



BLOODBORNE PATHOGEN INFECTION CONTROL PROGRAM

1. PURPOSE

This exposure control program has been established in order to minimize and to prevent, when possible, the exposure of Okaloosa County employees to disease-causing microorganisms transmitted through human blood or other potentially infectious materials.

2. DEFINITIONS

- 2.1. **Blood** means human blood, human blood components, and products made from human blood.
- 2.2. **Bloodborne Pathogens** means 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).
- 2.3. **Contaminated** means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- 2.4. **Contaminated Laundry** means laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.
- 2.5. **Contaminated Sharps** means 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.
- 2.6. **Decontamination** means 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.
- 2.7. **Engineering Controls** means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
- 2.8. **Exposure Incident** means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

- 2.9. **Hand washing Facilities** means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.
- 2.10. **HBV** means hepatitis B virus.
- 2.11. **HIV** means human immunodeficiency virus.
- 2.12. **Needleless Systems** means a device that does not use needles for:
- 2.13.1. the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
 - 2.13.2. the administration of medication or fluids; or
 - 2.13.3. any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
- 2.14. **Occupational Exposure** means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- 2.15. **Other Potentially Infectious Materials (OPIM)** means:
- 2.15.1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, 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;
 - 2.15.2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 - 2.15.3. HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- 2.16. **Parenteral** means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- 2.16. **Personal Protective Equipment** is 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 to be personal protective equipment.
- 2.17. **Regulated Waste** means 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.

- 2.18. **Sharps with Engineered Sharps Injury Protections** means a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.
- 2.19. **Source Individual** means 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 facilities; human remains; and individuals who donate or sell blood or blood components.
- 2.20. **Sterilize** means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- 2.21. **Universal Precautions** is 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.
- 2.22. **Work Practice Controls** means controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

3. **EXPOSURE DETERMINATION**

- 3.1. Job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or outside the body contact with blood or other potentially infectious materials will be trained to this exposure control program.
- 3.2. Employee positions of Okaloosa County, as part of their job duties, which have a higher risk of coming into contact with blood or other infectious materials, are listed below:

DEPARTMENT/POSITIONS

Facility Maintenance – All maintenance technicians

Jail Staff - All

Emergency Medical Services – All EMT's, Paramedics, Lifeguards

Emergency Management Staff - All

Janitorial Staff - All

Water & Sewer - All maintenance employees

4. METHODS OF COMPLIANCE

4.1. Universal Precautions

All blood or other potentially infectious materials shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, ***all body fluids shall be considered potentially infectious materials.***

4.2. Hand washing And Other General Hygiene Measures

4.2.1. Employees will wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water, as soon as possible.

4.2.2. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious material. Likewise, employees should not engage in any of these activities until proper washing with soap and water is performed.

4.2.3. Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

4.3. Sharps Management

4.3.1. Contaminated needles or other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.

4.3.2. Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable sharps containers. Contaminated broken glass is also to be placed in disposable sharps containers.

NOTE

Employees should also be aware that a nail soaked with blood that has recently been stepped on or even exposed broken glass, qualifies as a contaminated sharp and should be protected and disposed of in accordance with this program.

4.4. Personal Protective Equipment

4.4.1. All personal protective equipment will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees. Employees shall wear personal protective equipment when performing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The

articles to be worn will depend on the expected exposure. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags and pocket masks are available. Employees who have allergies to regular gloves may obtain hypoallergenic gloves.

- 4.4.2. All personal protective equipment shall be removed before leaving the work area and placed in an assigned container for storage, washing, decontamination or disposal.
- 4.4.3. If a garment is penetrated (soaked through) by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for disposal. Garments which only are lightly splashed or dripped on where the blood or other potentially infectious material have not soaked through, are to be removed as soon as possible and placed in an appropriate container for cleaning. Cleaning will be performed at the expense of the employer.

4.5. **Protection For Hands**

4.5.1. **Gloves** shall be worn in the following situations:

- 4.5.1.1. When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin;
- 4.5.1.2. When performing vascular access procedures; and
- 4.5.1.3. When handling or touching contaminated items or surfaces.

4.6. **Disposable Gloves**

- 4.6.1. Replace as soon as feasible when gloves are contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
- 4.6.2. Do not wash or decontaminate single use gloves for re-use.

4.7. **Utility Gloves**

- 4.7.1. Decontaminate for re-use if the gloves are in good condition.
- 4.7.2. Discard when gloves are cracked, peeling, torn, punctured or shows other signs of deterioration (whenever their ability to act as a barrier is compromised).

4.8. **Protection For Eyes/Nose/Mouth**

- 4.8.1. Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, mouth contamination can be reasonably anticipated.

4.9. **Equipment, Environmental And Working Surfaces**

- 4.9.1. Clean contaminated work surfaces with appropriate disinfectant after completing procedures and immediately or as soon as feasible when overtly contaminated or after any spill of blood or other potentially infectious material.
- 4.9.2. Regularly inspect/decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or other potentially infectious material. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible.

4.10. **Special Sharps Precautions**

- 4.10.1. Clean up broken glass that may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. **DO NOT pick up directly with the hands.**
- 4.10.2. Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury. **DO NOT reach by hand** into a container that stores reusable contaminated sharps.

5. **HEPATITIS B VACCINATION**

5.1. **General Statement of Policy**

- 5.1.1. All Okaloosa County employees who have been identified as having exposure to bloodborne pathogens (listed in this policy) will be offered the Hepatitis B vaccination series at no cost to them. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.
- 5.1.2. All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the Centers for Disease Control and the U.S. Public Health Service.

5.2. **Hepatitis B Vaccination**

- 5.2.1. The vaccination is a series of three injections. They are as follows:
 - initial injection,
 - second injection - thirty (30) days following the initial injection; and
 - third injection - five (5) months following the second injection.

- 5.2.2. For maximum benefit from the vaccine, the second injection should be given within a seven (7) day period before or after due date (30 days following the first injection). In the event the employee does not take the initiative to have the second injection from 30 to 60 days following their first injection, ***the series must be restarted and the employee will be required to pay the cost of the injection(s).***
- 5.2.3. The vaccination will be made available to employees after they have attended training on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure.
- 5.2.4. The vaccination series will not be made available to employees who have previously received the complete Hepatitis B vaccination series or to any employee for whom the vaccine is medically contraindicated.
- 5.2.5. An employee who is required the Hepatitis B vaccine but chooses not to will be required to sign a declination statement. If an employee has declined the Hepatitis B vaccination, but later changes their mind and wishes to have the shots, the County will proceed with the vaccination series at no cost to the employee.

6. REPORTING AND TREATMENT OF EXPOSURE INCIDENTS

- 6.1. Employees who experience an exposure incident must immediately report their exposure to their immediate supervisor.
- 6.2. The employee and the supervisor must complete the Employee First Report of Injury form answering all questions accurately and thoroughly. (Note: Any information concerning exposure is to be noted on form).
- 6.3. The employee's supervisor should contact the County's Physician or Emergency Room. The employee will be evaluated according to the established protocol for accidental exposure to Hepatitis Virus B; and treatment will be rendered as necessary.
- 6.4. A copy of the report form must be forwarded to the Risk Management Office.
- 6.5. If the employee has chosen to receive the Hepatitis B vaccine, the County Physician will administer the second and third injections at the appropriate time.
- 6.6. Any exposed employee who chooses not to take the Hepatitis B vaccination will be required to sign a declination statement. If an employee has declined the Hepatitis B vaccination, but later changes their mind and wishes to have the shots, the County will proceed with the vaccination series at no cost to the employee.

7. PROCEDURES FOR EVALUATION AND FOLLOW-UP OF EXPOSURE INCIDENTS

- 7.1. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:

- 7.1.2. documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
- 7.1.3. identification and documentation of the source individual unless identification is infeasible.
- 7.2. If the infectivity status of the source individual is unknown, the source individual's blood will be tested as soon as feasible after consent is obtained. If the source individual's blood is available, and law does not require the individual's consent, the blood shall be tested and the results documented. The exposed employee will be informed of the results of the source individual's testing.
- 7.3. The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illness.
- 7.4. The following information will be provided to the healthcare professional evaluating an employee after an exposure:
 - 7.4.1. a description of the exposed employee's duties as they relate to the exposure incident;
 - 7.4.2. the documentation of the route(s) of exposure and circumstances under which exposure occurred;
 - 7.4.3. results of the source individual's blood testing, if available;
 - 7.4.4. all medical records relevant to the appropriate treatment of the employee including vaccination status.
- 7.5. Okaloosa County Risk Management Office shall obtain a copy and a panel physician will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation. The written opinion **will be limited** to the following information:
 - 7.5.1. the employee has been informed of the results of the evaluation;
 - 7.5.2. the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation or treatment.

NOTE: All other findings shall remain confidential and shall not be included in the written report.

8. EMPLOYEE TRAINING

- 8.1. Employees will be trained regarding bloodborne pathogens at the time of initial assignment to tasks where exposure may occur and annually thereafter.

- 8.2. Additional training will be provided whenever there are changes in tasks or procedures that affect employee's occupational exposure. This training will be limited to the new exposure situation.
- 8.3. The training approach will be tailored to the educational level, literacy, and language of the employees. Training plan will include an opportunity for employees to have their questions answered by the trainer. The department head is responsible for arranging and/or conducting training.
- 8.4. The following content will be included:
 - 8.4.1. explanation of the bloodborne pathogens standard;
 - 8.4.2. general explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases;
 - 8.4.3. explanation of this exposure control plan and how it will be implemented,
 - 8.4.4. procedures which may expose employees to blood or other potentially infectious materials,
 - 8.4.5. control methods that will be used at this facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials,
 - 8.4.6. explanation of the basis for selection, proper use, location, handling, decontamination, and disposal of personal protective equipment,
 - 8.4.7. information on the Hepatitis B vaccination program including the benefits and safety of vaccination,
 - 8.4.8. information on procedures to use in an emergency involving blood or other potentially infectious materials,
 - 8.4.9. what procedure to follow if an exposure incident occurs,
 - 8.4.10. explanation of post-exposure evaluation and follow-up procedures,
 - 8.4.11. an explanation of warning labels and/or color-coding.

9. **RECORDKEEPING PROCEDURES**

9.1. **Medical Recordkeeping**

- 9.1.1. A workers' compensation record will be established and maintained for each employee with exposure by the Risk Management Office. The record shall be maintained for the duration of employment plus 30 years. The following information will be maintained:
 - 9.1.1.1. name and social security number of the employee;

- 9.1.1.2. a copy of the employee's hepatitis B vaccination status with dates of hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination;
- 9.1.1.3. a copy of examination results, medical testing, and any follow-up procedures;
- 9.1.1.4. a copy of the healthcare professional's written opinion;
- 9.1.1.5. a copy of the information provided to the healthcare professional that evaluates the employee for suitability to receive hepatitis B vaccination prophylactically before or after an exposure incident.

9.2. Confidentiality Of Medical Records

The record will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation.

9.3. Training Records

- 9.3.1. Training records shall be maintained for 3 years from the date on which the training occurred.
- 9.3.2. The following information shall be included:
 - 9.3.2.1. dates of training sessions;
 - 9.3.2.2. contents or a summary of training sessions;
 - 9.3.2.3. names and qualifications of trainer(s); and
 - 9.3.2.4. names and job titles of all persons attending.
- 9.3.3. Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Florida Commissioner of Labor.

9.4. Sharps Injury Log

- 9.4.1. Each department having employees affected by this program shall establish and maintain a sharps injury log for the recording of percutaneous injuries from contaminated sharps. The information in the sharps injury log shall be recorded and maintained in such manner as to protect the confidentiality of the injured employee. The sharps injury log shall contain, at a minimum:
 - 9.4.1.1. the type and brand of device involved in the incident,
 - 9.4.1.2. the department or work area where the exposure incident occurred, and

9.4.1.3. an explanation of how the incident occurred.

9.4.2. The sharps injury log shall be maintained for the period of 5 years.

10. **BLOODBORNE PATHOGEN PROGRAM REVIEW**

10.1. This program shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks, and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure. The review and update of such plans shall also:

10.1.1. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

10.1.2. Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure.

10.2. County management should solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in this program.