

HERTFORD COUNTY GOVERNMENT

**Safety and Health Program
BLOODBORNE PATHOGENS POLICY**

Developing Department:	Safety / Human Resource – Risk Management
Policy Title:	Bloodborne Pathogens Policy
Policy Location:	Safety and Health Program Manual
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Adopted By/Title:	Don Craft, County Manager
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STATEMENT OF PURPOSE

Hertford County Government’s Bloodborne Pathogens Policy addresses At Risk employees that perform job duties in which they come into contact with human bloodborne pathogens or other human potentially infectious materials. The policy methods of compliance described herein are intended to reduce the risk of occupational exposure of human bloodborne pathogens in accordance with the North Carolina Occupational, Safety, and Health Administration’s Bloodborne Pathogens Standard 29 CFR 1910.1030.

STANDARD

NCOSHA’s Bloodborne Pathogens Standard came into effect on March 6, 1992. The standard is designed to protect employees, particularly health care employees, from exposure to the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV), and other bloodborne pathogens. Of the diseases caused by these viruses, Hepatitis B is the most common. Hepatitis B infection may result in serious illness, potential long-term disability and death. HIV causes AIDS for which there currently is no cure and which eventually results in death. These viruses, as well as other organisms that cause bloodborne diseases, are found in human blood and certain other human body fluids.

METHODS OF COMPLIANCE

1.0 POLICY

1.1 Hertford County complies with 29 CFR 1910.1030, the OSHA Bloodborne Pathogens Standard and relevant sections of the North Carolina communicable disease law and rules (G. S. 130A-144, 15A NCAC 19A .0201(b) (4) (e) and (f), .0202 (4) and (9)), and .0203 (b) (3)), and North Carolina medical waste management law and rules (G. S. 130A-309.26 and 15A NCAC 13B .1200 to .1207). (See appendix 6.1-6.3).

1.2 The policy outlines steps to prevent occupational exposure and specific procedures to be followed if an inadvertent percutaneous or intramuscular exposure occurs.

1.3 The policy and procedures shall be reviewed and updated at least annually and whenever necessary to reflect new job descriptions and modified tasks and procedures that affect occupational exposure.

2.0 EMPLOYEES AFFECTED

2.1 All employees who have occupational exposure to bloodborne pathogens are covered by this policy and its standard operating procedures.

2.2 Hertford County contract employees are required to have current hepatitis B immunization to perform jobs involving exposure to bloodborne pathogens. Hertford County Government does not provide the initial hepatitis B vaccination series to contract employees.

3.0 DEFINITIONS

3.1 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) and human immunodeficiency virus (HIV).

3.2 Other Potentially Infectious Materials: Includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood.

3.3 Occupational Exposure: Actual or potential parenteral skin, eye or mucous membrane contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

3.4 Universal Blood and Body Fluid Precautions: An approach to infection control. According to the concept of universal precautions, all human blood; body components including serum; other body fluids containing visible blood; semen; vaginal secretions; tissues; and cerebrospinal,

synovial, pleural, peritoneal, pericardial, and amniotic fluids are treated as if they are infectious for HIV, HBV, and other bloodborne pathogens.

4.0 STANDARD OPERATING PROCEDURES FOR PREVENTION OF DISEASE(S) CAUSED BY BLOODBORNE PATHOGENS

4.1 Hertford County has developed written exposure determinations and maintains a list of all job classifications in which members have occupational exposure to bloodborne pathogens. All job tasks and procedures are classified into all or some categories to facilitate exposure determination. (Refer to the sample "Methods of Compliance by Tasks, Exposure Categories and Job Classifications" for guidance in developing specific exposure determinations).

a. Exposure Determination includes:

1. Task that involved exposure to blood, body fluids, tissues, or potentially infectious materials.

Job classification in which all employees have high risk:

Emergency Management/Fire Marshal Staff
EMS Staff
Sheriff Deputies/Investigators/Animal Control Officers
Detention Center Staff
Public Building/Housekeeping Staff
Solid Waste Employees

b. Exposure Determination also includes:

1. Task that may have some exposure to blood, body fluids, tissues, or potentially infectious materials.

Job classification in which some employees have occupational exposure:

Jail Clerical Booking/Intake
Social Workers II
Social Workers III

4.2 Hertford County establishes, maintains and enforces work practices and standard operating procedures to eliminate or minimize contact with blood or other potentially infectious materials. (Refer to "Standard Operating Procedures for Protection against Occupational Exposure to Bloodborne Pathogens; Section 5.0).

a. Hertford County employees are required to follow standard operating procedures while performing job duties classified as all or some.

4.3 Hertford County uses modifications to the work environment and changes in work practices and procedures as the primary method to eliminate or minimize Employee's exposure.

4.4 All Hertford County employees who have occupational exposure to bloodborne pathogens are required to have hepatitis B vaccine. The vaccination series is provided to Employee's at no charge and must be on record in the employee's medical file with Human Resource and recorded on form HB-3 in the supervisors personnel file. (See Attachment HB-3)

a. The first dose of vaccine is to be made available to employees within 10 working days of initial assignment. Subsequent doses are to be administered according to current Center for Disease Control recommendations.

b. Employees who decline hepatitis B vaccine are required to sign a Hepatitis B Vaccine Declination Form, and have the option of taking the vaccine at a later date if occupational exposure continues. (See Attachment HB-1)

c. If a routine booster dose(s) of Hepatitis B vaccine is recommended by the CDC/USPHS at a future date, such booster dose(s) shall be made available to Employee's at no charge.

d. All Hertford County employees under the all or some Category must provide proof of their Hepatitis B vaccine status, including dates given, route, manufacture, and agency provider who administered the vaccine.

4.5 Hertford County offers initial, annual, and new or modified procedures training to all employees who perform Category I and II tasks and should be documented on form HB-3. (See Attachment HB-3)

At a minimum, the training covers:

- access to and explanations of the Bloodborne Pathogens Standard
- information about bloodborne diseases and their transmission
- the agency's exposure control plan
- job classifications that are covered under Category I and II, -information about Hepatitis B vaccine
- decontamination and disposal procedures
- universal blood and body fluid precautions
- protective equipment, and
- information and policies for reporting and treatment for an inadvertent exposure to bloodborne pathogens.

4.6 Hertford County has implemented a written schedule for cleaning and the method of decontamination based upon the location within or outside the facility (laboratory, clinic, home setting, etc.), type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

- a. Employees are required to clean equipment, environmental and work surfaces and decontaminate them immediately after contact with blood or other body fluids using an EPA-approved disinfectant, such as phenolic or quaternary ammonium germicidal detergent solution or a 1:10 to a 1:100 dilution of bleach.

4.7 Hertford County follows the North Carolina medical waste management laws and rules except when the OSHA standard preempts the North Carolina rules because the state rules are less restrictive.

- a. North Carolina regulated medical waste is blood and body fluids in individual containers in volumes greater than 20 ml; microbiological waste, such as laboratory cultures and stocks; and pathological waste such as human tissue, organs or body parts. These three types of waste must be treated (rendered non-hazardous by a method such as incineration, steam sterilization, or sanitary sewage disposal for bulk blood of greater than 20 ml per container) prior to disposal with other general solid waste.

1. Sharps, including contaminated needles, scalpels, plastic slides and cover slips, broken glass and capillary tubes, ends of dental wires, and other contaminated objects that can penetrate the skin, are regulated medical waste and must be:

- a. Packaged in a biohazard-labeled (fluorescent orange or orange-red with lettering or symbols in contrasting color) or red container that is rigid, closable, puncture-resistant and leak proof (when in an upright position).

- b. Sharps containers must be located close to the work areas and replaced before overfilled;

- c. During removal of sharps containers from areas of use, they must be closed and placed in a second biohazard labeled, leak-proof container or a red plastic bag (160 lb. burst strength polyethylene), if there is the possibility of leakage. To avoid unnecessary member exposure to small volumes of blood (greater than 20 ml) in individual containers, such as laboratory vacuum tubes, they should not be emptied. Containers of greater than 20 ml of blood that are to be discarded and stored while awaiting off-site transport must be either stored in a secure area, restricted to authorized personnel or packaged in a container suitable for sharps, or in a plastic bag (160 lb. burst strength polyethylene) that is placed in a rigid biohazard-labeled fiberboard box or drum.

d. Contaminated disposable items, such as dressings, drapes, etc., that would release blood or body fluids in a liquid or semi-liquid state if compressed or items that are caked with dried blood are regulated waste as defined by OSHA. Regulated waste does not require treatment and may be disposed of as general solid waste.

2. However, while on-site, blood-soaked or caked items must be discarded, stored and transported in red plastic bags or in closable, leak-proof, biohazard labeled containers.

4.8 As defined by OSHA, contaminated laundry means laundry that is soiled with blood or body fluids or that may contain sharps.

a. When handling contaminated laundry, employees are to practice universal precautions, including wearing gloves. Contaminated laundry is to be handled as little as possible, with minimum agitation.

b. Contaminated laundry must be placed in red plastic bags or biohazard-labeled, leak-proof containers wherever it is generated. It is not to be sorted or rinsed at the location where it is used.

c. Although contaminated laundry must be handled more carefully and stored in labeled or red bags, it can be washed with the regular laundry.

d. Hertford County ambulance is presently using medical facilities laundry, in which they practice universal precautions.

4.9 Hertford County has established and maintains a record keeping system that consists of:

a. A confidential medical record for each employee who performs all or some tasks, maintained in human resources.

b. Training records including content, faculty and attendance maintained by safety director.

5.0 STANDARD OPERATING PROCEDURES FOR EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS

When an inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials occurs:

5.1 Employee's are required to:

- a. Remove contaminated personal protective equipment and place it in a red or biohazard labeled bag.
- b. Wash exposed areas (hands and other skin surfaces) with soap and water. If soap and water is not available at the scene, a waterless hand wash may be used. Immediately flush exposed mucous membranes with water, and, if exposed, flush eyes with large amounts of water or eye wash solution.
- c. Immediately report exposure incident to the direct supervisor. If the exposure occurs after 5:00 p.m. or on a weekend or holiday, the member should immediately notify the supervisor on an emergency basis.
- d. Seek medical care if first aid is needed or if a sign of infection, such as redness or swelling, occurs.
- e. Obtain an Incident Report form from the Supervisor. Complete and return it to the Supervisor within 24 hours. An "Exposure Report" form is enclosed. (See Attachment HB-2)

When an employee or a supervisor reports an inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials:

5.2 Supervisor and/or the County Human Resource Department are required to:

- a. Immediately arrange or conduct exposure follow-up.
- b. Review standard operating procedures and methods to prevent future exposures with the employee.
- c. Provide employee with the Exposure Report Form. (See Attachment HB-2)

When an employee or supervisor reports an inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials:

5.3 The County Human Resource Department or Health Care Provider is required to:

- a. Assess the employee's exposure, his/her hepatitis B vaccination and vaccine response status, whether the source of the blood is available, and the source's HIV and HBsAG status. This is done by interviewing the employee; reviewing the completed Incident Report form, the employee's confidential medical record and the source's record; contacting the source's physician and talking with other employees, as indicated.

b. Individualize post-exposure management and treatment of exposed employee (s) on a case by case basis, following current communicable disease rules.

c. Make arrangements for HIV and HBsAG testing and counseling of source person, if known, according to the communicable disease rules (15A NCAC .0202(4) (a) (i) and .0203(b) (3) (A)), unless already known to be infected.

d. Conduct HIV and HBV pre-test counseling prior to obtaining laboratory tests from the exposed member. Obtain consent for confidential HIV testing from the employee.

e. If the employee consents to a baseline blood specimen collection, but does not give consent at that time for HIV serologic testing, the serum sample must be stored by freezing at -20 degrees C, for 90 days (if stored longer, must be frozen at -70 degrees C). If, within 90 days of the exposure incident, the member elects to have the baseline sample tested, such testing shall be done as soon as possible.

f. Follow the hepatitis B prophylaxis after percutaneous and permucosal exposure, as required by communicable disease rule (15A NCAC .0203(b) (3)).

g. Consult with the agency physician or employee's attending physician if prophylactic zidovudine, hepatitis B immune globulin, or hepatitis B vaccine is indicated.

To ensure that the physician is adequately informed, provide him/her with a copy of the OSHA Bloodborne Pathogens Standard, applicable communicable disease rules, the agency's exposure plan, a description of the specific exposure incident, the infection state of the source, the vaccination and immunity status of the exposed employee.

h. Conduct post-exposure counseling on return of laboratory results. All employees will receive their laboratory results.

If the person is HIV or HBV infected, employee counseling should include:

1. Refraining from sexual intercourse unless condoms are used
2. not sharing needles or syringes,
3. not donating or selling blood, and
4. not breast-feeding.

i. Provide prophylactic treatment or immunization as ordered by the physician and as required by the communicable disease rule (15A NCAC .0203(b)(3)(b) and (c)).

1. When indicated, administer prophylactic zidovudine and HBIG as soon as possible after exposure, since zidovudine's value beyond 48-72 hours, and HBIG's value

beyond 7 days is unclear.

j. If the source person is HIV-positive or is unknown, conduct follow-up HIV testing and counseling for the exposed employee at 3 and 6 months.

l. File completed Incident Report form with the Hertford County Human Resource Department.

m. Record the circumstances of exposure and post-exposure management on the employee's confidential medical record.

6.0 APPENDICES

6.1 U.S. Department of Labor.(1991). 29 CFR 1910.1030 The OSHA Bloodborne Pathogens Standard.

6.2 N.C. General Statute 130A-144 and N.C. Administrative Code (15A NCAC 19A .0201(4) and .0203(b) (3)). Control measures for HIV and HBV for Health Care Workers.

6.3 N.C. Administrative Code (15A NCAC 13B .1200 to .1207), Medical Waste Management.

6.4 Enclosed is a copy of the Hepatitis B Vaccination Declination Form to be used by the County. See attachment HB-1.

6.5 Enclosed is a copy of the Exposure Report form. See attachment HB-2.

6.6 Enclosed is a copy of the Training & Inoculation form. See attachment HB-3.

6.7 Enclosed is a copy of the Compliance form. See attachment HB-4.

HEPATITIS B VACCINE DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring **Hepatitis B** virus (HBV) infection. I have been given the opportunity to be vaccinated with **Hepatitis B** vaccine at no charge to myself. However, I decline **Hepatitis B** vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring **Hepatitis B**, a serious disease.

If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with **Hepatitis B** vaccine, I can receive the vaccination series at no charge to me.

NAME _____

SIGNATURE _____ DATE _____

WITNESS _____ DATE _____

**HERTFORD COUNTY
BLOODBORNE PATHOGEN EXPOSURE REPORT**

NAME OF EMPLOYEE _____	DATE OF EXPOSURE _____
TIME OF EXPOSURE _____	DAY OF WEEK _____
DEPARTMENT _____	SOCIAL SECURITY # _____
SHIFT _____ JOB TITLE _____	AGE ____ SEX ____

EXPOSURE TYPE	(circle one)
1	Needle stick
2	Blood/Body fluid splash
3	Puncture/Laceration
4	(a) Blood (b) Blood/Body Fluid (c) Body Fluids
5	Bite
6	Other

Body part exposed _____

Where did exposure occur? _____

Personal protective equipment used/universal precautions? _____

Witness/Witnesses _____

Witness description of exposure _____

Describe exposure _____

Other person(s) present _____

Any of these persons exposed? circle one Yes No

Exposure source if known:
Social Security # _____
Date of Birth _____
Source Unknown _____

Employee did not receive medical attention. _____ Reason _____

Employees Signature _____ Date _____

Supervisor Signature _____ Date _____

TRAINING & INOCULATION FORM

TRAINING INFORMATION

NAME _____

LAST 4 OF SOCIAL SECURITY NUMBER # _____

DEPARTMENT _____

DATE _____ - _____ - _____

INSTRUCTOR _____

LOCATION _____

DATE OF INOCULATIONS:

___/___/___

___/___/___

___/___/___

Supervisor Confirmed with Human Resource _____

COMPLIANCE FORM

Upon receipt of this policy:

Please complete this page and file one copy in Supervisors personnel folder and return original to the office of the Hertford County Human Resource/Risk Manger.

I, _____, hereby confirm that a copy of the Hertford County Bloodborne Pathogen Compliance Program policy was furnished to me on the _____ day of _____, 20____.

EMPLOYEE SIGNATURE _____

DATE _____

DEPT. HEAD SIGNATURE _____

DATE _____