



# **Roosevelt County**

## ***Bloodborne Pathogen Exposure Control Plan***

**June 27, 2016**

**501 Court Square  
Glasgow, Montana 59230**

**Roosevelt County**  
**Bloodborne Pathogen Exposure Control Plan**

**Introductory Pages**

**Authorization**

This plan, which serves as an annex to the

**Roosevelt County Employee Safety Manual**

Revised, Approved and Adopted by the Roosevelt County Commissioners

this \_\_\_\_\_ day of \_\_\_\_\_ 2016

\_\_\_\_\_  
Roosevelt County Commissioner

\_\_\_\_\_  
Roosevelt County Commissioner

\_\_\_\_\_  
Roosevelt County Commissioner

Attest: \_\_\_\_\_  
Lynn Nyquist, Clerk and Recorder

Date: \_\_\_\_\_

## Maintenance

The Bloodborne Pathogen Exposure Control Plan is reviewed annually by Roosevelt County Safety Coordinator and Safety Committee to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, the County must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer equipment designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls. This plan is effective immediately upon receipt and signatures of the Commissioners.

## Record of Changes

Date	Description of Changes	Initials
May 2016	Original Composition	

*Changes will be incorporated into the next version of the plan.*

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# **Plan Rationale and Frame of Reference**

## **Purpose**

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

## **Scope**

The Exposure Control Plan (ECP) is a key document to assist Roosevelt County in implementing and ensuring compliance with the standard, thereby protecting our employees and those who do business in our facilities. This ECP includes:

- Determination of employee exposure
- Implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls
  - Personal protective equipment
  - Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communication of hazards to employees and training
- Recordkeeping
- Procedures for evaluating circumstances surrounding exposure incidents

## **Definitions**

### ***Occupational Exposure***

Occupational exposure is defined as reasonably anticipated skin, eye, mucous membrane, or parenteral (non-ingested) contact with human blood or potentially infectious material (OPIM) that may result from the performance of an employee's duties.

An exposure incident would involve contact with blood or other potentially infectious body fluid through:

- Percutaneous (needlestick, puncture or cut through the skin)
- Mucous membrane (contact with eyes, mouth, nasal passage)
- Non-intact skin (contact through cuts, abrasions in the skin)
- Inhalation (inhaling aerosols)

### ***Bloodborne Pathogens***

Bloodborne pathogens are microorganisms found in human blood that can infect and cause disease when persons are exposed to blood that contain the microorganisms. While there are many bloodborne pathogens, the 3 specifically covered in this ECP are:

- Human Immunodeficiency Virus (HIV) – causes Acquired Immunodeficiency Syndrome (AIDS)
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)

### ***Other Potentially Infectious Material (OPIM)***

Materials that can contain bloodborne pathogens. OPIMs include:

- Human blood and blood products
- Semen or vaginal secretions
- Internal human body fluids, including cerebrospinal fluid, and fluids from joints, chest cavity, heart sac or abdomen
- Breast milk (only if ingested)
- Unfixed human tissues or organs (both living and dead)
- Human cell lines not documented to be free of bloodborne pathogens
- Blood, tissues, or cell lines from animals experimentally infected with bloodborne pathogens
- Cultures or any liquid containing bloodborne pathogens (this includes culture media)
- Equipment contaminated with human blood or OPIMs
- Any body fluid visibly contaminated with human blood
- Any body fluid that is difficult to differentiate from other fluids

The following are **not** considered to be OPIMs unless they are visibly contaminated with blood, or it is difficult or impossible to distinguish:

- Tears
- Sweat
- Saliva
- Vomit
- Feces
- Urine
- Nose fluids
- Intact human skin  
(from living or  
dead source)

## **Roles and Responsibilities**

Departments that have employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP. Those employees include:

- Emergency responders, law enforcement, and personnel administering first aid
- Public Health personnel who administer vaccines or perform any testing of blood
- Personnel whose regular job duties include contact with or clean-up of blood spills or other potentially infectious material (e.g. select maintenance and custodial staff, road department personnel, and solid waste personnel)

**Department Heads** are responsible for identifying personnel who may have exposure to human blood, bloodborne pathogens, or OPIM during the performance of their assigned duties.

**Individual Personnel** who are determined to have occupational exposure to human blood or OPIM must comply with the procedures and requirements presented in this ECP. Individuals must share responsibility for acting in a safe manner and should consult with their supervisors regarding the safe handling and proper disposal of human blood or OPIMs. Individuals must complete initial required training and annual retraining thereafter, report job related bloodborne pathogen exposures to supervisors and OHP, and wear all necessary PPE.

## **Methods of Implementation and Control**

### **Exposure Control Plan**

All county employees may at some point come into contact with bloodborne pathogens or Other Potentially Infectious Material (OPIM), so all employees should receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training.

In addition, Departments that have employees determined to have occupational exposure covered by the bloodborne pathogens standard will create their own written protocols specific to those departments, and ensure that their employees are trained on them.

### **Universal Precautions**

All employees will utilize universal precautions, which are an approach to prevent the occupational exposure to human blood or OPIM. According to the concept of universal precautions, all human blood, tissue, and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

### **Safe Work Practices**

Safe work practices are designed to reduce the likelihood of occupational exposure, and include the following:

- Hand sinks are readily accessible to all employees who have the potential for exposure.
- Employees will wash their hands and any other exposed skin with soap and hot water immediately or as soon as possible after contact with blood or OPIM, for 15 seconds, in a manner causing friction on both inner and outer surfaces of the hands.

- Employees will be provided with antiseptic hand cleaner and paper towels when hand washing is not feasible. However, hand washing must still take place as soon as possible after exposure.
- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is the potential for exposure to bloodborne pathogens.
- If professional medical attention is required, a local ambulance will be the first choice; a personal car will be the second. If a personal car is taken, impervious material should be used to prevent contamination of the vehicle.
- New employees or employee being transferred to other sections will receive training about any potential exposure from the section manager.

### **Personal Protective Equipment**

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or OPIM. The protective equipment will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use.

### **Disposal of Contaminated Items and Communication of Hazard**

Employees must:

- Use bleach to disinfect any blood or OPIM.
- Apply the bleach with single-use gloves and allow to sit for 15 minutes.
- Place any single-use gloves that have been contaminated in appropriate containers, label and dispose of in accordance with applicable state, federal and local laws.

### **Housekeeping**

Maintaining work areas in a clean and sanitary condition is an important part of the Roosevelt County Bloodborne Pathogens Exposure Control Plan. Employees must decontaminate working surfaces and equipment with an appropriate disinfectant after completing procedures involving blood or OPIM. All equipment, environmental surfaces, and work surfaces shall be decontaminated immediately or as soon as feasible after contamination.

- Employees must clean and disinfect when surfaces become contaminated and
- After any spill of blood or OPIM.
- Employees will use a solution of one part bleach to ten parts water for cleaning and disinfecting.
- Working surfaces and equipment will be cleaned, disinfected and maintain.
- Potentially contaminated broken glass will be picked up using mechanical means, such as dustpan and brush, tongs, etc.
- Use universal precautions for handling of all soiled laundry and fabric items.
- Laundry contaminated with blood or OPIM will be handled as little as possible.
- Employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or OPIM from coming into contact skin or street clothes.
- Contaminated clothing will remain on the premises, or will be sent directly to a laundry facility for cleaning. Employees will be given the option of reimbursement for the cost of contaminated clothing and the clothing will be disposed.



## **Hepatitis B Vaccination**

Departments are responsible to identify which, if any, of their employees are determined to have occupational exposure to blood or other potentially infectious materials (OPIM). Those Departments will include in their written protocols:

- recommendations for Hepatitis B Vaccination, or presentation of up to date vaccination records as proof of vaccination
- Make available hepatitis B vaccinations to all workers with occupational exposure. This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- whether or not the Department will pay for Hepatitis B vaccinations for their employees out of Department budgets or, if not, how they will be provided
- Acknowledgment that any employee may decline to be vaccinated. However, the “Declination Form” (see Appendices for sample) must be signed by an employee who does not want vaccinations and or tests (titers).
- Any employee who initially declines vaccinations or tests but later changes his/her mind may at any time request the vaccine/test and receive it, to be paid for according to the Department’s protocols.
- Vaccinations are available through the Public Health Department.
- As part of employee ECP training, personnel will receive information regarding Hepatitis B vaccination, safety and effectiveness.
- Employee medical records will be maintained in a confidential, HIPAA compliant file that will include:
  - Employee Name.
  - A copy of the employee's Hepatitis B Vaccination status.
  - Dates of any vaccinations.
  - Results of blood test/s from any bloodborne pathogen exposure incident/s.
  - A copy of any information provided a consulting health care professional as a result of any exposure to bloodborne pathogens.

## **Post-Exposure Evaluation and Follow Up**

Post-exposure evaluation and follow-up must be made available to any occupationally exposed worker who experiences an exposure incident. An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker’s blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential. Each Department also must maintain a sharps injury log.

## Information and Training

All County personnel who have the potential for exposure to bloodborne pathogens will be provided training and information on this issue.

- It is the responsibility of the Department Head/Commissioner to insure all employees under his/her supervision receive training specific to their department.
- It is the employee's responsibility to attend scheduled education and/or training.
- Regular training must cover all elements of the standard including, but not limited to:
  - Information on bloodborne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures.
  - Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure.
  - Workers must have the opportunity to ask the trainer questions.
  - Training must be presented at an educational level and in a language that workers understand.
- The Department Head will maintain BBP training records containing the following:
  - Dates of all training sessions.
  - Contents/summary of the training sessions.
  - Names and qualifications of instructors.
  - Names, job titles, Assigned Department of those attending training sessions

## Authorities and References

The Bloodborne Pathogen Exposure Control Plan complies with and serves as an annex to the *Roosevelt County Employee Safety Manual*.

### Federal Directives, Laws, and Statutes

- Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030.

### Planning References

- Montana Association of Counties (MACo) Bloodborne Pathogen Document
  - <http://www.mtcounties.org/insurance/risk-management/safety-corner/bloodborne-pathogens>
- OSHA's Most Frequently Asked Questions concerning the bloodborne pathogens standard
  - [https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=INTERPRETATIONS&p\\_id=21010#hv](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=INTERPRETATIONS&p_id=21010#hv)

# APPENDICES

## Vaccination Participation / Declination Form

Employee Name (Printed): \_\_\_\_\_  
Last First Middle

Social Security Number: \_\_\_\_\_

I understand that due to my occupational exposure to blood or other potentially infectious materials 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.

After evaluating the advantages and disadvantages of the vaccine program of Roosevelt County and, based on the information and training provided, I elect to: (check one)

Participate in the interest of my health

Decline Participation

I have already received the Hepatitis series from \_\_\_\_\_ and for this reason I Decline Participation

I Decline Participation at this time as Antibody Testing on \_\_\_\_\_ by \_\_\_\_\_ indicates I am Immune and for this reason Decline participation.

My choice not to participate in the Roosevelt County hepatitis B Immunization Program in no way affects my Employment status.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_\_

Employee Signature: \_\_\_\_\_

## Bloodborne Pathogen Post-Exposure Follow-up Checklist

The following steps must be taken, and information transmitted in the case of an employee exposure to any Bloodborne! Pathogens. **Note:** Use back of form for additional comments.

Checklist Activity Completion Date: \_\_\_\_\_ Time: \_\_\_\_\_

1. Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_
2. Did employee seek immediate EMS/Emergency or healthcare facility treatment: Yes / No  
If yes please attach copy of report. If no explain: \_\_\_\_\_
3. Did the employee do any of the following:
  - A. Wash the contaminated area thoroughly? Yes / No
  - B. Flush contaminated mucous membranes with water? Yes / No
  - C. Remove any contaminated clothing/equipment? Yes /No
  - D. Prevent further exposure
4. Did employee notify their Supervisor? Yes / No If Yes: Date; \_\_\_\_\_ Time; \_\_\_\_\_  
If No, why not? \_\_\_\_\_
5. Has the Employee completed the Blood and/or Body Fluid Exposure Incident Report? Yes / No
6. Was "Source" Individual identified? Yes / No If Yes was "Source's" blood tested? Yes / No  
If yes, were Source results given to exposed employee? Yes / No
7. Was exposed employee's blood collected and tested? Yes / No
8. Was Employee given prophylaxis medication if indicated? Yes / No
9. Did Supervisor or Employee contact Public Health Nurse? Yes / No If Yes; Date/Time \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Continued On Reverse Yes / No

### Area below is for Administrative use Only.

#### Post exposure follow-up and testing information.

1. Documentation forwarded to health care professional (HCP): Name: \_\_\_\_\_
2. Is a Description of exposed employee's duties included? Yes / No
3. Is a copy of an EMS Provider Exposure Incident Report attached: Yes / No
4. Are results of source individual's blood testing attached (unless HCP will obtain)? Yes / No
5. Employee's medical records (unless HCP already has copy)

Comments: \_\_\_\_\_

Employee Department Head/Commissioner Signature: \_\_\_\_\_

## Blood and/or Body Fluid Exposure Incident Report

Employee's Name \_\_\_\_\_ SSN: \_\_\_\_\_

Job Classification \_\_\_\_\_ Dept. \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time Exposure Occurred: \_\_\_\_\_

Length of Exposure \_\_\_\_\_ Minutes: \_\_\_\_\_

### **TYPE OF BODY FLUID:**

Describe Exposure Circumstances:

Personal Protective Equipment Used

### **ROUTE / TYPE OF EXPOSURE:**

**Type 1: Mucous Membrane:** \_\_\_ eye \_\_\_ mouth \_\_\_\_\_ nose

\_\_\_ other explain: \_\_\_\_\_

### **Type 2: Skin Exposure**

\_\_\_ puncture/incision \_\_\_\_\_ eczema

\_\_\_ exposure to intact skin (follow-up #3)

\_\_\_ laceration/abrasion

\_\_\_ Open sore / lesions \_\_\_ needle stick (\_\_\_ contaminated or \_\_\_ non-contaminated)

**Type 3:** \_\_\_ Soaked through \_\_\_ drops/spray \_\_\_ dried/caked \_\_\_ diluted

### **FOLLOW-UP ACTIVITIES:**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ROUTING:** If medical follow-up is indicated, send a copy with the employee for evaluation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee Medical Information Release

I, , hereby authorize \_\_\_\_\_  
[Print Employee Full Name] [Facility/source/Medical Provider]

to release the following medical information from my personal medical file:

- 1.
- 2.
- 3.

The above information shall be released to: \_\_\_\_\_  
Name of Individual or Organization  
\_\_\_\_\_  
[Address]  
\_\_\_\_\_  
[Address]  
\_\_\_\_\_  
/ \_\_\_\_\_  
[Telephone / FAX number]

for the following purpose: \_\_\_\_\_  
[General Describe the Purpose For Release]  
\_\_\_\_\_

But I do not give permission for any other use or Re-disclosure of this information.

This Medical Record Information Release shall be valid for no more than 60 working days after today.

Dated this \_\_\_\_\_ Day \_\_\_\_\_ 20\_\_ \_\_ \_

\_\_\_\_\_  
Signature of Employee authorizing the release

\_\_\_\_\_  
Signature of Person Releasing Information

\_\_\_\_\_  
Signature of Person Receiving Information