



## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

### **POLICY.**

The Management Staff of the Deschutes County Adult Jail (DCAJ) are committed to the prevention of incidents which result in employee injury and illness, and to comply with the Oregon OSHA Bloodborne Pathogens Standard, Oregon Administrative Rule (OAR) 437-02-1910.1030, and through this written exposure control plan share assigned responsibility to ensure performance under that responsibility and hereby adopt this exposure control plan as an element of the Deschutes County Adult Jail Safety and Health Program.

### **PURPOSE.**

The purpose of this exposure control plan is to:

- a. Eliminate or minimize employee occupational exposure to blood or other body fluids.
- b. Identify employees occupationally exposed to blood or other potentially infectious materials while performing their regular job duties.
- c. To provide employees exposed to blood and other potentially infectious material information and training. A copy of this plan is placed in the Policy and Procedure Manual.
- d. Comply with OR-OSHA Bloodborne Pathogen Standard, Oregon Administrative Rules (OAR) 437-02-1910.1030.

### **REFERENCES.**

- OAR 437-02-1910.1030

### **DEFINITIONS.**

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

**Bloodborne Pathogens.** 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), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).

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

**Engineering Controls.** Sharp disposal containers or self-sheathing needles that isolate or remove the bloodborne pathogens hazard from the work place.

**Exposure Incident.** 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.

**Hepatitis B Virus.** HBV

**Hepatitis C Virus.** HCV

**Human Immunodeficiency Virus.** HIV

**Other Potentially Infectious Materials.**

- a. 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.
- b. Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
- c. HIV-containing cell or tissue cultures, organ cultures, and HIV, HBV or HCV-containing culture medium or other solutions, blood, organs, or other tissues from experimental animals infected with HIV, HBV, or HCV.

**Personal Protective Equipment.** 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 are not considered to be personal protective equipment.

**Sharps.** Any item that is designed to pierce the skin or has potential for piercing the skin such as razors, needles, scalpels, etc.

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

***SECTION A: EXPOSURE DETERMINATION***

**A-1.** The DCAJ has performed an exposure determination for all common job classifications which may be expected to incur occupational exposure to blood or other potentially infectious materials. This exposure determination is made without regard to use of personal protective equipment.

The following is a list of job classifications in which some employees may have occupational exposures. Not all of these employees are expected to incur exposure to blood or other potentially infectious materials. The job classification, tasks, and procedures are listed below:

Job Classification	Task/Procedures
Facility Captain	Inmate Control
Facility Lieutenant	Inmate Control and First Aid Procedures
Corrections Sergeants	Inmate Control, First Aid Procedures & Property Searches
Corrections Deputies	Inmate Control, First Aid Procedures & Property Searches
Facility Nurse	Care and treatment of inmates and staff
Corrections Cook	Procedures of cooking and First Aid Procedures

## **SECTION B: COMPLIANCE METHODS**

**B-1.** The following methods are used in order to meet compliance:

- a. **Standard Precautions.** Recognizes all body fluids, except sweat, as though they are infectious with pathogens. This method of infection control requires the employee to assume that all human body fluids are to be considered as potentially infectious.
- b. **Engineering Control and Work Practices.** Engineering, and work practice controls, shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of the controls, personal protective equipment shall also be used.
  - 1) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
  - 2) Employers shall provide hand washing facilities which are readily accessible to employees. When provision of hand washing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antimicrobial towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
  - 3) Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
  - 4) Employers shall ensure employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately, or as soon as feasible, following contact of such body areas with blood or other potentially infectious materials.
  - 5) Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted in paragraph one and two below. Shearing or breaking of contaminated needles is prohibited.
  - 6) Contaminated needles and other contaminated sharps shall not be recapped or removed unless the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.

- 7) Such recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique. A hemostat may be used for the removal of needles from the vacu-tainers.
- c. Immediately, or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be puncture resistant, labeled or color-coded in accordance with this standard, and leak proof on the sides and bottom.
- d. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is reasonable likelihood of occupational exposure.
- e. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.
- f. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- g. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
  - 1) The container for storage, transport, or shipping shall be labeled or color-coded according to OSHA standards. Labeling or color-coding in accordance with OSHA standards is required when such specimens/containers leave the Facility.
  - 2) If outside contamination of the primary container occurs, the primary container shall be placed within the second container which prevents leakage and is labeled or color-coded according to the requirements of this standard.
  - 3) If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.
- h. Staff using equipment which has become contaminated with blood or other potentially infectious material will examine the equipment prior to continued use, and decontaminate as necessary, unless decontamination of the equipment is not feasible. Examples of this equipment are inmate's mattresses, handcuffs, linen, leather restraint, backboard, individual equipment in cells, cell walls, restraint chair.
- i. Engineering and work practice controls will be used by all employees to eliminate or minimize occupational exposures at this facility. The engineering controls specific to the DCAJ are:
  - 1) Contaminated disposable sharps and razors will be placed in puncture-proof biohazard containers.
  - 2) Articles contaminated by body fluids and disposable items from medical isolation will be placed in a biohazard hamper.
  - 3) Contaminated linen shall be placed in a boilable laundry bag which is placed inside a red biohazard bag or a plastic bag which is labeled with a biohazard label.

**B-2.** The work practices specific to the DCAJ are:

Latex gloves are to be worn for body, clothing or cell searches, as well as when handling any body fluid specimens. Gloves should be worn for linen exchanges.

- 1) Wash hands with soap and water after exposure to body fluids and/or removal of latex gloves.
- 2) Flush eyes immediately if contaminated by the splashing of body fluids.
- 3) Specimens (urine, blood, body fluid) shall be stored in leak proof containers and placed in a sealed plastic bag labeled, "biohazard," for transport. Specimens shall not be stored next to foods or medications.
- 4) Decontamination of contaminated equipment shall be done prior to reuse by a bleach/water solution of 1:10 or another effective disinfectant. These items include handcuffs, mattresses, linen, leather restraints, restraint chair, countertops, etc.
- 5) Any garments which are penetrated by blood or body fluids shall be removed as soon as possible.

### ***SECTION C: PERSONAL PROTECTIVE EQUIPMENT (PPE)***

**C-1.** When there is occupational exposure the Sheriff shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks, and eye protection, microshields or pocket masks, or other ventilation devices. Personal protective equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to, or reach, the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions for use and for the duration of time which the protective equipment will be used. Body protection will be provided at no cost to employees and to be used during duties.

- a. Lab coats are available for general use by medical personnel. Splash protection gowns are available for potential splatter or spraying of body fluids.
- b. Gloves available for body, clothing or cell searches, phlebotomy, first aid or dressing changes, medical examinations, handling of soiled linen or food trays. Disposable gloves should be thrown away after each use.
- c. Masks are available for respiratory isolation and splash protection. Microshields or pocket masks are to be used when CPR has been initiated.
- d. Eye protection is available to be worn when there is potential for spraying or splattering of body fluids.
  - 1) Hypoallergenic gloves, glove-liners, powderless gloves or other similar Alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
  - 2) All PPE will be removed prior to leaving the work area.
  - 3) All PPE will be cleaned, laundered, or disposed of by the employer at no cost to the employee.
  - 4) All disposable, contaminated PPE, when removed, will be placed in the hazards' waste hamper for disposal. Non-disposable eye protection shall be washed with soap and water before decontamination by one part bleach to ten parts water or any other proper decontaminant used by the facility.

- C-2.** Sanitation in this facility will be cleaned and decontaminated according to the DCAJ Sanitation Policy No.CD-4-1.
- C-3.** Contaminated laundry and contaminated wet laundry will be handled in the following manner:
- a. Shall be handled as little as possible and shall be placed in a boilable laundry bag at the location where it was used. The boilable bag will be placed inside a red biohazard bag for transfer to the laundry room. Persons having contact with the contaminated laundry should wear gloves and other appropriate PPE.
  - b. Contaminated laundry will be cleaned in the laundry room.
- C-4.** Regulated waste will be handled in the following manner:
- a. Contaminated sharps shall be discarded as soon as possible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded.
  - b. During use, containers for contaminated sharps shall be easily accessible to personnel and located in the immediate area.
  - c. A supply of sharps' containers are located in the Nurse's Office and the Facility storage room. Sharps' containers used for collection of used razors are located in the storage room.
  - d. Containers shall be maintained upright throughout use, replaced routinely when 2/3 full, and not allowed to overfill. When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
  - e. Sharps' containers shall be placed in a secondary container if leakage of the primary container is possible. The second container shall be closable, constructed to contain all contents, and prevent leakage during handling, storage, transportation and shipping. The second container shall be labeled or color-coded to identify its contents.
  - f. Reusable containers shall not be opened, emptied or cleaned manually, or in any other manner which would expose employees to the risk of percutaneous injury.
  - g. Other regulated waste is placed in containers which are closeable, constructed to contain all contents, and prevent leakage of fluids during handling, storage, transportation or shipping. The waste is color-coded and closed prior to removal.
  - h. When ready for disposal, sharps' containers and all red biohazard bags from the waste hamper shall be placed in the large biohazard waste container. Bend Garbage and Recycling will be contacted for disposal of a full biohazard waste container.

#### ***SECTION D: LABELS AND SIGNS***

- D-1.** Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or another method that prevents their loss or unintentional removal.

- a. The Facility Nurse will ensure biohazard labels are on each container of regulated waste.
- b. Warning labels shall be affixed to containers of regulated waste and other containers used to store, transport or ship blood, or other potentially infectious materials, except as provided in this policy.
- c. The universal biohazard symbol shall be used. These labels shall be fluorescent-orange (orange-red) or predominately so, with lettering or symbols in a contrasting color.
- d. Red bags or red containers of blood may be substituted for labels.
- e. Individual containers of blood, or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal, are exempted from the labeling requirement.
- f. Regulated waste that has been decontaminated need to be labeled or color coded.

### ***SECTION E: HEPATITIS B VACCINE***

- E-1.** The DCAJ will offer at no cost to all employees the Hepatitis B Vaccine and vaccination series, the post exposure follow-up to those who have had an exposure incident within ten working days after receiving the initial job assignment.
- a. The County's Risk Management Supervisor is in charge of the Hepatitis B Vaccination Program.
  - b. The Sheriff will ensure that all medical evaluations and procedures including the Hepatitis B Vaccine and vaccination series, post exposure follow-up, including Prophylaxis are made available at no charge to the employee at a reasonable place and time, and performed or supervised by a licensed health care professional according to the recommendations of the Center for Disease Control. If the employee refuses the vaccine, they will sign a refusal form with Human Resources.

### ***SECTION F: POST EXPOSURE EVALUTION AND FOLLOW-UP***

- F-1.** When an employee has an exposure incident it will be reported to a shift supervisor immediately. A Report of Job Injury or Illness Form 801 and the employee portion of the Incident/Accident Report will be completed. The shift supervisor will complete the supervisor portion of the Incident/Accident Report.
- F-2.** Following a reported exposure incident, the exposed employee will immediately receive a confidential medical evaluation which will include the following elements:
- a. Documentation of the route(s) of exposure where the incident occurred
  - b. Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law
    - 1) In order to determine HBV, HCV and HIV infectivity of the source individual's blood, proper testing will be conducted after consent. If consent is denied, the shift lieutenant will contact Sheriff's Office Legal Counsel.
    - 2) If the source individual is already known to be infected with HBV, HCV or HIV, testing does not need to be repeated.

- 3) Results of the source individual's testing shall be made available to the exposed employee. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

***SECTION G: COLLECTION AND TESTING OF BLOOD FOR HBV AND HIV SEROLOGICAL STATUS***

- G-1.** The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the exposure occurs during regular business hours, notify Occupational Medicine at The Center by phone, fill out the Occupational Medicine at The Center form and report to them for care. If the exposure happens after hours, on weekends or holidays, report the SCMC Emergency Room for care.
- G-2.** If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 21 days. If within 21 days of the exposure incident, the employee elects to have the baseline sample tested; such testing shall be done as soon as feasible.
- G-3.** All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the standard. All post exposure follow-ups will be performed by St. Charles Emergency Department. Further follow up will be managed by Occupational Medicine at The Center.
- G-4.** The shift lieutenant will ensure the health care professional responsible for the employee's Hepatitis B Vaccination is provided the following:
  - a. A copy of this regulation
  - b. A description of the exposed employee's duties as they relate to the exposure incident
  - c. Documentation of the route(s) of exposure and circumstances of how the exposure occurred
  - d. Results of the source individual's blood testing, if available
  - e. All medical records relevant to the appropriate treatment of the employee, including vaccination status, which are the employer's responsibility to maintain
- G-5.** Occupational Medicine at The Center will conduct follow up and counsel the exposed staff.
  - a. The health care professional's written opinion for the post-exposure evaluation and follow up shall be limited to the following information:
    1. The employee was informed of the results of the evaluation.
    2. The employee was informed about any medical conditions resulting from the exposure to blood, or other potentially infectious materials, which require further evaluation or treatment.

***SECTION H: INFORMATION AND TRAINING***

- H-1.** The Administrative Lieutenant will ensure that training is provided at the time of initial assignment to tasks where occupational exposure may occur, and repeated on a yearly



basis. The training program will be offered during the normal work shift. Additional training will be given to the employees when any changes of tasks or procedures occur.

- H-2.** The Training Department is responsible for maintaining a record of training employees received. The employee training record for Bloodborne Pathogens HIV, HBV and HCV, will be used and maintained for seven years. Training records shall include the following information:
- a. The dates of the training sessions
  - b. The contents or a summary of the training sessions
  - c. The names and qualifications of persons conducting the training
  - d. The names and job titles of all persons attending the training session
- H-3.** The Sheriff is responsible for reviewing this Program, its effectiveness, and update as needed.

### ***SECTION I: DOCUMENTATION***

- I-1.** The Risk Management Supervisor is responsible for maintaining Employee Medical Record Hepatitis B-Form Number 701. This record shall include:
- a. The name and social security number of the employee
  - b. A copy of the employee's Hepatitis B Vaccination status including the dates of all the Hepatitis B Vaccinations and any other medical records relative to the employee's ability to receive a vaccination
  - c. A copy of all results of examinations, medical testing, and follow-up procedures
  - d. The employer's copy of the health care professional's written opinion
  - e. A copy of the information provided to the health care professional
  - f. The employer shall maintain the records required by law for the duration of employment plus 30 years

### **FORMS USED:**

- Employee Medical Record Hepatitis B, Form No. 701
- Incident/Accident Form
- Occupational Medicine at The Center, Service Request Form