

Bloodborne Pathogens Exposure Control Plan

Pend Oreille County has made a commitment to the prevention of incidents or accidents that can result in employee injury or illness. This exposure control plan is an element of our safety and health program and complies with WISHA's ***Bloodborne Pathogens, WAC 296-823***, requirements.

Safety Officer/Human Resources has the authority and responsibility to ensure that all elements of the exposure plan are in place. Employees can read the plan on the County Website Human Resources page and in print at the County Commissioners' Office.

Purpose

The purpose of this exposure plan is to eliminate or minimize employee occupational exposure to blood or other potentially infectious materials (OPIM), identify employees occupationally exposed to blood or OPIM in the performance of their regular job duties, provide information and training to employees exposed to blood and OPIM, and comply with WISHA's ***Bloodborne Pathogen standard, WAC 296-823***.

Exposure determination

Employees subject to the WISHA'S bloodborne pathogens standard are those who are reasonably expected to have skin, eye, mucous membrane, or parenteral contact with blood and/or any body fluids that are contaminated with blood resulting from the performance of their assigned job duties. Although Good Samaritan acts are not covered under the bloodborne pathogen standard, it is our policy to provide evaluation and treatment of employees who sustain exposure to blood or OPIM who assist an injured employee but are not required to.

Table 1 lists job classifications and associated tasks identifying employees at risk of exposure to blood or other potentially infectious materials. Exposure determinations are made without regard to use of PPE.

Table 1: Employees at risk

<i>Job classification</i>	<i>Task or exposure</i>
Sheriff and Deputies	Acts of Law Enforcement
Corrections Officers	Correctional Duties
Maintenance Staff (B&G)	Sewer repair, clean-up (sewage, blood, OPIM)
Solid Waste Staff	Handling of solid waste/recyclables
County Park Host	Cleaning of restrooms, solid waste disposal
Coroner	Coroner duties

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Compliance methods

Universal precautions

Universal precaution is an approach to infection control in which all human blood and other potentially infectious materials are handled as if they were known to be infectious for bloodborne pathogens. Consider difficult- or impossible-to-identify body fluids as potentially infectious.

Engineering and work practices controls

Use the following controls to eliminate or minimize occupational exposure.

Sharp containers

Place contaminated needles, blood-contaminated test tubes, and other sharp objects in a sharps container. Replace containers routinely and do not allow overfilling. When moving containers of contaminated sharps from the area of use, close containers to prevent spillage or protrusion of contents.

Safe medical devices

Purchase and use safe medical devices whenever possible. Evaluate devices annually to determine appropriateness of the device and to investigate new and safer options.

Work practices

Clean up blood spills or body fluids as soon as possible. Use disposable absorptive materials, such as paper towels or gauze pads, to soak up the fluids. Clean the area with chemical germicides or a 1:10 solution of liquid bleach. Place absorptive towels, pads, and other material used to mop up spills in plastic bags or designated, labeled containers and treat as biohazardous waste.

Employees must wash their hands upon removal of gloves and other protective gear. In an emergency, if soap and water are not immediately available, use disposable antiseptic towelettes or germicidal gels to clean hands after removing gloves. Employees must wash their hands with soap and water as soon as possible.

Employees may not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses where occupational exposure can occur. Do not store food or beverages in refrigerators and freezers and other sites used to store blood or other biohazardous material. Place biohazard labels on refrigerators or freezers used to store biohazardous material.

Personal protective equipment (PPE) – Hazard Assessment

PPE is provided at no cost to employees. Employees receive training in its use, maintenance, and disposal annually.

Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if

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it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Employees will receive training on the appropriate use of PPE provided for specific tasks.

The following personal protective equipment is provided for workers:

Required PPE	Tasks	Where it can be found
Disposable Gloves	<i>Sewage, blood, OPIM removal/clean-up, Coroner duties, Sheriff personnel duties including CPR</i>	<i>B&G Maintenance facility, Park Host house, Sheriff's Dept., Coroners' bag (Prosecutor's Office).</i>
Utility Gloves	<i>Handling solid waste at transfer stations</i>	<i>Transfer station utility offices</i>
Safety Glasses	<i>Transfer station duties, B&G Maintenance, Coroner's duties</i>	<i>Transfer station utility offices, B&G Maint. facility, Sheriff's Dept., Coroner's bag (Prosecutor's Office).</i>
Disposable Painters Suit	<i>Building Maint.</i>	<i>B&G Maint. facility</i>
Boots	<i>Buildings & Grounds Maint.</i>	<i>B&G Maint. facility</i>

Employer Name: Pend Oreille County

Employer Address: 625 W. 4th Street, Newport, WA 99156

Name of Person certifying assessment: Christine Rahoun, Safety Officer

Date: June 22, 2022

Storage area

BBP kits located in several buildings are the storage areas for bloodborne protective gear. Supplies may include disposable gloves; face shields; impervious disposable coveralls and booties; resuscitation devices; large, heavy-duty plastic bags and ties; biohazard signs or labels; absorbent pressure dressings for wounds; antiseptic towelettes; and rubber gloves.

Buildings and Grounds staff will be charged of storing absorptive material, and bleach solutions or germicides for cleaning up spilled blood or will obtain outside sources to do so.

PPE use and disposal

Employees engaging in activities that may involve direct contact with blood, OPIM, contaminated objects, mucous membranes, or open wounds must wear disposable gloves made

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of vinyl or latex. Use reusable rubber gloves (inspected and free of apparent defects) or disposable gloves to clean up spill areas. Disinfect reusable gloves with diluted liquid bleach or germicides after use.

Wear face shields or goggles with disposable surgical masks whenever splashes, spray, or spatters of blood droplets or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Use laboratory coats or scrubs to prevent contamination of employee street clothing. Wear impermeable disposable coveralls and booties whenever contamination of skin not protected by gloves or face shields is anticipated, such as a traumatic injury with significant blood loss.

Use resuscitation devices, which minimize contact with mucous membranes, to perform cardiopulmonary resuscitation, or use the Hands-Only Method.

Remove used personal protective equipment at the exposure location or as soon as feasible to avoid contamination of other work areas. Place in a biohazard container or in a plastic bag with a biohazard label. PPE must not be taken from the work site.

Housekeeping

Employees who have received bloodborne pathogen training and who have been included under the exposure plan can clean up spills and work surfaces. HOWEVER, it is preferred and encouraged that only Buildings and Grounds or an outside hired agency perform clean up.

Use chemical germicides or solutions of 5.25 percent sodium hypochlorite (liquid bleach) diluted 1:10 with water for cleaning. Chemical germicides approved for use as hospital disinfectants and effective against HIV can also be used.

Broken glassware or glass items must not be picked up directly with the hands. Use a mechanical means, such as a brush and dust pan, tongs, or forceps. Handle as a biohazardous waste. Decontaminate equipment used to pick up glassware with a 1:10 bleach solution or an approved germicide.

Contaminated laundry

Handle non-disposable linen, such as laboratory coats or scrubs, or any other clothing visibly contaminated with blood using disposable gloves. Minimize the time spent handling laundry. Bag laundry as close as possible to the location where it was used. Place laundry in a bag that prevents soak-through and/or leakage of fluids to the exterior; place a biohazard label on the bag.

Employees cannot wash contaminated items at home. Outsourced facilities should be used.

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Regulated waste

Buildings and Grounds staff will place regulated waste in containers that are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling.

Labels and signs

Affix warning labels to laundry bags, containers of regulated waste, refrigerator units and containers used to store, transport, or ship blood or OPIM. Red bags or red containers can be used instead of labels.

Hepatitis B vaccine

The hepatitis B vaccine is offered, at no cost, to exposed employees within 10 working days of initial assignment. Employees who have potential exposure to bloodborne pathogens but decline to take the vaccination must sign a declination statement. Employees who initially decline can still receive the vaccination should they decide at a later date to accept. Previously vaccinated new hires must provide a vaccination record that includes the vaccination dates. Employees must sign a declination statement if the vaccination record is not available and revaccination is declined or not appropriate.

Each affected department will schedule vaccinations at the Health District and will keep employees' vaccination records in their medical files which are located in the Human Resources Office.

Exposure incident and post-exposure evaluation and follow-up

An exposure incident to bloodborne pathogens is defined as an eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. It is Pend Oreille County's policy to include Good Samaritan acts performed by an employee at the work site.

Whenever an exposure occurs, wash the contaminated skin immediately with soap and water. Immediately flush contaminated eyes or mucous membranes with copious amounts of water. Medically evaluate exposed employees as soon as possible after the exposure incident in order that post-exposure prophylaxis, if recommended, can be initiated promptly.

The medical evaluation is to include the route(s) of exposure and the exposure incident circumstances; identification and documentation of the source individual, where feasible; exposed employee blood collection and testing of blood for HBV and HIV serological status; post-exposure prophylaxis, where indicated; counseling; and evaluation of reported illnesses. Source test results and identity will be disclosed to the exposed employee according to applicable laws and regulations concerning disclosure and confidentiality.

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Newport Hospital/Clinic and Tri-County Health provide hepatitis B vaccinations and medical evaluations and post-exposure follow-up after an exposure incident and has a copy of the *Bloodborne Pathogen standard, WAC 296-823*.

Information provided to the health care professional

Human Resources or the Sheriff's Department (for Law Enforcement/Corrections staff) are responsible for ensuring that the health care professional who evaluated the employee after an exposure incident receives the following information:

- A description of the employee's duties as they relate to the exposure incident
- Documentation of the route(s) and circumstances of the exposure
- The results of the source individual's blood testing, if available
- All medical records relevant to the appropriate treatment of the employee, including vaccination status

Health care professional's written opinion

Human Resources or the Sheriff's Department (for Law Enforcement/Corrections staff) will provide the employee with a copy of the health care professional's written opinion within 15 days after completion of the evaluation.

Limit the health care professional's written opinion(s) for the hepatitis B vaccination to whether the vaccination is indicated and whether the employee has received the vaccination.

Limit the health care professional's written opinion for the post-exposure evaluation to the following information:

- Whether the employee was informed of the evaluation results
- Whether the employee was told about any medical conditions resulting from exposure to blood or OPIM that may require further evaluation or treatment.

Training and training records

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and mode of transmission of bloodborne pathogen diseases. In addition, the training program will include the following topics:

- An explanation of activities and tasks that may involve exposure to blood and OPIM
- How appropriate engineering controls, work practices, and PPE will prevent or reduce exposure

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- The basis for the selection of PPE; the types, use, location, removal, handling, decontamination, and disposal procedures
- Hepatitis B vaccine information including that the vaccine is provided at no cost, the benefits of being vaccinated and methods of administration
- Employer responsibilities for post-exposure evaluation and medical follow-up; how and who to contact should an exposure incident occur
- An explanation of the signs and hazard labels
- How to review or obtain a copy of the exposure control plan and the standard

Pend Oreille County trains employees prior to initial assignment to tasks in which occupational exposure may occur. Training is repeated every 12 months or sooner when there are new tasks or changes to the existing procedures/tasks. Training records are maintained in the Human Resources office for three years and include the date(s) and content of the training program, name and qualifications of the trainer(s), and names and job titles of the attendees.

Record keeping

Medical records for employees with occupational exposure to bloodborne pathogens include the employee's name, social security number, and hepatitis B vaccination status, including dates of hepatitis B vaccination and any medical records relative to the employee's ability to receive the vaccination. Medical records are kept for the duration of employment plus 30 years in accordance with WISHA's *Access to Employee Medical and Exposure Records standard, WAC 296-802*. Medical records are confidential. Employees must sign a written consent for disclosure.

In the event of an exposure incident, the following records will be kept in the employee's medical file:

- The results of any examination, medical testing, and follow-up procedures.
- A copy of the treating physician's written opinion to the employer.
- A copy of all information provided by the employer to the health care professional regarding the exposure incident.

Record every needlestick on the OSHA 300 Log and/or the Sharps Injury Log. Record all other exposure incidents that result in medical treatment, (e.g., gamma globulin, hepatitis B immune globulin, hepatitis B vaccine, etc.) on the OSHA 300 log. Retain these records for five years.

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Plan evaluation and review

Review the exposure control plan and update it at least annually. The Safety Officer is responsible for the annual review. Sign and date this exposure plan when the review has taken place.

Signature:



Date: June 22, 2022

This is a living document presented to the Board of County Commissioners for review and adaptation into County Policy.

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Health Care Provider's Written Opinion for Hepatitis B Vaccination

Employee's Name: _____

Date of Evaluation: _____

Health Provider's Address: _____

Health Provider's Phone #: _____

As required by the Occupational Exposure to Bloodborne Pathogens rule,
WAC 296-823:

Hepatitis B vaccination is ____ is not ____ recommended for the
Employee named above.

The employee named above is scheduled to receive 3 total hepatitis B
vaccinations on the following dates:

1st of 3 _____

2nd of 3 _____

3rd of 3 _____

Health Care Provider's Name

Health Care Provider's Signature

Date

Return this form to the Employer, and provide a copy to the employee, within 15 days.

Please label the outside of the envelope "Confidential "

Employer's Name: _____

Employer's Address: _____

Confidential Fax: _____

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Hepatitis B Vaccine Declination Form

Employer Name: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials (OPIM), I may be at risk of acquiring hepatitis B virus (HBV) infection.

You have given me the opportunity to be vaccinated with the 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.

☐

I have already received the hepatitis B vaccination series.

Employee's Name (Print)

Employee's Signature

Date

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Health Care Professional's Written Opinion for Post-Exposure Evaluation

Employee's Name: _____

Date of Incident: _____

Date of Evaluation: _____

Health Professional's Address: _____

Health Professional's Phone #: _____

_____ The employee named above has been informed of the results of the evaluation for exposure to blood or other potentially infectious materials.

_____ The employee named above has been told about any health conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

_____ Hepatitis B vaccination is _____ is not _____ indicated.

Health Care Professional's Name

Health Care Professional's Signature

Date

Return this form to the Employer, and provide a copy to the employee, within 15 days.

Please label the outside of the envelope "Confidential."

Employer's Name: _____

Employer's Address: _____

Confidential Fax: _____