

Somerset County, Maryland

General Order: 01-14-20

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Chapter 24

Section 1

Bloodborne Pathogens Exposure Control Plan

1. Purpose

- A. The purpose of the Bloodborne Pathogens Exposure Control Plan “is to reduce occupational exposure to Hepatitis B virus (HBV), Human Immunodeficiency Virus (HIV) and other Bloodborne Pathogens.” This plan was implemented to meet OSHA Bloodborne Pathogens Standard, Codified as 29 CFR 1910.1030. OSHA Bloodborne Pathogen Standards are captured in Attachment B of the Exposure Control Plan.
- B. This plan is designed to eliminate or minimize employee exposure to bloodborne pathogens and to delineate procedures to be followed in the event of an exposure incident.

2. Definitions

- A. **AIDS:** Acquired Immune Deficiency Syndrome, (AIDS) a communicable disease caused by (HIV).
- B. **Bio-Hazards:** Medical waste, infectious waste or other potentially infectious materials.

- C. **Bloodborne Pathogens:** Pathogenic microorganisms that are present in the human blood and can cause disease in humans. These pathogens include but are not limited to (HBV) and (HIV).
- D. **Body Fluids:** Blood, Blood products, semen, vaginal secretions; purulent drainage (Pus); cerebrospinal Fluid (CSF); pleural fluid (lungs), peritoneal (Abdominal), pericardial fluid (heart sac), amniotic fluid (birth sac) and synovial fluids (Joint fluid); saliva (with blood present) and any other body fluid that is visibly contaminated with blood and in all body fluids where it is difficult or impossible to differentiate.
- E. **Contaminated:** The presence of or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- F. **Decontaminated:** The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- G. **Engineering controls:** Controls (*e.g.*, Sharps Disposal Containers, self-sheathing needles) that isolate or remove the bloodborne pathogen hazard from the work place.
- H. **Exposure Control Officer:** The exposure control officer (ECO or the Risk Manager) is responsible for managing the Somerset County Sheriff's Office Exposure Control Plan for Bloodborne Pathogens.
- I. **Exposure Incident:** A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of the employee's duties.
- J. **Hepatitis B Virus (HBV):** A bloodborne virus that attacks the liver.
- K. **Occupational Exposure:** a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that results from the performance of the employee's duties.
- L. **Other Potentially Infectious Materials (OPIMs):** These are other human body fluids that are considered infectious to, such as: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, and amniotic fluid, 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. Also included are unfixed tissues or organs from a human (living or dead).

- M. **Parenteral:** A piercing of the mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- N. **Personal Protective Equipment (PPE):** 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 PPE.
- O. **Regulated Waste:** Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
- P. **Sharps Container:** A closable, puncture resistant and leak proof container designed for the disposal of needles and other sharp objects.
- Q. **Sharps (contaminated):** Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes and exposed ends of dental wires.
- R. **Source Individual:** Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.
- S. **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, and other bloodborne pathogens. Universal Precautions are intended to prevent employees from parenteral, mucous membrane, and non-intact skin exposure to bloodborne pathogens. **NOTE: Somerset County Sheriff's Office employees shall consider all subjects and evidence containing or contaminated with blood and/or other potentially infectious materials as infectious regardless of the perceived status of the source individual or age of the material.**
- T. **Work Practice Controls:** Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (*i.e.*, prohibiting recapping of needles by the two handed technique).

3. General Program Management

A. The Exposure Control Officer (ECO)

- 1) The ECO is responsible for managing the Somerset County Sheriff's Office Exposure Control Plan for Bloodborne Pathogens. The ECO will establish, monitor and ensure compliance with vaccine schedules, post-exposure evaluation with follow-up and record keeping. The ECO is responsible for the distribution of all plan revisions.

B. Education and Training

- 1) The supervisor of training for the Somerset County Sheriff's Office is responsible for providing information and training to all employees having the potential of exposure to bloodborne pathogens. Annual training or additional training will be required when changes or modifications to tasks or procedures affecting an employee's occupational exposure.

C. Supervisors

- 1) Supervisors are responsible for compliance with the Exposure Control Plan.
- 2) Supervisors will ensure that proper exposure procedures are followed.

D. Policy Review

- 1) The Somerset County Sheriff's Office Training Officer and Chief Deputy will annually review and update the Exposure Control Plan.

E. Employees

- 1) Employees will:
 - a) Know what task or group of tasks they perform that may have an occupational exposure risk.
 - b) Attend any training session(s).
 - c) Employ good personal hygiene habits and use universal precautions during operational tasks where bloodborne pathogens may exist.

F. Exposure Control Plan for Employees

- 1) The Somerset County Sheriff's Office Exposure Control Plan will be available to employees at all times.

4. Exposure Determination

- A. An exposure incident determination will be made without regard to the use of personal protective equipment.
- B. Employees who suffer a bona fide exposure incident will be eligible for all post exposure evaluation and follow-up.
- C. Incident of exposure will be documented on Somerset County Sheriff's Office Form 100, Report of On Duty Injury or Illness Report.

5. Exposure Incident

- A. An exposure incident occurs when an employee experiences a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of the employee's duties.

6. Post Exposure and Follow Up.

A. Exposure Incident

- 1) Incidents of potential exposure to bloodborne pathogens will be immediately reported in writing, during the shift which the exposure occurred, by the exposed employee to their immediate supervisor on Somerset County Sheriff's Office Form 100.
- 2) The supervisor will review the employee's report and initiate an investigation of the potential exposure incident.
- 3) The Chief Deputy will review the report and make any appropriate recommendations.
- 4) The Chief Deputy will report the incident to the Injured Workers Insurance Fund (IWIF) for workman's compensation tracking number and ensure that the appropriate post exposure and follow-up is completed.

- 5) In accordance with the Bloodborne Pathogen Standard, the source individual's blood will be tested as soon as feasible and only after consent is obtained in order to determine HBV and HIV infectivity. If the source individual does not consent to testing, the declination will be documented. When the source individual's consent is not required by law, the source individual's blood, if available, will be tested and the results documented. If the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status need not be repeated.
- 6) If the source individual refuses to consent to a blood test, the supervisor will seek advice from the State's Attorney or the Maryland Office of the Attorney General concerning obtaining a court order to obtain the blood sample.
- 7) The results of the source individual's testing will be made available to the exposed employee. The employee will be informed of the applicable laws and regulations regarding disclosure of the identity and infectious status of the source individual.
- 8) Employees suffering an occupational exposure to bloodborne pathogens will be referred, whenever, practical, within 2 hours, for medical evaluation and counseling from a health care professional. Generally, this evaluation will be obtained at a Hospital Emergency Room or, a walk-in medical clinic of a local Health Department
- 9) The supervisor conducting the investigation of the exposure incident will provide the following documents to the Health Care Provider:
 - a) A copy of the Bloodborne Pathogens Standard. (See *29 CFR 1910.1030*).
 - b) Somerset County Sheriff's Office Form 100.
 - c) If available at the time of exposure, all medical records relevant to the appropriate treatment of the employee.
 - d) Other pertinent information.
- 10) The health care professional will offer the employee the opportunity to have their blood tested for HBV and HIV serological status.
- 11) If the employee refuses to have his/her blood tested, the supervisor will document the refusal in his/her report.

7. Methods of Compliance

A. Universal Precautions

- 1) Universal precautions are methods, measures or precautions used to prevent or limit the contact and spread of disease. Universal precautions and safe work practices will be observed by all employees to prevent contact with blood or other potentially infectious materials.
- 2) All blood or other potentially infectious materials are to be considered infectious materials regardless of the perceived status of the source individual.
- 3) Examples of universal precautions are:
 - a) Hand washing;
 - b) Gloves;
 - c) Face masks/shields;
 - d) Eye protection;
 - e) Gowns/aprons/disposable lab coats with liquid non-permeable guard;
 - f) Proper cleaning of equipment; and
 - g) Proper disposal of waste

8. Tasks and Procedures

A. Tasks and procedures are duties that may cause an employee to experience an occupational exposure. Some examples are:

- 1) CPR;
- 2) Mouth/Mouth or Mouth/Nose resuscitation;
- 3) Handling deceased persons and/or property of the same;
- 4) Searches and evidence collection;
- 5) Handling of contaminated evidence;
- 6) Handling of contaminated waste;;
- 7) Contact with blood or blood contaminated body fluids;

- 8) Crime scene activities;
- 9) Control of unpredictable persons;
- 10) Fights or assaults;
- 11) Airborne particles of dried blood;
- 12) Autopsies;
- 13) Body cavity searches;
- 14) Handling/cleaning of contaminated equipment;
- 15) Fingerprinting of suspects;
- 16) Handcuffing, flex cuffing, restraint rope or leg irons; and
- 17) Receiving/handling medical devices, monitors or stretchers

- B. The above list of tasks and procedures is not all inclusive/exhaustive. Therefore, any patient care, clean up activities and law enforcement activities not addressed will require appropriate precautions.
- C. All employees will protect broken or abraded skin with waterproof dressing that seals a wound from air or bacteria, prior to any patient/suspect contact.

9. Engineering Controls

- A. Engineering controls are controls that isolate or remove the bloodborne pathogens hazard from the work place. Where possible, engineering controls will be in place to minimize or eliminate personnel from being exposed to potentially infectious materials or bloodborne pathogens.
- B. During the annual review of the Exposure Control Plan a review of tasks and procedures will be conducted to determine where engineering controls can be implemented or updated.
- C. The following are examples of Engineering Controls available for Office Use:
 - 1) Raincoat;
 - 2) Shoe coverings;
 - 3) Car-hill valve/pocket mask;
 - 4) Needle/syringe keepers for 1 needle – hypodermic type;

- 5) Needle/syringe storage containers;
- 6) Antiseptic hand and surface cleaners – tuberculocide ;
- 7) Bleach and other disinfectants ;
- 8) Antiseptic towelettes – Tuberculocide;
- 9) Evidence/specimen containers that are leak proof;
- 10) Sharps containers that are puncture resistant; and
- 11) Bio-hazard waste bags.

10. Work Place Controls

- A. Work practice controls are controls that reduce the likelihood of exposure by altering the manner in which a task is performed.
- B. The Exposure Control Officer will coordinate the implementation of work practice controls.
- C. The following work practice controls are a part of the exposure control and compliance program:
 - 1) All personnel will use controls, personal protective equipment and follow universal precautions when in contact with blood or other potentially infectious body fluids, materials or surfaces;
 - 2) Eating, drinking, smoking and applying cosmetics or contact lenses are prohibited in work areas where there is a likelihood of occupational exposure;
 - 3) Hand washing:
 - a) If hand washing facilities are not readily accessible, antiseptic waterless hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes will be used;
 - b) When antiseptic hand cleaners or antiseptic towelettes are used, personnel are still required to wash their hands with soap and running water as soon as practical;
 - c) Personnel are required to wash their hands as soon as practical after removing gloves or other personal protective equipment;

- d) Personnel are required to wash any skin surface or flush mucous membranes as soon as feasible after contact with blood or other potentially infectious material;
 - e) If hands are not visibly soiled, use alcohol based hand rub for routinely decontaminating hands when soap and water are not available; and
- 4) Property searches and evidence collection shall be conducted with puncture proof gloves when possible. Reaching inside containers, handbags, between upholstered seats, etc., is cautioned against. Instead contents will be emptied and sifted with tongs or other tools to avoid sharps injuries.
- D. All procedures involving blood or potentially infectious materials will be performed in a manner as to minimize splashing, spraying, spattering and generating of droplets of these substances.
 - E. Containers and bags for storage or transport of special medical waste must be red in color or labeled with the universal biohazard symbol.
 - F. If outside contamination of a primary specimen/evidence container occurs, that container will be placed within a second leak-proof container and appropriately labeled for handling and storage. If the specimen/evidence can puncture the primary container, the secondary container must be puncture resistant as well.
 - G. Equipment contaminated with blood or other potentially infectious material will be decontaminated prior to servicing.
 - H. Equipment that can not be decontaminated will be disposed of and removed from SCSO.
 - I. Contaminated needles and other contaminated sharps will not be bent or recapped. Shearing or breaking of contaminated needles is prohibited. Contaminated needles and sharps will be placed in an appropriate biohazard container.
 - J. Food or drink is not to be kept in refrigerators, freezers, on counter tops, or in other storage areas where potentially infectious materials are kept.
11. Bloodborne Pathogen – Personal Protective Equipment - BBP/PPE
- A. BBP/PPE must be worn whenever potential exposure to the body is anticipated.

- B. BBP/PPE is to be selected based on the level of Protection required to perform a particular task or procedure. The Sheriff's Office will provide, at no cost to the employee, the BBP/PPE needed to protect against exposure. The equipment may include, but is not limited to:
 - 1) Heavy Duty Rubber gloves (Reusable);
 - 2) Latex Gloves (disposable);
 - 3) Safety Glasses/goggles;
 - 4) Eye/face mask;
 - 5) Raincoat; and
 - 6) Shoe coverings.
- C. Hypo-allergenic gloves will also be made available to employees who are allergic to the gloves currently available.
- D. The Somerset County Sheriff's Office will ensure all employees are equipped with BBP/PPE based on the protection required to perform a particular task.
- E. Guidelines for wearing of rubber/latex gloves:
 - 1) Upon arrival at homicides, suicides, accidents, assaults, gunshot wounds where contact with blood or body fluids would be anticipated;
 - 2) Leather/utility gloves may be worn over rubber gloves during patient extrication activities;
 - 3) Use clean rubber gloves with each source individual when possible;
 - 4) When removing gloves, pull gloves off so that they are inside-out, the contaminated side is not exposed;
 - 5) Change contaminated gloves as soon as practical or when their ability to function as a barrier is compromised;
 - 6) DO NOT WASH OR DECONTAMINATE single use gloves for re-use;
 - 7) Do not eat, drink or smoke while wearing gloves. Avoid touching or handling personal items exposed skins surfaces that could become soiled or contaminated; and
 - 8) Always wash hands as soon as possible after removing gloves.

- F. BBP/PPE will be periodically checked and repaired or replaced as needed to maintain its effectiveness.
- G. The Chief Deputy will be responsible for ensuring that all vehicles and work areas have the appropriate BBP/PPE available to all employees.
- H. Reusable BBP/PPE will be cleaned and decontaminated as needed.
- I. Single use BBP/PPE (equipment that cannot, for whatever reason, be decontaminated) will be disposed of locally.
- J. Garments penetrated by blood or other potentially infectious materials are to be removed of as soon as possible. Disposable items will be placed in appropriate containers for disposal.
- K. Masks and eye protection (goggles, face shields, etc.) are used whenever splashes or sprays may generate droplets of blood or other potentially infectious material.
- L. All BBP/PPE must be removed prior to leaving a work area or accident/incident site.

12. Housekeeping

- A. Maintaining equipment and facilities in a clean and sanitary condition is an important part of the Somerset County Sheriff's Office Exposure Control Plan.
- B. Establish areas and equipment that regularly needs to be cleaned or decontaminated. A routine cleaning will be established for these areas and equipment.
- C. All equipment and surfaces will be cleaned and decontaminated.
 - 1) After contact with blood or other potentially infectious materials.
 - 2) After any spill of blood or potential infectious material; and
 - 3) At the end of the work shift if the surface may have been contaminated during that shift.
- D. Protective coverings (*e.g.*, linens, plastic trash bags or absorbent) will be removed and replaced when contaminated or exposed to potentially infectious material.
- E. All trash containers and other receptacles will be cleaned and decontaminated as soon as possible if visibly contaminated.

- F. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach their hand into the containers where these sharps have been placed.

13. Handling and Disposal of Contaminated Material

- A. The following are considered special waste:

- 1) Blood soiled articles; and
- 2) Items soiled or contaminated with other body fluids that are potentially infectious.

- B. The following procedures will be utilized when handling and disposing of contaminated or infectious waste:

- 1) Disposable items and equipment;

- a) Place in appropriate contaminated waste containers, *e.g.*, (*Red*) labeled plastic bags, infectious or contaminated waste containers at hospitals, etc
- b) No sharps will ever be placed in contaminated waste bags. Dispose only in designated sharps containers that are:
 - I. Puncture resistant;
 - II. Leak proof on sides and bottom; and
 - III. Labeled as bio-hazard.

- 2) Contaminated waste, non-disposable equipment:

- a) Place contaminated objects into red bags to be transported or discarded;
- b) Bags must be tied or sealed before transport and/or disposal; and
- c) Personal clothes/items should remain, bagged if possible with person(s).

- C. Sharps containers will be maintained in the upright position. They will be routinely replaced and not allowed to be overthrown.

- D. The Chief Deputy will coordinate the disposal of contaminated items.

14. Decontamination Procedures

- A. Decontamination procedures will be followed after each source contact and/or possible exposure to any infectious disease. The following are examples of decontamination:
 - 1) Personnel will wash their hands and exposed skin surfaces after every source contact. Initially use an antiseptic then follow-up with soap and water. When washing facilities are not immediately available, use waterless, antiseptic hand cleaner until hands and skin surfaces can be appropriately washed with soap and running water.
 - 2) If grossly contaminated, as soon as possible, remove contaminated clothing and shower completely; and
 - 3) If mucous membranes are exposed to blood or body fluids, flush the area with copious amounts of water (sterile water or saline if available).
- B. Issued garments penetrated by blood or other potentially infectious material will be removed and placed in a bio-hazard bag and properly disposed of.
- C. Should issued equipment be rendered unserviceable or become grossly contaminated, it will be placed in a bio-hazard bag and disposed.
- D. Clothing that has been contaminated with blood or other potentially infectious materials **should never** be washed in home laundry facilities.

15. Cleaning of Equipment

- A. Wear rubber/latex gloves when cleaning equipment.
- B. Soap and hot water (and-or detergent disinfectant) and drying is all that is required for most equipment.
- C. Electrical equipment may require special cleaning procedures that are described in the manufacturer's instructions.
- D. Restraint devices such as handcuffs, leg irons and restraint ropes will be properly cleaned and decontaminated after contact with blood or fluids which may contain blood or other potentially infectious materials. Close examination of the individual after use of any restraint device for swelling, breakage of skin and resultant oozing is critical.
- E. Bleach, if used should not exceed a 1:10 dilution *e.g., 1 cup of bleach to 9 cups of water* because It will corrode metal and damage equipment if used at full strength.

- F. Allow cleaned equipment to air dry.

16. Bio-Hazard Spill Clean Up

- A. Surfaces which become contaminated should be cleaned and disinfected using an agent such as bleach. Surfaces include floors, walls, holding cells and fingerprint tables.
- B. Close off the spill area.
- C. Wear the appropriate personal protective equipment.
- D. Collect any contaminated broken glass and other sharp objects using a dust pan and place in a bio-hazard bag.
- E. Absorb any spilled material with absorbent material (paper towels) and place in a bio-hazard bag.
- F. Once spilled material has been sufficiently removed, pour freshly prepared 10% bleach solution over the spilled area. Wipe the area with paper towels and place in a bio-hazard bag. Allow the area to air dry.

17. Labeling of Bio-Hazards

- A. The Somerset County Sheriff's Office will implement a comprehensive warning labeling program by using universal bio-hazard labels or by using color coded containers.
- B. The following items will be labeled:
 - 1) Contaminated equipment;
 - 2) Refrigerators containing blood or other potentially infectious materials;
 - 3) Sharps disposal containers;
 - 4) Other containers used to store, transport or ship blood and other infectious materials; and
 - 5) Laundry bags and containers.

18. Information and Training

- A. All employees who have the potential for exposure to bloodborne pathogens will complete a training program.

- B. The Training Officer will ensure that all employees who have the potential exposure to bloodborne pathogen receive this training.

19. Record Keeping

- A. The Somerset County Sheriff's Office will maintain medical records on Office employees. The medical record will include the following information:
 - 1) Name of the employee;
 - 2) For every reported exposure incident, the required copy of the on-duty injury or illness report and witness statement;
 - 3) Certificate of Illness or Disability; and
 - 4) The medical records will be sealed upon the employee retirement, resignation or termination from the Office.
- B. Medical records will be treated as confidential and kept separately from other personnel records.

20. Chapter Revisions

- A. General Order 01-10-12 "Bloodborne Pathogens Exposure" has been revised.
- B. Effective September 1, 2014, General Order 01-14-20 supersedes General Order 01-10-12.

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