

Alexander County Government
29 CFR 1910-1030

BLOODBORNE PATHOGEN
29 CFR 1910.1030
WRITTEN PROGRAM INCLUDING TRAINING GUIDELINES

Written: 04-19-07
Approved: 7-11-07

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I. PURPOSE

This policy is designed to help Alexander County employees eliminate or minimize exposure to bloodborne pathogens or other potentially infectious materials. This policy complies with 29 CFR 1910.1030 and outlines steps to prevent occupational exposure and specific procedures to be followed if an inadvertent exposure occurs. This policy covers all employees, departmental safety responders, and departments at risk of object exposures.

Alexander County Health Department and Alexander County Emergency Medical Services shall obtain a separate Bloodborne Pathogen policy that will serve in addition to the general employee policy. These policies are attached.

II. WORK PRACTICE CONTROLS

Alexander County Departments shall comply with work practice controls as designated in the Alexander County Health and EMS Departments Bloodborne Pathogen Policy.

III. PERSONAL PROTECTIVE EQUIPMENT

- A. Due to the wide range of hazard caused by the specific circumstances of any situation, the employee must exercise a certain amount of judgment in determining the appropriate level of personal protective equipment necessary to provide protection in a specific situation. The following chart shows the minimum mandatory levels of protective equipment for various procedures; that is, the equipment required when performing these procedures under any circumstances.

<i>Procedure</i>	<i>Gloves</i>	<i>Mask & Goggles</i>	<i>Gown/Jacket</i>
Handling of objects in work environment with potential exposure	Yes	If needed	No
Administering basic first	Yes	If needed	No

- B. Before performing any procedure, the employee should evaluate whether there is any circumstance which poses an additional exposure hazard, and, in addition to the minimum listed above, use personal protective equipment appropriate to the situation.

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- C. Personal protective equipment (disposable gloves, masks, eye shields) will be maintained in first aid kits located in each department.
- D. When personal protective gear is removed, it will be disposed of properly. If personal protective equipment is visibly soiled with blood or body fluids it will be placed in a red or biohazard labeled bag and properly disposed of. Otherwise equipment may be disposed of with ordinary medical waste.

IV. EXPOSURE DETERMINATION

- A. Alexander County has developed written exposure determinations and maintains a list of all job classifications in which employees have occupational exposure to bloodborne pathogens. All job tasks and procedures are in job classifications where all employees will have exposure and areas in which some employees may be exposed.
- B. Exposure Categories and Job Classifications
 - a. Classifications where all employees are exposed
 - 1. Safety Responder representative for each department
 - 2. See Emergency Medical Services separate policy
 - 3. Solid Waste/Convenience Sites
 - 4. Animal Control
 - b. Classifications where some employees are exposed
 - 1. See Health Department separate policy
 - 2. Public Works
 - 3. Social Services
 - 4. Recreation
 - 5. Sheriff's Office
 - 6. Senior Center

V. GENERAL

- A. Employees Affected- All full-time, part-time, and volunteer employees who have occupational exposure to bloodborne pathogens are covered by this policy and its standard operating procedures.
- B. Definitions
 - a) Bloodborne Pathogens- pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens

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include, but are not limited to, hepatitis B virus (HBV), and human immunodeficiency virus (HIV).

- b) Other Potentially Infectious Materials- includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, and any body fluid that is visible contaminated with blood.
- c) Occupational Exposure- Actual or potential parenteral, skin, eye or mucous membrane contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- d) Universal Blood and Body Fluid Precautions- An approach to infection control. According to the concept of universal precautions, all human blood; body components including serum; other body fluids containing visible blood; semen; vaginal secretions; tissues; and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids are treated as if they are infectious for HIV, HBV, and other bloodborne pathogens.

VI. PROCEDURES

Alexander County Departments shall comply with procedures as designated in the Health and EMS Department's Bloodborne Pathogen policy for the categories listed:

- A. Standard Operating Procedures
- B. Work Modifications
- C. Universal Precautions
- D. Hepatitis B Vaccination
- E. Housekeeping
- F. Medical Waste
- G. Contaminated Laundry
- H. Recording Keeping – Human Resources shall assume responsibility
- I. Training Records – Human Resources shall assume responsibility
- J. Availability

VII. POST-EXPOSURE PROCEDURES

Alexander County Departments shall comply with procedures as designated in the Health and EMS Departments Bloodborne Pathogen policy.

ALEXANDER COUNTY HEALTH DEPARTMENT

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

A. Purpose

This policy is designed to help Alexander County Health Department employees eliminate or minimize exposure to bloodborne pathogens or other potentially infectious materials. The degree of risk of acquiring bloodborne pathogens on the job is directly related to the frequency of parental exposure to blood. Non-intact skin eye and mucous membrane exposure to blood poses a lower risk, and exposure to other potentially infectious body materials, still a lower risk.

The Alexander County Health Department complies with 29 CFR 1910.1030, the OSHA bloodborne pathogens standard and relevant sections of the North Carolina communicable disease law and rule [G.S. 130A-144, 15A NCAC 19A. 0201(b) (4) (e) and (f), .0202(4) and (9)], and .0203(b) (3)], and North Carolina medical waste management law and rules [G.S. 130A-309.26 and 15A NCAC 13B .1200 to .1207]. (See Appendix 1-2)

The policy outlines steps to prevent occupational exposure and specific procedures to be followed if an inadvertent percutaneous or permucosal exposure occurs.

The policy and procedures shall be reviewed and updated at least annually and whenever necessary to reflect new job descriptions and modified tasks and procedures that affect occupational exposure.

B. Work Practice Controls

1. Personnel will wash hands thoroughly at the earliest opportunity after completion of each patient transport, handling of soiled linen, or cleaning of equipment. If hand washing facilities are not immediately available, antiseptic hand cleaner will be used immediately and hands washed as soon as feasible.
2. Personnel will wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

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3. Personnel will wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious material.
4. Contaminated needles and other contaminated sharps shall be disposed of immediately in the appropriate container. Such sharps are not to be recapped after use unless no container is immediately available, in which case they may be recapped using a one-handed technique.
5. Eating, drinking, smoking, chewing gum or tobacco, applying cosmetics or lip balm, and handling contact lenses are prohibited at the scene of a call, in the patient compartment of the ambulance, during cleaning of potentially contaminated equipment, or during handling of potentially contaminated linen.
6. Any technician with a cut or other broken skin on his/her hands shall wear gloves while moving, examining, or otherwise having contact with any patient.

C. Personal Protective Equipment

1. Due to the wide range of hazard caused by the specific circumstances of any given patient situation, the employee must exercise a certain amount of judgment in determining the appropriate level of personal protective equipment necessary to provide protection in a specific situation. The following chart shows the minimum mandatory levels of protective equipment for various procedures; that is, the equipment required when performing these procedures under any circumstances.

<i>Procedure</i>	<i>Gloves</i>	<i>Mask & Goggles</i>	<i>Gown/Jacket</i>
Blood Draw or IV Start	Yes	No	No
Oral/Nasal Suctioning	Yes	No	No
Taking B/P or other Vitals	No	No	No
IM/IV/SC Injection	Yes	No	No
Dressing Wounds	Yes	No	No
Cleaning Equipment	Yes	No	No
Cleaning Clinic Room	Yes	No	No

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2. Before performing any procedure, the employee should evaluate whether there is any circumstance which poses an additional exposure hazard, and, in addition to the minimum listed above, use personal protective equipment appropriate to the situation.
3. Personal protective equipment (disposable gloves, gown/jackets, masks, eye shields) will be maintained in readily accessible locations in all units and at unit cleanup and laundry sorting locations.
4. When personal protective gear is removed, it will be disposed of properly. If personal protective equipment is visibly soiled with blood or body fluids it will be placed in a red or biohazard labeled bag and properly disposed of. Otherwise equipment may be disposed of with ordinary medical waste.

D. Exposure Determination

Alexander County Health Department has developed written exposure determinations and maintains a list of all job classifications in which employees have occupational exposure to bloodborne pathogens (see Appendix 3). All job tasks and procedures are classified into one of three categories to facilitate exposure determination. Exposure determination includes:

- a. Category I: Tasks that involve potential for mucous membrane or skin contact with blood, body fluids, or tissues, or potential for spills or splashes or them.
- b. Category II: Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks.
- c. Category III: Tasks that involve no exposure to blood, body fluids, or tissues, and Category I tasks are not a condition of employment.

E. General

1. Employees Affected- All full-time, part-time, and volunteer employees who have occupational exposure to bloodborne pathogens are covered by this policy and its standard operating procedures.
2. Definitions
 - Bloodborne Pathogens- 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).
 - Other Potentially Infectious Materials- includes the following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural

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fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visible contaminated with blood.

- Occupational Exposure- Actual or potential parenteral, skin, eye or mucous membrane contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- Universal Blood and Body Fluid Precautions- An approach to infection control. According to the concept of universal precautions, all human blood; body components including serum; other body fluids containing visible blood; semen; vaginal secretions; tissues; and cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids are treated as if they are infectious for HIV, HBV, and other bloodborne pathogens.

F. Procedures

1. Standard Operating Procedures- Alexander County Health Department establishes, maintains and enforces work practices and standard operating procedures to eliminate or minimize contact with blood or other potentially infectious materials. Employees are required to follow standard operating procedures while performing job duties classified as Category I and II.
2. Work Modifications- Alexander County Health Department uses modifications to the work environment and changes in work practices and procedures as the primary method to eliminate or minimize employee exposure.
3. Universal Precautions- Universal precautions will be observed at this facility in order to prevent contact with blood or other potentially infectious materials. All blood and other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as hand washing and using gloves to prevent gross microbial contamination of hands.
4. Hepatitis B Vaccination- All Alexander County Health Department employees who have occupational exposure to bloodborne pathogens are recommended to have hepatitis B vaccine unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. The vaccination series is provided to the employee at no charge.
 - The first dose of vaccine is to be made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment. Subsequent doses are to be administered according to the current Centers for Disease Control recommendations.

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- Employees who decline hepatitis B vaccine are required to sign a Hepatitis B vaccine declination form, and have the option of taking the vaccine at a later date if occupational exposure continues (see Appendix 4).
 - See Attached Hepatitis B Consent/Declination Waiver Form
5. Housekeeping- Alexander County Health Department has implemented a written schedule for cleaning and a method of decontamination based upon the location within or outside the facility (laboratory, clinic, home setting, etc.), type of surface to be cleaned, type of soil present, and task or procedures being performed in the area. Employees are required to clean equipment, environmental and work surfaces and decontaminate them immediately after contact with blood or other body fluids using an EPA-approved disinfectant, such as phenolic or quaternary ammonium germicidal detergent solution or a 1:10 to a 1:100 dilution of bleach. Laboratory Manager keeps cleaning schedule and maintains these records.
6. Medical Waste Management- Alexander County Health Department follows the North Carolina medical waste management laws and rules except when the OSHA standard preempts the North Carolina rules because the state rules are less restrictive. North Carolina regulated medical waste is blood and body fluids in individual containers in volumes greater than 20ml; pathological waste such as human tissues, organs or body parts. These three types of waste must be treated (rendered nonhazardous by a method such as incineration, steam sterilization, or sanitary sewage disposal for bulk blood of >20ml per container) prior to disposal with other general solid waste.
- Sharps, including contaminated needles, scalpels, plastic slides and cover slips, broken glass and capillary tubes, and other contaminated objects that can penetrate the skin, are regulated medical waste and must be:
 1. Packaged in a biohazard-labeled (fluorescent orange or orange-red with lettering or symbols in contrasting color) or red container that is rigid, closable, puncture-resistant leak-proof (when in an upright position);
 2. Sharps containers must be located close to work areas and replaced before overfilled;
 3. During removal of sharps containers from areas of use, they must be closed and placed in a second biohazard labeled, leak-proof container or a red plastic bag (160lb. burst strength polyethylene), if there is the possibility of leakage.
 - To avoid unnecessary employee exposure to small volumes of blood (<20ml) in individual containers, such as laboratory vacuum tubes, they should not be emptied. Containers of <20ml of blood that are to be discarded and stored while awaiting off-site transport must be either

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stored in a secure area, restricted to authorized personnel or packaged in a container suitable for sharps, or in a plastic bag (160lb. burst strength polyethylene) that is placed in a rigid biohazard-labeled fiberboard box or drum.

- Alexander County Health Department contracts with Stericycle, located in Winston-Salem, who treats (renders it nonhazardous) the entire agency's regulated medical waste prior to disposal.
 - Contaminated disposal items, such as dressings, drapes, etc., that would release blood or body fluids in a liquid or semi-liquid state if compressed or items that are caked with dried blood are regulated waste as defined by OSHA. Regulated waste does not require treatment and may be disposed of as general solid waste. However, while on-site, blood-soaked or caked items must be discarded, stored and transported in red plastic bags or in closable, leak-proof, biohazard labeled containers.
7. Contaminated Laundry- As defined by OSHA, contaminated laundry means that is soiled with blood and body fluids or that may contain sharps. Alexander County Health Department provides extra clothing in the event that apparel becomes soiled. When handling contaminated laundry, employees are to practice universal precautions, including wearing gloves. Contaminated laundry is to be handled as little as possible, with minimum agitation. Although contaminated laundry must be handled more carefully and stored in labeled or red bags, it can be washed with regular laundry.
8. Training Information- Alexander County Health Department offers initial, preplacement, annual and new or modified procedures training to all employees who perform Category I and II tasks. Training shall be offered during the normal work shift. The training will be interactive and at a minimum, covers:
- Access to and explanations of the Bloodborne Pathogens Standard;
 - A discussion of epidemiology, symptoms and transmission of bloodborne diseases;
 - An explanation of Alexander County Health Department's Exposure Control Plan and a method for obtaining a copy;
 - The recognition of tasks that may involve exposure;
 - Record of training is kept in employee personnel folders, for initial trainings.
 - Nursing Supervisor maintains a list of annual training with roster of attendance.
 - Information on the hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge;

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- Information on the types of personal protective equipment, use, location, removal, handling, decontamination and disposal procedures;
- An explanation of the universal blood and body fluid precautions;
- An explanation of the basis of selection of protective equipment;
- Information on the protocols for reporting and treatment in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up;
- Information on the evaluation and follow-up required after an employee exposure incident; and
- An explanation of the signs, labels, and coding systems.

(The person conducting the training shall be knowledgeable in the subject matter.)

9. Recording Keeping

- Medical records- Alexander County Health Department is responsible for maintaining medical records as indicated below:
Medical records shall be maintained in accordance with OSHA Standard 29 CFR 1910.20. These records shall be kept confidential, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:
 1. the name, and social security number of the employee;
 2. a copy of the employee's HBV vaccination status, including the dates of the vaccination;
 3. a copy of all results of examinations, medical testing, and follow-up procedures;
 4. a copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
- Training records- the nursing supervisor and county human resource department is responsible for maintaining the following training records. Training records shall be maintained for three years from the date of training, The following information shall be documented:
 1. the dates of the training sessions;
 2. an outline or agenda describing the material presented;
 3. the names and qualifications of persons conducting the training;
 4. the names and job titles of all persons attending the training session.
- Availability- all employee records shall be made available to the employee in accordance with 29 CFR 1910.20. All employee records shall be made available to the Assistant Secretary of Labor for the Occupational Safety

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and Health Administration and the Director of the National Institute for Occupational Safety and Health upon request.

10. Surveillance and Monitoring System – the Bloodborne Pathogens Surveillance and monitoring system involves the safe performance of all jobs by all Alexander County Health Department employees and ongoing ensurance of safe work practices by supervisors. The surveillance and monitoring will be done to ensure compliance with safe work practices such as:

- Hand washing provisions and technique;
- Disposal of contaminated needles and other sharps;
- Availability and use of protective clothing and equipment;
- Housekeeping, including cleaning, handling of contaminated laundry, decontamination, and labeling and disposing of regulated waste

The Director of Nursing will be in charge of making sure that safe work practices are being followed and making recommendations for corrective actions, such as retraining, purchasing new equipment, etc.

G. Post-Exposure Procedures

All exposure incidents shall be reported, investigated, and documented. When the employee incurs an exposure incident, it shall be reported to the supervisor. Following a report of an exposure incident, the exposed employee shall immediately receive a confidential medical evaluation and follow-up, including a least the following elements:

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
- Identification and documentation of the source individual, unless it can be established that idenification is infeasible or prohibited by state or local law.

When and inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials occur employees are required to:

1. Remove contaminated personal protective equipment and place it in a red or biohazard labeled bag.
2. Wash exposed areas (hands and other skin surfaces) with non-abrasive soap and water for a minimum of 15 minutes. Immediately flush exposed mucous membranes with water, and, if exposed, flush eyes with large amounts of water or eye solution for a minimum of 15 minutes.
3. Immediately report exposure incident to the direct supervisor or designated person in charge. The supervisor/designated person will notify the personnel

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office. If the exposure occurs after 5:00 PM or on a weekend or holiday the employee should immediately notify the supervisor/designated person in charge on an emergency basis.

4. If there is a spill, immediately arrange for decontamination with an EPA-approved disinfectant, such as phenolic or quaternary ammonium germicidal detergent solution or a 1:10 to 1:100 dilution of bleach.
5. Seek medical care if first aid is needed or if signs of infection, such as redness or swelling, occur.
6. Obtain an incident report (see Appendix 5) form from the supervisor. Complete and return it to the supervisor within 24 hours.

When an employee reports an inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials the supervisor and/or person in charge are required to:

1. Immediately arrange or conduct exposure follow-up
2. Review standard operating procedures and methods to prevent future exposures with the employee
3. Provide employee with the incident report form

When an employee or supervisor reports an inadvertent percutaneous or permucosal exposure to blood or other potentially infectious materials the supervisor or the Health Care Provider is required to:

1. Assess the employee's exposure, his/her hepatitis B vaccination and vaccine response status, whether the source of the blood is available, and the source's HIV and HbsAg status. This is done by interviewing the employee, reviewing the completed incident report form, the employee's confidential medical record and the source's record, contacting the source's physician and talking with other employees, as indicated. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is not obtained, the supervisor shall establish that legally required consent cannot be obtained. When law does not require the source individual's consent, the source individual's blood, if available, shall be tested and the results documented.
2. Individualize post-exposure management and treatment of exposed employee(s) on a case-by-case basis, following current communicable disease rules. Results of the source individual's testing shall be made available to the exposed employee and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
3. Make arrangements for HIV and HbsAg testing and counseling of source person, if known, according to the communicable disease rules [15A NCAC .0202(4) (a) (i) and .0203(b) (3) (A)], unless already known to be infected. When 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.

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4. Conduct HIV and HBV pre-test counseling prior to obtaining laboratory tests from the exposed employee. Obtain consent for confidential HIV testing from the employee. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. If the employee consents to a baseline blood specimen collection, but does not give consent at that time for HIV serologic testing, the serum sample must be stored by freezing at –20 degrees Celsius, for 90 days (if stored longer, must be frozen at –70 degrees Celsius,). If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.
5. Follow the hepatitis B prophylaxis after percutaneous and permucosal exposure, as required by communicable disease rule [15A NCAC .0203(b) (3)] (see Appendix 6)
6. Consult with the agency physician/medical consultant if prophylactic zidovudine, hepatitis B immune globulin, or hepatitis B vaccine is indicated. To insure that the physician is adequately informed, provide him/her with a copy of the OSHA Bloodborne Pathogens Standard, applicable communicable disease rules the agency's exposure plan, a description of the specific exposure incident, the infection state of the source, the vaccination and immunity status of the exposed employee.
7. Conduct post-exposure counseling on return of laboratory results. All employees will receive their laboratory results. If the source person is HIV or HBV infected, employee counseling should include:
 - Refraining from sexual intercourse unless condoms are used,
 - Not sharing needles or syringes
 - Not donating or selling blood,
 - Not breast-feeding
8. Provide prophylactic treatment or immunizations as ordered by the physician and as required by the communicable disease rule [15A NCAC .0203(b) (3) (B) and (C)].
 - When indicated, administer prophylactic zidovudine and HBIG as soon as possible after exposure, since zidovudine's value beyond 48-72 hours, and HBIG's value beyond 7 days is unclear,
9. If the source person is HIV-positive or is unknown, conduct follow-up HIV testing and counseling for the exposed employee at 3 and 6 months.
10. File completed incident report and variance report form with the supervisor. Report the incident to the personnel officer.
11. Record the circumstances of the exposure and post-exposure management on the employee's confidential medical record.
12. If medical treatment is administered to the exposed employee (e.g. HBIG or a Booster hepatitis B immunization is given), record the exposure incident as an injury, not an illness; on the OSHA 300 log (see Appendix 7).

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H. Training Program

The purpose of this training is to provide employees with information about the OSHA Bloodborne Pathogens Standard and the policies and standard operating procedures Alexander County Health Department has adopted to implement the standard. The person who conducts the training will be knowledgeable about communicable disease, infection control and/or occupational/employee health and health care professionals who have attended workshop(s) that have prepared them to teach other employees about bloodborne pathogens, other infectious diseases and the OSHA standard.

All employees who have exposure to bloodborne pathogens and other infectious materials are required to participate in the Bloodborne Pathogens Training Program. Attendance is mandatory. Notification of training should be posted a least one week in advance. A requirement of the OSHA Standard is that training records be established and maintained for three years. To simplify attendance, each employee is to sign in on the in-service record (see Appendix 8) as they enter the room for training. Training to be conducted within 1 year of previous training or when changes such as modification of tasks or procedures or institution of new tasks on procedures affect occupational exposure.

Supervisors and/or management will follow-up with employees who were unable to attend the training. Make-up sessions or individualized trainings may need to be planned.

Director of Health Department

Date

Updated 1/22/07

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ALEXANDER COUNTY HEALTH DEPARTMENT

CONSENT FOR HEPATITIS B IMMUNIZATION

This is to certify that I, _____, hereby consent to the Hepatitis B Immunization.

I further state that I have read and understand the attached information regarding the Engernix B vaccine.

Employee Signature

Date

Witness

Date

DECLINATION STATEMENT

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.

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Employee Signature

Date

Witness

Date

Alexander County Health Department

Exposure Categories and Job Classifications

I. Category I

Health Director I
Public Health Nurse Supervisor II
 1. Public Health Nurse II
 2. Public Health Nurse I
 3. Laboratory Technician II
Public Health Nurse Supervisor I
Community Health Technician

II. Category II

Environmental Health Programs Coordinator
Environmental Health Specialists
Social Worker II

III. Category III

Accounting Clerk IV
Accounting Technician
Administrative Assistant
Health Educator II
Office Assistant III
Office Assistant IV
Processing Assistant III
Processing Assistant IV
Nutritionists II

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APPENDICES

1. The OSHA Bloodborne Pathogens Standard. 29 CFR 1910. 1030
2. N.C. General Statue 130A-144
3. Alexander County Health Department Exposure Categories and Job Classifications
4. Hepatitis B Vaccination Declination Form
5. Treatment table as required by Communicable Disease Rule {ISA NCAC .203(b) (3)
6. Alexander County Health Department In-service Attendance Record

ARTICLE 29 – Emergency Medical Services INFECTION CONTROL

29.1 General

- A. This Article is intended to provide compliance with applicable sections of NC Administrative Code # 13 NCAC 7C.0101(a)(96), "Bloodborne Pathogens". Further information may be found in the Alexander County Bloodborne Pathogens Plan.
- B. For the purposes of this article, the term "infectious materials" refers to blood, blood components, and products made from blood; semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, 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; and any human tissue or organ.
- C. Universal Precautions shall be observed to prevent contact with infectious materials; that is, all materials listed above as "infectious materials" will be treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

29.2 Work Practices

- A. Personnel will wash hands thoroughly at the earliest opportunity after completion of each patient transport, handling of soiled linen, or cleaning of equipment. If hand washing facilities are not immediately available, antiseptic hand cleaner will be used immediately and hands washed as soon as feasible.
- B. Personnel will wash hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.

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- C. Personnel will wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious material.
- D. Contaminated needles and other contaminated sharps shall be disposed of immediately in an appropriate sharps container.
- E. Eating, drinking, smoking, chewing gum or tobacco, applying cosmetics or lip balm, and handling contact lenses are prohibited at the scene of a call, in the patient compartment of the ambulance, during cleaning of potentially contaminated equipment, or during handling of potentially contaminated linen.
- F. Any technician with a cut or other broken skin on his/her hands shall wear gloves while moving, examining, or otherwise having contact with any patient.

29.3 Personal Protective Equipment

- A. Due to the wide range of hazard caused by the specific circumstances of any given patient situation, the employee must exercise a certain amount of judgment in determining the appropriate level of personal protective equipment necessary to provide protection in a specific situation. The following chart shows the minimum mandatory levels of protective equipment for various procedures; that is, the equipment required when performing these procedures under any circumstances.

<i>Procedure</i>	<i>Gloves</i>	<i>Mask & Goggles</i>	<i>Gown/Jacket</i>
Bleeding Control w/ spurting blood	Yes	Yes	Yes
Bleeding Control w/ minimal blood	Yes	No	No
Childbirth	Yes	Yes	Yes
Blood Draw or IV Start	Yes	No	No
ET or BIAD Intubation	Yes	Yes	No
Oral/Nasal Suctioning	Yes	Yes	No
Taking B/P or	No	No	No

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other Vitals			
IM/IV/SC Injection	Yes	No	No
Dressing Wounds	Yes	No	No
Cleaning Unit and other Equipment	Yes	No	No
Sorting Laundry	Yes	No	No
Intraosseous (BIG)	Yes	Yes	No
Access existing catheters	Yes	Yes	No

- B. Before performing any procedure, the employee should evaluate whether there is any circumstance which poses an additional exposure hazard, and, in addition to the minimum listed above, use personal protective equipment appropriate to the situation.
- C. Personal protective equipment (disposable gloves, gown/jackets, masks, eye shields) will be maintained in readily accessible locations in all units and at unit cleanup and laundry sorting locations.
- D. When personal protective gear is removed, it will be placed in an appropriate (red or biohazard labeled) bag immediately or as soon as feasible. Immediately upon return to the EMS base, the bag will be placed in an appropriate container for disposal. Bags containing used gear may also be disposed of in an appropriate container at the receiving hospital, with the permission of hospital personnel.

29.4 Housekeeping

- A. Immediately after patient transport, all surfaces and non-disposable equipment which had known or suspected contact with blood or other potentially infectious materials will be cleaned with a virucidal solution.
- B. Any non-disposable equipment which cannot be cleaned and decontaminated immediately will be placed in an appropriate bag, sealed, and returned to base for cleaning.
- C. The contaminated areas of any linen which had known or suspected contact with blood or other potentially infectious materials will be sprayed with virucidal solution. The linen will then be placed in an appropriate red

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bag and placed into the laundry bag at the base. Heavily soiled linens may be disposed of in the bio-hazard waste.

- D. If possible, any necessary decontamination should be done at the receiving facility immediately upon completion of the call; however, if there is unusually extensive contamination, the unit should be taken out of service and returned to base for cleaning.
- E. Regulated waste not disposed of at the receiving hospital will be placed in the proper biohazard container disposal upon return to the base.

29.5 Vaccinations

- A. Hepatitis B vaccination shall be made available to any new employee within 10 working days of initial assignment. These vaccinations will be provided by the Alexander County Health Department at no cost to the employee.
- B. Any employee who declines to take the Hepatitis B vaccine will be required to sign a disclaimer stating their understanding of the risk.
- C. Any employee who declines Hepatitis B vaccination may, at any later time, decide to accept vaccination, which will be provided at no cost.
- D. For employees who have already received the Hepatitis B vaccination, a copy of the immunization record with the dates and type of vaccination must be brought for their file.
- E. Within two months of the initial vaccination, the employee will be required to have a titer test or antibody test. The doctor will then decide if the employee needs a booster injection.

29.6 Training

- A. All new employees will receive an initial training during their orientation program by the EMS Training Officer or a designated Shift Trainer.
- B. Employees will receive training at least annually thereafter.
- C. Training Records are to be kept on file for a minimum of three years from the date of the training. Refer to 29.7B for further information on record keeping.

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29.7 Record keeping

- A. Medical Records shall be maintained in accordance with OSHA Standard 29 CFR 1910.1030. These records shall be kept confidential, and must be maintained for the length of employment plus 30 years. These records should include:
 - 1. The employee's name and social security number;
 - 2. a copy of the employee's HBV vaccination status, including the dates of the vaccination;
 - 3. a copy of all results of examinations, medical testing, and follow-up procedures;
 - 4. a copy of the information provided to the healthcare provider, including a description of the employee's duties as related to the incident, and documentation of the route of exposure, including the circumstances contributing to the exposure.
- B. Training Records are maintained by the Training Officer. These records shall be maintained for a minimum of three years from the date of the training. The records should include the following:
 - 1. the dates of the training sessions;
 - 2. an outline or agenda describing the material presented;
 - 3. the names and qualifications of the persons conducting the training;
 - 4. the names and job titles of the employees attending the training sessions.
- C. All employee records will be made available to the employee upon request. These records shall also be made available to the auditors from the NC Department of Labor, OSHA Division; the Assistant Secretary of Labor for the Occupational Safety and Health Administration; and the Director of the National Institute for Occupational Safety and Health (NIOSH), upon request.

29.7 Exposure Incidents

- A. An Exposure Incident is defined as any eye, mouth, other mucous membrane, non-intact skin, or parenteral (needle stick, cut, etc.) contact with any infectious material (See 29.1.B.).
- B. Any employee having an Exposure Incident will make an immediate verbal report to his/her supervisor, and submit a written Incident Report within 24 hours, including a description of the route of exposure, the circumstances

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under which the exposure occurred, and the name, address, and whereabouts of the source individual, if available. A copy of the Incident Report will be made available to the employee.

- C. The employee shall notify the ED Nursing Supervisor at the receiving facility of the exposure. The employee will give the exposure circumstances and the employer information to the Nursing Supervisor or the Infection Control Nurse.
- D. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine if the source is infected with either HBV or HIV. This should be done while the employee is still at the receiving Emergency Department. (When the source is known to be infected with HBV or HIV, testing of the source is not necessary.)
- E. The results of the source's testing will be made available to the employee. These results shall be kept confidential by the employee. The employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the individual.
- F. The exposed employee's blood shall be collected as soon as feasible and tested, after consent is obtained. This testing should be done while at the receiving hospital's ED.
- G. If the source individual is not known, the employee shall go to the Alexander County Health Department for the baseline blood collection and testing. After hours, the employee will be sent to the designated hospital by the EMS Supervisor.
- H. If the employee agrees to blood collection, but does not give consent at that time for HIV serological testing, the sample will be preserved for 90 days. If within the 90 days, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible.
- I. All post exposure prophylaxis, counseling, and evaluation of reported illnesses will be coordinated with the employee through either the testing hospital's Infection Control Department and/or the Alexander County Health Department.