

BLOODBORNE PATHOGENS SAFETY PROGRAM (EXPOSURE CONTROL PLAN)

The Bainbridge Island Metropolitan Park & Recreation District is committed to providing a safe and healthy work environment for its employees. The following safety program, also known as the Park District's Exposure Control Plan (ECP), has been developed to eliminate or minimize occupational exposure to bloodborne pathogens (BPP) as specified in WAC 296-823-110.

District employees who have occupational exposure to blood or other potentially infectious materials (OPIM) must follow the procedures and work practices outlined in this plan. Employees can review this plan at any time during their work hours. It is included as a part of the Park District's Safety Manual (also known as the District's Accident Prevention Plan) which is located at several facilities throughout the District. The Park District will also provide a copy of this ECP to employees upon request.

This plan includes:

1. Overview
2. Exposure determination
3. Mode of transmission
4. Hepatitis B & vaccination of employees
5. Personal exposure incidents and follow-up procedures
6. Precautions for reducing employee exposure to bloodborne pathogens
7. Definitions

1. OVERVIEW

ABOUT BLOODBORNE PATHOGENS

Bloodborne Pathogens (BBP's) are pathogenic (disease producing) 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).

While there is currently no vaccination available to prevent HIV, a vaccination is available to prevent HBV. The Park District makes the HBV vaccination available free of charge to employees who hold positions designated as high risk for possible exposure to bloodborne pathogens.

ADMINISTRATION OF EXPOSURE CONTROL PLAN

The BBP Program Administrators are responsible for the implementation of the Exposure Control Plan and will maintain, review, and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures related to safer medical devices, personal protection, work practices and administrative controls. The review and update of the plan will also reflect changes in technology that eliminate or reduce exposures to bloodborne pathogens. The BBP Program Administrators are appointed by the Executive Director.

Among other duties, the BBP Program Administrators are responsible for establishing and posting clean-up and disposal procedures, maintaining and monitoring the clean-up logs, and stocking personal protective equipment. They are also responsible for developing and monitoring internal reporting and procedural forms related to BBP incidents.

2. EXPOSURE DETERMINATION

The key to implementing a successful Exposure Control Plan is to identify which employee positions may be at risk for exposure to bloodborne pathogens as well as potential exposure situations employees could encounter.

While some positions are at greater risk for exposure to BBPs, all District employees could be exposed to a situation that brings them into contact with infectious material. Because work environments include unpredictable risks of exposure, employees should assume that all human blood and body fluids they come into contact with are infectious and follow the precautionary measures outlined in this plan.

All District employees are required to participate annually in the Park District's online training program so they will become familiar with the hazard of bloodborne pathogens and understand the importance of avoiding situations that may put them at risk for exposure. Newly hired employees will participate in this training program as part of their orientation process and on an annual basis thereafter.

HIGH RISK EMPLOYEE POSITIONS

Positions classified by the Park District as high risk for possible exposure to bloodborne pathogens include those that require handling potentially infectious material as a primary job duty. Employees working in these positions have job requirements and core job duties that increase the likelihood of their being exposed to BBPs. The Park District has designated the following positions as high risk positions: lifeguards and maintenance staff who clean restrooms.

All positions classified as high risk will be identified as such in their job description. In addition to the positions identified in the above paragraph, other positions could also be classified as high risk when determined by Park District administration and/or upon recommendation by the Safety Committee.

Employees in positions classified as high risk are required to participate in bloodborne pathogen training at least annually and will have the opportunity to participate in the Hepatitis B vaccination series outlined in Section 4. BBP training for high risk employees will include the online program mentioned above for all District employees, as well as the more extensive training requirements outlined in the Training & Education section of this plan.

Employees in positions classified as high risk will not begin work until they have completed and signed the Hepatitis B Immunization Consent/Refusal Form. (See Exhibit 1). Supervisors will ensure that this form is included in the new employee hire packet.

3. MODE OF TRANSMISSION

Exposure situations that could occur during an employee's work day include incidents that involve contact with another person's blood, vomit, saliva, and/or other bodily fluids.

Transmission of bloodborne pathogens from one person to another can occur through direct or indirect contact. It is important for employees to be aware of this so they can determine when they might have been exposed to potentially infectious material.

- Direct contact is when infected blood or body fluids pass directly from one person to another. Examples of direct contact could occur when: treating a person for a bleeding wound, assisting someone who has vomited, helping a child blow up his or her balloon.
- Indirect contact is when infected blood or body fluids pass from one person to an object that another person then has contact with. The contaminated fluid enters through a sore, eye, mouth or other area of the exposed person. Examples of indirect contact could occur when: picking up a

blood soaked object such as tissue, coming into contact with a syringe left in a garbage bag, cleaning up bloody broken glass after an accident.

Any employee currently certified to provide first aid will have the duty of giving first-aid to those persons requiring aid regardless of whether or not the person may have an infectious or communicable disease.

4. HEPATITIS B AND VACCINATION OF EMPLOYEES

ABOUT HEPATITIS B (HBV)

Hepatitis B is a serious infection that affects the liver. It is caused by the Hepatitis B virus. Each year 2,000 to 4,000 people in the United States dies from cirrhosis or liver cancer caused by this virus. Hepatitis B can cause short-term illness or a long term infection. The virus is spread through contact with blood or other body fluids of an infected person, or through contact with a contaminated object.

Signs and symptoms of illness include:

- Fatigue
- Loss of appetite
- Nausea
- Vomiting and diarrhea
- Joint, muscle, or stomach pain
- Jaundice (yellow skin or eyes)

HBV VACCINATIONS

HBV vaccinations will be offered free of charge to all employees identified as high risk by the Park District. When hired, high risk employees will fill out the Hepatitis B Immunization Consent/Refusal Form (see Exhibit 1) and select one of three options: 1) I have already received the vaccination series; 2) I want to receive the vaccine; 3) I don't want to receive the vaccine. This Consent/Refusal form will be turned into the Human Resource Manager for coordinating inoculation arrangements with the employee.

The District is not required by WA State law to provide the Hepatitis B vaccination series to employees classified as high risk who: 1) have previously received the complete vaccination series; 2) have had an antibody test indicating immunity to Hepatitis B; 3) have medical reasons for not receiving the vaccine.

Any employee declining the vaccination series must still complete the above Hepatitis B Immunization Consent/Refusal Form in order to document the refusal. If an employee initially declines the HBV vaccination but later decides to have the vaccination series, the HBV series will again be made available to the employee under the same terms and conditions stated above. To instigate this, the employee will submit a written request to the HR Manager or Division Director/Park Superintendent.

The Park District will pay all fees associated with the vaccination series and will allow employees to obtain their injections during compensated work hours. The vaccination will be provided after the employee has received the training outlined in Section 2 above and within ten days of assignment to duties.

Employee vaccinations will be documented and placed in the employee's medical record file along with the Hepatitis B Immunization Consent/Refusal Form and any other related documents. The employee's medical record file will be maintained by the Park District's HR Department as prescribed by DOSH (Division of Occupational Safety & Health, a division of WA State Dept. of Labor & Industries). Medical files will be retained in accordance with the WA State Retention Schedule which currently specifies a duration period of employment plus thirty (30) years.

Routine booster dose(s) of the HBV vaccine shall be provided in accordance with US Public Health Service recommendations at no cost to the employees.

5. PERSONAL EXPOSURE INCIDENTS & FOLLOW-UP PROCEDURES

In the event of a personal exposure incident, specific steps must be taken by the exposed employee, the employee's Program Manager or Division Director/Park Superintendent, and the Human Resource Department. The following sections outline procedures applicable to an exposure incident.

PROCEDURES IN THE EVENT OF PERSONAL EXPOSURE

Employees are required to take the following steps in the event of exposure to possibly infectious blood or body fluids:

Needle Stick/Cut: Squeeze the area around the exposure to express blood, and clean the wound vigorously with soap and water for at least 10-15 seconds using friction.

Mucosal Splash: For a mucosal splash to eyes, nose, or mouth, flush or rinse with saline or water. For a mucosal splash to the skin or contamination of open wound, wash with soap and water. Shower and change clothes if necessary.

Blood Splash/Contact: For blood splash to mucosal tissues follow mucosal splash guideline above. For blood splash or contact to chapped, abraded, cut or broken skin, wash with soap and water and again remove contaminated clothing as soon as possible.

For any other contact with blood or body fluids to skin surfaces, wash with soap and water immediately, or antiseptic wipes when wash facilities are not available. Remove contaminated clothing, shower and, if continued contamination is anticipated, put on appropriate personal protective equipment.

REPORTING

Report all needle sticks, mucosal splashes, and contamination of open wounds with blood and/or body fluids to your immediate supervisor at once. Possible exposure incidents include percutaneous needle sticks or cuts, mucous membrane exposure to blood or body fluids, or contact with blood or body fluids via chapped, abraded, or otherwise non-intact skin surfaces.

ACTIONS FOR EMPLOYEE TO TAKE WHEN EXPOSED

An exposure incident occurs when non-intact skin or mucous membrane and/or eyes, nose, mouth come into contact with human blood or other potentially infectious material. When this occurs:

1. Notify immediate supervisor of exposure at once who will notify Division Director/Park Superintendent.
2. Complete Park District form titled: BBP Exposure/Sharps Injury Incident Report (see Exhibit 2). Give to Department Manager or Division Director/Park Superintendent.
3. Seek medical consultation in a clinic of choice. Several options on Bainbridge Island include:
 - Virginia Mason Clinic, 380 Winslow Way E, phone 206.842.5632
 - The Doctors Clinic, 945 Hildebrand Lane NE Suite 100, phone 206.855.7700

(A medical evaluation of the exposed employee is encouraged and should be done as soon as possible after the exposure. The effectiveness of certain vaccines or other medication which might prevent illness from the exposure is greatest if given soon after the exposure).

FOLLOW-UP PROCEDURES AFTER POSSIBLE EXPOSURE TO BLOODBORNE PATHOGEN

Department Manager or Division Director/Park Superintendent will:

1. Make sure the Employee Injury Incident Report (See APP Section 3; Exhibit 1) is filled out as soon as possible.
2. Attach the Employee Injury Report to the above mentioned BBP Exposure/Sharps Injury Incident Report that the exposed employee has turned in.
3. Turn both forms into the HR Manager as soon as possible.

The Human Resource Department will process the above forms as follows:

- After redacting names, provide Safety Committee with copy of: 1) Employee Injury Incident Report; and 2) BBP Exposure/Sharps Injury Incident Report for their review, comments and recommendations.
- Make sure Safety Committee returns the "BBP Exposure/Sharps Incident Report" to HR once the committee's findings have been recorded on it so it can be filed in the employee's medical file.
- Record this and all other exposure incidents on OSHA300 form.

POST EXPOSURE EVALUATION AND FOLLOW-UP CHECKLIST

The Human Resource Department is responsible for completing the HR Post Exposure Checklist (see Exhibit 3) to ensure the following steps are taken after an employee has been exposed to a bloodborne pathogen.

1. The source individual if known will be notified of the exposure incident and be requested to consent to and obtain testing for HIV/HBV. A refusal of the source individual to consent for testing shall be documented using the Source Individual Blood Test Consent/Refusal Form (see Exhibit 4).
2. If the release of test results was consented to in the above form, the results of the source individual's test shall be made known to the exposed employee.
3. When releasing the test results, the exposed employee shall also be reminded of the laws and regulations concerning the confidentiality/disclosure of the identity and infectious status of the source individual. (See WA State Chapter 70.02 RCW and 70.24).
4. If the source individual refuses to consent to HIV/HBV testing, or if the source individual tests positive, the exposed employee will be contacted and encouraged to have a blood test and clinical evaluation which will include HIV and HBV antibody testing as soon as possible. The exposed employee will complete and sign the form titled: Post Exposure Blood Test Consent/refusal Form (See Exhibit 5).
5. If the exposed employee refuses to submit to clinical evaluation and HIV and HBV testing, such refusal will be documented using the Post Exposure Blood Test Consent/Refusal Form and maintained in the employee's medical record.
6. If following bloodwork, the exposed employee tests zero-negative, the employee shall be retested 6 weeks post-exposure and on a periodic basis thereafter at 12 weeks and 6 months post exposure.

7. Follow-up procedures shall also be taken for employees exposed or potentially exposed to HBV, depending on employee immunization status, antibody response, and HBV serologic status of source individual. (i.e. District is responsible for post-exposure follow-up requirements and any costs incurred).
8. If the employee consents to baseline blood collection, but does not consent to testing, the employee's blood sample shall be preserved for ninety (90) days. If within ninety (90) days of exposure, the employee elects to have the baseline sample tested; such testing will be conducted as soon as possible.
9. Exposed employees shall have access to post-exposure prophylaxis (measures designed to preserve health and prevent the spread of disease), as recommended by the US Public Health Service, when medically indicated, as well as counseling. District is responsible for any costs incurred related to this.
10. Exposed employees shall also be advised to report and seek medical evaluation of any acute febrile illness (fever) within twelve (12) weeks following exposure.
11. All tests shall be conducted by an accredited laboratory at no cost to the employee.

The following information will be provided by the Human Resource Department to the physician performing the post-exposure evaluation:

1. A copy of the regulation pertaining to blood borne pathogens or a reference to WAC 296-823-160 which can be accessed online at the WA State website.
2. A description of the employee's duties.
3. Documentation of the route(s) of exposure and circumstances under which the exposure occurred (BPP Pathogen Exposure/Sharps Injury Incident Report).
4. Results of the source individual's blood testing, if available.
5. All relevant medical records of the employee, including vaccination status.

The Human Resource Department will obtain a written report and opinion from the physician performing the post-exposure evaluation within 15 days of the evaluation that will be limited to the following:

1. That the employee has been informed of the results of the evaluation.
2. That the employee has been told about any medical conditions resulting from exposure to blood or other infectious materials which warrant further evaluation or treatment. In the event of employee exposure to blood or body fluids via percutaneous needle stick, cuts, or mucous membrane exposure, necessary medical treatment shall be administered as appropriate for the type of injury.
3. All other findings or diagnoses are confidential and should not be included in the written report.

If the physician provides the written report/opinion directly to the exposed employee, the District is not required to obtain one.

MEDICAL RECORDS

The Human Resource Department is responsible for monitoring and retaining employee records related to BBP exposure incidents and for submitting related forms to regulatory agencies. A medical record for each employee whose duties include potential occupational exposure will be maintained by the District. These records will include:

- The name and social security number of the employee.

- A copy of the employee's HBV vaccination status including the dates of vaccination and any medical records regarding the employee's ability to receive the vaccination.
- A copy of all opinions, examinations, testing, and follow-up involving post-exposure incidents.
- A copy of any information provided to any other healthcare professional regarding possible exposure.

Such records will be kept confidential and will not be disclosed to any person, except as required by law, without the express written consent of the employee. Such records will be maintained for thirty (30) years beyond the duration of the employment in accordance with WA State retention requirements.

In the event the Park District ceases to do business and there is no successor employer to transfer the records to, the District will notify the Department of Labor and Industries at least 3 months prior to disposal, and will transfer them to the Department, if requested to do so.

6. PRECAUTIONS FOR REDUCING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS

In an effort to protect District employees from exposure to bloodborne pathogens, Park District management will coordinate with the employee led Safety Committee to ensure the preventative measures outlined in this Exposure Control Plan are in place and followed.

Precautions the District will take to prevent or reduce exposure include: education and training; provision of personal protective equipment; instruction for good hand hygiene and housekeeping; post spill clean-up and disposal procedures; signs and labeling, and posting information in District facilities.

While these precautionary measures are significant in preventing exposure to bloodborne pathogens, it should be noted that nothing can provide the employee with absolute protection.

EDUCATION AND TRAINING OF EMPLOYEES

All District employees face the risk of possible exposure to blood or body fluids and will receive appropriate education and training prior to the commencement of their job duties and annually thereafter. The training will be conducted during compensated work hours and at no cost to the employee.

Training for all District employees will be provided through online courses and the information provided in this Exposure Control Plan.

Training for high risk employees will be provided through online courses, in-person training, the information outlined in this Exposure Control Plan, and through other District hand-outs such as those included in their packet when hired. High risk employees will be given an opportunity for interactive questions and answers with the persons conducting their training sessions.

For more information, employees can access the WA State regulation on bloodborne pathogens on the WA State website under WAC 296-823-110.

Responsibilities for training will be as follows:

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|----|---|---------------------------|
| 1. | Setting up employees for online training: | Human Resource Department |
| 2. | Ensure and track completion of employee training:
(See Exhibit 6 for Supervisor Checklist) | Employee's supervisor |
| 3. | Maintenance of training documentation in files: | Human Resource Department |

Additional training will be provided when new tasks or procedures involving potential exposure are instituted. Records of training sessions on bloodborne pathogens will be maintained in accordance with the WA State Retention Schedule which has a retention period of 50 years for training documents related to infectious disease.

Such records will include:

1. The date of training.
2. A summary of the content of training.
3. The names and qualifications of person(s) conducting the training session.
4. The names and job titles of all persons attending the training session.

PERSONAL PROTECTIVE EQUIPMENT

The District will provide and maintain, in a sanitary and reliable condition, necessary personal protective equipment (PPE) which is relevant to the procedures and job functions of the various employees. Employees are required to use appropriate protective equipment for the task they are performing, except in those extraordinary circumstances when such use would, in the employee's professional judgment, prevent the service from being provided. In such cases the incident shall be investigated and documented in order to determine if changes can be instituted to prevent such occurrences.

Personal Protective Equipment is assembled in kits that are distributed throughout District facilities. Once items in the kit have been used, the kit should be removed for restocking, and replaced as soon as possible with a fully stocked kit.

Gloves:

Gloves must be worn during the following circumstances:

- For all emergency response care which involves potential exposure to blood or body fluids, particularly if the employee has cuts, abraded skin, chapped hands, dermatitis, or other non-intact skin.
- During all decontamination procedures involving clean-up of blood or body fluids.
- When scrubbing equipment contaminated with blood or body fluids prior to sterilization.

Further stipulations regarding gloves are as follows:

- Gloves shall be of appropriate quality and material and shall comply with the standards of safety for the procedure performed. A sufficient quantity and appropriate size for each employee will be supplied by the District.
- Hypo-allergenic gloves, glove liners, powder-less gloves or similar alternatives will be made available to those employees who are allergic to the gloves normally provided.
- Gloves shall be single-use and shall be disposed of immediately following each contaminant contact or procedure.

Masks and Eye Protectors:

Will be available and are required to be used when contamination of mucosal membranes (eye, nose, or mouth) with body fluids is likely to occur.

Resuscitation Equipment:

Is provided to minimize the need for mouth-to-mouth resuscitation and shall be easily accessible in the event resuscitation is necessary. Mouth suctioning of blood or other potentially infectious material is prohibited.

Contaminated Personal Protective Equipment:

All contaminated personal protective equipment must be removed from vehicles or work stations and cleaned or disposed of in the appropriate area or container prior to leaving the work area. New or cleaned personal protective equipment will be installed to replace contaminated equipment. This will be the responsibility of the employee who used the equipment. Failure to replace/restock used materials will make the employee(s) subject to disciplinary action.

HAND WASHING

All employees having direct contact with blood or other potentially infectious materials (OPIM) will wash hands using warm water and soap before, when anticipated, and **always** after contact with blood or OPIM. If such facilities are unavailable, alcohol foams or antiseptic towels may be used. Employees shall immediately remove and dispose of gloves in appropriate segregated waste receptacles. Where exposure may occur and in order to prevent contamination from spreading to other work areas:

- Employees shall immediately and thoroughly wash hands and other exposed skin surfaces after removal of gloves using warm water and soap. All employees are encouraged to regularly wash their hands as a means of controlling the spread of infectious diseases.
- Hand washing as outlined above will also be done after removal of other personal protective equipment following accidental exposure to blood or body fluids.
- Reusable personal protective equipment shall be rinsed and sterilized per the recommendations set forth by the manufacturer.

HOUSEKEEPING

The following guidelines will be followed when cleaning equipment or surface areas have come in contact with blood or other body fluids.

- Equipment and surfaces will be cleaned as soon as practical after any contamination by blood or other potentially infectious material. Under no circumstances will this be left for other employees to do. It is the responsibility of the employee who contaminated the area.
- Protective coverings used to cover equipment will be removed, cleaned, or replaced as soon as feasible after being contaminated.
- Bins, cans, or other receptacles which will be reused and which may be contaminated are to be emptied, cleaned, and decontaminated at the end of each work shift.
- Broken glass which may be contaminated is not to be picked up by hand, but will be cleaned up or picked up by using a broom and dust pan, tongs, or forceps.
- Reusable sharps are, after use, to be placed in the appropriate labeled container.
- Employees will not reach into such containers with their hands, but must place and retrieve used, and presumably contaminated, sharps with tongs or forceps.

REUSABLE EQUIPMENT

Equipment that is re-used in the Park and Recreation Service Divisions can come into direct contact with blood or other bodily fluids and could potentially expose employees to HIV/HBV. This includes hand and power tools used in the following capacity: 1) On a daily basis for assigned maintenance jobs; 2) For maintaining equipment and vehicles; and 3) During construction projects.

When this reusable equipment has had contact with blood or other bodily fluids, the following precautions will be taken to prevent risk of possible bloodborne pathogen exposure to employees:

1. Reusable equipment shall be scrubbed to remove all debris from surfaces immediately following contamination by the person using said equipment.
2. Said equipment will be sterilized using cold sterile solutions prepared to appropriate dilution as recommended for control of HBV.
3. Contaminated item(s) will be handled as appropriate for disposal.

SHARP INSTRUMENTS AND OTHER ITEMS SUBJECT TO CONTAMINATION

The following items including sharp instruments and disposable sharps may be encountered by employees in the Park and Recreation Service Divisions and could pose potential risk of bloodborne pathogen exposure to employees:

- Hypodermic needles
- Syringes
- Knives
- Razor Blades
- Blood stained broken glass
- Brooms used in street sweeping
- Medical waste
- Any and all sewage related materials

Subsequent to recovery or use, potentially contaminated sharp instruments and/or disposable sharps shall be disposed of in the following manner:

1. All such sharp items shall be placed in a leak proof, rigid, puncture-resistant, break resistant container which is conspicuously labeled.
2. The person recovering/receiving a sharps instrument or item shall be responsible for its proper disposal as soon as feasible. In no instance will any employee leave any such sharp instrument at any work station or in any vehicle beyond the end of the employee's shift without notifying his/her supervisor.
3. Needles shall **not** be recapped, purposely bent or broken, or removed from disposable syringes. (If recapping or removal is necessary, it must be accomplished by using a mechanical device or a one-handed "scoop" technique).
4. Scalpel blades shall be removed from the handle using clamped forceps and placed in the appropriate sharps container by the person using that item.
5. Knives and other sharps necessary for evidence will at all times remain in an approved, properly labeled sharps container.

6. Appropriate protective gloves will be worn at all times when handling any sharps or knives possibly contaminated by blood or other potentially infectious material.
7. At no time will any employee reach into a sharps container to retrieve an item. All such removal will be accomplished with tongs, pliers, or other mechanical tool.

REGULATED WASTE OF DISPOSABLE SHARPS

Contaminated sharps shall be discarded immediately after they are located or used, or as soon as feasible, in appropriate containers. This presumes that there is no compelling need to retain the item for the purpose of providing evidence. Appropriate containers, whether for disposal or evidence, are described as follows:

- Closable
- Puncture resistant
- Leak-proof on sides and bottoms appropriately labeled
- Maintained upright
- Emptied or replaced daily or whenever 2/3 full with the exception of evidence containers.

When moving containers containing contaminated sharps, care should be taken to ensure the container is closed to prevent spillage or protrusion of contents. In the event of leakage or protrusion, the container is to be placed in a secondary container which must also be closable, puncture resistant, and leak-proof.

OTHER REGULATED WASTE

Other regulated waste that must be disposed of per instructions below includes the following:

- Liquid or semi-liquid blood or other infectious materials.
- Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.
- Items caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.
- Pathological and microbiological wastes containing blood or other potentially infectious materials.

Such regulated waste must be placed in the appropriate, labeled containers. Waste containers must meet the following specifications:

- Be closable
- Able to prevent leakage during handling, storage, or transport

The containers must be appropriately labeled and closed prior to being removed in order to prevent leaks. If contamination occurs on the outside of a container, the container is to be placed in a secondary container which is also closable, able to prevent leakage, and appropriately labeled.

DISPOSAL OF REGULATED WASTE

At the end of each day, employees will remove contaminated waste from vehicles and other work areas and place it in an appropriate waste receptacle lined with a red, leak-proof plastic bag, and stored in the appropriate location for pick-up and disposal by an outside contractor. Such independent contractors will be responsible for the training of their employees regarding the identification, segregation, and disposal of infectious waste.

Receptacles for contaminated waste will be at the: 1) Aquatics Center; and 2) Battle Point Park Shop. All clean-up actions will be recorded in the BBP/Sharps Clean-Up Logs that are located near the contaminated waste receptacles at these two sites. (See Exhibit 7)

SIGNS AND LABELING

Warning labels shall be affixed to all containers of regulated waste, laundry, sharps containers, disposable personal protection equipment, refrigerators, or freezers containing blood or other potentially infectious material, and containers used to store or transport blood or potentially infectious materials.

Warning labels will include the universal biohazard symbol and will be red with lettering and symbol in contrasting colors. Warning labels will be affixed to containers by string, wire, or adhesive in order to prevent their unintentional removal. Note: Red containers may be substituted for labels. Red bags will be used for contaminated laundry and non-sharp regulated waste.

INFORMATION TO BE POSTED

The District will post throughout its facilities where appropriate work practice controls including post spill clean-up and disposal procedures. These postings will include step by step clean-up procedures for employees to follow when encountering potential bloodborne pathogens. (See Exhibit 8)

The District will also post where applicable a summary of what to do when an employee has been exposed to BBP's or other potentially infectious material (see Exhibit 9). The following forms will be available in District offices and near the contaminated waste containers at the Aquatics Center and Battle Point Park Shop: 1) BBP Exposure/Sharps Injury Incident Report; 2) Employee Injury/Incident Report.

7. DEFINITIONS

Antibody: a substance produced in the blood of an individual which is capable of producing a specific immunity to a specific germ or virus.

Amniotic Fluid: the fluid surrounding the embryo in the mother's womb.

Antigen: any substance which stimulates the formation of an antibody

Assistant Secretary: the Assistant Secretary of Labor for Occupational Safety and Health or designated representative.

Biohazard Label: a label affixed to containers of regulated waste of refrigerators / freezers and other containers used to store, transport or ship blood and other potentially infectious materials. The label must be fluorescent orange-red in color with the biohazard symbol and the word biohazard on the lower part of the label.

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

Bloodborne Pathogens: are pathogenic (disease producing) 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)

Cerebrospinal Fluid: is a clear, colorless fluid surrounding the brain and spinal cord. It can be withdrawn by performing a spinal puncture.

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

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

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

Contaminated Sharp: any contaminated object that can penetrate the skin including, but not limited to needles, scalpels, broken glass, capillary tubes, and the exposed ends of dental wires.

Decontamination: the use of physical or chemical means to remove, inactivate, or destroy Blood borne 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.

Engineering Controls: controls (i.e., sharps disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

Exposure Control Plan: a written program developed and implemented by the employer which sets forth procedures, engineering controls, personal protective equipment, work practices and other methods that are capable of protecting employees from exposures to blood borne pathogens, and meets the requirements spelled out by the OSHA blood borne Pathogens Standard.

Exposure Determination: how and when occupational exposure occurs and which job classifications and/or individuals are at risk of exposure without regard to the use of personal protective equipment.

Exposure Incident: 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.

Hand washing Facilities: a facility providing an adequate supply of running potable water, soap and single use towels, medicated towelettes or hot air drying machines.

HBV: Hepatitis B Virus.

HIV: Human Immunodeficiency Virus.

Licensed Health Care Professional: a person whose legally permitted scope and practice allows him or her to independently perform the activities required the standard: hepatitis B vaccination and post exposure evaluation and follow-up.

Medical Consultation: a consultation which takes place between an employee and a licensed healthcare professional for the purpose of determining the employee's medical condition resulting from exposure to blood or other potentially infectious materials, as well as any further evaluation or treatment that is required.

Mucus: a thick liquid secreted by glands, such as those lining the nasal passages, the stomach and intestines, the vagina, etc.

Mucous Membranes: a surface membrane composed of cells which secrete various forms of mucus, as in the lining of the respiratory tract and the gastrointestinal tract, etc.

Occupational Exposure: a 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.

OSHA: the Occupational Safety and Health Administration of the U.S. Department of Labor; the Federal agency with safety and health regulatory and enforcement authorities for most U.S. industry and business.

Other Potentially Infections Materials:

- Human body fluids include semen, vaginal secretions,
- Menstrual blood, vomit, 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
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- 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: piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Pathogen: a bacteria or virus capable of causing infection or disease.

Pericardial Fluid: fluid from around the heart.

Pericardium: the sheath of tissue encasing the heart.

Peritoneal Fluid: the clear straw-colored serous fluid secreted by the cells of the peritoneum.

Peritoneum: the lining membrane of the abdominal (peritoneal) cavity.

Personal Protective Equipment: specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment. Personal protective equipment may include, but is not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection equipment, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membrane under nominal conditions of use and for the duration of time which the protective equipment is used.

Pleural: the membrane lining the chest cavity and covering the lungs. It is made up of a thin sheet of cells.

Pleural Fluid: fluid from the pleural cavity.

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

Prophylaxis: the measures carried out to prevent diseases.

Regulated Waste: liquid or semi-liquid 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: 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.

Serous Fluids: liquids of the body, similar to blood serum, which are in part secreted by serous membranes.

Source Individual: 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: the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Synovial Fluid: the clear amber fluid usually present in small quantities in a joint of the body (i.e., knee, elbow).

Universal Precautions: 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 blood borne pathogens.

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

Bainbridge Island Metropolitan Park & Recreation District
 7666 NE High School Road NE
 Bainbridge Island, WA 98110
 206.842.2306



**Hepatitis B Immunization
 Consent/Refusal Form**

CONFIDENTIAL

(For Human Resource Department Use Only)

For employees in positions considered at high risk for exposure to bloodborne pathogens.

Employee Name: _____ Position: _____

Please check one:

- I have already received the Hepatitis B Vaccination Series.**
- I want to receive the Hepatitis B Vaccine.**

I have read the information given to me about the Hepatitis B virus and Hepatitis B vaccine and I have had the opportunity to ask questions.

I want to participate in the vaccination program at no cost to me. I understand this includes three injections at prescribed intervals over a 6-month period. I understand that there is no guarantee that I will become immune to Hepatitis B and that I might experience an adverse side effect as the result of the vaccination.

- I don't want to receive the Hepatitis B Vaccine.**

I understand that due to my occupational exposure to blood or other potentially infectious material, I may be at risk of acquiring Hepatitis B Virus (HBV). I was given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to me. However, I **decline** Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at an increased risk of acquiring Hepatitis B, a serious disease.

If in the future I want to be vaccinated with the Hepatitis B vaccine, I understand that I can receive the vaccine series at no charge to me.

Employee Signature (If 18 or older) _____ Date _____

If employee is 17 or younger:

Legal Guardian: _____
 Name Signature Date

Hepatitis B Vaccination Record (HR to complete)

<u>Innocation</u>	<u>When Needed</u>	<u>Date Received</u>	<u>Where Received</u>
___ 1st dose	Initial dose	_____	_____
___ 2nd dose	Four weeks after first dose	_____	_____
___ 3rd dose	Five months after second dose	_____	_____

Bloodborne Pathogen Exposure/Sharps Injury Incident Report



Exposed Employee Instructions: You are completing this form because you have experienced either 1) an actual or a potential exposure to blood or other potentially infectious material; and/or, 2) a “sharps” injury, as defined below.

An exposure incident occurs when non-intact skin or mucous membrane and/or eyes, nose, mouth come into contact with human blood or other potentially infectious material.

A sharps injury occurs when: (a) An object, such as a needle, broken glass, razor blade, etc., penetrates the skin or mucous membrane; and, b) This object was or is reasonably anticipated to have been contaminated with human blood, body fluids, or any other substance that could possibly be infected with HIV or Hepatitis-B.

To determine if you had an exposure incident or sharps injury, answer the following the questions:

1) Did you puncture your skin or mucous membrane and come into contact with human blood or other body fluids that were not your own? ___yes ___no

2) Did your eyes, nose, mouth, or non-intact skin come into contact with human blood or other body fluids that were not your own? ___yes ___no

If yes to either question, fill out this form and return it as soon as possible after exposure to your department manager or division director/park superintendent. If no, it may not be necessary to complete this form and a BBP Program Administrator can be contacted with any questions.

An evaluation of exposure incidents is required by the District, and a medical evaluation for suspected exposure to blood or other potentially infectious material is strongly encouraged. The medical evaluation should be done as soon as possible after exposure as the effectiveness of certain vaccines or other medication which might prevent illness resulting from exposure is greatest if given shortly after the exposure.

Exposed Employee Name	Phone	E-Mail
Job Assignment	Date/Time of exposure/injury	Location of incident
Body part exposed/injured	Type of potentially infectious material exposed to:	
Procedure being performed at time of exposure/injury		
Describe Incident (including circumstances of the exposure):		
If Sharps Injury, identify sharp involved (needle, broken glass, razor blade, etc. _____ If known, specify: Type: _____ Brand Model: _____ (18g needle, ABC Medical, "no stick" syringe) Was the sharp contaminated: ___yes ___no If yes, what was the contaminant? _____ Name of source individual if known: _____ Phone or email: _____		
Action taken:		
What do you think could have been done to prevent the exposure/injury?		

Exposed Employee Signature _____ **Date** _____
 10/15/16

Department Manager, Division Director, or Park Superintendent Instructions: Fill out section below and attach this form to a completed Park District "Employee Injury Incident Report". Give to HR Department as soon as possible.

Supervisor Name	Phone	E-Mail
Describe Incident (Please describe the employee's duties as they relate to the exposure/injury incident):		
What do you think could have been done to prevent the exposure/injury?		

Supervisor Signature _____ **Date** _____

BBP Administrator/Safety Committee Instructions: Once provided a copy of this (redacted of names) report by the HR Department, review, make comments below, and return to the HR Manager.

BBP Administrator/Safety Committee Comments & Recommendations:

BBP Administrator Signature _____ **Date** _____



HR Department Checklist
Post Exposure Incident/Sharps Injury Follow-Up

The Human Resource Department will perform the following after a BBP exposure incident or sharps injury:

Records Related:

- ___ Give Safety Committee copy of: (redact names first)
1) BBP Exposure/Sharps Injury Incident Report; 2) Employee Injury Incident Report
- ___ Place in employee medical file: 1) BBP Exposure/Sharps Injury Incident Report (original & copy that is returned with Safety Committee comments); and 2) Post Exposure Blood Test Consent/Refusal Form once completed by exposed employee; 3) Source Individual Blood Test consent/Refusal Form.
- ___ Record incident on OSHA300 form.

Incident Related:

- ___ Notify the source individual, if known, of the exposure incident and ask them to fill out "Source Individual Blood Test Consent/Refusal Form".
 - ___ If source individual agrees to be tested and have test results released, give blood test results to exposed employee with regulations on confidentiality/disclosure of identity and infectious state of source individual.
 - ___ If source individual refuses to be tested or if test results are positive, encourage exposed employee to have a blood test and clinical evaluation as soon as possible.
 - ___ If exposed employee agrees to blood test, have them complete the Post Exposure Blood Test Consent/Refusal Form.
 - ___ If test results are negative, ask employee get re-tested as follows:
 - ___ 6 weeks post exposure
 - ___ 12 weeks post exposure
 - ___ 6 months post exposure
 - ___ If employee refuses evaluation, document this refusal using the Post Exposure Blood Test Consent/Refusal Form and keep in employee's medical file.
- ___ Provide the following info to physician performing post-exposure evaluation
 - ___ Copy of regulation pertaining to bloodborne pathogens or the link to WAC 296-823-160
 - ___ Description of employee's duties
 - ___ BPP Exposure/Sharps Injury Incident Report
 - ___ Results of source individual's blood test if release is authorized.
 - ___ Any relevant medical records of employee, including vaccination status.
- ___ Obtain written report from physician performing post-exposure evaluation with 15 days of evaluation unless physician sends directly to exposed employee.

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Source Individual
Blood Test Consent/Refusal Form
HIV/HBV

CONFIDENTIAL

(For Human Resource Department Use Only)

This form should be completed by source individuals who may have exposed an employee of the Bainbridge Island Metropolitan Park & Recreation District to bloodborne pathogens. It should be returned to the Human Resource Manager. (A source individual is someone whose blood or other potentially infectious materials may be a source of occupational exposure to an employee).

Source Individual Name: _____

Date of Incident: _____

Location of Incident: _____

Name of Exposed Employee: _____

Type of potentially infectious material employee was exposed to: _____

Source individual, please check one:

- I agree to have my blood tested for a possible HIV/HBV infection and released to the exposed employee. I understand that this blood test will be conducted at no charge to me.
- I do not want to have my blood tested for a possible HIV/HBV infection.

Source Individual Signature (If 18 or older)

Date

If Source Individual is 17 or younger:

Legal Guardian: _____
Name

Signature

Date

Bainbridge Island Metropolitan Park & Recreation District
7666 NE High School Road NE
Bainbridge Island, WA 98110
206.842.2306



Post Exposure
Blood Test Consent/Refusal Form
HIV/HBV

CONFIDENTIAL

(For Human Resource Department Use Only)

For employees who may have been exposed to a bloodborne pathogen through exposure and/or sharps injury as documented in the BPP Exposure/Sharps Injury Incident Report dated _____.

Exposed Employee Name: _____

Date of Incident: _____

Exposed Employee Position: _____

In accordance with the above stated incident report, I realize I have been exposed to blood or other potentially infectious material and understand that I am strongly encouraged to undergo a medical evaluation as soon as possible after exposure. I have been informed that the effectiveness of certain vaccines or other medication which might prevent any illness resulting from these exposures is greatest if given shortly after the exposure.

Exposed employee, please check one:

- I agree to have my blood tested for a possible HIV/HBV exposure.**
I understand that this blood test will be conducted at no charge to me.
- I do not want to have my blood tested for a possible HIV/HBV exposure.**
I understand that due to my occupational exposure to blood or other potentially infectious material, I may have been exposed to the risk of acquiring Hepatitis B Virus (HBV), or Human Immunodeficiency Virus, and was given the opportunity to have my blood tested at no charge to me. However, I **decline the testing at this time**. I understand that I may have been exposed to HIV/HBV, but am opting to decline this blood test.

Exposed Employee Signature (If 18 or older)

Date

If exposed employee is 17 or younger:

Legal Guardian: _____
Name Signature Date

6/9/16



Supervisor Checklist for Employees

Bloodborne Pathogen (BBP) Program

Review with all employees:

- Hepatitis B Vaccine Info Sheet
- Require viewing of Safe Personnel online training for BPP
- Require viewing of online training for BBP Spill Clean-Up & quiz
 - *File employee's BBP training quiz in their personnel file.*
Answers: 1)D, 2)B, 3)B, 4)A, 5)B, 6)B

Review these additional items with high risk employees:

- Hepatitis B Immunization Consent/Refusal Form & Vaccination Record
 - *Form needs to be keep on file (HR)*
- Clean-Up Steps & location of spill clean-up kits at job sites applicable to this employee
- BBP/Sharps Clean-Up Log (*at location of spill clean-up kits*)
- BBP Exposure/Sharps Injury Incident Report
 - *Explain when to fill out and who to submit form to*
- Post Exposure Blood Test Consent/Refusal Form
 - *Explain when to fill out and who to submit form to*

Training completed by:

Supervisor Name

Date

8/11/14

PLEASE READ BEFORE CLEAN UP

CLEAN UP PROCEDURES FOR HUMAN BLOOD, BODY FLUIDS OR SHARPS

GUIDELINES TO FOLLOW WHEN CLEANING UP BLOOD, SHARPS, OR OTHER HUMAN BODY FLUIDS THAT MAY CARRY PATHOGENS SUCH AS HEPATITIS-B, HEPATITIS C OR HIV.



PRIMARY STEPS:




- 1) SECURE SPILL AREA
- 2) ASSEMBLE CLEAN-UP EQUIPMENT
- 3) PERFORM CLEAN-UP
- 4) DISPOSAL OF WASTE
- 5) PERSONAL HYGIENE
- 6) REPORTING

KIT CONTENT LIST

- | | |
|----------------------|--------------------|
| Rubber Gloves | Absorbent Material |
| Eye Protection | Face mask |
| Red bag/bio-Hazard | Scraper |
| Antiseptic wipe /gel | mini shovel /scoop |
| apron / gown | Caution Tape |

CLEAN-UP STEPS

1	<p><u>SECURE SPILL AREA</u></p> <p>Close off or re-direct patrons away from the spill area by using wet floor signage, cones, caution tape or co-workers.</p>	
2	<p><u>ASSEMBLE CLEAN-UP EQUIPMENT</u></p> <p>locate spill kit for your work area</p>	<p>Take all Personal Protective Equipment and spill clean-up items necessary to safely clean up.</p> 
3	<p><u>PERFORM CLEAN-UP</u></p>	
	A) Put on gloves, eye protection, and mask/gown if needed	Make sure your gloves are properly fitting
	B) Place absorbent materials over spill or	Avoid direct contact with blood or fluids.
	C) Place absorbing paper towels over spill and gently soak with disinfectant spray.	Assure absorbing material is soaked with disinfectant.
	D) Let stand for at least 10 minutes (Killing infectious agents)	Monitor area for safety

	<p>E) Pick up or scrape the absorbing materials</p> <p>Place waste in red bag/ bio-hazard container.</p> <p>F) Thoroughly disinfect contaminated equipment, using the disinfectant available.</p> <p>G) Wipe area of spill with a disinfectant and allow drying. Add any clean up wipes or towels to the red bag/bio-hazard bag.</p> <p>H) Carefully remove gloves and place them in the red bag/bio-hazard container. Seal the red bag to prevent further contamination.</p>	 <p>Use mechanical means (i.e. shovel, cardboard etc.,) for pickup.</p> <p>Avoid direct contact with waste material.</p> <p>Use 'inside-out' technique to avoid contact with possibly contaminated glove surface. Place gloves in red bag.</p>
<p>4</p>	<p>DISPOSAL OF WASTE</p> <p>Dispose of waste in one of the two biohazard bins: Aquatic Center Lifeguard office or Battlepoint office.</p> <p>Sharps are defined as any object that can puncture the skin (Needle, razor, broken glass, etc.)</p>	 <p>Make sure sharps are placed in separate rigid sharps container.</p>
<p>5</p>	<p>PERSONAL HYGIENE</p> <p>Thoroughly wash hands & wrist with warm water and mild soap/detergent. If no running water, use the Hand Sanitizer (antiseptic wipes or gel) provided in the kit.</p>	
<p>6</p>	<p>REPORTING</p> <p>After clean-up make sure to log the spill in the BBP/Sharps Clean-up Log at location of spill clean-up kit.</p>	<p>Report Exposure</p> <p>If there was any exposure during the clean up, take the necessary steps to clean the effected area as soon as possible. Notify your direct supervisor and seek medical consultation at the nearst available clinic.</p>

NOTE: Any employee who has been exposed directly to other human blood or potentially infectious human body fluid should immediately complete BBP Exposure/Sharps Injury Incident Report form and seek medical consultation in a clinic of choice.

If you have any specific questions about these guidelines:
 Check with your supervisor or contact the Bloodborne Pathogens Program Administrator.



WHAT TO DO WHEN AN EMPLOYEE HAS BEEN EXPOSED TO BLOODBORNE PATHOGENS OR OTHER POTENTIALLY INFECTIOUS MATERIALS

IN THE EVENT OF PERSONAL EXPOSURE

All employees are required to take the following steps in the event of exposure to possibly infectious blood or body fluids:

Needle Stick/Cut Squeeze the area around the exposure to express blood, and clean the wound vigorously with soap and water for at least 10-15 seconds using friction.

Mucosal Splash For a mucosal splash to eyes, nose, or mouth, flush or rinse with saline or water. For a mucosal splash to the skin or contamination of open wound, wash with soap and water. Shower and change clothes if necessary.

Blood Splash/Contact For blood splash to mucosal tissues follow mucosal splash guideline above. For blood splash or contact to chapped, abraded, cut or broken skin, wash with soap and water and again remove contaminated clothing as soon as possible.

For any other contact with blood or body fluids to skin surfaces, wash with soap and water immediately, or antiseptic wipes when wash facilities are not available. Remove contaminated clothing, shower and, if continued contamination is anticipated, put on appropriate personal protective equipment.

REPORTING

Report all needle sticks, mucosal splashes, and contamination of open wounds with blood and/or body fluids to your immediate supervisor at once. Possible exposure incidents include percutaneous needle sticks or cuts, mucous membrane exposure to blood or body fluids, or contact with blood or body fluids via chapped, abraded, or otherwise non-intact skin surfaces.

ACTIONS FOR EMPLOYEE TO TAKE WHEN EXPOSED

An exposure incident occurs when non-intact skin or mucous membrane and/or eyes, nose, mouth come into contact with human blood or other potentially infectious material. When this occurs:

1. Notify immediate supervisor of exposure at once who will notify Division Director/Park Superintendent.
2. Complete Park District form titled: BBP Exposure/Sharps Injury Incident Report.
3. Give to Department Manager or Division Director/Park Superintendent who will attach it to an Employee Injury/Incident Report and turn in as soon as possible to the HR Manager.
4. Seek medical consultation in a clinic of choice. Several options on Bainbridge Island include:
 - Virginia Mason Clinic, 380 Winslow Way E, phone 206.842.5632
 - The Doctors Clinic, 945 Hildebrand Lane NE Suite 100, phone 206.855.7700

(A medical evaluation of the exposed employee is encouraged and should be done as soon as possible after the exposure. The effectiveness of certain vaccines or other medication which might prevent illness from the exposure is greatest if given soon after the exposure).