

TEJAS COUNTY

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

In accordance with Health and safety code, Chapter 81, Subchapter House Bill 2085, and analogous to OSHA Bloodborne Pathogens Standard 29 CFR-1910.30. Subpart 2, the following exposure control plan exists.

1. EXPOSURE DETERMINATION

The Texas Department of Health Bloodborne Pathogens Exposure Plan requires employers to perform an exposure determination for employees who have occupational exposure to blood or other potentially infectious materials. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure regardless of frequency. The following job classifications apply:

Classification 1 Job Listing

Jobs in which required tasks routinely involve a potential for mucous membranes or skin contact with blood, body fluids, tissues or potential spills or splashes. Use of appropriate measures are required for every healthcare provider in these jobs.

| Job Title | Personal Protective Equipment Required |
|---|--|
| <u>Jailer</u> | * <u>Bloodborne Pathogen Kit.</u> One central location |
| <u>Sheriff Deputy</u> | * <u>Bloodborne Pathogen Kit.</u> One per unit. |
| * Bloodborne Pathogen Kits consisting of : | |
| *Body Fluid Clean Kit: | *Bloodborne Pathogen Kit contents: |
| One pair protective latex gloves | Infection Control Kit With C P R face shield |
| One pair antimicrobial wipe | One CPR face shield |
| One packet body fluid solidifier powder | One fluid-resistant mask with visor |
| One plastic scoop & Scraper | One pair protective latex glove |
| One bio-hazard infectious waste bag | One full-coverage, poly-coated gown |
| One twist-tie | One bouffant cap |
| One absorbent towel | One pair (body) fluid impervious shoe covers |
| One re-sealable plastic bag | Two antimicrobial wipes |
| Instruction Sheet | One bio-hazard infectious waste label |
| MSDS | One re-sealable plastic bag |
| | Instruction sheet |
| | MSDS |

Classification 2 Job Listing

Jobs in which required tasks normally do not involve exposure to blood, body fluids, or tissues, but may require performing unplanned Classification 1 Tasks. In these jobs the normal work routine involves no exposure to blood, body fluids or tissues, but exposure or potential exposure may be required as a condition of employment.

| Job Title | Personal Protective Equipment Required |
|---|---|
| <u>Custodians</u> | <u>Disposable Gloves</u> One at office. |
| <u>Road and Bridge Laborer's at all Pct.</u> | <u>Gloves, safety Glass.</u> One per unit. |
| <u>Office Employees at court house</u> | <u>Bloodborne Pathogen Kits in all offices</u> One per office. |
| <u>Office employees at Pct.'s 1,2,3,& 4</u> | <u>Bloodborne Pathogen Kits in office</u> One per office. |
| <u>Office employees at Sheriff office</u> | <u>Bloodborne Pathogen Kits in office</u> One for bldg. at central point. |
| <u>Office employees at Adult Probation</u> | <u>Bloodborne Pathogen Kits in office</u> One at central location. |
| <u>Office employees at Justice of the Peace</u> | <u>Bloodborne Pathogen Kits in office</u> One per office. |

The job descriptions for the above employees encompass the potential occupational exposure to bloodborne pathogens.

2. IMPLEMENTATION SCHEDULE AND METHODOLOGY

In order to effectively eliminate or minimize exposure to bloodborne pathogens in Tejas County, the following outlines a schedule and method of implementation for the various elements of the exposure control plan.

Compliance Methods

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material are considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment is used. Examples include safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone , etc.

Supervisor and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Hand washing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. The department's plan requires that these facilities be readily accessible after incurring exposure.

If hand washing facilities are not feasible, the employer is required to provide either an **antiseptic cleanser** in conjunction with a clean cloth/paper towels, antiseptic towelettes or **waterless disinfectant**. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes , then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact. An eyewash is located in the following areas at all Road and Bridge shop, at the jail, at the Court house Custodians office.

Needles

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. The department's plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal to the needle must be done by the use of a device or a one-handed technique.

X At this County **this does** not apply.

Contaminated Sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom, and biohazard labeled or color-coded.

During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably

anticipated to be found (e.g., laundries); maintained upright throughout use; are not allowed to overfill; and replaced routinely.

X At this County **this does** not apply.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious is prohibited.

All procedures are conducted in a manner to minimize splashing , spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Collection of specimens

Specimens of blood or other potentially infectious materials are place in a container, which prevents leakage during the collection, handling, storage, transport, or shipping of the specimens. The container used for this purpose is labeled with a biohazard label or color-code unless universal precautions are used throughout the procedure and the specimens and containers remain the facility. Specimens of blood and other potentially infectious body substance or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting, labeling of these specimens should be done according to the agency's specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities and/or universal precautions are not used throughout the procedure, a biohazard or color-coded label should be affixed to the outside of the container.

If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded.

Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

Contaminated Equipment

Equipment which may became contaminated with blood or other potentially infectious materials

is examined prior to servicing or shipping and decontaminated as necessary unless label on all portions of the equipment is not feasible. Employers place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

Personal Protective Equipment

All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. Examples of personal protective equipment include gloves, eye wear with side shields, gowns, lab coats, aprons shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.

All personal protective equipment is cleaned, laundered, and disposed of by the employer at no cost to employees. All repairs and replacements are made by the employer at no cost to employees.

All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All personal protective equipment is removed prior to leaving the work areas and placed in the designated receptacle.

Gloves are worn where it is reasonable anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised.

Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised .

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, or mouth contamination can reasonably be anticipated .

Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonable be anticipated.

X At this County **this does** apply

Personal Protective equipment will be located in the following locations:

PERSONAL PROTECTIVE EQUIPMENT LOCATIONS

| Type of Personal Protective Equipment | Location: Court House, all Road & Bridge Pct. 1,2,3,4& office's.,Sheriff office, Jail, Adult Probation office, Justice of the Peace office's |
|--|---|
| Disposable Latex gloves | X |
| Utility gloves (rubber) | X |
| Eye Protection | X |
| Mouth pieces | X |
| Bloodborne Pathogen Kits | X |

Housekeeping

Tejas County will maintain clean sanitary conditions at the worksite.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g.,plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift. All bins, pails, can, and similar receptacles are inspected and decontaminated of a regularly scheduled basis. Any broken glassware which may be contaminated is not picked up directly with the hands.

Regulated Waste Disposal

The Bloodborne Pathogens Standard uses the term, “regulated waste,” to refer to the following categories of waste which require special handling at a minimum ; (1) liquid or semi-liquid blood or OPIM; (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; (3) items that caked with dried blood or OPIM and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or OPIM. (Most waste can be deposited in the regular waste).

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-code, and closed prior to removal.

All regulated waste is properly disposed of in accordance with federal, state county , and local requirements.

Laundry Procedures

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments. Rather than rigid rules and regulation, hygienic and commonsense storage and processing of clean and soiled linen is recommended.

In the event that clothing and/or other washable materials are contaminated with blood or other potential infectious material, the following conditions are applicable. Contaminated laundry should be handled as little as possible and gloves utilized.

Contaminated laundry should be bagged in the location where it was used, but not sorted or rinsed at that time. When contaminated laundry is cleaned/laundered, it should be done separately unless universal Precautions are utilized and all laundry is considered soiled and handled as such, all soiled laundry will be put in identified bags and employees instructed that those bags contain contaminated laundry.

If contaminated laundry is to leave the County, it should be transported in color-coded or labeled bags or containers unless the facility to which it is transported uses Universal Precautions and all laundry, is considered soiled and handled as such. All soiled laundry will be put in identified bags and employees instructed that those bags contain contaminated laundry.

If contaminated laundry is to leave the County, it should be transported in color-coded or labeled bags or containers unless the facility to which it is transported uses Universal Precautions for all laundry. When contaminated laundry is wet it should be transported in bags which prevent soak-through and/or leakage of fluids to exterior.

Tejas County will ensure that employees who have access to contaminated laundry wear appropriate personal protective equipment (PPE).

Laundry is cleaned at : **County Jail for the Jail inmate only .**

Hepatitis B Vaccine

All employees who have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine , at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training within 10 working days of their assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicate for medical reasons.

Employees who decline the Hepatitis B vaccine sign a declination statement.

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at cost.

Post Exposure Evaluation and Follow up:

When the employee incurs an exposure incident, the employees reports to the

Safety Officers . All employee who incur an exposure incident are offered a confidential medical evaluation and follow up as follows:

*documentation of the route(s) of exposure and the circumstances related to the incident.

*Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.

After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the employee can establish that testing of the source is infeasible or prohibited by state or local law.

*The results of testing of the source individual are made available to the expose employee with the employee formed about the applicable law and regulations concerning disclosure of the identity and infectivity of the source individual.

*The employee is offered the option of having his/her blood collected for testing of the employee's HIV/HBV serological status. The blood sample is preserved for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee decides prior to that time that the testing will be conducted, then testing is done as soon as feasible.

*The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U. S. Public Health Service.

*The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precaution to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.

*The **Safety Officers** designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates employees of this facility or organization after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with,

- 1) a copy of the Tejas County exposure control plan,
- 2) a description of the exposed employee's duties as they relate to the exposure incident;
- 3) documentation of the route(s) of exposure and circumstances under which the exposure occurred;
- 4) results of the source individual's blood tests(if available); and,
- 5) medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

- 1) when the employee is sent to obtain the Hepatitis B vaccine, or
- 2) whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinion to:

- 1) whether the Hepatitis B vaccine is indicated;
- 2) whether the employee has received the vaccine;
- 3) the evaluation following an exposure incident;
- 4) whether the employee has been informed to the results of the evaluation;
- 5) whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation of treatment (all other finding or diagnosis shall remain confidential and shall not be included in the written report);
- 6) whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

Use of Biohazared labels

Labels are required for identifying contaminated materials. Outside of sharps containers. Type of materials that should be labeled as Biohazard material include but are not limited to, regulated waste, refrigerator and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

*Warning labels will be affixed to containers of regulated medical waste or contaminated equipment that is transported and cannot be completely decontaminated on site.

*Labels shall include the biohazard legend, and should

- 1) be fluorescent orange or orange-red with contrasting lettering or symbols
- 2) be affixed as close as feasible to container by string, wire, adhesive or other method that prevent their loss or unintentional removal.
- 3) Red bags or red containers may be substituted for labels.

Training:

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur (within 90 days after the effective date of the standard).

All employees also receive annual refresher training . This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted by a person knowledgeable in the subject mater and includes an explanation of the following ;

- 1) Chapter 96. Bloodborne Pathogen Control
- 2) OSHA Bloodborne Pathogen Final Rule;
- 3) epidemiology and symptomatology of bloodborne diseases;
- 4) modes of transmission of bloodborne pathogens;
- 5) the facility's exposure control plan (i.e.,point of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
- 6) procedures which might cause exposure to blood or other potentially infectious materials at this facility;
- 7) control methods which are used at the facility to control exposure to blood or other potentially infectious materials;
- 8) personal protective equipment available at this facility (types, use, location, etc.);
- 9) hepatitis B vaccine program at the facility;

- 10) procedures to follow in an emergency involving blood or other potentially infectious materials;
- 11) procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post exposure Prophylaxis Guidelines;
- 12) post exposure evaluation and follow up;
- 13) signs and labels used at the facility; and ,
- 14) an opportunity to ask questions with the individual conduction the training.

Record keeping

Medical records:

Tejas County shall establish and maintain an accurate record for each employee with occupational exposure.

According to OSHA’s Bloodborne Pathogens Standard, medical records are maintained by:

Florentino Rivera or Israel Lopez, Safety Officers

Name/ Title

Tejas County Safety Department

Department

The employee shall maintain the records for at least the duration of employment plus 30 years.

Training records:

According to OSHA’s Bloodborne Pathogens Standard, training records are maintained by:

Florentino Rivera or Israel Lopez, Safety Officers

Name/ Title

Tejas County Safety Department

Department

Training records shall be maintained for 3 years from the date on which the training occurred.

ANNUAL REVIEW

Signature _____ Date_____

Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____
 Signature _____ Date _____

**APPENDIX B
 ASSESSMENT TOOL**

| | Yes | No |
|--|-------------------------------------|--------------------------|
| 1. The exposure plan is located in each work center | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. Employees at occupational risk for bloodborne pathogens exposure are identified | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Employees comply with universal precautions when performing duties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Employees appropriately use engineering controls in the work center | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 5. Employees employ safe work practices in performance of duties | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6. Hand washing facilities are readily accessible in the work centers | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 7. Employees regularly wash their hands, especially after glove removal | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 8. Employees deposit contaminated sharps in biohazard containers immediately after use | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Employees change filled biohazard containers when full | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or Handle contact lenses in the work area | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Food and beverages are not kept in close proximity to blood or bodily Fluids | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Employees do not mouth pipette/suction blood or bodily fluids | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Employees places specimens in leak resistant containers after collection | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | | |
|--|-------------------------------------|--------------------------|----|
| 14. Employees place specimens in biohazard leakproof containers for shipment | <input type="checkbox"/> | [n/a] | |
| 15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated | <input type="checkbox"/> | [n/a] | |
| 16. Employees wear the designated fluid resistant personal protective equipment/attire appropriate for the task at hand | <input type="checkbox"/> | [n/a] | |
| 17. Employees place the contaminated personal protective equipment in the appropriate receptacles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | Yes | No |
| 18. Employees maintain a clean environment at all times | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 19. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 20. Employees know the safe procedure for contaminated, broken glass clean up | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 21. Employees demonstrate of the agency's policies regarding disposal And transport of regulated waste by placing regular waste, special waste according to policy | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leakproof containers | <input type="checkbox"/> | [n/a] | |
| 23. Each employee knows his documented Hepatitis B vaccine status | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 24. Employees know where and to whom to report exposure incidents | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 26. Employees are oriented and receive annual training to the exposure Control plan | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| 28. Medical and training records are maintained in accordance with | | | |

HEPATITIS B VACCINE STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine at this time, at no charge to myself. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If I decline the vaccine at this time, and if 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 myself

I understand that this vaccination series is voluntary, and that Tejas County is not responsible for any possible consequences resulting from receiving the vaccinations.

Please Check only one:

___ I wish to receive the hepatitis B vaccine. I understand that it is my responsibility to schedule my appointments with the doctor contracted by the County in order to receive each vaccination.

___ I have already received the full series of hepatitis B vaccinations, and therefore do not need to be revaccinated.

___ I decline to receive the hepatitis B vaccination.

Signature

Date

Tejas County

Bloodborne Pathogen

Exposure Control

Plan