

**City of Los Angeles  
Bureau of Sanitation**



**Operation Healthy Streets**

**Exposure Control Plan  
for  
Bloodborne Pathogens**

March 27, 2018

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## **1. Policy**

The City of Los Angeles, Bureau of Sanitation (LA Sanitation) is committed to providing its employees with a safe and healthy working environment. To create such an environment, the following Exposure Control Plan (ECP) has been developed to eliminate or minimize occupational exposure to bloodborne pathogens according to the California Code of Regulations, Title 8 (8 CCR), Section 5193, "Occupational Exposure to Bloodborne Pathogens." The plan is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (8 CCR 3203).

## **2. Program Administration**

LA Sanitation's Chief Safety and Wellness Officer is the program administrator and it is their responsibility to maintain and implement this ECP. The ECP must be reviewed and updated to reflect any changes annually or whenever necessary due to new or adapted tasks and procedures. The Safety and Wellness Officer, Case Spencer can be contacted at (310) 648-5103 or at [case.spencer@lacity.org](mailto:case.spencer@lacity.org).

It is the responsibility of the program administrator to:

- Advise divisions on all required personal protective equipment (PPE), engineering controls, labels, and waste bags as required by the standard;
- Ensure that employees are trained on required medical actions;
- Maintain all employee health and Cal/OSHA records;
- Make the ECP available to all employees, Cal/OSHA, and NIOSH representatives;
- Ensure that all training and associated documentation is also available; and
- Annually review and update the program to ensure effectiveness or more frequently to:
  - Reflect new or modified tasks and procedures that affect occupational exposure;
  - Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens;
  - Include new or revised employee positions with occupational exposure;
  - Review and evaluate the exposure incidents that occurred since the previous update; and
  - Review and respond to information indicating that the Exposure Control Plan may be deficient in any area.

All employees that have occupational exposure to blood and other potentially infectious materials (OPIM) must always follow the procedures and work practices specified in the ECP. The employees that are covered by the bloodborne pathogens standard will receive an explanation of the ECP during their first training and their annual refresher training. Employees can view the ECP at any time by contacting the program administrator. A personal copy for those who request it, can be supplied free of charge to employees within 15 days of the request.

### 3. Employee Exposure Determination

The following is a list of all job classifications where all employees have occupational exposure:

Job Title	Division
Environmental Compliance Inspector	Watershed Protection Division
Senior Environmental Compliance Inspector	Watershed Protection Division
Refuse Collection Truck Operator	Solid Resources, Clean Streets Program
Maintenance Laborer	Solid Resources, Clean Streets Program

The following is a list of all job classifications where some employees have occupational exposure. A list of tasks and procedures where occupational exposure could occur for these employees has been included:

Job Title	Division	Task/Procedure
Chief Environmental Compliance Inspector I	Watershed Protection Division	Supervising employees involved in homeless encampment clean-up procedures.
Chief Environmental Compliance Inspector II	Watershed Protection Division	Supervising employees involved in homeless encampment clean-up procedures.

### 4. Methods of Compliance

#### Universal Precautions:

Employees must use universal precautions. Regardless of what the employee thinks, all blood and other potentially infectious materials will be handled as if it were infectious.

#### Engineering Controls and Work Practices:

Engineering and work practice controls will be used to minimize exposure to bloodborne pathogens. The specific engineering and work practice controls are listed below:

Engineering Controls
Use of: Pliers Grabbers Shovels Rakes Front loader trucks

Work Practice Controls
1. Do not use hands to sort through objects
2. Empty contents of containers to sort objects. Do not put hands into any containers.
3. When using pliers or grabbers to sort objects, use the "one handed method" and only use tools to move or sort items.
4. Any sharps or needles collected shall be placed into an appropriate container that is placed on the ground.
5. Employees shall not remove any broken SHARPS or needles by hand.

Engineering and work practice controls will be reviewed for changes by the Safety and Wellness Officer. This will be done on an annual basis or more frequently based on need to change equipment and/or work procedures, or due to regulatory updates.

<b>Personal Protective Equipment (PPE)</b>
<b>The PPE listed below will be provided to employees at no cost:</b>
Face shields
Water-resistant clothes coverings such as Tyvek
Nitrile gloves
Leather work gloves
NIOSH-approved N95 filtering facepiece
Goggles
Non-slip, chemical and puncture-resistant foot protection
High visibility vest
Puncture-resistant gloves over disposable nitrile gloves

#### JOB TASKS WHERE PPE IS NEEDED

It is the responsibility of the division supervisors to ensure that the appropriate PPE is readily available to employees.

Employees who use PPE must observe the following precautions:

- Immediately after the removal of gloves or PPE, employees must wash or disinfect their hands as soon as possible.
- PPE must be removed after it becomes contaminated and before leaving the work area.
- If it is anticipated that your hands may come into contact with blood or OPIM, then the nitrile gloves must be worn.
- Never reuse contaminated nitrile gloves.
- If it is anticipated that your hands may come into contact with Sharps, then reusable puncture-resistant gloves must be worn over disposable nitrile gloves.
- Reusable puncture-resistant gloves can be decontaminated with disinfectants that kill bloodborne and non-bloodborne pathogens. Follow manufacturer's instructions.
- Wear face and eye protection if splashes or sprays of blood or OPIM are a hazard.
- Remove any contaminated PPE as soon as possible in a way that avoids contact with the skin and the PPE's outer surface.

#### Regulated Waste

Contaminated sharps must be disposed of in approved containers immediately after being discovered. Labeled, biohazard bags will be used for other regulated wastes. Should a container or bag containing regulated waste become contaminated on the outside, the contaminated container must be placed in another container.

NOTE: This task is not performed by LA Sanitation employees. This is performed by Clean Harbors, a contractor to the City of Los Angeles.

## **5. Hepatitis B Vaccination**

Hepatitis B vaccinations are available to employees who have been identified by the exposure determination of the ECP at no cost after their first training or within 10 working days of the initial assignment. Vaccinations should be conducted unless:

- The employee presents documentation that they have already received the vaccine.
- Antibody testing shows the employee is immune.
- A medical evaluation reveals that vaccination is contraindicated.

Employees can choose to decline the vaccination and must sign a declination form, which must be maintained. The employees who decline vaccination can obtain the vaccination at a later date at no cost. All employee vaccinations will be provided by the Personnel Department's Medical Services Division in accordance with U.S. Public Health Service Guidelines. After the medical evaluation has been conducted, the healthcare's professional written opinion will be provided to the employee. The opinion will advise whether the employee needs the vaccine or if it has been administered.

### Post-Exposure Evaluation and Follow-Up

When an exposure incident occurs, immediately contact your supervisor and the Personnel Department's Medical Services Division at (213) 473-6970. Medical Services will conduct an immediate, confidential, medical evaluation and follow-up.

After the initial first aid has been administered, the following must be performed by a supervisor:

- Document how the exposure occurred and the routes of exposure using Appendix A;
- Identify and document the source individual, unless identification is infeasible or prohibited by state laws;
- Get consent from the source individual to have them tested unless they are already known to be HIV, HCV, or HBV infected; and
- Test exposed employee's blood as soon as possible after the exposure for HBV and HIV serological status. If employee consent is not given to this test, the baseline blood sample must be preserved for at least 90 days. Should the employee choose to have the baseline blood sample tested within this time, the test must be done as soon as possible.

### Administration of Post-Exposure Evaluation and Follow-Up

The Program Administrator must ensure that those responsible for the employee's Hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard. They must receive the following:

- Description of employee's duties that relate to exposure incidents;
- Routes of exposure;
- Circumstances of exposure;
- If available, the results of the blood test of the source individual; and
- The relevant medical record of the employee (including vaccination status).

## **6. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident**

The program administrator must review all circumstances surrounding exposure incidents and record percutaneous injuries from contaminated sharps into the Sharps Injury Log. Appendix B can be used to collect pertinent information.

This review determines:

- What engineering controls were in use at the time;
- What work practices were followed;
- A description of the type/brand of device that was used;
- What PPE or clothing was used at the time;
- The location of the incident;
- What procedure was being performed at the time of the incident; and
- What training the employee has received

## **7. Employee Training**

Every employee who has occupational exposure to bloodborne pathogens must receive training on the epidemiology, symptoms, and transmission of bloodborne pathogens. Training shall be conducted by the Industrial Safety and Compliance Division (ISCD) who will have all necessary training materials available for review. The training must also include:

- An accessible copy of the regulatory text of this standard and an explanation of its contents
- Explanation of the ECP and how to get a copy of it
- Methods to recognize tasks that have the possibility of exposure incidents
- Explanation of the use and limitations of engineering, work practice controls and PPE
- Types, uses, location, removal, handling, decontamination and disposal of PPE
- Explanation for the basis for selection of PPE
- Information on applicable vaccine(s): its efficacy, safety, method of administration, benefits, and that the vaccination is offered free of charge
- Who to contact and what to do in an emergency involving potentially infectious materials
- Procedures to follow in case of exposure incident, method of reporting, and follow-up
- Employer-required post-exposure evaluation and follow-up after exposure incident
- Explanation of sign and labels and/or color-coding required and used
- Opportunity for interactive questions and answers with conductor of training

## **8. Actively Involving Employees in the Review and Update of the Exposure Control Plan**

All employees are encouraged to provide suggestions on improving the procedures they perform in their divisions. Employees contribute to the review and update of the exposure control plan by:

- Participating as members of committees (e.g., safety and health, labor-management, infection control, product evaluation and selection, purchasing of equipment)

- Attending meetings to discuss safety and health issues and improvements
- Reporting issues or potential problems to supervisors
- Providing ideas, recommendations, or suggestions (Appendix C may be used)
- Filling out reports, questionnaires, or other documents

## 9. Recordkeeping

### Medical records:

- Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens.
- The City of Los Angeles, Personnel Department, Medical Services Division is responsible for maintaining medical records. These confidential records are kept for the duration of employment plus 30 years beyond the duration of employment.
- Employee medical records can be provided upon the request of the employee or to anyone with written consent of the employee within 15 business days. Medical Services Division in the Personnel Department will make sure the appropriate employee health records are maintained as required.

### Training Records:

Upon completion of training, training records are completed for each employee by the employee's supervisor. Training is also recorded in Industrial Safety and Compliance's Training Information Management Software (TIMS) and will be kept and maintained for a minimum of 3 years.

Training records must include:

- Dates of training;
- Content or summary of training;
- The names and qualifications of those conducting the training; and
- The names and job titles of all persons attending the training.

Employee training records can be provided to the employee or to an authorized representative of the employee within 15 business days by contacting the Chief Safety and Wellness Officer.

### Sharps Injury Log:

All percutaneous injuries from contaminated sharps are recorded in the Sharps Injury Log.

This log must include at least:

- Date of injury;
- Type and brand of the device involved;
- Where the incident occurred (the division or work area); and
- How the incident occurred.

This log is reviewed at least once per year as part of the annual program evaluation and is kept for at least 5 years following the end of the calendar year that it covers. Copies that are provided upon request must have any personal identifiers removed. The Chief Safety and Wellness Officer will maintain the Sharps Injury Log.



**Appendix A: EVALUATION OF CIRCUMSTANCES SURROUNDING EXPOSURE INCIDENTS**

Our policy is to evaluate the circumstances (including the route(s) of exposure) under which all occupational exposure incidents occur. This evaluation is conducted as soon as possible after a report of an exposure incident is submitted. For each reported exposure incident, we gather and evaluate, if possible, the following information:

Date and location (division, address, building, floor, etc.) of exposure incident:

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Employee(s) job classifications:

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Tasks and procedure(s) performed during exposure:

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Routes of exposure (e.g., eye, intact skin, non-intact skin, mouth, other mucous membranes, parenteral contact, etc.):

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Description of sharp(s) or other device(s) involved (including type and brand):

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Personal protective equipment worn during exposure incident:

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Other pertinent information:

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Date of evaluation: \_\_\_\_\_

Evaluator(s) name(s):

\_\_\_\_\_ Telephone number \_\_\_\_\_

\_\_\_\_\_ Telephone number \_\_\_\_\_

## **Appendix B: SHARPS Injury Log**

A sharp is any object used or encountered that can be reasonably anticipated to penetrate the skin or any other part of the body, resulting in an exposure incident. Sharps include, but are not limited to, needle devices, scalpels, lancets, broken glass and capillary tubes, exposed ends of dental wires and knives, drills, and burs. An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties. A sharps injury means any injury caused by a sharp, including but not limited to cuts, abrasions, or needlesticks. A Sharps Injury Log has been established and maintained as a record (in either written or electronic form) of each exposure incident involving a sharp. Our policy is to maximize the utility of the Sharps Injury Log by filling out the information as completely as possible in easy-to-understand language. The log documents our organization's sharps injury history in sufficient detail to support the development of effective exposure-control strategies.

The following information, if known or reasonably available, is documented within 14 working days of the date on which each exposure incident was reported.

1. Date and time of the exposure incident: \_\_\_\_\_
2. Date of exposure incident report: \_\_\_\_\_ Report written by: \_\_\_\_\_
3. Type and brand of sharp involved: \_\_\_\_\_
4. Description of exposure incident:
  - Job classification of exposed employee: \_\_\_\_\_
  - Department or work area where the incident occurred: \_\_\_\_\_
  - Procedure being performed by the exposed employee at the time of the incident:  
\_\_\_\_\_
  - How the incident occurred: \_\_\_\_\_
  - Body part(s) involved: \_\_\_\_\_
  - Did the device involved have engineered sharps injury protection? Yes (✓) \_\_\_ No (✓) \_\_\_
  - Was engineered sharps injury protection on the sharp involved? Yes (✓) \_\_\_ No (✓) \_\_\_
  - Does the exposed employee believe that any controls (e.g., engineering, administrative, or work practice) could have prevented the injury? Yes (✓) \_\_\_ No (✓) \_\_\_

Employee's opinion:

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5. Comments on the exposure incident (e.g., additional relevant factors involved):

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6. Employee interview summary:

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7. Picture(s) of the sharp(s) involved (please attach if available).

**Appendix C: Identifying and Selecting Appropriate and Currently Available Engineering Control Devices**

LA Sanitation’s policy is to select appropriate and effective engineering controls to prevent or minimize exposure incidents. Engineering controls means controls (e.g., sharps disposal containers) that isolate or remove the bloodborne pathogens hazard from the workplace.

We first evaluate products that eliminate the use of sharps, if available. If these devices are not selected, we then evaluate devices equipped with engineered sharps injury protection (ESIP). ESIP means a physical attribute built into any other type of needle device or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

We establish and maintain procedures for identifying and selecting appropriate and effective engineering controls, which may include the following steps:

- |                                 |                                       |
|---------------------------------|---------------------------------------|
| 1. Set up a Process (✓) _____   | 4. Test and Select Products (✓) _____ |
| 2. Define Needs (✓) _____       | 5. Use New Products (✓) _____         |
| 3. Gather Information (✓) _____ | 6. Conduct Follow-up (✓) _____        |

We modify the steps outlined above to fit our requirements as follows:

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