

# EXPOSURE CONTROL PLAN & BLOODBORNE PATHOGENS SAFETY

## Pottawattamie County

### Safety & Health Program

#### Section B 1

It is the policy of Pottawattamie County to provide a safe and healthful workplace for employees. It is the intent of this policy to comply with OSHA requirements listed in 29 CFR 1910.1030; all local, state, and federal laws.



#### Important Contact Information

Garfield Coleman, Risk Manager:  
Work: 712-328-4784 Cell: 402-595-8575

"Company Nurse":  
888-770-0928

CHI Occupational Health Services/Mercy Hospital  
712-328-5550

Approved by the Board of Supervisors  
October 30, 2018



## EXPOSURE CONTROL PLAN

### TABLE OF CONTENTS

I.	Objective.....	3
II.	Scope & Accountability.....	3
III.	Authority & Responsibility.....	3
IV.	Exposure Determination.....	4
V.	Exposure Control Methods of Compliance.....	5
	A. Universal Precautions.	
	B. Engineering Controls	
	C. Work Practice Controls	
	D. Personal Protective Equipment	
	E. Housekeeping/Clean Up Procedures	
	F. Disposal of Medical Waste Materials	
VI.	Tuberculosis Screening.....	12
VII.	Hepatitis Vaccination Program.....	12
VIII.	Exposure Incident & Post –Exposure Evaluation and Follow Up.....	13
	A. Exposure Incident	
	B. Post-Exposure Evaluation & Follow-Up	
	C. Administration of Post-Exposure Evaluation and Follow-Up	
	D. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident	
IX.	Information and training.....	16
X.	Recordkeeping.....	17
	A. Training Records	
	B. Medical Records	
	C. OSHA Recordkeeping	
XI.	Definitions.....	19

### MODEL FORMS

Appendix A: Exposure Incident Investigation Form

Appendix B: Witness Statement

Appendix C: Post Exposure Evaluation & Follow Up Checklist

## EXPOSURE CONTROL PLAN

### I. Objective

It is the policy of Pottawattamie County to provide a safe and healthful workplace for our employees. In pursuit of this goal, the following Exposure Control Plan (ECP) will provide a method to safeguard our employees from being occupationally exposed to blood and other potentially infectious materials during the course of employment. It is also the intent of this policy to comply with OSHA requirements listed in 29 CFR 1910.1030; all local, state, and federal laws.

### II. Scope & Applicability

For the purpose of this policy and as defined by OSHA an exposure or exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

The Exposure Control Plan applies to all County employees that may have the potential for being exposed to blood and other potentially infectious materials in the workplace. This policy also applies to employees who are directly responsible for the cleanup of an incident site after an accident or injury.

### III. Authority & Responsibility

#### A. Risk Management is responsible for:

1. The **Risk Manager** has been designated as the Infectious Control Officer for the County.
2. Risk Management is responsible for the implementation of the ECP and will maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures.
3. The Risk Manager is responsible for training, documentation of training, and making the written ECP available to employees, Iowa OSHA, and NIOSH representatives.

#### B. Department and Supervisors are responsible for:

1. Departments and Supervisors are responsible for identifying potential exposures and exposure control in their respective areas.
2. Working directly with the employees to ensure that proper exposure control measures are followed.

3. Providing and maintaining all necessary personal protective equipment (PPE), engineering controls (i.e. sharps containers), labels, and red bags as required by OSHA standards and ensure that adequate supplies of the equipment are available in the appropriate sizes.

**C. Departmental Safety Committees are responsible for:**

1. Assisting the Risk Manager with annual review of the ECP.
2. Reviewing job tasks and responsibilities for those job classifications that may be at a higher risk of an exposure incident.

**D. Employees are responsible for:**

1. Knowing what tasks, if any, they perform that have the potential for occupational exposure.
2. Attending the bloodborne pathogens training sessions.
3. Planning and conducting all operations in accordance with work practice controls.
4. Developing good personal hygiene habits in the workplace.

**IV. EXPOSURE DETERMINATION**

OSHA requires employers to conduct a study of job classifications to determine which employees may incur occupational exposure to potentially infectious materials. The exposure determination is made without regard to the use of personal protective devices. All County employees have the potential for an exposure incident as a result of working with the general public, however, the following job classifications have been identified as those that would be at more risk of exposure to bloodborne pathogens and other potentially infectious materials during the course of fulfilling their job requirements.

<b><u>Job Title</u></b>	<b><u>Department</u></b>
Sworn Deputies/All Ranks	Sheriff's Office
Crime Scene Technician	Sheriff's Office
Evidence Technician	Sheriff's Office
Civilian Office Staff	Sheriff's Office
Entry Security Personnel	Sheriff's Office
Detention Officers/Supervisors	Sheriff's Office
Assistant Jail Administrator	Sheriff's Office
Jail Administrator	Sheriff's Office
Registered Nurse	Sheriff's Office
Park Ranger	Conservation
Chief Medical Examiner Investigator	Medical Examiner
On-Call Medical Examiner Investigator	Medical Examiner

<b><u>Job Title</u></b>	<b><u>Department</u></b>
Animal Control Officer	Planning/Division of Public Health
On-Call Animal Control Officer	Planning/Division of Public Health
Recycle Center Manager	Planning/Division of Public Health
Recycle Center Operator	Planning/Division of Public Health
Recycle Center Attendant	Planning/Division of Public Health
Public Health Administrator	Planning/Division of Public Health
Public Health & CTR Nurse	Planning/Division of Public Health
Environmental Health Inspector	Planning/Division of Public Health
Environmental Health Coordinator	Planning/Division of Public Health
Maintenance Worker	Sheriff's Office/B&G Courthouse
Maintenance Superintendent	Sheriff's Office/B&G Courthouse
Custodian	Sheriff's Office/B&G Courthouse
Buildings & Grounds Director	Buildings & Grounds Courthouse
Community Services Director	Community Services
Community Services Supervisor	Community Services
Service Coordinator	Community Services
Jail Service Coordinator	Community Services
Mental Health Advocate	Community Services
Veteran's Affairs Director	Veteran's Affairs
Case Worker I	Veteran's Affairs
Case Worker II	Veteran's Affairs
Case Worker III	Veteran's Affairs

## **V. EXPOSURE CONTROL METHODS OF COMPLIANCE**

In order to effectively eliminate or minimize an exposure to bloodborne pathogens or other potentially infectious materials in the workplace, the following exposure control methods of compliance shall be adhered to.

### **A. Universal Precautions**

Universal precautions, an approach to infection control, is based on the premise that all human blood and certain human body fluids should be handled as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B virus (HBV), and other blood borne pathogens. HIV and HBV can be found in blood, semen, vaginal secretions, and breast milk. Other body fluids such as feces, urine, vomitus, nasal secretions, sputum and saliva may contain infectious germs that cause other diseases such as Hepatitis A (HAV). Since it is not always possible to know when blood or body fluids are infectious, all fluids should be handled as if infectious. Therefore, all employees should observe the following universal procedures for the prevention of infectious disease.

1. Employees shall wear disposable waterproof gloves (Nitrile) whenever there is direct hand contact with blood, other body fluids, or items and surfaces contaminated by such. This applies to incidents including, but not limited to: caring for nosebleeds, cuts, cleaning up spills, or handling clothes soiled by blood or body fluids. After use, employees shall remove the gloves without touching the outside surface, and dispose of them in a designated plastic lined waste container. Do NOT reuse gloves.

2. Employees shall wash hands and other contacted skin surfaces thoroughly for 30 seconds with soap and warm running water. Rinse hands under running water, and thoroughly dry with disposable paper towels using paper towels to turn off faucet at these times:
  - a. Immediately after any accidental contact with blood, body fluids, drainage from wounds, or with soiled garments, objects, or surfaces.
  - b. Immediately after removing gloves.
  - c. Before handling food (eating or food preparation).
  - d. After using the toilet.
  - e. After coughing, sneezing or using tissues.
3. Surfaces that are contaminated with blood and/or bodily fluids will be decontaminated by the building maintenance personnel with appropriate products made for this purpose; however, there may be times when maintenance personnel are not available. In those cases, employees shall clean surfaces and equipment contaminated with blood or body fluids with soap and water and disinfects them promptly with a fresh solution of bleach (ten parts water to one part bleach) or other disinfectant. While cleaning, employees shall wear disposable gloves and shall use disposable towels whenever possible. Mops or other non-disposable items shall be rinsed in the disinfectant.
4. Used gloves, bloody dressings, tissues, and other soiled absorbent materials shall be placed into designated plastic bags or lined waste containers. If clothing is contaminated, it is to be removed as soon as possible.
5. Employees shall keep contaminated clothing separate from their residence laundry. Contaminated laundry should be presoaked with disinfectant and then laundered with soap and water.
6. Urine, vomitus or feces shall be disposed of in the sanitary sewer system.
7. Do not care for others injuries if you have any cuts, abrasions, cracks, or other skin conditions where the skin is not intact without the use of gloves. Cover cuts or scratches with a bandage until healed.
8. A mouthpiece, resuscitation bag or other ventilation device shall be used if possible when performing mouth-to-mouth resuscitation.
9. If it is anticipated that droplets of blood or any body fluids may come in contact with the mucus membranes of the employee's eyes, nose, or mouth, the employee will wear additional protective equipment (i.e. goggles, face shield, protective clothing, boot covers).

10. Employees shall NOT pick up any items such as razors, knife blades, and broken glass with bare hands. Appropriate equipment (forceps, hemostats, needle-nose pliers, broom and dust pan,) shall be used in handing the cleanup and disposal. All exposed items will be placed in a puncture and leak proof container labeled for disposal of such items.
11. Employees shall immediately report any exposure incident to their Supervisor. The Risk Manager shall be notified as soon as practical however, no later than the next business day.

## **B. Engineering Controls**

Engineering controls are used to eliminate or minimize employee exposure by isolating or removing bloodborne pathogens from the workplace. To ensure their effectiveness, all engineering controls shall be examined and maintained or replaced on a scheduled basis by each department. The following engineering controls will include but not be limited to:

1. Properly labeled disposal bags or lined waste containers for potentially infectious waste.
2. Hand-washing facilities that is readily accessible to the employees who incur exposure to blood and other potentially infectious materials. Hand-washing facilities or sanitizing (water-free) soap will be available in the first-aid kits. First-aid kits are located in designated areas within the County department.
3. Sharps disposal containers located at the point of use to prevent injury or exposure are inspected and maintained or replaced by Maintenance whenever necessary.
4. Biohazard labels are the most obvious warnings of possible exposure to bloodborne pathogens. Because of this, we will implement a comprehensive biohazard warning-labeling program in using red "color-coded" containers or bags. The Risk Manager in conjunction with the Department Head is responsible for setting up and maintaining this program. All storage areas will be marked and kept locked or under strict access control.

## **C. Work Practice Controls**

Work practice controls involve altering the manner in which the job is being performed to limit exposure. The following work practices controls include, but are not limited to the following:

1. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize spattering, generating droplets, splashing, and spraying.
2. Employees shall wear gloves whenever handling blood, tissues or body fluids.

**Pottawattamie County – EXPOSURE CONTROL PLAN**  
**Safety & Health Program, Section B-1**

3. Regular hand washing is recommended even when personal protective equipment such as gloves is removed.
4. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is reasonable likelihood of occupational exposure.
5. Storage of food and/or drink in refrigerators, freezers, shelves, cabinets or on countertops or bench tops or other similar locations where blood or other potentially infectious materials are present is prohibited.
6. Hand washing facilities will be provided. When hand washing facilities are not available, germicidal hand wipes or other fluids of a waterless mixture will be made available. Hand sanitizer is only to be used when soap and water are not immediately available. Hand sanitizer does not take the place of soap and water handwashing protocols.
7. Employees shall wash their hands and any other exposed skin area with soap and water, and flush mucous membranes with water immediately or as soon as feasible, following contact with blood or other potentially infectious materials or after removing personal protective equipment.
8. Employees shall never blindly, place hands in areas where there may be sharp objects that could cut or puncture the skin.
9. Employees shall utilize proper handling and disposal of needles and sharps, used bandages, gauze, linens, and all other emergency items that come in contact with blood or other potentially infectious materials.
10. Recapping, removing, bending, shearing or breaking of needles is prohibited. (Note: If needle recapping is absolutely necessary such as with incremental doses of medication, a one-handed method or mechanical device approved for this procedure shall be used.) Passing uncapped needles to others is PROHIBITED. If a needle needs to be passed, it should be set down on a surface for the next person to pick up to reduce the potential for sticking the recipient.
11. Needles, if found, shall be placed in a sharps container, or other container which is puncture resistant and leak-proof, labeled as a biohazard or color-coded container until properly processed. Specimens of blood or other potentially infectious materials shall be placed in leak-proof containers. Bags or receptacles containing articles of disposable items contaminated with body fluids must be labeled or color-coded according to the standard.
12. Under no circumstances will motor vehicles, cell blocks, bathrooms, kitchens, or other areas be used for decontamination or storage of infectious fluids or waste. Facilities for safe storage, use, and disposal or cleaning and disinfecting will be provided. Decontamination areas will be marked with biohazard signs.

13. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
14. Employees who have been injured or who have extensive dermatitis or open skin lesions on exposed areas shall take reasonable precautions to prevent unnecessary exposure to infectious disease. Work restrictions for reasons of infection control may be initiated by the Department Head or designee depending on the situation. Work restrictions are temporary.
15. An employee returning to work following a debilitating injury or illness or communicable disease (occupational or non-occupational) must be cleared by a medical provider prior to resuming job duties.

#### **D. Personal Protective Equipment**

Personal protective equipment (PPE) is provided to limit the chance of exposure to bloodborne pathogens or other potentially infectious materials.

1. **PPE will be worn by all employees prior to initiating emergency tasks involving potential occupational exposure.** PPE is provided to employees at no cost. Hypoallergenic alternatives will be available to employees who have an allergic sensitivity to PPE.
2. Training in the use of the appropriate PPE for specific tasks or procedures shall be provided to the employee. PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials including Tuberculosis virus particle matter, to pass through or reach the employee’s work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the PPE will be used.
3. PPE equipment may include, but is not limited to:
  - a. Rubber gloves
  - b. Safety glasses
  - c. Face Mask / shield
  - d. CPR mouthpiece
  - e. Body suits
  - f. Boot covers
  - g. Respirators
4. The Department Head is responsible for ensuring that all work areas have appropriate personal protective equipment available to employees.
5. All employees using PPE must observe the following precautions:
  - a. Employees shall wash hands with soap and water immediately or as soon as feasible after removing gloves or other PPE.

- b. Employees shall remove PPE after it becomes contaminated and before leaving the work area.
- c. Employees shall dispose of used PPE in designated locations.
- d. Employees shall wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or other potentially infectious materials, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised.
- e. Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- f. Disposable (single use) gloves, such as surgical or examination gloves shall not be washed or decontaminated for reuse.
- g. Employees shall wear appropriate face and eye protection, such as goggles, glasses with solid side shields, or chin length face shields when splashes, sprays, spatters, or droplets of blood or other infectious materials pose a hazard to the eye, nose or mouth.
- h. Employees shall remove immediately or as soon as feasible any garment contaminated by blood or other potentially infectious materials in such a way as to avoid contact with the outer surface.

#### **E. Housekeeping/Clean up Procedures**

The worksite shall be maintained in a clean and sanitary condition.

- 1. A written schedule for cleaning and a method of decontamination, based on the location, type of surface, type of soil present and activities being performed shall be present at each location.
- 2. All working surfaces and equipment will be cleaned and decontaminated after contact with blood or other potentially infectious materials by designated personnel. The process of decontamination shall be conducted when any of the following occur:
  - a. After completion of medical procedures;
  - b. When surfaces are overtly contaminated;
  - c. After the spill of blood or other potentially infectious materials;
  - d. At the end of the work shifts, if the surface may have become contaminated since the last cleaning.

3. Designated personnel shall adhere to the following decontamination process:
  - a. Employees shall wear gloves and appropriate personal protective equipment (PPE). Appropriate PPE may include safety glasses or splash goggles, body suits, masks and face shields. If disposable gloves are used, it is suggested that two pair of gloves be donned. Outer glove can then be readily removed if soiled with hand protection still provided by inner glove.
  - b. Employees shall remove any broken glass or sharp objects from the spill using mechanical means – forceps, hemostats, needle-nose pliers, broom and dust pan. Never remove sharps/broken glass by hand.
  - c. Employees shall contain the spill by covering with paper towels and carefully pour appropriate disinfectant solution (e.g. one part bleach to ten parts water) around and on the spill. Take care not to splash disinfectant solution or create aerosols while pouring. Bleach solutions must be freshly prepared (within 24 hours) to provide acceptable disinfection.
  - d. Employees shall remove the paper towels and repeat the process until all visual soilage is removed.
  - e. Employees shall re-wet cleaned area with disinfectant and air dry or let stand for 10 minutes before wiping dry.
  - f. All contaminated paper towels shall be placed in designated container for appropriate disposal. All contaminated sharps must be placed in a sharps container. Waste bags and sharps containers will be brought to designated location in building for proper disposal.
  - g. All personal protective equipment shall be removed and the employee shall immediately wash hands and shall disinfect splash goggles and any other items/tools that are not disposable (e.g. needle-nose pliers, dust pans, etc.).
  - h. Contaminated laundry shall be bagged or containerized before leaving the work area. Employees shall not take contaminated clothing to their residence to launder, unless prior permission is granted by their Department Head or Supervisor.
  - i. Regulated waste must be placed in closeable, leak-proof containers built to contain all contents during handling, storing, transporting, or shipping.
  - j. Arrangements for disposal of contaminated infectious materials shall be made in accordance with existing laws.

## **F. Disposal of Medical Waste Materials**

Sharps containers and materials contaminated with blood or other potentially infectious materials must be disposed of with other Regulated Medical Waste in the red-bag lined boxes that are located in designated areas throughout the County.

1. Regulated medical waste boxes shall be picked up and disposed of on a monthly basis by a hired contractor.
2. Under NO circumstances are potentially infectious materials to be thrown away in the regular trash.
3. Containers of regulated waste, refrigerators and freezers containing blood and other potentially infectious materials, and other containers used to store, transport, or ship potentially infectious materials will be labeled with a red biohazard labels.

## **VI. TUBERCULOSIS (TB) SCREENING**

Tuberculosis is a communicable disease caused by germs that are spread from person to person through the air.

- A. Employees assigned to job classifications identified in the exposure determination section of this plan that are located in the Sheriff's Office, Planning Department/Division of Public Health and the Medical Examiner's Office are at higher risk of being exposed to TB and shall be tested for TB upon hire and annually thereafter by having the Tuberculin skin test.
- B. A positive skin test usually means that an employee may have been infected with the tuberculosis germ; it does not however mean that the employee has the tuberculosis disease.
- C. If the Tuberculin skin test is positive, the new hire or current employee will be required to have further testing, such as an x-ray or sputum sample to determine if they are infected with the Tuberculosis disease.
- D. These tests are provided at no cost to the employee. Current employees who test positive for the Tuberculosis disease must be cleared to return to work by the County's occupational health care provider.

## **VII. HEPATITIS VACCINATIONS**

Hepatitis is a serious communicable liver disease. The Hepatitis A virus (HAV) is found in the stool of people with Hepatitis A. The Hepatitis B virus (HBV) is found in the blood, semen, or other body fluid of people with Hepatitis B. The Hepatitis C virus (HCV) is primarily found in the blood of people with Hepatitis C.

- A. There are currently no vaccinations for Hepatitis C.
- B. Pottawattamie County provides the Hepatitis A, B, or A/B combination vaccination series to employees assigned to job classifications identified in the exposure determination section of this plan that are located in the Medical Examiner's Office, Planning

Department/Division of Public Health, Buildings & Grounds Department and the Sheriff's Office. Vaccinations are based upon potential exposure and are available, at no cost to the employees and will be made available within ten (10) days of the initial job assignment or ten (10) days after an exposure.

- C. Vaccination is encouraged unless:
  - 1. Documentation exists that the employee has previously received the series.
  - 2. Antibody testing reveals that the employee is immune.
  - 3. Medical evaluation shows that vaccination should not be used.
- D. Employees who receive the Hepatitis A, B or A/B vaccination series will be required to undergo antibody testing to determine if the vaccination provided immunity. If the antibody levels are not acceptable for immunity, the employee will be offered another vaccination.
- E. Employees who decline the Hepatitis A/B vaccine will be required to sign a declination form. Employees, who initially decline the vaccine, may request and obtain the vaccination and antibody test at a later date at no cost.
- F. Vaccinations and antibody testing are performed under the supervision of a licensed physician or other healthcare professional.
- G. The County will maintain employee records of consent or refusal; vaccination dates and antibody testing results.
- H. Copies of the consent or refusal forms can be found in the Appendix section of this plan.

## **VIII. EXPOSURE INCIDENT AND POST-EXPOSURE EVALUATION AND FOLLOW-UP**

### **A. Exposure Incident**

As defined by OSHA an exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Any employee who suspects an exposure to blood or other potentially infectious materials from any of the following examples during the course of employment shall immediately wash the areas with warm water and soap and apply first aid or in the case of exposure of the mucus membranes, flush the area with warm water. The following is not an all-inclusive list of possible exposures.

1. Splashing of body fluids, especially blood, in the mucous membranes (eyes, nose, and mouth).
2. Exposure to body fluids, especially blood, on existing wounds, sores or broken skin
3. Human bites which break the skin and/or draw blood
4. Needle puncture with a needle contaminated with blood

## **B. Post Exposure Evaluation & Follow Up**

After the employee has washed and/or flushed the infected areas, the following guidelines shall be followed for exposure incidents:

1. Employee shall notify their Supervisor and shall contact Company Nurse if an exposure occurred. If the employee or Supervisor is unsure if an exposure incident occurred, the Infectious Control Officer (i.e. Risk Manager) shall be contacted.
2. The Supervisor shall notify the Department Head or designee and the Risk Manager.
3. Exposed employees shall immediately complete the "Report of Exposure to Infectious Disease" form provided by the Iowa Department of Public Health. This form is provided by the employer and must be filed with the hospital/clinic to which the employee goes for treatment. If forms are not available at the site of the exposure, the County's Occupational Health Care provider or other medical facility will have the proper forms available as well.
4. A medical evaluation and follow-up will be conducted by the County's Occupational Health Care provider
5. The routes of exposure and how the exposure occurred shall be documented.
6. The source individual shall be identified and documented (unless the employer can establish that identification is infeasible or prohibited by state or local law).
7. The Supervisor or designee shall obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV and Hepatitis infectivity; document that the source individual's test results were conveyed to the County's occupational health care provider.
8. The Occupational Health Care Provider shall assure that the exposed employee and the Risk Manager is provided with the source individual's test results.
9. After obtaining consent, the County's occupational health care provider will collect exposed employee's blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.

10. If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, the baseline blood sample will be preserved for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, the County's occupational health provider will perform the test as soon as feasible.
11. The employer shall provide counseling to the employee regarding testing and treatment if needed.
12. An employee involved in an exposure incident shall complete the "Exposure Incident Investigation" form indicating all facts as they relate to the exposure incident. This shall include body part exposed, route of exposure, PPE donned, witnesses to the event and other similar facts. This report shall be submitted to the Supervisor and forwarded to the Risk Manager. All witnesses to the exposure incident shall be required to submit a "Witness Statement" form as well.

### **C. Administration of Post-Exposure Evaluation and Follow-Up**

1. The Risk Manager will ensure that the health care professional(s) responsible for the employee's Hepatitis A/B vaccinations and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.
2. The Risk Manager will ensure that the health care professional evaluating an employee after an exposure incident received the following information:
  - a. A description of the employee's job duties relevant to the exposure incident
  - b. The route of exposure
  - c. The circumstances of the exposure
  - d. If possible, the results of the source individuals blood test
  - e. Relevant employee medical records, including vaccination status
3. The Risk Manager shall ensure that the employee has received a copy of the evaluating health care professional's written opinion within a reasonable time frame after completion of the evaluation. The healthcare professional shall be instructed to limit their opinions to the following:
  - a. That the exposed employee has been counseled on the vaccination and side effects (if applicable).
  - b. That the exposed employee has been informed of the results of the evaluation.
  - c. That the employee has been told about any medical conditions resulting from that exposure to blood or other potentially infectious materials. Results of the source individuals testing shall be made available to the exposed

employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

- d. The written opinion to the employer will not reference any personal medical information.

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

1. The Risk Manager in conjunction with the Department Head or designee will review the circumstances of all exposure incidents to determine:
  - a. Engineering controls in use at the time
  - b. Work practices followed;
  - c. For punctures, a description of the device being used (syringe, suture needle)
  - d. Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, other similar items)
  - e. The location of the incident
  - f. Procedure or care being administered when the incident occurred
  - g. Employee training
2. If revisions to this ECP are necessary as a result of the evaluation, the Risk Manager will ensure that appropriate changes are made and distributed accordingly.

#### **IX: INFORMATION AND TRAINING**

The Risk Manager and the Department Head or designee will be responsible for ensuring that all employees who have any potential for exposure to bloodborne pathogens or other potentially infectious materials receive training.

- A. Employees who have been identified as having a higher risk for occupational exposure to bloodborne pathogens or other potentially infectious materials will be trained on an annual basis.
- B. New employees or employees changing jobs or job functions requiring training in bloodborne pathogens or other potentially infectious materials will receive training at the time of their new job assignment. After initial training, the employee will be required to attend annual training if they are in a high risk job classification.

- C. Employees who have a higher risk potential for occupational exposure to bloodborne pathogens or other potentially infectious materials will receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases or other infectious diseases such as Tuberculosis. In addition, the training program will cover, at a minimum the following elements.
1. Employees will be provided access to a copy of the OSHA Bloodborne Pathogen Standard, 29 CFR 1910.1030; and a written copy of the County's exposure control plan.
  2. Employees will receive training on and will be provided access to a copy of the County's Exposure Control Plan (ECP). The employees will be shown how to identify tasks that may involve exposure to blood or other infectious materials, including what constitutes an exposure incident.
  3. The employees will review the use and limitations of methods that will reduce or prevent exposure. These methods are engineering controls, work practice controls, and personal protective equipment.
  4. The employees will learn the types and proper use, location, removal, and handling of contaminated personal protective equipment. The information regarding the selection of PPE will also be included.
  5. The employees will be provided information on the Hepatitis A and B vaccine, including its efficiency, safety, mode of administration, benefits of vaccination, and our County's vaccination program.
  6. The employees will be provided information on Tuberculosis and the county's screening program.
  7. The employees will be instructed on actions to take in the event of an exposure, including reporting, medical follow-up, and counseling.
  8. The employees will be shown the visual warnings of biohazards, including labels, signs, and color-coded containers or bags.
  9. The employees will be provided with an opportunity to ask questions of the instructor in the training program.

## **X: RECORDKEEPING**

### **A. Training Records**

Pottawattamie County will maintain bloodborne pathogen training records. These records will contain the following information:

1. Dates of all training sessions
2. Contents/summary of the training sessions

3. Name of the instructor(s)
4. Names and job titles of employees attending the training sessions.

The training records are available for examination and photocopying by the employee or authorized representative. These records are maintained by the Risk Manager.

## **B. Medical Records**

1. Pottawattamie County will maintain records in accordance with OSHA standards and individual participation in the exposure control plan. These records shall include:
  - a. Name of Employee
  - b. Immunization records from most recent date of hire (including consent & denial forms)
  - c. Antibody testing results
  - d. Circumstances of exposure to communicable diseases
  - e. Post-exposure medical evaluation, treatment and follow-up.
2. Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The Risk Manager is responsible for maintenance of the required medical records for occupational exposures. These confidential records are located in the Risk Management office.
3. Medical records are strictly confidential and will not be released without signed written consent of the employee or as allowed by law. Employees may examine their own medical records, and may request copies.
4. Abstracts of medical records without personal identity may be made for quality assurance, compliance monitoring, or program evaluation purposes, as long as the identity of the individual employee cannot be determined from the abstract.

## **C. OSHA Recordkeeping**

1. Exposures - An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping requirements (29 CFR 1904). This determination and the recording activities are completed by the Risk Manager.
2. Sharps Injury Log - In addition to the 29 CFR 1904 Recordkeeping requirements, all punctures through the skin from contaminated sharps are also recorded in a Sharps Injury Log. All incidences must include at least:
  - a. Date of injury
  - b. Type and brand of the device involved (syringe, suture needle)
  - c. Department or work area where the incident occurred
  - d. Explanation of how the incident occurred.

The log is reviewed as part of the annual program evaluation and maintained for at least five (5) years following the end of the calendar year covered. If a copy of the report is requested, all personal identifiers shall be removed from the report.

## XI: DEFINITIONS

For purposes of this policy, the following definitions shall apply:

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

**Bloodborne Pathogens** means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

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

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

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

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

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

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

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

**Healthcare Professional** is a person whose legally permitted scope of practice allows him or she to independently perform the activities outlined in the policy.

**Hepatitis** means inflammation of the liver and also refers to a group of viral infections that affect the liver. The most common types are Hepatitis A (HAV), Hepatitis B (HBV) and Hepatitis C (HCV)

**HIV** means human immunodeficiency virus.

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

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

**Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

**Other Potentially Infectious Materials** means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

**Personal Protective Equipment (PPE)** is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

**Regulated Waste** means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

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

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

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

**Tuberculosis (TB)** means a disease caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but it can attack any part of the body such as the kidney, spine, and brain.

**Universal Precautions** is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

**Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

# MODEL FORMS

Model forms for this program are located on the following pages.  
Departments may modify or develop their own forms based on  
the specific needs of their department.

Modified forms are subject to  
review and approval of Risk Management

## Appendix A: Exposure Incident Investigation Form

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Potentially Infectious Materials Involved:

Type (i.e. blood, urine, vomitus, feces, and sharps):

\_\_\_\_\_

Source: \_\_\_\_\_

Body Part(s) Exposed & Route of Exposure:

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

Circumstances: (Work being performed, etc.)

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

How Incident Was Caused: (Accident, equipment malfunction, etc.)

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

Personal Protective Equipment Used:

\_\_\_\_\_

Actions Taken: (Decontamination, clean up, reporting, etc.)

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

Recommendations for Avoiding Repetition:

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

Witnesses: \_\_\_\_\_



## Appendix C: Post-Exposure Evaluation and Follow-up Checklist

The following steps must be taken and information transmitted to a healthcare professional in the event of an employee's exposure to bloodborne pathogen.

<u>Activity</u>	<u>Completion Date</u>
• Employee furnished with documentation regarding exposure incident.	_____
• Source individual identified.	_____
• Source individual's blood collected and results given to exposed employee.	_____
_____ Consent from source has not been obtained.	
• Exposed employee's blood collected and tested.	_____
• Appointment arranged for employee with healthcare professional.	_____
_____	
(Healthcare Professional Name)	
• Documentation forwarded to healthcare professional.	_____
_____ Bloodborne Pathogens Standard.	
_____ Description of exposed employee's duties.	
_____ Description of exposure incident, including exposure routes.	
_____ Results of source individual's blood testing.	
_____ Employee's medical records.	