



EXPOSURE CONTROL PLAN (ECP)

Wasco County is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist Wasco County in implementing and ensuring compliance with the OSHA standard, thereby protecting our employees. This ECP includes:

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

The methods of implementation of these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The Human Resources Department is responsible for the implementation of the ECP. The Human Resources Department will maintain, review, and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures.

The Human Resources Department is located at 511 Washington St. Ste. 206. The Human Resources Manager can be reached at 541-506-2774.

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

The Department Director or Manager in each department, that has been deemed a "safety sensitive" department will maintain and provide all necessary personal protective equipment (PPE), engineering controls (e.g. sharps containers), labels, and red bags as required by the OSHA standard 29 CFR 1910.1030 ("the standard"). The Department Director or Manager will ensure that adequate supplies of the aforementioned equipment are available in the appropriate sizes.

The Human Resources Department will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.

The Human Resources Department will be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

EMPLOYEE EXPOSURE DETERMINATION

The following is a list of all job classifications at our establishment in which **all** employees have occupational exposure:

Department/Location

Deputy Sheriff/Sheriff's Department

Sergeant/Detective/Sheriff's Department

Parole and Probation Officers/Community Corrections

Juvenile Counselors/Youth Services

Maintenance and Facilities Crew/Facilities

Road Specialist, Road Superintendents/Public Works

Part-time, temporary, contract and per diem employees are covered by the standard. As outlined above, "the standard" refers to OSHA standard 29 CFR 1910.1030.

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All employees will utilize universal precautions.

Universal precautions is an approach to infection control to treat all human blood and certain human body fluids as if they were known to be infectious for HIV, HBV and other bloodborne pathogens, (Bloodborne Pathogens Standard 29 CFR 1910.1030(b) definitions).

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees, both temporary and part-time, have an opportunity to review this plan at any time during their work shifts by contacting the Human Resources Department. If requested, a copy of the ECP can be provided to an employee, free of charge and within 15 days of the request.

The Human Resources Manager is responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

Wasco County does not have any sharps disposal containers onsite. Exceptions have been made previously for evidence disposal within the Sheriff's Department. When this occurs, sharps disposal containers are inspected and maintained or replaced by the lead Sergeant whenever necessary to prevent overfilling. When necessary, these containers are taken to the local hospital for disposal.

This facility identifies the need for changes in engineering control and work practices through: Review of OSHA records, employee interviews, committee activities, etc.

We evaluate new procedures or new products regularly by following recommended OSHA and SAIF standards, literature reviewed, supplied information, etc. Both front line workers and management officials are involved in this process.

The Human Resources Department will ensure effective implementation of these recommendations.

Personal Protective Equipment (PPE)

PPE is provided to our employees at no cost to them. Training is provided by the Department Director/Manager or department designee in the use of the appropriate PPE for the tasks or procedures employees will perform.

The type of PPE available to employees is based on the department in which they are employed by, for instance, the Sheriff's Department, Public Works and Facilities, as outlined above. Disposable gloves, in appropriate sizes, are available for all workers at risk of exposure, for use at their discretion.

All employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
- Remove PPE after it becomes contaminated, and before leaving the work area.
- Used PPE may be disposed of in the appropriate containers or designated area.
- Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised.
- Utility gloves may be decontaminated for reuse if their integrity is not compromised; discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
- Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface

The procedure for handling used PPE is as follows:

Used PPE is to be discarded in the trash if it is not visibly contaminated or in Biohazard waste as appropriate. All PPE provided within Wasco County is disposable and is not to be reused.

Housekeeping

Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling. The procedure for handling **sharps disposal containers** is: Place sharps in containers which are closable, prevent leakage and appropriately labeled to be taken to the hospital for processing.

The procedure for handling **other regulated waste** is: Biohazard waste is to be removed in the appropriate containers and taken to the hospital for processing.

Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately.

Bins and pails (e.g., wash or emesis basins) are cleaned and decontaminated as soon as feasible after visible contamination.

Broken glassware which may be contaminated is picked up using mechanical means, such as a brush and dust pan. The glass is then disposed in a sharps container that is closable, puncture-resistant, leak-proof on sides and bottoms and labeled or color-coded appropriately.

Laundry

Laundry is not done within the main location of Wasco County. Certain expectations may apply for the Facilities and Public Works employees who have access to a washer and dryer.

The following laundering requirements must be met:

- Handle contaminated laundry as little as possible, with minimal agitation
- Place wet contaminated laundry in leak-proof, labeled or color-coded containers before transport. Use (*red bags or bags marked with biohazard symbol*) for this purpose.
- Wear the following PPE when handling and/or sorting contaminated laundry:
Disposable gloves.
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Labels

The following labeling method(s) is used in this facility:

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| <u>EQUIPMENT TO BE LABELED</u> | <u>LABEL TYPE</u> (size, color, etc.) |
| <i>(e.g., specimens, contaminated laundry, etc.)</i> | <i>(red bag, biohazard label, etc.)</i> |

Depending on the department, the Department Director/Manager or designee will ensure warning labels are affixed or red bags are used as required if regulated waste or contaminated equipment is brought into the facility. Employees are to notify if they discover regulated waste containers refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.

HEPATITIS B VACCINATION

The Department Director/Manager will provide training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. Training for Bloodborne Pathogen exposure takes place during new employee on-boarding, as well as an annual CIS training for safety sensitive positions.

The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series, 2) antibody testing reveals that the employee is immune, or 3) medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the Human Resources Department.

Vaccination will be provided by Occupational Health in The Dalles, OR.

Following the medical evaluation, a copy of the health care professional's Written Opinion will be obtained and provided to the employee. This evaluation will be provided within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine, and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact your Department Director/Manager or the Human Resources Department.

An immediate, confidential, medical evaluation and follow-up will be conducted by;

During business hours: 8:00am to 4:30pm-Occupational Health, 1815 E. 19th St., Suite 2, The Dalles, OR 97058, 541-296-7811.

After business hours: Mid-Columbia Medical Center Emergency Room (ER)-1700 E. 19th St. The Dalles, OR 97058.

Following the initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred.
- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).

- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status.
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The Human Resources Manager ensures that the health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The Human Resources Manager ensures that the healthcare professional evaluating an employee after an exposure incident receives the following:

- A description of the employee's job duties relevant to the exposure incident
- Route(s) of exposure
- Circumstances of exposure
- If possible, results of the source individual's blood test
- Relevant employee medical records, including vaccination status

The Human Resources Manager will provide the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The Human Resources Manager along with the Department Director/Manager will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time
- work practices followed
- a description of the device being used (including type and brand)
- protective equipment or clothing that was used at the time of the exposure incident (*gloves, eye shields, etc.*)

- location of the incident (O.R., E.R., patient room, etc.)
- procedure being performed when the incident occurred
- employee's training

The Human Resources Manager will record all percutaneous injuries from contaminated sharps in the Sharps Injury Log.

If it is determined that revisions need to be made, the Human Resources Department will ensure that appropriate changes are made to this ECP. Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.

EMPLOYEE TRAINING

All employees who have occupational exposure to bloodborne pathogens receive training conducted through their respective departments, the CIS Learning Portal (online), DPSST and during the orientation and on-boarding process.

All employees who have occupational exposure to bloodborne pathogens receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- a copy and explanation of the standard
- an explanation of our ECP and how to obtain a copy
- an explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
- an explanation of the use and limitations of engineering controls, work practices, and PPE
- an explanation of the types, uses, location, removal, handling, decontamination and disposal of PPE
- an explanation of the basis for PPE selection
- information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident
- an explanation of the signs and labels and/or color coding required by the standard and used at this facility
- an opportunity for interactive questions and answers with the person conducting the training session

Training materials for this facility are available in the Human Resources Department.

RECORDKEEPING

Training records are completed for each employee upon completion of training. These documents will be kept for at least **three years** in the Human Resources Department.

The training records include:

- the dates of the training sessions
- the contents or a summary of the training sessions
- the names and qualifications of persons conducting the training
- the names and job titles of all persons attending the training sessions

Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Human Resources Manager.

Medical Records

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records." The Human Resources Department is responsible for maintenance of the required medical records. These **confidential** records are kept in separate files within the Human Resources Department for at least the **duration of employment plus 30 years**.

Employee medical records are provided upon request of the employee or to anyone having written consent of the employee within 15 working days. Such requests should be sent to the Human Resources Manager.

OSHA Recordkeeping

An exposure incident is evaluated to determine if the case meets OSHA's Recordkeeping Requirements (29 CFR 1904). This determination and the recording activities are done by the Human Resources Department.

Sharps Injury Log

In addition to the 29 CFR 1904 Recordkeeping Requirements, all percutaneous injuries from contaminated sharps are also recorded in the Sharps Injury Log. All incidences must include at least:

- the date of the injury
- the type and brand of the device involved
- the department or work area where the incident occurred
- an explanation of how the incident occurred

This log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years following the end of the calendar year that it covers. If a copy is requested by anyone, it must have any/all personal identifiers removed from the report.

DEFINITIONS

ECP-Exposure Control Plan-A plan developed to eliminate or minimize occupational exposure to bloodborne pathogens according to OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

HBV-Hepatitis B virus-A virus that affects the liver. It can cause both acute and chronic infections.

HCV-Hepatitis C virus-A viral infection that causes liver inflammation, sometimes leading to serious liver damage.

HIV-Human Immunodeficiency Virus-A lentivirus that causes infection and over time acquired immunodeficiency syndrome (AIDS). AIDS is a condition in humans in which progressive failure of the immune system allows life-threatening opportunistic infections and cancers to thrive.

NIOSH-National Institute for Occupational Safety and Health-The agency responsible for conducting research and making recommendations for the prevention of work-related injury and illness. NIOSH is a part of the Centers for Disease Control and Prevention (CDC).

OSHA-Occupational Safety and Health Administration-An agency of the United States Department of Labor. The agency was established under the Occupational Safety and Health Act, signed into law by President Richard M. Nixon on December 29, 1970.

OPIM-other potentially infectious material(s)- means (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) Any unfixed human tissue or organ from a human.

PPE-Personal Protective Equipment- Personal protective equipment, commonly referred to as "PPE", is equipment worn to minimize exposure to a variety of hazards. Examples of PPE include such items as gloves, foot and eye protection, protective hearing devices (earplugs, muffs) hard hats, respirators and full body suits.

"the standard"-referring to the OSHA standard 29 CFR 1910.1030, "Occupational exposure to Bloodborne Pathogens."

Establishment/Facility Name: Wasco County

Sample Sharps Injury Log

Year _____

| Date | Case/ Report No. | Type of Device (e.g., syringe, suture needle) | Brand Name of Device | Work Area where injury occurred [e.g., Geriatrics, Lab] | Brief description of how the incident occurred [i.e., procedure being done, action being performed (disposal, injection, etc.), body part injured] |
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29 CFR 1910.1030, OSHA's Bloodborne Pathogens Standard, in paragraph (h)(5), requires an employer to establish and maintain a Sharps Injury Log for recording all percutaneous injuries in a facility occurring from *contaminated* sharps. The purpose of the Log is to aid in the evaluation of devices being used in healthcare and other facilities and to identify problem devices or procedures requiring additional attention or review. This log must be kept in addition to the injury and illness log required by 29 CFR 1904. The Sharps Injury Log should include all sharps injuries occurring in a calendar year. The log must be retained for five years following the end of the year to which it relates. The Log must be kept in a manner that preserves the confidentiality of the affected employee.

HEPATITIS B VACCINE DECLINATION (MANDATORY)

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.

Employee Name (Please Print): _____

Signature: _____

Date: _____