

ADMINISTRATIVE PROCEDURES



Procedure Number: 30-16

Effective Date: 05/ /94

Revision Date: 07/23/02

C. DeMuller
County Administrator

SUBJECT: **BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN**

DEPARTMENT RESPONSIBLE: **RISK MANAGEMENT**

I. PURPOSE:

One of the major goals of the Occupational Safety and Health Administration (OSHA) is to regulate facilities where work is carried out and to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, OSHA has enacted the Bloodborne Pathogens Standard, codified as 29CFR 1910.1030. The purpose of the Bloodborne Pathogens Exposure Control Plan Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), Human Immunodeficiency Virus (HIV) and other Bloodborne Pathogens" that employees may encounter in their workplace.

II. SCOPE:

There are a number of "good, general principles" that should be followed when working with Bloodborne Pathogens. These include that:

- It is prudent to minimize all exposure to Bloodborne Pathogens;
- Risk of exposure to Bloodborne Pathogens should never be underestimated;
- Pima County should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to Bloodborne Pathogens.

This exposure control plan is implemented to meet the letter and intent of the OSHA Bloodborne Pathogen Standard. The objective of this plan is twofold:

- To protect Pima County employees from the health hazards associated with Bloodborne Pathogens;
- To provide appropriate treatment and counseling should an employee be exposed to Bloodborne Pathogens;
- To delineate the reporting requirements subsequent to an exposure.

This plan is intended as the overall Pima County plan. Department specific plans shall be placed on file in Risk Management and in each department.

NOTE: A separate exposure control plan dealing with needlestick/sharp exposure shall be developed. The exposure control plan shall be specifically directed towards prevention of employee exposure to contaminated needles and sharps. The exposure control plan shall be accessible to all affected employees, and shall, at a minimum, include the following:

- **Identify specific jobs where there is a likelihood that the employee will come into contact with contaminated needles and sharps;**
- **Reflect the changes in technology and procedures that will eliminate or reduce the exposure to Bloodborne Pathogens;**
- **The plan shall be reviewed annually to ensure it is current.**

In developing the plan, departments shall solicit from non-managerial employees, responsible for direct patient care, input into the identification, evaluation, and selection of engineering and work practice controls. The solicitation shall be documented to include the names and positions of individuals assisting in the program.

IN COMPLIANCE WITH 1910.1030 (C)(L)(I), THIS EXPOSURE CONTROL PLAN IS DESIGNED TO ELIMINATE OR MINIMIZE EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS.

Risk of exposure to Bloodborne Pathogens has been identified as existing for specific employee classification in the following departments of Pima County:

- Forensic Science Center
- Health Department
- Kino Community Hospital
- Parks and Recreation
- Pima Health Systems
- Sheriff's Department
- Posada del Sol
- County Attorney's Office (Victim Witness Advocacy)

Note: There may be instances where employees in other departments whose work assignment may place them at risk. These employees should also be governed by this administrative procedure.

A. Pre-Placement

Exposure to Bloodborne Pathogens within Pima County may occur in the Job Classifications as defined in the official Human Resources Department classification specifications.

B. Job Risk Determination:

Jobs are classified according to the three levels of exposure. The exposure determination will be made without regard to the use of personal protective equipment. Persons currently in positions identified as having high or moderate risk levels will be notified in writing by the Department Director. Individuals applying for positions identified as having high or moderate exposure risk will be informed in writing at the time of hire. Employees who have been reappointed, reassigned, detailed or otherwise assigned shall be notified similarly by the employing department.

The levels of exposure are defined related to the tasks carried out by Pima County employees. The purpose of assigning risk classification to tasks is to identify those workers with risk of exposure so appropriate training and precautions can be accomplished. These tasks are defined in terms of actual, potential, or no risk to skin, mucous membrane, or parenteral contact with human blood and other potentially infectious materials which may be encountered as a consequence of employment. The categories have been defined as high, moderate, and none. Definitions of these categories follow:

HIGH Employees' whose tasks involve routine or regular exposure to blood, body fluids or tissues. Employees in which all job-related tasks involve an inherent potential for eye, mucous membrane or skin contact with blood, body fluids, or tissues. Use of appropriate protective measures are mandatory for every employee engaged in the high risk tasks.

MODERATE Some employees may occasionally perform tasks that involve infrequent exposure to blood, body fluids, or tissues, but exposure or potential exposure may occur during the course of employment. Appropriate protective measures will be readily available to every employee engaged in moderate risk tasks.

NONE Employees who perform tasks that involve no exposure to blood, body fluids, or tissues or work in high or moderate risk tasks.

The normal work routine involves no exposure of blood, body fluids, or tissues. Persons who perform these duties are not called upon to perform or assist in emergency medical care, first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities, or telephones, and personal contacts such as handshaking or talking with infected individuals involve no risk of exposure to Bloodborne Pathogens.

It shall be the responsibility of each department in conjunction with the Departments of Risk Management and Human Resources to identify additional job classifications/positions involving tasks which create a reasonable risk of exposure to human blood and other potentially infectious material as defined by

CFR 1910.1030. Changes will be made as new job classifications/positions are identified. These changes will be announced as they are identified and affected employees will be provided with written notification.

C. Engineering and Work Practice Controls

The following engineering or work practice controls are the minimum requirements for Pima County. Each Department is required to augment the following work practice controls as applicable to the department. These engineering or work practice controls will be reviewed annually and updated as new information becomes available and/or when new tasks with potential exposure are created.

1. Universal precautions shall be observed to prevent contact with blood or potentially infectious materials. Where it is difficult to differentiate between body fluid types, all such body fluids shall be considered potentially infectious materials.
2. The following engineering or work practice controls shall be maintained to eliminate or minimize exposure.
 - a. Departments shall develop a "facilities sharps injury log" that documents the circumstances of exposure. The log shall include the type of device, including manufacturers name, and safeguards that were in place at the time of the exposure. Employee and patient confidentiality shall be maintained at all times.
 - b. Hand washing facilities or antiseptic hand cleanser are provided for immediate use after contamination.
 - c. Employees shall clean hands or any other exposed skin or mucous membrane immediately after exposure or as soon as possible after exposure.
 - d. Employees shall clean hands upon removal of protective gloves.
 - e. Contaminated needles or other sharp objects shall not be bent or broken. Recapping of needles should only occur when there is no alternative (such as nuclear material) and then only with a "one-handed technique" or mechanical device made for this purpose. (Example: hand shield).
 - f. Contaminated disposable sharp objects shall be placed in puncture resistant, leakproof, labeled or color-coded sharps containers. Containers should be as close to work-site as possible and should be kept upright, not over filled and not allowed to tip during transport. Containers shall be disposed of when 2/3 full, capped, and not allowed to tip during transport.

- g. Eating, drinking, smoking or applying cosmetics or lip balm or handling contact lenses is prohibited in areas where there is reasonable likelihood of occupational exposure.
- h. Food or drink shall not be kept in the refrigerator, freezers, or shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious material can be present.
- i. All procedures involving blood or potentially infectious material shall be performed in such a manner as to minimize splashing, spattering, spraying or generation of droplets of these substances.
- j. Specimens of blood or other potentially infectious materials shall be placed in leakproof containers. If such containers might leak, they shall be placed in a second nonpermeable container and appropriately labeled for handling and transport.
- k. All equipment shall be examined before it leaves the premises to make sure it is not contaminated. Any equipment which may have been contaminated, and which cannot be completely decontaminated in the office prior to repair, servicing, or removal, shall have a "bio-hazard" label affixed to the equipment.
- l. Engineering controls shall be used to prevent needle sticks where feasible. When safer devices are placed on the market, devices currently in use shall be evaluated to ensure they are as effective.

D. Personal Protective Equipment (PPE)

1. Each department shall supply, at no cost to the employee, PPE appropriate to the reasonably anticipated level of risk. This equipment could include, but is not limited to gloves, masks, goggles, shoes, boots, etc.
2. Each department in Pima County shall ensure that PPE is used by all employees in those areas where exposure to Bloodborne Pathogens is likely to occur.

NOTE: If in the employee's professional judgement the use of the PPE would have prevented the delivery of health care or public safety services or increased the hazard of the worker or coworkers, the department head or designee will review the circumstances.

3. It is each department's responsibility to ensure that the appropriate PPE is available, in the appropriate sizes accessible, and that employees are informed of the location of the equipment.

-
4. Each department will provide for all cleaning, laundering or disposal of contaminated PPE. There is no cost to the employee for this service. This does not include personal clothing nor does it include department provided uniforms.
 5. If a PPE becomes damaged (torn, broken, leaking, etc.) each department will replace or repair the PPE to its original effectiveness.
 6. If a PPE becomes saturated or penetrated by potentially infectious material, the PPE shall be removed immediately or as soon as feasible.
 7. After removal, all PPE shall be placed in the appropriate area or storage container for laundering, storage, decontamination or disposal.
 8. **Gloves**
 - a. Gloves shall be provided in appropriate sizes and worn when it can be reasonably anticipated that the employee may have contact with blood or other potentially infectious materials, mucous membranes or non-intact skin, or when performing vascular access procedures.
 - b. Disposable (single use) gloves such as surgical or examination gloves shall be replaced as soon as feasible when contaminated, torn, or punctured, or when their ability to function as a barrier is compromised. Single use gloves shall be changed at least between each patient contact or task. **The single use glove cannot be washed and reused.**
 - c. If utility gloves are used for handling contaminated waste, clean-up procedures etc., they shall be washed, disinfected and allowed to dry before reuse. They shall be replaced as soon as their integrity is compromised.
 9. **Masks, Eye Protection and Face Shields**

Whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials are expected to be generated, the appropriate masks, eye protection or face shields shall be used.
 10. **Gowns, Aprons, and Other Protective Clothing**

Appropriate protective clothing will be used depending on the task and degree of exposure anticipated. Appropriate protective clothing will be determined by each department based on the tasks to be performed.

E. Housekeeping

1. Each department in Pima County shall ensure that its work sites are maintained in a clean and sanitary condition. Schedules for cleaning and methods of decontamination will be established within each department.
2. All equipment and environmental and working surfaces shall be cleaned and decontaminated as soon as possible after contact with blood or other potentially infectious material.
3. Protective coverings, such as plastic wrap, aluminum foil, imperviously-packed absorbent paper used to cover equipment or surfaces, shall be removed and replaced when contaminated.
4. All pails, cans, bins or similar receptacles intended for reuse shall be decontaminated on a regular basis.
5. Broken glass shall not be picked up by hand but shall be cleaned up using mechanical means such as dust pan and broom or tongs/forceps, or gloves which are impermeable or by other means which reduce potential exposure.
6. Reusable sharp objects shall not be stored or processed in such a manner that require the employee to reach by hand into the container where these sharp objects have been placed.
7. Bags to be used for contaminated waste are designated a bio-hazard by color or by labeling with a sign or tag affixed to the bag.
8. All other regulated waste shall be placed in impermeable leakproof containers which are sealable.
9. Hazardous warning labels shall be affixed to all regulated waste prior to removal from the facility.
10. Contaminated laundry shall be handled as little as possible, shall be bagged or placed in a container at the site, and shall not be sorted or rinsed at the site.
11. All regulated waste shall be disposed of in accordance with applicable County Health Department or State Department of Environmental Quality regulations.

F. Vaccination and Medical Follow-up (See attachments A and B)

1. Hepatitis B Vaccine is offered free of charge to all employees at risk of occupational exposure to blood or other potentially infectious materials. All eligible employees will be notified of the availability and effectiveness of the vaccine.
2. The vaccine is available on employment or at any time during employment.
3. If the employee declines the vaccination, the declination will be documented (Attachment A). If the employee changes his/her mind, the vaccine may be given at any time.
4. If termination with Pima County occurs prior to the completion of the vaccination series, it shall be the responsibility of the individual to arrange and pay for completion of the series if he/she desires.
5. If a significant exposure occurs, the employee is entitled to a confidential medical evaluation and follow-up at no cost to the employee. The employee shall report the incident to the supervisor immediately. The supervisor will complete an incident report form or provide the required detailed information in memorandum form and send the report to Risk Management within 24 hours of the incident (Attachment B). The employee should then report to the County Physician. If after 5:00PM or on weekends and holidays, they should call the answering service at 573-2856.

The employing department's efforts will immediately focus on:

- a. The investigation of the circumstances surrounding the exposure incident by the employing department.
 - b. Assuring that the employee receives medical consultation and treatment (if required) as expeditiously as possible.
6. The department investigates every exposure that occurs. This investigation is initiated within 24 hours after the incident occurs and involves gathering the following information:
- a. When the incident occurred (date and time).
 - b. Where the incident occurred (location within the facility).
 - c. What potential infectious materials were involved in the incident (type of material - blood, amniotic fluid, etc.).
 - d. Source of the material.

-
- e. How the incident was caused (accident, unusual circumstances such as equipment malfunction, power outage, etc.).
 - f. Was personal protective equipment being used at the time of the incident.
 - g. Actions taken as a result of the incident (employee decontamination, cleanup, notifications, etc.).
7. After this information is gathered and evaluated, a written summary of the incident and its causes is prepared and recommendations are made to avoiding similar incidents in the future.
 8. In the event an exposure occurs as defined by the regulations, the exposed employee will provide the following confidential information:
 - a. Written information regarding the routes of exposure and circumstances under which the exposure incident occurred (incident reporting form or memo).
 - b. Identification of the source individual (unless infeasible or prohibited by law).
 9. When an exposure occurs, the source of the exposure (if known) may be located through the appropriate Pima County Department, and will be requested by the department designee to submit to voluntary testing for infection. The source individual may be tested at the medical facility of his/her choice, with the exception of an inmate source, in which case the blood will be drawn at the jail and the specimen sent to the medical facility of the inmate's choice for testing. Pima County will incur the cost for the testing. The source case should be told that the results of testing are to be sent to the County Physician and will be protected by all appropriate medical confidentiality standards.
 10. When a significant exposure occurs, the employee shall be seen by the County Occupational Physician. The County Physician will provide evaluation and follow-up consistent with the policies of the Center for Disease Control and the National Institute for Occupational Safety and Health. A baseline blood test will be offered with subsequent testing offered for up to 18 months post exposure. The employee may refuse any and all testing. The initial test will indicate either or all:
 - Employee HBV immunity;
 - HIV status;
 - HCV status

If HBV immunity is not adequate, an HBIG immunization, if medically indicated, and/or the vaccine series will be offered. If an employee declines HIV testing, but agrees to baseline blood collection, the sample will be kept for 90 days in case the employee changes his/her mind.

If an employee refuses to have his/her blood tested, the refusal shall be documented by the physician and signed by the employee. The employee will be informed that, if not tested, future benefits may be jeopardized.

The finding and diagnosis of any exposure incident will be kept confidential. The employer is not authorized to be informed of the results of the exposed employee testing.

G. Communication of Hazards to Employees

EMPLOYEES ARE URGED TO READ THE "WORK EXPOSURE TO BODY FLUIDS" NOTICE TO EMPLOYEES posted in a prominent location in each Department as well as the exposure control plan which is available at each work site. Notices may be obtained from Risk Management Department.

Each Department will develop and provide a training program specific to the tasks and environment of the Department.

The training program will encompass the following areas:

1. Location of the document called "Bloodborne Pathogens Standard" and an explanation of its content.
2. A general explanation of the epidemiology and symptoms of Bloodborne diseases.
3. An explanation of the modes of transmission of Bloodborne Pathogens.
4. An explanation of the exposure control plan and the means by which the employee can obtain a copy of the written plan.
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. An explanation of the basis for selection of personal protective equipment.
9. Information on the Hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

11. An explanation of the procedure to follow if an exposure occurs, including the method of reporting the incident and the medical follow-up that will be made available.
12. Information on the post-exposure evaluation and follow-up that Pima County is required to provide for the employee following an exposure incident.
13. An explanation of the signs and labels and/or color coding required by paragraph 1910.1030 (g)(l) of the OSHA standard.
14. An opportunity for interactive questions and answers with the person conducting the training session.

H. Recordkeeping

1. All employees are required to complete a record of significant exposure which shall be maintained by Pima County Department of Risk Management. Should the employee seek medical care, a copy of the report shall be provided by the employee to the treating physician.
2. An accurate record for any exposure will be maintained. These records will be kept for the duration of employment plus 30 years.
3. Training records will be maintained by the employing Department including the dates of training sessions, summary of content, names and qualifications of persons conducting the training, and names and titles of attendees. These records will be kept for three years.
4. In the event of an exposure incident, Pima County will follow OSHA Standard Requirements 1910.1030 (f)(3)(i) through (vi) located on pages 74179-64180 of the Federal Register, Volume 56, 235 dated Friday, December 6, 1991 and the requirements of ARS 23-1043.02 and ARS 23- 1043.03.

Attachment A

HEPATITIS B VACCINATION CONSENT/DECLINATION FORM

Employee Name: _____

Employee Social Security #: _____

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 myself. I have been provided with information about the Hepatitis vaccine. I have had an opportunity to ask questions and understand the benefits and risks of the Hepatitis B vaccination.

I wish to receive the vaccine. (I understand that if I am under the care of a physician, I must have clearance from my physician prior to receiving the vaccine).

_____ I have completed the vaccination series.

_____ I am in the process of receiving the vaccine at _____.
Last dose due _____.

I understand that by declining the vaccine, I continue to be at risk of Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

_____ I do not wish to receive the vaccine at this time.

I understand that if termination with Pima County occurs prior to the completion of the vaccination series, it shall be my responsibility to arrange and pay for completion of the series if I desire. during the immunization process.

Employee Signature

Date

Attachment B

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS (THIS IS NOT A CLAIM FORM)

Name

Last _____ First _____ M.I. _____ Social Security No. _____
 Birth Date _____
 Phone No. _____

1. _____

2. Address _____ City _____ State _____ Zip _____

3. Employer's or Firm's Full Name _____
 Phone No. _____

4. Employer's or Firm's Address _____

5. Date of Exposure _____ Time of Exposure _____
 A.M. _____ PM. _____

6. Address or Location of Exposure _____

7. Job Title _____

8. State fully how exposure occurred (be specific) _____

9. List all persons present at the exposure whom you can identify. _____

10. What bodily fluid were you exposed to?
 Blood _____ Vaginal fluid _____ Any other fluid(s) containing blood (Describe) _____
 Semen _____ Surgical fluid(s) _____ _____

11. Who did the bodily fluid come from? _____
 (Explain) _____

12. Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to **bodily fluid and, if so**, please describe.

13. Did exposure to bodily fluid take place through your (a) skin _____ or (b) mucous membrane _____?

14. What specific part(s) of your body was exposed to bodily fluid? _____

15. **NOTE: THIS REPORT MUST BE FILED WITH YOUR EMPLOYER NO LATER THAN TEN (10) CALENDAR DAYS OF YOUR WORK EXPOSURE TO BODILY FLUIDS.**

OTHER REQUIRED STEPS:

A. YOU MUST HAVE BLOOD DRAWN NO LATER THAN TEN (10) CALENDAR DAYS AFTER EXPOSURE.

B. YOU MUST HAVE BLOOD TESTED FOR HIV 8Y ANTIBODY TESTING NO LATER THAN THIRTY (30) CALENDAR DAYS AFTER EXPOSURE AND TEST RESULTS MUST BE NEGATIVE.

C. YOU MUST BE TESTED OR DIAGNOSED AS HIV POSITIVE NO LATER THAN EIGHTEEN (18) MONTHS AFTER THE EXPOSURE

D. YOU MUST FILE A WORKERS' COMPENSATION CLAIM WITH THE INDUSTRIAL COMMISSION OF ARIZONA NO LATER THAN ONE YEAR FROM THE DATE OF DIAGNOSIS OR POSITIVE BLOOD TEST IF YOU WISH TO RECEIVE BENEFITS UNDER THE WORKERS' COMPENSATION SYSTEM.

I HAVE FILED THIS FORM WITH MY EMPLOYER AND HAVE RECEIVED A COPY OF THIS COMPLETE FORM.

EMPLOYEE SIGNATURE: _____ DATE _____

THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA