible HIV related claim, Releases #E2 and #E3 will be obtained.

2. Failure on the part of the employee to provide any required authorization may result in the inability of the City to process an employee request or claim.

**MEDICAL RECORD RELEASE REQUEST FORM**

**Record of Request by Employee for Review/Copy  
of His or Her Confidential Medical Record**

Date of Request:

Employee Identification:

Name \_\_\_\_\_  
(Print)

Date of Birth \_\_\_\_\_

Signature \_\_\_\_\_

Soc.Sec.No \_\_\_\_\_

Request for Entire Record

Specific Records Requested: (List Below)

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

Request Received By: \_\_\_\_\_

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

**Authorization for Release of Information From  
the **WC** Manager of the City of Portland**

City of Portland, Maine  
389 Congress Street, Rm. 113  
Portland, ME 04104  
(207) 874-8622

Employee/Patient Name: \_\_\_\_\_

Soc.Sec.No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize \_\_\_\_\_,

City of Portland Risk Manager, to release to

(Agency/Person) \_\_\_\_\_, the following information from my medical records/files:

The purpose or need for this release is:

Various State and Federal laws prohibit the disclosure of certain specific medical information in the medical record, such as mental health care records, HIV test results or infection status, and alcohol and/or drug abuse diagnosis and treatment records without the specific written consent of the patient to whom it pertains or as otherwise permitted by law.

Such information may appear in any patient's medical record as part of the entire record. I understand that such confidential or sensitive information may be in my record and I specifically request and authorize the City's **WC** Manager to release my entire medical records to the above-named party, except to the extent that the following information shall **not** be disclosed:

I understand that I may revoke this authorization at any time except where the City has already acted on a request for the release of my medical records.

I have read this Authorization to Release Information carefully and have signed it voluntarily and understand its significance.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient/Guardian/Parent (Signature)

\_\_\_\_\_  
Print Name and Relationship, if  
signed by other than patient

**Authorization for Release of Information to  
the WC Manager of the City of Portland**

City of Portland, Maine  
389 Congress Street, Rm. 113  
Portland, ME 04104  
(207) 874-8622

Employee/Patient Name \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_,  
hereby authorize \_\_\_\_\_ (Agency/Person) to release to the WC  
Manager for the City of Portland, all of the information from my medical records/files which relates to the  
following:

Various State and Federal laws prohibit the disclosure of certain specific medical information in the  
medical record, such as mental health care records, HIV test results or infection status, and alcohol and/or  
drug abuse diagnosis and treatment records without the specific written consent of the patient to whom it  
pertains or as otherwise permitted by law.

Such information may appear in any patient's medical record as part of the entire record. I understand  
that such confidential or sensitive information may be in my record and I specifically request and  
authorize \_\_\_\_\_ to release my entire medical records to the above-  
named party, except to the extent that the following information shall **not** be disclosed:

I understand that I may revoke this authorization at any time except where \_\_\_\_\_ has  
already acted on a request for the release of my medical records.

I have read this Authorization to Release Information carefully and have signed it voluntarily and  
understand its significance. I further authorize the WC Manager to disclose pertinent information from  
my medical records to authorized City administrators on a need-to-know basis.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Patient/Guardian/Parent (Signature)

\_\_\_\_\_  
Print Name and Relationship, if

signed by other than Patient

Attachment F

**MERCY HOSPITAL**

**IN THE EVENT OF AN EXPOSURE TO BLOOD OR BODY FLUID**

**Determine** is the patient HIV positive? (? HIVPEP)  
when did the exposure occur (? time frame for HIVPEP  
optimal before 2 hrs max 24/36hrs)  
is the exposure significant consult CDC guidelines

Consult with Infection Control to determine significance of exposure (*if desired*)  
*Ext 3239 pager 741-1029*

Consult with Dr. Claffey / or coverage to determine if HIV PEP is needed  
774-5711 (office)

For significant exposures that will require HIV PEP *obtains* from pharmacy the *medications* and *administer as soon as possible*. *Obtain* consents for HIV, HBV and HCV (to establish a baseline) along with CBC, SMA (& lytes), urine and if applicable, serum pregnancy.

HIV Status not known:

- Exposure site cleaned
- Incident report (staff to start)
- Collect consent forms for HIV, HBV, HCV
- Determine HBV and HCV status (test only if **not** known)
- Follow check list
- Give source a copy of HIV consent form and HIV fact sheet
- Clearly identify who will receive the HIV test results from the source (ie; patients, doctor)
- Obtain specimens

**MPCC**

**South Portland VNA**

**Portland City Employee**

**Known HIV positive source implement HIVPEP  
(according to protocol)**

Source of exposure known

**MPCC** – refer to employer to test source  
**VNA** – refer to employer to test source  
**Portland City Employee**– if source available – test  
if source refuses, notify Mercy ICP and Portland **WC** Manager,  
@ 874-8622

Source of exposure unknown

**MPCC** – follow up with Mercy EHO  
**VNA** – follow up at VNA in accordance with their  
Policy  
**Portland City Employee** – offer follow up testing to be done at  
Portland City Hall... or at Mercy Hospital according to our  
protocol with face to face resulting of tests with ICP or designee.



## GLOSSARY OF TERMS

**Blood** means human blood, human blood components, and products made from human blood.

**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).

**Clinical Laboratory** means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

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

**Contaminated Laundry** means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

**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.

**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.

**Director** means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

**Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

**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.

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

**Licensed Healthcare Professional** is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up.

**HBV** means hepatitis B virus.

**HIV** means human immunodeficiency virus.

**Needleless systems** means a device that does not use needles for:

(1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; (2) The administration of medication or fluids; or (3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

**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.

**Other Potentially Infectious Materials** means (1) The following human 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.

**Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

**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.

**Production Facility** means a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.

**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 microbiological wastes containing blood or other potentially infectious materials.

**Research Laboratory** means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.

**Sharps with engineered sharps injury protections** means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

**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 or blood components.

**Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

**Universal Precautions** is 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.

**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).

(copied from CFR 1910.1030 08/12/05)