# BLOODBORNE PATHOGENS COMPLIANCE PROGRAM

## 1.0 POLICY

1.1 This policy is designed to help Hertford County employees eliminate or minimize exposure to bloodborne pathogens or other potentially infectious materials. The degree of risk of acquiring bloodborne pathogens on the job is directly related to the frequency of parenteral exposure to blood. Non-intact skin eye and mucous membrane exposure to blood poses a lower risk, and exposure to other potentially infectious body materials, still a risk.

1.2 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).

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

**1.4** 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 full-time 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. With this exception, all other aspects

of this policy and its standard operating procedures apply to part-time and temporary employees and volunteers.

## 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 a member'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).

2 **Exposure Determination includes:**

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

Job classification in which all employees have occupational exposure:

Emergency Management Coordinator

Emergency Management Coordinator
Ambulance Service Staff
Deputy Sheriffs
Aging - Respite Provider

Building Maintenance

Animal Control
Housekeeping
Jail Staff
Solid Waste Employees

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:

Task Force
Jail Clerical
III Aging

Social Workers II
Social Workers

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 member 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 members at no charge.

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 Appendix 6.6 enclosed). SEE ATTACHMENT A HB1

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 members 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, pre-placement, annual, and new or modified procedures training to all employees who perform Category I and II tasks.

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 protocols 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 leakproof (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. 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 member who performs all or some tasks.

b. Training records including content, faculity and attendance.

## 5.0 STANDARD OPERATING PROCEDURES FOR MEMBER EXPOSURE TO BLOODBORNE PATHOGENS

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

5.1 Members 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 water less 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 to 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 **"Incident Report" form** in 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 Personnel 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 **Incident 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 Personnel 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, ifknown,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.

g. 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.

h. 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.

i. 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.

J. File completed Incident Report form with the Hertford County Personnel Department.

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

1. If medical treatment is administered to the exposed employee (e.g. HBIG or a booster hepatitis B immunization is given), record the exposure incident as an injury, not an illness, on the OSHA 200 log. **(See Appendices)**.

## 6.0 APPENDICES

The following governmental documents are located in the Hertford County Personnel Department and are available for review if you so desire.

6.1 U.S. Department of Labor.(1991). 29 CRF 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 Reporting Guidelines for Occupational Injury and Illness.

6.5 OSHA 200 Log. **See attachment**

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

## 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.

Print Name _____

Signature _____ Date _____

Witness _____ Date _____

# BLOODBORNE PATHOGENS COMPLIANCE PROGRAM

**NAME** _____

**SOCIAL SECURITY #** _____-____-_____

**DEPARTMENT** _____

**DATE OF TRAINING** _____-____-_____

**INSTRUCTOR** _____

**DATES OF INOCULATIONS:**

____/____/____ _____
**INSTRUCTOR'S SIGNATURE**

____/____/____ _____
**INSTRUCTOR'S SIGNATURE**

____/____/____ _____
**INSTRUCTOR'S SIGNATURE**

# INSTRUCTION'S TO EMPLOYEES

**Upon receipt of this policy:**

**Please complete this page and return to the office of the Hertford County Manager. This receipt will be filled in your Bloodborne Pathogens Compliance Program folder.**

**I, _____, hereby confirm that a copy of the Hertford County Bloodborne Pathogens Compliance Program Policy was furnished to me on the _____ day of _____, 20___.**

_____ _____

**Signature of employee** **Date**

_____ _____

**Signature of department head** **Date**