



**BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN  
FOR GRAND TRAVERSE COUNTY**

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## SECTION I

### PURPOSE OF THE PLAN

One of the major goals of the Michigan Occupational Safety and Health Administration (MIOSHA) is to regulate facilities where work is carried out...to promote safe work practices in an effort to minimize the incidence of illness and injury experienced by employees. Relative to this goal, MIOSHA has enacted the Bloodborne Pathogens Standard, codified as 305, 7001-70018. The purpose of the Bloodborne Pathogens Standard is to "reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens" that employees may encounter in their workplace.

Grand Traverse County believes that 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.
- The County should institute as many engineering and work practice controls as possible to eliminate or minimize employee exposure to bloodborne pathogens.

We have implemented this Exposure Control Plan to meet the letter and intent of the MIOSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

- To protect our employees from the health hazards associated with bloodborne pathogens.
- To provide appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

Some of our departments, whose employees have an increased risk of bloodborne pathogens exposure, may develop their own more specific Exposure Control Policies and Protocols. These must be compatible with this Plan and are subsidiary to it. At this time this includes the Health Department and the Sheriff's Office, and those documents are Appendix H and Appendix I here.

## SECTION II

### GENERAL PROGRAM MANAGEMENT

#### A. RESPONSIBLE PERSONS

There are four major "Categories of Responsibility" that are central to the effective implementation of our Exposure Control Plan. These are:

- The "Exposure Control Officer", the Medical Director of Grand Traverse County Health Department
- Department Heads, Elected Officials and Supervisors
- Education/Training Instructors

- Our Employees

The following sections define the roles played by each of these groups in carrying out our plan. (Throughout this written plan, employees with specific responsibilities are identified. If, because of promotion or other reasons, a new employee is assigned any of these responsibilities, the Director of Human Resources is to be notified of the change, so that he/she can update his/her records.) EXPOSURE CONTROL OFFICER The "Exposure Control Officer" will be responsible for overall management and County's Bloodborne Pathogens Compliance Program. Activities which are delegated to the Exposure Control Officer typically include, but are not limited to:

- Overall responsibility for implementing the Exposure Control Plan for the entire County
- Working with administrators and other employees to develop and administer any additional bloodborne pathogens related policies and practices needed to support the effective implementation of this plan.
- Annually review the Exposure Control Plan.
- Collecting and maintaining all appropriate references regarding the Bloodborne Pathogens Standard and bloodborne pathogens safety and health information
- Knowing current legal requirements concerning bloodborne pathogens
- Acting as liaison during MIOSHA inspections

The Health Department Medical Director has been appointed as the County's Exposure Control Officer (ECO).

We recognize that the Exposure Control Officer will require assistance in fulfilling his/her responsibilities. To assist the ECO in carrying out those duties, we have created an Exposure Control Committee as listed in Appendix A, chaired by the Health Department Medical Director.

It is the Department Heads and Elected Officials who are ultimately responsible for exposure control in their respective areas. They or their designees work directly with the Exposure Control Officer, the Community Health Department and our employees to ensure that proper exposure control procedures are followed.

### **EDUCATION/TRAINING COORDINATOR**

Our Education/Training Coordinator will be responsible for providing information and training to all employees who have the potential for exposure to bloodborne pathogens. Activities falling under the direction of the Coordinator include:

- Maintaining an up-to-date list of County personnel requiring training in conjunction with the Human Resource Department
- Developing suitable education/training programs
- Scheduling periodic training seminars for employees
- Maintaining appropriate training documentation such as Sign-in Sheets, Quizzes, etc.

- Periodically reviewing the training programs with the Exposure Control Officer to include appropriate new information.

The County Safety Coordinator has been selected to be the County's Education/Training Coordinator.

## **EMPLOYEES**

As with all of the County's activities, our employees have the most important role in our bloodborne pathogens compliance program, for the ultimate execution of much of our Exposure Control Plan rests in their hands. In this role they are responsible for the following:

- Knowing what tasks they perform that have a risk for occupational exposure
- Attending the bloodborne pathogens training sessions as scheduled.
- Planning and conducting all operations in accordance with our work practice controls.
- Developing good personal hygiene habits.
- Knowing the location of the Exposure Control Plan in their buildings.
- Following through on all three doses of the Hepatitis B vaccine, if series is elected.
- If first responder, follow-up with Health Department 30-60 days after 3rd dose for titre check.

## **B. AVAILABILITY OF THE EXPOSURE CONTROL PLAN TO EMPLOYEES**

To help them with their efforts, our Exposure Control Plan is available to our employees at any time. Employees are advised of this availability during their education/training sessions. Copies of the Exposure Control Plan are available in each department with the department head or elected official. It is also available in the Human Resource Department and on-line on the Intranet.

## **C. REVIEW AND UPDATE OF THE PLAN**

We recognize that it is important to keep our Exposure Control Plan up-to-date. To ensure this, the plan will be reviewed by the Exposure Control Committee and updated as necessary under the circumstances listed below, and in compliance with the Michigan Department of Community Health requirements. This Plan may be reviewed and altered by the ECO in collaboration with the Department Head or Supervisor when a change is minor and confined in its impact, but should call a special meeting of the Exposure Control Committee when the possible change is of general significance. The Exposure Control Committee will meet annually and:

- Whenever new or modified tasks and procedures are implemented which affect occupational exposure of our employees.
- Whenever our employees' jobs are revised such that new instances of occupational exposure may occur.
- Whenever we establish new functional positions that may involve exposure to bloodborne pathogens.

### SECTION III

#### EXPOSURE RISK DETERMINATION

One of the keys to implementing a successful Exposure Control Plan is to identify exposure situations employees may encounter. To facilitate this, we have prepared a listing of all job classifications in which employees have the potential for occupational exposure to bloodborne pathogens on a regular or an emergency basis, as well as the tasks and procedures which may lead to such exposures. The Director of Human Resources will work with department heads, elected officials and supervisors to revise and update this list as our tasks, procedures, and classifications change.

This listing is provided in Appendix B.

### SECTION IV

#### WORKPLACE APPROACHES TO RISK REDUCTION

We understand that there are a number of aspects of the workplace environment that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens. These include the following five approaches:

- The use of Universal Precautions.
- Establishing appropriate Engineering Controls.
- Implementing appropriate Work Practice Controls.
- Using appropriate Personal Protective Equipment.
- Implementing appropriate Housekeeping Procedures.

Each of these areas is reviewed with our employees during their bloodborne pathogens related training (see the "Information and Training" section of this plan for additional information). By rigorously following the requirements of MIOSHA's Bloodborne Pathogens Standard in these five areas, we feel that we will eliminate or minimize our employees' occupational exposure to bloodborne pathogens as much as is possible.

#### A. UNIVERSAL PRECAUTIONS

The County observes the practice of "Universal Precautions" to prevent contact with blood and other potentially infectious materials. As a result, we treat all human blood and the following body fluids as if they are known to be infectious for HBV, HIV and other bloodborne pathogens:

Semen	Pericardial fluid
Vaginal secretions	Peritoneal fluid
Cerebrospinal fluid	Amniotic fluid
Synovial fluid	Saliva/blood in dental procedures
Pleural fluid	

In circumstances where it is difficult or impossible to differentiate between body fluid types, we assume all body fluids to be potentially infectious.

The Exposure Control Officer, or designee, is responsible for overseeing our Universal Precautions Program.

## **B. ENGINEERING CONTROLS**

One of the key aspects to our Exposure Control Plan is the use of Engineering Controls to eliminate or minimize employee exposure to bloodborne pathogens. The Exposure Control Officer, or designee, periodically works with department heads, elected officials and supervisors to review tasks and procedures performed where engineering controls can be implemented or updated for this purpose.

Appendix C provides a listing of all those areas that require Engineering Control and Personal Protection Equipment (PPE) to eliminate or minimize our employees' exposure to bloodborne pathogens. As not all areas need the entirety of such equipment, the workplace areas are listed in "classes", with the equipment appropriate to each risk class itemized.

This list must be reexamined during our annual Exposure Control Plan review so that opportunities for new or improved engineering and PPE controls are identified. Any existing engineering controls are also reviewed for proper function and needed repair or replacement annually, as a responsibility of the department head, elected officials or supervisor where the equipment is located. Where appropriate, applicable departments will follow the MIOSHA Needle-stick Safety and Prevention Act (Public Law 106-430).

In addition to the engineering controls identified in Appendix C, the following engineering controls and PPE are used in areas where the potential for exposure to bloodborne pathogens exists:

- Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated disposable sharps having the following characteristics:
  - Puncture-resistant
  - Color-coded or labeled with a biohazard warning label
  - Leak-proof on the sides and bottom
- Specimen containers which are:
  - Leak-proof
  - Color-coded or labeled with a biohazard warning label
  - Puncture-resistant, when necessary
- Secondary containers which are:
  - Leak-proof
  - Color-coded or labeled with a biohazard warning label
  - Puncture-resistant, if necessary
- The Needle-stick Act

- Where appropriate, applicable departments will follow the MIOSHA Needle-stick Safety and Prevention Act. (Copy on file in Human Resources)

### **C.WORK PRACTICE CONTROLS**

In addition to engineering controls, the County uses a number of Work Practice Controls to help eliminate or minimize employee exposure to bloodborne pathogens.

The Exposure Control Officer, or designee, is responsible for overseeing the implementation of those Work Practices. He/she works in conjunction with department heads, elected officials or supervisors and the County's training coordinators to effect this implementation.

The County has adopted the following Work Practice Controls as part of our Bloodborne Pathogens Compliance Program:

- Employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.
- Following any contact with body fluid or any other infectious materials, employees wash their hands and any other exposed skin with soap and water as soon as possible. They also flush eyes and/or exposed mucous membranes with water.
- Contaminated needles and other contaminated sharps are not bent, recapped or removed from the site of use unless:
  - It can be demonstrated that there is no feasible alternative.
  - The action is required by specific medical procedure.
  - In the two situations above the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.
- Contaminated disposable sharps are placed in appropriate containers immediately, or as soon as possible, after use.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens.
- Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present.
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited.
- All procedures involving blood or other infectious materials should minimize splashing, spraying or other actions generating droplets of these materials.
- Specimens of blood or other materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage.
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well).



- Equipment which becomes contaminated is examined prior to servicing or shipping, and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).
  - An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated portion.
  - Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

When a new employee comes to the County, or an employee changes jobs within the County, the following process takes place to ensure that they are trained in the appropriate work practice controls:

- The employee's job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which we have identified in our Exposure Control Plan as those in which risk of occupational exposure occurs.
- If the employee is transferring from one job to another within the County, the job classifications and tasks/procedures pertaining to his/her previous position are also checked against these lists.
- Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the employee into potential occupational exposure situations are identified.
- The employee is then trained by the Training Coordinator or another instructor regarding any work practice controls that the employee is not experienced with.

#### **D.USING AN EXTERNAL VENDOR**

To further help eliminate or minimize employee exposure to bloodborne pathogens, an external vendor can be utilized when an event occurs on Grand Traverse County premises. This external vendor is only to be utilized for large spills and/or cleanings that are unable to be fully cleaned with a bloodborne pathogen supply kit that is provided at each County facility. When a large spill and/or cleaning occurs, the following process should take place:

- The Department Head reviews the area to be cleaned. If the area to be cleaned is too large for the bloodborne pathogen supply kit, they should contact the Director of Facilities.
- The Director of Facilities will review the area to be cleaned with the Department Head, or designee, to determine if it can be cleaned with a member of Facilities and/or a bloodborne pathogen supply kit.
- If it is determined that an external vendor should be used, the Director of Facilities will be responsible for contacting the vendor.

An external vendor will be maintained on an "as needed" basis and will be able to respond within 4 hours of being contacted.

## E. PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment is our employees' "last line of defense" against bloodborne pathogens. Because of this, each of the County's Departments provides (at no cost to our employees) the appropriate Personal Protective Equipment that is needed depending on risk (as listed in Appendix C.)

Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to the gloves normally used.

The Exposure Control Officer, or designee, working with department heads, elected officials and supervisors, is responsible for ensuring that all departments and work areas have appropriate personal protective equipment available to employees.

Our employees are trained regarding the use of the appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to his/her current position.

To determine whether additional training is needed the employee's previous job classification and tasks are compared to those for any new job or function that he/she undertakes. Any needed training is provided by their department heads, elected officials and supervisors working with the Training Coordinator.

To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the County adheres to the following practices:

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness.
- Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.
- Grossly Contaminated single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of by forwarding that equipment to Grand Traverse County Health Department.

To make sure that this equipment is used as effectively as possible, our employees adhere to the following practices when using their personal protective equipment:

- Any garments penetrated with blood or other infectious materials are removed immediately, or as soon as feasible.
- Gloves are worn in the following circumstances:
  - Whenever employees anticipate hand contact with potentially infectious materials.
  - When performing vascular access procedures.
  - When handling or touching contaminated items or surfaces.

- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier".
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever there is risk that splashing or sprays may generate droplets of infectious materials.
- Protective clothing (such as gowns and aprons) is worn whenever potential exposure to the body is anticipated.
- Surgical caps/hoods and/or shoe covers/boots are used in any instances where "gross contamination" (saturated - dripping with blood or other body fluids) is anticipated.

## F. HOUSEKEEPING

Maintaining a clean and sanitary workplace is an important part of our Bloodborne Pathogens Compliance Program. Each Department Head as appropriate is responsible for maintaining a cleaning schedule. The schedule provides the following information:

- The area to be cleaned/decontaminated.
- Day and time of scheduled work.
- Cleansers and disinfectants to be used.
- Any special instructions that are appropriate.

Using this schedule, the staff responsible employs the following practices:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
  - After the completion of medical procedures.
  - Immediately (or as soon as feasible) when surfaces are overtly contaminated.
  - After any spill of blood or infectious materials.
  - At the end of the work shift if the surface may have been contaminated during that shift.
- Protective coverings (such as plastic wrap, aluminum foil or absorbent paper) are removed and replaced:
  - As soon as it is feasible when overtly contaminated.
  - At the end of the work shift if they may have been contaminated during the shift.
- All pails, bins, cans and other receptacles intended for use routinely are inspected, cleaned and decontaminated as soon as possible if visibly contaminated.
- Potentially contaminated broken glassware is picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.)

- Contaminated sharps are stored in containers that do not require "hand processing".
- Vomit, urine, or blood is absorbed by using Super-sorb or similar product, then swept up with a dustpan and brush.

The department head is responsible for setting up the cleaning and decontamination schedule and making sure it is carried out within the department.

We are also very careful in handling regulated waste (including contaminated sharps, laundry, used bandages and other potentially infectious materials). The following procedures are used with all of these types of wastes:

- They are discarded or "bagged" in containers that are:
  - Closeable.
  - Puncture-resistant.
  - Leak-proof if the potential for fluid spill or leakage exists.
  - Red in color or labeled with the appropriate biohazard warning label.
- Containers for this regulated waste are located wherever necessary within easy access of our employees and as close as possible to the sources of the waste.
- Waste containers are maintained upright, routinely replaced and not allowed to overfill.
- Contaminated laundry is handled as little as possible and is not sorted or rinsed where it is used.
- Whenever our employees move containers of regulated waste from one area to another the containers are immediately closed and placed inside an appropriate secondary container if leakage is possible from the first container.

Each Department Head is responsible for making arrangements for the collection and handling of contaminated waste in his/her departments. The Department Head may choose to consult with the Director of Public Health for assistance.

## **SECTION V**

### **HEPATITIS B VACCINATION**

Everyone in the County recognizes that even with good adherence to all of our exposure prevention practices, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program, as well as set up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

#### **A. Administration**

- 1) Human Resources Department of Grand Traverse County will offer the initial training to employees on hepatitis B vaccinations, addressing the safety, benefits, and availability under the direction of the Health Department.
- 2) The hepatitis B vaccination series is available at no cost through the Grand Traverse County Health Department for employees identified in the exposure

determination section of this plan. Vaccination for such employee is encouraged unless:

- a. The employee identifies they have previously received the series, including self-disclosure.
  - b. antibody testing reveals that the employee is immune, or
  - c. medical evaluation shows that vaccination is contraindicated.
- 3) However, if an employee chooses to decline vaccination, the employee must sign a copy of the Declination form. (See Appendix D for Hepatitis B Vaccine Consent and Declination Form.) Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at Human Resources Department.
  - 4) Vaccination will be provided by the Grand Traverse County Health Department, when appropriate.
  - 5) For medical personnel with direct patient contact, it is recommended that one to two months after the completion of the series of Hepatitis B vaccine, that a titer (anti-HBs) be drawn by the Health Department.
  - 6) Individuals who have not developed a positive titer will be encouraged to complete a second complete series of Hepatitis B vaccines with a titer one to two months after the third injection.
  - 7) Individuals who do not have a positive titer after the second complete series will be considered a non-responder.
  - 8) Documentation of the vaccine series and titer status, when known, will be maintained at Human Resources and in the data bank of the Immunization Clinic to assure access to the information in the event of a bloodborne exposure incident.

#### **B. Vaccination Option for Employers:**

- 1) Each Department Head or designee is responsible for developing a list of Job Classifications involving the potential of exposure to bloodborne pathogens, for which Hepatitis B vaccination is recommended. In doing so, they may wish to obtain consultation from appropriate personnel at the County's Health Department.
- 2) Grand Traverse County has elected not to offer the Hepatitis B vaccine to employees whose Job Classifications do not seem to place them at risk.
- 3) Any first aid rendered by employees not listed in the risk category is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.
- 4) Full training and personal protective equipment shall be provided to employees identified by job classifications listed in Appendix B.
- 5) Provision for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM will be reported to the employer as soon as possible but no later than the end of the work day during which the first aid incident occurred. (Supervisors Incident Report/Appendix E)

- 6) The Supervisor Incident Report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including the time and date.
- 7) Provision for the full Hepatitis B vaccination series is to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific "exposure incident," as defined by the standard, has occurred.
- 8) In the event of an actual, at risk, exposure incident, the portion of the standard relating to post- exposure evaluation and follow-up would apply.

## **SECTION VI**

### **POST-EXPOSURE EVALUATION AND FOLLOW-UP**

If one of our employees is involved in an incident where exposure to bloodborne pathogens may have occurred there are two things that we immediately focus our efforts on:

- Making sure that our employees receive medical consultation and treatment (if required) as expeditiously as possible.
- Investigating the circumstances surrounding the exposure incident.

#### **A. Medical Consultation**

In order to make sure that our employees receive the best and most timely treatment if an exposure to bloodborne pathogens should occur, the County has set up a comprehensive post-exposure evaluation and follow-up process. We use the "checklist" in Appendix F to verify that all the steps in the process have been taken correctly. This process is overseen by the following people:

- Health Department Medical Director
  - Director of Human Resources, or designee
- 1) Classification of incident. We recognize that it can be problematic at times to determine whether an incident in fact represents an exposure to bloodborne pathogens. In situations involving any doubt, supervisors are encouraged to consult Health Department Communicable Disease personnel or its Medical Director for advice, and to err on the side of caution. Any employee that believes they have been exposed to bloodborne pathogens (or any communicable disease), may request to be sent for testing at the County's expense. In such instances there may be an incubation period, which the employee is responsible for waiting out before getting tested.
  - 2) Confidentiality and evaluation of source. We recognize that much of the information involved in this process must remain confidential, and will do everything possible to protect the privacy of the people involved.

As the first step in this process we provide an exposed employee with the following confidential information:

- Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred.
- Identification of the source individual (unless infeasible or prohibited by law).

As soon as possible, we request consent from the source individual to have his/her blood tested to determine HBV, Hep C and HIV infectivity. This information will also be made available to the exposed employee if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.

Finally, the exposed employee shall be counseled and provided the opportunity to have his/her blood collected and tested for HBV, Hep C and HIV status.

- 3) Immediate Medical Evaluation. Following initial first aid (cleaning wound, flushing eyes, etc.) an immediate confidential medical evaluation and follow-up will be conducted by Munson Occupational Health and Medicine. After daytime hours the initial visit can be done either at Munson's Urgent Care Center or their Emergency Department.
- 4) Information provided to the health care professional.

The employee's immediate supervisor ensures that the health care professional evaluating an employee after an exposure incident receives the following: A copy of the Supervisor's Incident Report (Appendix E), to include:

- a. A description of the employee's job duties relevant to the exposure incident
  - b. Route(s) of exposure
  - c. Circumstances of exposure
    - i. If available, results of the source individual's blood test
- 5) Healthcare Professional's Evaluation and Follow-Up

After the consultation, the healthcare professional provides the County with a written opinion evaluating the exposed employee's situation, in keeping with the Evaluation and Follow-Up Checklist provided as Appendix F. Essential elements of this opinion are listed there. We, in turn, furnish a copy of this opinion to the exposed employee.

- 6) Medical Recordkeeping

To make sure that we have as much medical information available to the participating healthcare professional as possible, the County maintains comprehensive medical records on our employees. The Director of Human Resources is responsible for setting up and maintaining these records, which include the following information:

- Name of the employee
- Employee date of birth
- Last 4 digits of social security number of the employee

- A copy of the employee's Hepatitis B Vaccination status
  - Dates of any vaccinations
- Copies of the results of the examinations, medical testing and follow-up procedure which took place as a result of an employee's exposure to bloodborne pathogens
- A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens

As with all information in these areas, we recognize that it is important to keep the information in these medical records confidential. We will not disclose or report this information to anyone without our employee's written consent (except as required by law).

## **B. Incident Evaluation and Policy/Equipment Revision**

The Department Head, or designee, investigates every exposure incident that occurs within his/her department. The Department Head may choose to contact the Health Department Medical Director or Health Department Communicable Disease personnel for assistance. Whenever possible this investigation should be initiated within 24 hours after the incident occurs and involves gathering the following information:

- When the incident occurred
  - Date and time
- Where the incident occurred
  - Location within the facility
- What potentially infectious materials were involved in the incident
  - Type of material (blood, amniotic fluid, etc.)
- Source of the material
- Under what circumstances the incident occurred
  - Type of work being performed
- How the incident was caused
  - Accident
  - Unusual circumstances (such as equipment malfunction, power outage, etc.)
- Personal protective equipment being used at the time of the incident.
- Actions taken as a result of the incident
  - Employee decontamination
  - Cleanup
  - Notifications made

After this information is gathered and it is evaluated, a written summary of the incident and its causes is prepared, and recommendations are made for avoiding similar incidents in the future (to help with this we use the Supervisor's Incident Report (PER055) Appendix E.) This report is reviewed by the Department Head, the Human Resources Department, and where appropriate, the Health Department Medical Director.



## **SECTION VII**

### **LABELS AND SIGNS**

For our employees the most obvious warning of possible exposure to bloodborne pathogens are biohazard labels. Because of this, we have implemented a comprehensive biohazard warning labeling program using labels or when appropriate, using red "color-coded" containers. The Director of Community Health, or designee, is available as a resource for Department Heads for setting up and maintaining this program for the County.

The following items are labeled:

- Containers of regulated waste
- Refrigerators/freezers containing blood or other potentially infectious materials
- Sharps disposal containers
- Other containers used to store, transport or ship blood and other infectious materials
- Laundry bags and containers
- Contaminated equipment

On labels affixed to contaminated equipment we have also indicated which portions of the equipment are contaminated.

We recognize that biohazard signs must be posted at entrances to HIV and HBV research laboratories and production facilities. However, the laboratories in the County perform only clinical and diagnostic work, which is not covered by these special signage requirements.

## **SECTION VIII**

### **INFORMATION AND TRAINING**

Having well informed and educated employees is extremely important when attempting to eliminate or minimize our employees' exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens are put through a comprehensive training program and furnished with as much information as possible on this issue.

This program was set up so that employees receive the required training. At risk employees will be retrained at least annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment. The Human Resource Director is responsible for seeing that all employees who have potential exposure to bloodborne pathogens receive this training.

## A. TRAINING TOPICS

The topics covered in our training program include, but are not limited to, the following:

- The Bloodborne Pathogens Standard itself
- The epidemiology and symptoms of bloodborne diseases
- The modes of transmission of bloodborne pathogens
- Our Exposure Control Plan (and where employees can obtain a copy)
- Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- A review of the use and limitations of methods that will prevent or reduce exposure, including:
  - Engineering controls
  - Work practice controls
  - Personal protective equipment
- Selection and use of personal protective equipment including:
  - Types available
  - Proper use
  - Location within the facility
  - Removal
  - Handling
  - Decontamination
  - Disposal
- Visual warnings of biohazards including labels, signs and "color coded" containers
- Information on the Hepatitis B Vaccine, including its:
  - Efficacy
  - Safety
  - Method of Administration
  - Benefits of Vaccination
  - Our facility's free vaccination program
- Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- The procedures to follow if an exposure incident occurs, including incident reporting
- Information on the post-exposure evaluation and follow-up, including medical consultation, that the County will provide

## B. TRAINING METHODS

Our training presentations make use of several training techniques including, but not limited to, those listed below:

- Classroom type atmosphere with personal instruction
- Videotape programs
- Training manuals/employee handouts

Because we feel that employees need an opportunity to ask questions and interact with their instructors, time is specifically allotted for these activities in each training session.

### **C. RECORDKEEPING**

To facilitate the training of our employees, as well as to document the training process, we maintain training records containing the following information:

- Dates of all training sessions
- Contents/summary of the training sessions
- Names and qualifications of the instructors
- Names and job titles of employees attending the training sessions

We have used the forms on the following pages and/or our computer systems to facilitate this recordkeeping.

These training records are available for examination and copying to our employees and their representatives, as well as MIOSHA and its representatives.

**EXPOSURE CONTROL COMMITTEE**

- Captain - Sheriff's Office, or designee
- Director of Community Health
- Director of Human Resources, or designee
- Director of Parks and Recreation, or designee
- Facilities Director
- Health Department Medical Director/Exposure Control Officer (Chairperson)
- Health Officer
- Jail Sergeant
- Nurse (COA)
- Safety Coordinator
- Sewer and Water Manager

**APPENDIX B**

**WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the tasks and procedures in our facility in which human blood and other potentially infectious material are handled, which may result in exposure to bloodborne pathogens.

<b>CLASSIFICATION DESCRIPTION</b>	<b>DEPARTMENT/LOCATION</b>	<b>TASK/PROCEDURE</b>
ASSESSMENT AIDE (269)	COMMISSION ON AGING	CLN, FLD
BLDG MAINT WORKER I (PLUMBING) (23)	FACILITIES	CLN, FLD, VIC
CAPTAIN (92)	SHERIFF DEPARTMENT	VIC, CIT
CARETAKER: TWIN LAKES (27)	PARKS AND RECREATION	CLN, FLD
CHIEF PROBATION OFFICER (65)	PROBATE/FAMILY COURT	FLD
COOR: HEALTH PROG (NURSING) (184)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN
COORDINATING NURSE (184)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN
CORRECTIONAL OFFICER (50)	SHERIFF DEPARTMENT	CIT, FLD, CLN, VIC, INJ, BLD, FST
CUSTODIAL ASSISTANT (237)	PARKS AND RECREATION	CLN
DEPUTY (67,68)	SHERIFF DEPARTMENT	VIC, CIT, MED, FST
DETECTIVE (251)	SHERIFF DEPARTMENT	VIC, CIT, FST
DIETITIAN (208)	HEALTH DEPT	MED, BLD
DIRECTOR: COMMUNITY HEALTH (176)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN
EVIDENCE CONTROL OFFICER (249)	SHERIFF DEPARTMENT	FLD
FORENSIC EXAMINER/ SENIOR FOREN. EXAM. (249)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN, VIC
GROUNDS COORDINATOR (169)	FACILITIES	CLN, FLD
GROUNDS MAINTENANCE WKR (105)	FACILITIES	CLN, FLD
HEALTH PROGRAM SUPERVISOR (282)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN
HOME HEALTH AIDE (144)	COMMISSION ON AGING	CLN, FLD
HOMEMAKER AIDE (88)	COMMISSION ON AGING	CLN
JUVENILE PROBATION OFFICER (114)	PROBATE/FAMILY COURT	FLD

LEAD SERWER AND WATER OPERATOR (129)	DPW	CLN
LIEUTENANT (19)	SHERIFF DEPARTMENT	VIC, CIT
LIFEGD/WSI/AQUATIC LDR (96,203,276)	PARKS AND RECREATION	VIC
MANAGER: SEWER AND WATER (126)	DPW	CLN
MECHANIC (236)	DPW	CLN
MEDICAL EXAMINER/DEPUTY MEDICAL EX. (295)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN, VIC
NURSE PRACTITIONER (177)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN
NURSE- COA (101)	COMMISSION ON AGING	CLN, FLD
PARK RANGER (104)	PARKS AND RECREATION	CLN
PERS. HEALTH TECH (LPN) (173)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN
PERSONAL HEALTH TECH. (185)	HEALTH DEPT	MED, FLD, BLD, CLN
PUBLIC HEALTH NURSE (179, 181)	HEALTH DEPT	INJ, MED, FLD, BLD, CLN
SEAS. / TEMP LAW ENF. OFFICER (230)	SHERIFF DEPARTMENT	VIC, CIT
SERGEANT: CORRECTIONS (124)	SHERIFF DEPARTMENT	CIT, FLD, CLN, VIC, INJ, BLD, FST
SERGEANT: PATROL (125)	SHERIFF DEPARTMENT	VIC, CIT, MED, FST
SEWER AND WATER I (127)	DPW	CLN
SEWER AND WATER II (128)	DPW	CLN
SHERIFF (157)	SHERIFF DEPARTMENT	VIC, CIT
UNDERSHERIFF (139)	SHERIFF DEPARTMENT	VIC, CIT

## TASK PROCEDURE CODES

INJ: INJECTIONS

MED: MEDICAL PROCEDURES

BLD: BLOOD DRAWING, HANDLING

CIT: RESTRAINING/TRANSPORTING CITIZENS

FLD: HANDLING BODY FLUIDS

VIC: HANDLING VICTIMS AT ACCIDENT SCENE

CLN: CLEANING SPILLS OF POTENTIALLY CONTAMINATED BODY FLUIDS

FST: POSITION CONSIDERED TO BE A FIRST RESPONDER

**ENGINEERING CONTROL EQUIPMENT**

The following areas have, or should have as a minimum, the listed Engineering Control Equipment to eliminate or minimize our employee's exposure to bloodborne pathogens. If equipment is needed but not yet installed, it is listed in the 'Needs Updating' column.

DEPARTMENT/LOCATION	CONTROL EQUIPMENT	NEEDS UPDATING	DATE LAST REVIEWED
Sheriff Patrol Cars/ Boats	Class 1		Sept 2013
Sheriff Jail	Class 3		Sept 2013
Community Health – HSB	Class 3		Sept 2013
Environmental Health – PSB	Class 2		Sept 2013
Facilities Management	Class 2		Sept 2013
Commission on Aging	Class 1		Sept 2013
Parks and Rec: Twin Lakes	Class 2		Sept 2013
Parks and Rec: Power Island	Class 2		Sept 2013
Parks and Rec: Civic Center	Class 2		Sept 2013

Class 1: Gloves and handwashing materials - part of First Aid Kit in every vehicle.

Class 2: Gloves, disinfectant - part of First Aid Kit or Janitorial Supplies on each floor of each building.

Class 3:

- Gloves, gowns, goggles, masks, and disinfectant.
- Handwashing facilities (or antiseptic hand cleansers and towels or antiseptic towelettes), which are readily accessible to all employees who have the potential for exposure.
- Containers for contaminated reusable sharps having the following characteristics:
  - Puncture-resistant
  - Color-coded or labeled with a biohazard warning label
  - Leak-proof on the sides and bottom
- Specimen containers which are:
  - Leak-proof
  - Color coded or labeled with a biohazard warning label
  - Puncture-resistant, when necessary
- Secondary containers which are:
  - Leak-proof
  - Color coded or labeled with a biohazard warning label
- Puncture resistant, if necessary