

8.0 BLOODBORNE PATHOGENS

POLICY:

To minimize health risks associated with exposure to blood-borne pathogens and other infectious materials, employees will be provided with:

- A. A written Exposure Control Plan;
- B. Access to protective equipment;
- C. Annual training; and,
- D. Elective vaccinations.

8.1 DEFINITIONS

A. BLOODBORNE PATHOGEN

A blood-borne pathogen is a pathogenic microorganism present in human blood that is capable of causing disease in humans. Such diseases include, but are not limited to, Hepatitis B Virus (HBV) and the Human Immune-deficiency Virus (HIV), which causes AIDS.

B. POTENTIALLY INFECTIOUS MATERIAL

A potentially infectious material is any human body fluid such as urine, semen, vaginal secretions, saliva, other body fluids either visibly or potentially contaminated by blood, especially in cases where differentiating between bodily fluids is difficult or impossible; and, any unfixed tissue or organ from a living or dead human being.

C. CONTAMINATED

When blood and/or other potentially infectious materials are visibly or potentially present.

D. DECONTAMINATE

Decontaminate means to use a physical or chemical means to remove, inactivate, or destroy blood-borne pathogens and other infectious materials on an object, surface, or area to eliminate the possibility of infection and render the object, surface, or area safe.

E. OCCUPATIONAL EXPOSURE

Occupational Exposure is reasonably anticipated contact of a mucous membrane or skin surface with blood or other potentially infectious materials through cuts, bites, stabs, abrasions, needle sticks, or other means while performing assigned duties.

F. EXPOSURE INCIDENT

An exposure incident occurs when blood or other potentially infectious materials make contact with an unprotected mucous membrane or break in the skin.

G. UNIVERSAL PRECAUTION

An approach to infection control whereby all blood, other bodily fluids, and any object, surface, or area either visibly contaminated or potentially contaminated by such is treated as though blood-borne pathogens or other infectious materials are present.

H. PROTECTIVE EQUIPMENT

Protective Equipment is any specialized clothing or equipment approved for use in situations where exposure to blood and other potentially infectious materials is reasonably anticipated

8.2 EXPOSURE CONTROL PLAN

A. DUTIES THAT CREATE EXPOSURE RISKS FOR EMPLOYEES

1. The duties listed in this section are anticipated to create a risk of occupational exposure to blood-borne pathogens and other potentially infectious materials, which could result in Exposure Incidents:
 - a. Responding to medical emergencies, especially in cases where First Aid or (CPR) Cardiopulmonary Resuscitation must be rendered;
 - b. Using force to control and secure fighting or otherwise violent subjects, suspects, arrestees or inmates;
 - c. Conducting searches of subjects, suspects, arrestees or inmates, their property, living quarters, and activity areas;
 - d. Supervising inmates working with sharp utensils, tools, and/or motorized energized equipment;
 - e. Handling soiled laundry and trash;

- f. Handling, collecting, packaging, storing, and/or transporting blood, urine, other bodily fluids, or, containers of such;
- g. Routine treatment of medical conditions, especially in cases where the presence of bodily fluids is evident; handling, packaging, storing; decontaminating, disposing of, and/or transporting contaminated or potentially contaminated sharps such as hypodermic needles, medical instruments, subject, suspect, arrestee or inmate weapons;
- h. Barber tools, and other items either visibly or potentially contaminated by blood or other potentially infectious materials; and,
- i. Decontaminating objects, surfaces, or areas visibly or potentially contaminated by blood or other potentially infectious materials.
- j. Collection or processing of evidence;
- k. Employees are cautioned that no list of duties describing exposure risks could ever be fully comprehensive given the nature of the work environment.

B. EMPLOYEES WHO MAY BE AT RISK OF EXPOSURE

- 1. All employees in job classifications listed in this section are trained to perform some or all of the duties listed in Section 1.2.1, during the performance of which, incidents of exposure are most likely to occur.

Those job classifications include:

Detention Deputies;

Patrol Deputies;

Judicial Deputies;

Administrators;

Classification Counselors;

Contractual Food Service workers;

Contractual Medical/Mental Health workers;

Contractual Health Department workers;

Commissary Clerk; and,

Systems Mechanics.

Employees listed in job classifications in this section are not routinely required to perform the duties section A and are therefore less likely to be at risk of exposure:

Office Associates and computer technology support personnel.

C. UNIVERSAL PRECAUTIONS - AVOIDING EXPOSURE

1. Blood, other body fluids, and/or, any object, surface, or area either visibly or potentially contaminated by such will be treated as being infectious.
2. Employees will avoid unnecessary and unprotected physical contact with blood, other potentially infectious materials, and/or, objects, surfaces, and areas that are visibly or potentially contaminated by such.
3. Employees with open and exposed wounds or broken areas of the skin will not enter or remain in the facility or at work until a dressing covers such that minimizes the chance of exposure.
4. Employees will not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lens in situations or in areas where the risk of exposure is likely.
5. Food and drink will not be stored or consumed in areas where blood, other potentially infectious materials, and/or objects, surfaces, and areas either visibly or potentially contaminated by such exist.
6. Employees will not engage in unnecessary and unprotected handling of general trash.
7. Employees will not engage in unnecessary and unprotected handling of inmate laundry, personal and issued clothing, and linens, which may contain contaminants or potentially contaminated materials.
8. Employees will wash their hands and other exposed skin surfaces with soap and water or other disinfectant as soon as practical after:
 - a. Removing used protective equipment; or,
 - b. In cases where unprotected contact has been made with blood, other potentially infectious material, and/or, objects, surfaces, or areas either visibly or potentially contaminated by such.

9. Employees will flush their eyes, nose, and mouth with water as soon as practical after coming in contact with blood, other potentially infectious materials, and/or, objects, surfaces, and areas either visibly or potentially contaminated by such.
10. Employees will handle blood, other potentially infectious materials, and/or, objects either visibly or potentially contaminated in a manner that minimizes splashing, spraying, splattering, or otherwise distributing the contaminates.
11. Employees will ensure that inmates, visitors, and other employees are removed from exposure sources until such have been decontaminated or safely disposed of.

D. PROTECTIVE EQUIPMENT

1. **BASIS FOR THE SELECTION OF THE VARIOUS TYPES OF PROTECTIVE EQUIPMENT AVAILABLE IN THE WORKPLACE**
 - a. The types of protective equipment available for use in this facility have been selected because of their ability to minimize or prevent contact between mucous membranes and exposed skin surfaces and blood and other infectious materials.
2. **TYPES OF PROTECTIVE EQUIPMENT AVAILABLE**
 - a. The following types of protective equipment will be made available:

Disposable vinyl gloves;

CPR Pocket Mask with disposable one-way valve; and,

Bodily Fluids Clean-Up Kits.
3. **LOCATION OF PROTECTIVE EQUIPMENT**

Protective equipment will be located at:

All control centers;

Processing Areas;

Booking Areas;

Booking Office;

Food Service Office;
Laundry (vinyl gloves only); and,
The Medical Services Office.

4. ACCESSIBILITY OF PERSONS TO PROTECTIVE EQUIPMENT
EMPLOYEES

Employees will have access to gloves, CPR Pocket Masks and one-way valves, and the contents of Bodily Fluids Clean-Up Kits as needed.

Inmate Trustees will be issued protective equipment when performing duties where blood and/or other potentially infectious materials are visibly or potentially present.

Such duties will include, but will not necessarily be limited to:

Handling soiled laundry or containers of soiled laundry such as pillowcases, which may allow contaminants to soak through;

Handling and disposing of trash not contained in plastic bags.

Decontaminating sanitary equipment such as mops, mop buckets, rags, brushes, trashcans, etc.

Barbering; and, working with or around food.

5. GENERAL CIRCUMSTANCES FOR USE

Protective equipment will be used/worn when handling, packaging, labeling, storing, transporting, decontaminating, and disposing of blood and other potentially infectious materials.

6. CIRCUMSTANCES UNDER WHICH SPECIFIC TYPES OF
PROTECTIVE EQUIPMENT ARE TO BE USED GLOVES

a. Gloves will be worn when performing duties listed in policy.

Employees are encouraged to carry a pair of gloves with them at all times.

b. CPR Pocket Masks and one-way valves will be used whenever Cardiopulmonary Resuscitation/Rescue Breathing is performed.

c. Bodily Fluid Clean-up Kits

Employees will use/wear the protective equipment included in the kits when handling and decontaminating objects, surfaces, or areas where blood and other potentially infectious materials are present or likely to be present.

7. REMOVING PROTECTIVE EQUIPMENT AFTER USE

Protective equipment will be removed:

Immediately after a single use;

In a manner that minimizes or prevents unprotected contact of mucous membranes and/or skin surfaces with surfaces or areas of the equipment that may be contaminated; and,

In a manner that minimizes splashing, spraying, splattering, or otherwise distributing the contaminates and/or contaminated materials.

8. DISPOSAL OF PROTECTIVE EQUIPMENT AFTER USE GLOVES

Gloves will be disposed of immediately after use, or, during use if a tear or puncture should occur; and, placed in a trash container having a disposable, leak-proof, and sealable plastic bag.

Employees will not carry used gloves away from the facility.

ONE-WAY VALVES AND CPR POCKET MASKS

After a single use, a one-way valve will be removed from the CPR Pocket Mask and placed in a trash container having a disposable, leak-proof, and sealable plastic bag.

Used one-way valves will not be reused or taken from the facility.

A CPR Pocket Mask will not be disposed of unless it has been damaged or otherwise rendered unsafe for use.

A Pocket Mask will not be taken from the facility or reused until it has been decontaminated.

9. BODILY FLUIDS CLEAN-UP KIT CONTENTS

The contaminated contents of a Bodily Fluids Clean-Up Kit will be:

Placed in a red plastic bag provided with the kit;

Sealed with a twist tie; and,

Safely stored prior to disposal.

Items used from a Bodily Fluids Clean-Up Kit, which are not contaminated, may be disposed of with regular waste.

Used kit contents will not be taken from the facility or reused.

10. PROTECTIVE EQUIPMENT INVENTORIES INVENTORY SCHEDULE

Protective equipment will be inventoried monthly or during normal inspections.

RESPONSIBILITY TO CONDUCT INVENTORIES

Contractual medical services employee or supervisors will conduct all inventories in line with procedures established for the inventory of First Aid Kits.

a. DOCUMENTATION OF INVENTORIES IN DETENTION CENTER

- 1) Form WCDC 608, "First Aid Kit Inventory Form", will be prepared to document the inventory of the protective equipment located with each First Aid Kit.

- 2) PREPARATION OF DOCUMENTATION

A contractual medical services employee will be responsible to prepare all documentation of the inventories.

- 3) RECORDS KEEPING

Documentation of the inventories will be kept on file in the Medical Services Office by contractual medical services employees.

11. NOTIFYING MEDICAL SERVICES OR QUARTERMASTER FOLLOWING THE USE OF AN ITEM OF PROTECTIVE EQUIPMENT

Any employee who uses any item of disposable or reusable protective equipment will be responsible to notify a contractual medical services employee as soon as practical thereafter.

The reporting employee will prepare an "Inter-Office Correspondence Form" or request for replacement and place a copy of the form in the Medical Services Folder or the quartermaster box located in the Booking Office or Sheriff's Office mailroom.

This procedure will not apply to the routine use of vinyl or latex gloves obtained from a bulk container until such time as fewer than (10) pairs of gloves are available at a particular location.

12. RESTOCKING

A contractual medical services employee or quartermaster will be responsible to replace disposable and reusable protective equipment as soon as practical after receiving notification of its use.

13. EMPLOYEES DEFERRAL TO USE PROTECTIVE EQUIPMENT

The use of protective equipment is not required under the following rare circumstances:

If, in the professional opinion of the employee, the use of such equipment would prevent the delivery of health care or public safety services; and/or,

If, in the professional opinion of the employee, the use of such equipment would pose an increased hazard to the employee or others.

14. INVESTIGATION AND DOCUMENTATION OF A DEFERRAL TO USE PROTECTIVE EQUIPMENT

A deferral to use protective equipment will be investigated and documented by the employee's supervisor and the documentation forwarded through the Chain of Command to the employee's personnel medical file

E. GENERAL PROCEDURES FOR HANDLING, PACKAGING, LABELING, STORING, AND TRANSPORTING CONTAMINATES AND CONTAMINATED MATERIALS

1. HANDLING

Materials/objects either visibly or potentially contaminated, or, containers of contaminants, will be handled in a manner that prevents the spreading of same and/or contact with unprotected mucous membranes or skin surfaces.

Such materials/objects will only be handled while wearing vinyl or latex gloves and other protective equipment as provided.

2. PACKAGING

Contaminates or contaminated materials/objects will be packed in a container that is:

Disposable, whenever practical;

Puncture resistant, given the nature of the materials/object(s) being contained;

Leak-proof on the bottom and sides if the object contained therein is wet or could otherwise penetrate the container;

Closable/sealable if the contents are to be stored or transported; and,

Able to be stored in an upright position when unsealed.

If the container should develop a leak, it will be placed and/or sealed inside a second leak-proof container.

3. LABELING

Containers of contaminants and/or contaminated materials/objects will be labeled with a red or orange bio-hazard symbol except for:

Individual containers of blood or urine that will be specifically labeled as such;

And, red plastic bio-hazard bags.

4. STORAGE

Containers of contaminants and/or contaminated materials/objects will be stored in a manner that minimizes the risk of exposure until the materials/objects can be decontaminated, disposed of, or transported.

5. TRANSPORTING

Contaminates or contaminated materials/objects will be handled, packaged, labeled, and stored in line with the previous sections.

6. SHIPPING

At present there are no circumstances under which contaminants, contaminated materials, objects, or containers of such are shipped from, or into, the facility.

F. SPECIFIC PROCEDURES FOR HANDLING, PACKAGING, LABELING, STORING AND TRANSPORTING CONTAMINATES AND CONTAMINATED MATERIALS/OBJECTS

1. CLOTHING AND OTHER FABRICS

Contaminated clothing and other fabrics such as blankets, sheets, towels, and washcloths will be:

Removed from the wearer/user and/or the immediate presence of others as soon as practical;

Sealed in a red plastic bio-hazard bag; and,

Taken immediately to the Laundry for storage until it can be decontaminated or disposed of.

Contaminated and/or potentially contaminated clothing and other fabrics will be handled as little as possible and without agitation.

Contaminated or potentially contaminated clothing and other fabrics will not be sorted or rinsed at their location of use.

2. HYPODERMIC NEEDLES, SYRINGES AND CONTAMINATED SHARPS BOXES

Needles and syringes will be handled in a manner that minimizes the risk of an unintended stick or leakage of blood if blood has been drawn for clinical use.

Needles will not be beaten, bent, recapped, sheared, broken, nor removed from their syringe.

After a single use, needles and syringes will be packed in a red Contaminated Sharps Box.

Inmates who are authorized to self-administer injections will be made to place their used needles and syringes in a Contaminated Sharps Box under the direct supervision of a deputy or contractual medical services employee.

The return of needles and syringes used by inmates will be documented in an appropriate log as to:

The date and time of return; inmate's name;

And, the initials of the receiving deputy or contractual medical services employee.

Contractual medical services employees will check this log when conducting routine inventories of needles and syringes.

Contaminated Sharps Box will be stored in a secure area.

A Contaminated Sharps Box will be used and stored in an upright position.

Employees will not attempt to reach into a Contaminated Sharps Box for any reason.

A contractual medical services employee will arrange for a Contaminated Sharps Box to be transported to the Washington County Health Department for disposal of its contents when full.

A Contaminated Sharps Box will be sealed prior to transport to prevent protrusion or leakage of the contents.

A Contaminated Sharps Box will be transported in an upright position and in a manner that prevents damage to the container.

The transporting deputy will carry a disposable, leak-proof and sealable plastic bag in the transport vehicle in case the primary packaging becomes damaged, punctured, or begins to leak.

A "Sharps Injury Log" will be maintained in the Medical Services Office by the Medical Contract Administrator and will be used to document all incidents of injuries from contaminated or potentially contaminated needles or other sharp instruments. Information contained in the log will be kept confidential. The log will maintain, at a minimum, the following information:

Type and brand of device involved;

Location where the exposure incident occurred;

And, an explanation of how the incident occurred.

The log will be maintained for a period of (30) years following an employee's termination from service.

Every effort will be made to obtain the safest needles and sharps available.

The types of needles and sharps used at the facility will be evaluated by the Medical Contractor for their ability to be used safely and efficiently while reducing or eliminating the likelihood of exposure incidents. This evaluation will be conducted and documented at least annually and will include input from staff members responsible for using and handling them. A written report containing a rationale as to why particular types or brands of needles and sharps will be used, why others are rejected or discontinued for use, consideration of procedural innovations, modified work practices, and new employee positions will be included in the report. "Needless Systems" will be used for the collection of bodily fluids, administration of medication, and other tasks, which require needles when practical. Sharps with "Engineered Sharps Injury Protections" such as syringes having guards or sliding sheaths that shield a needle following use, needles that retract into a syringe after use and shielded or retracting catheters using a port or connector site with a needle housed in a protective covering, blunt suture needles, and plastic capillary tubes will be used whenever practical.

3. CONTAINERS OF BLOOD DRAWN FOR CLINICAL USE

Containers used to hold blood will be of a type that is specifically manufactured and intended for that particular use, and conforms to the requirements of this policy.

Containers of blood drawn for clinical use will be sealed immediately after being filled and placed in an upright position.

Containers of blood will be handled in a manner that prevents breakage or leakage of the contents.

Containers of blood will be labeled as such prior to being placed in storage.

Containers of blood will be stored in an upright position in the refrigerator in the Pharmacy Room prior to being transported.

Prior to transport, blood containers will be placed in a disposable, leak-proof, sealable packaging, and labeled as human blood.

Packages containing drawn blood will be transported in a manner that prevents breakage and/or leakage of the packaging and/or containers of blood.

The transporting deputy will carry leak-proof plastic bags in the transport vehicle in case the packaging becomes damaged or otherwise begins to leak.

4. URINE SAMPLES

Urine samples will be obtained by allowing an inmate to hold and urinate into a leak-proof, sealable container manufactured and provided to the inmate for that purpose.

Containers of urine will be sealed immediately after use.

Containers of urine will be labeled as to contents.

Containers of urine will be handled in a manner that prevents breakage of the container and/or leakage of the contents.

Containers of urine will be handled and stored in an upright position.

Containers of urine will be stored in the Urine Sample Box located in Central Control immediately after such samples have been collected and labeled.

Containers of urine will be transported to a laboratory for analysis by a technician employed by the contracted laboratory.

5. INSTRUMENTS

Barber tools and medical instruments will be handled in a manner that minimizes the risk of unintended contact with a mucous membrane or puncture of a skin surface.

Inmates will be instructed to return nail clippers for decontamination after each use.

Inmates will be discouraged from handling or using disposable razors used by other inmates.

After each use, barber tools and sharp medical instruments will be placed or stored in a container of decontaminating solution labeled with a bio-hazard symbol and/or color-coded red.

6. LARGE SURFACED MATERIALS/OBJECTS

A large-surfaced material/object that cannot be easily handled and moved will be:

Covered to the extent possible with plastic;

Labeled as a bio-hazard; and,

Secured until such time as it can be decontaminated, moved to a safer area, and/or disposed of.

7. CONTRABAND SEIZED AS EVIDENCE

Any contraband, either visibly contaminated or potentially contaminated, to be used as evidence at a Disciplinary Hearing or in a court of law, will be handled, packaged, labeled, and stored in line with the requirements of this policy.

G. DECONTAMINATING PROCEDURES

1. GENERAL PROCEDURES

Materials/objects, surfaces, and areas will be decontaminated after having contact with blood and/or other potentially infectious materials.

Necessary protective equipment will be worn when decontaminating.

Smaller materials/objects, surfaces, and areas will be decontaminated by washing with the chemicals provided in the Bodily Fluids Disposal Kits.

Larger materials/objects, surfaces, and areas will be decontaminated by washing with a chlorine bleach solution.

Employees having unprotected contact with contaminants will remove any clothing soiled by same as soon as practical and bathe or shower in hot water using soap or other available disinfectant.

2. PROCEDURES FOR DECONTAMINATING SPECIFIC ITEMS

a. BARBER TOOLS AND MEDICAL INSTRUMENTS

Barber tools, medical instruments, and nail clippers will be decontaminated after each use by applying or immersing them in a chlorine bleach solution or other chemical solution recognized as an HIV/HVB decontaminate.

Disposable scissors used to remove sutures will not be decontaminated, but will be disposed of after a single use.

Barber tools and medical instruments will be decontaminated before being returned to storage or packaged; and/or, before being disposed of.

b. SANITARY EQUIPMENT

Sanitary equipment such as mops, wringers, buckets, trash containers, toilet brushes, sponges, and rags will be decontaminated by washing with chlorine bleach solution or other chemical solution recognized as an HIV/HBV decontaminate after having contact with blood and/or other potentially infectious materials.

Such items will be decontaminated by inmate trustees wearing / using protective equipment and working under direct supervision of Security Staff or a Systems Mechanic.

c. SECURITY EQUIPMENT

Security equipment will be decontaminated with a wash of chlorine bleach solution or other chemical solution recognized as an HIV/HVB decontaminate immediately after it becomes evident that contamination has occurred.

d. INMATE CLOTHING AND LINENS

Inmate clothing and linens will be washed in hot water using a commercially available detergent with chlorine bleach.

e. INMATE PROPERTY STORAGE CONTAINERS, CLOTHING BAGS, SHOWER SHOES, AND MATTRESSES

Issued plastic property containers, clothing bags, and issued shower shoes will be disinfected after each return.

Mattresses/pillows used by inmates in their cells will be disinfected at the time of an inmate's relocation either by release or change of cell assignment, and, prior to use by another inmate. Returned property containers, clothing bags, and shower shoes will be stored in the Inmate Clothing Storage Room until they can be cleaned. Cleaned items will not be stored in the same immediate area as returned items. Returned property containers, clothing bags, and shower shoes will be cleaned by a Hallway Trusty on an "as needed" basis. Mattresses/pillows will be decontaminated by the deputy responsible to escort an inmate being released or changing cell assignments. It will be the responsibility of the Booking Deputies to ensure an adequate supply of containers, bags, and shower shoes are cleaned and available for use. All

items as stated in this section will be cleaned with a chlorine bleach solution or other chemical solution recognized as an HIV/HVB decontaminate.

f. KITCHEN UTENSILS AND EQUIPMENT

Kitchen utensils will be routinely washed after each use in hot water and a commercially available detergent.

g. CPR POCKET MASKS

CPR Pocket Masks will be decontaminated after each use with a wash of chlorine bleach solution or other chemical solution recognized as an HIV/HBV decontaminate.

h. INMATE AND EMPLOYEE PERSONAL AND ISSUED PROPERTY

Property belonging or issued to employees and inmates that is contaminated will be decontaminated and returned whenever practical.

i. CRIME SCENE AND CRIME SCENE EVIDENCE

Surfaces, areas, and objects connected with or constituting a crime scene will not be disturbed nor decontaminated until authorization is given by the investigating deputy, supervisor or higher authority.

Only those persons required to preserve the scene will be permitted to remain in the area.

Contaminated objects that may become evidence will be safely handled, packaged, labeled, and stored.

3. CHLORINE BLEACH SOLUTION

Providing chlorine bleach solution for decontamination procedures will be the responsibility of the medical contractor.

Chlorine bleach will be stored in the Pharmacy Room for use in preparing a decontaminating solution.

Decontaminating solution will be prepared to consist of (1) part chlorine bleach to (10) parts water.

Decontaminating solution will be placed in designated containers located at:

All control centers;
Booking Office;
Food Service Office; and,
Medical Services.

The used solution in each container will be replaced monthly, or, as often as necessary, with newly prepared solution.

The used solution will be disposed of by pouring it into a convenient sink and then rinsing the sink with hot water from the tap.

H. DISPOSAL PROCEDURES

1. Any material/object that is contaminated, except sharp instruments, will be disposed of by sealing same in a plastic bio-hazard bag transporting same to the Washington County Health Department as soon as practical.
2. Contaminated sharps, to include single use suture removers, will be disposed of as directed by this policy.
3. Vinyl or latex gloves will be placed in a trash container immediately after a single use.

When gloves have become contaminated with blood or other potentially infectious material, they will be sealed in a red bio-hazard bag.

4. Sanitary equipment and supplies soiled to such an extent that decontamination is neither practical nor advisable will be disposed of immediately after becoming contaminated.
5. Plastic bags, envelopes, boxes, and other like containers that become contaminated, or, are used to contain contaminants will be disposed of immediately after use.
6. Personal or issued property and equipment soiled to such an extent that decontamination is neither practical nor advisable will be disposed of immediately after becoming contaminated.

I. GENERAL HOUSEKEEPING PROCEDURES

1. All facilities areas will be maintained in a sanitary condition through regular cleaning.

2. Cleaning equipment and detergents will be made available to inmates so that they may maintain acceptable standards of sanitation in their living and working areas.
3. All cleaning equipment will be maintained in a sanitary condition through routine washing in hot water and detergent after use.
4. Trash containers will be lined with a leak-proof, sealable plastic bag, stored in an upright position when in use, and periodically washed with hot water and detergent.
5. Plastic bags containing general trash will be sealed removed from their trash containers, and disposed of in the dumpster when full or at least on a daily basis.
6. Clothing and linens issued to inmates will be washed properly.
7. Laundry carts displaying a Bio-Hazard Symbol and labeled, as “Dirty Laundry Only” will only be used for dirty laundry. Dirty laundry carts will be stored in their respective laundry rooms when not in immediate use. Laundry carts will be periodically washed with a chlorine bleach solution or other chemical solution recognized as an HIV/HBV decontaminate. Universal Precautions are to be used when handling these carts and any dirty laundry they may contain.
8. A laundry cart has been designated for use in the Booking/Intake Area. This laundry cart displays a Bio-Hazard Symbol and is marked “Dirty Laundry Only”. This cart is for dirty issued linens, jumpsuits, etc. that are returned when an inmate is released. This laundry cart will be periodically washed with a chlorine bleach solution. Universal Precautions are to be used when handling these carts and any dirty laundry they may contain.
9. “Clean Laundry Carts” are marked as “Clean Laundry Only”. They are to be used only for this purpose and stored in the laundry room when not in immediate use.
10. Inmates will be responsible to pack their own personal and issued clothing and linens for routine weekly laundering general laundry will be transported to the laundry room by a deputy or inmate trusty wearing vinyl or latex gloves.
11. Cooking and eating utensils, cups, bowls, dishes, and all food processing equipment will be washed after each use.
12. Sanitary conditions will be routinely checked, documented, and corrected when necessary through Policy E-407, the Facility Inspection Procedure.

J. EXPOSURE CONTROL PLAN AVAILABILITY

The Exposure Control Plan will be made available to:

The Assistant Secretary of Labor for Occupational Safety and Health;

The Director of the National Institute for Occupational Safety and Health;

The United States Department of Health and Human Services; and/or,

Any authorized representative upon request.

A copy of the Exposure Control Plan will be kept in the Shift Commander's Office and made accessible to all employees (24) hours a day.

Each Detention Employee will be issued a copy of the Exposure Control Plan.

The Captain of Administration for the Detention Center, or their designee will revise the Exposure Control Plan as necessary on an annual basis.

K. HEPATITIS B VACCINATION

1. EMPLOYEES' OPPORTUNITY TO RECEIVE THE HEPATITIS B VACCINATION

Employees will be afforded an opportunity to begin receiving the Hepatitis B Vaccination:

Automatically within (10) working days of their initial duty assignment;
or,

At any time thereafter upon submitting a written request to the Medical Contract Administrator.

2. EMPLOYEES WHO ARE NOT CONSIDERED ELIGIBLE TO RECEIVE THE HEPATITIS B VACCINATION

A vaccination will not be provided to an employee who has:

Documented receipt of the complete vaccination series;

Submitted to antibody testing and has been determined to be immune; and/or,

Where the vaccination is medically contraindicated.

3. VACCINATION CRITERIA

Hepatitis B vaccine will be:

Voluntarily received;

Offered at no cost;

Made available at a reasonable time and place;

Administered by a licensed and qualified health care professional;
and,

Offered through Post-Exposure Follow-up Procedures to
include prophylaxis.

Employees who initially waive the opportunity to be vaccinated but elect to be vaccinated at a later date, or, who wish to be vaccinated by a health care provider other than the Detention Center's contracted physician, will file a written letter of their intent with the Medical Contract Administrator at such time as they choose to be vaccinated.

4. Employees will not be required to participate in any pre-screening program as a prerequisite for being vaccinated.
5. Employees will be required to participate in a Pre-Vaccination Orientation and Training Program prior to being vaccinated.
6. Booster doses of Hepatitis B Vaccine will be provided in line with all applicable provisions of this section, if recommended by the United States Public Health Service.

L. PRE-VACCINATION ORIENTATION AND TRAINING PROGRAM

1. PROGRAM CONTENT

Pre-Vaccination Orientation and Training will consist of the issue of a memo prepared through the contractual medical services provider that includes the following information concerning the Hepatitis B Vaccination Series:

The efficacy of the vaccine;

The safety of the vaccine and vaccination procedure;

Method of administration; benefits of being vaccinated;
and,

That the vaccine and vaccination will be made available at no cost to the employee.

2. CONTRACTED PHYSICIANS RECEIPT OF A COPY OF OSHA 29 CFR PART 1910.1030

The Training Coordinator will ensure that the Detention Center's contracted physician has received a copy of OSHA 29 CFR PART 1910.1030, "Occupational Exposure to Bloodborne Pathogens", before vaccinating any employee.

3. COORDINATING THE PROGRAM

The Training Coordinator will initiate the implementation of an employee's orientation and training by forwarding a memo to the Medical Contract Administrator.

The memo will be sent as soon as practical, but in no case later than (10) days, following an employee's hire date.

If an employee has elected to be vaccinated at a later date, the memo will be sent as soon as practical after receiving the employee's written notice of his intent to be vaccinated.

After receiving the Training Coordinator's memo, the Medical Contract Administrator will implement the orientation and training by:

Issuing, or otherwise making available to an employee, the contracted physician's memo specified in Section 1.2.12.1; and,

Affording the employee an opportunity to ask pertinent questions concerning the information received.

4. DOCUMENTING PRE-VACCINATION ORIENTATION AND TRAINING

The Medical Contract Administrator will obtain the dated signatures of each employee having received Pre-Vaccination Orientation and Training on an appropriate employee acknowledgment form.

5. DISTRIBUTION OF DOCUMENTATION

The Medical Contract Administrator will forward the original orientation and training form to the Sheriff's Office Manager for inclusion into the employee's confidential personnel medical file.

6. RECORDS KEEPING

The Office Manager will place the employee acknowledgment form on file in the employee's personnel medical file.

Acknowledgment forms will be kept on file for a period of (30) years.

M. VACCINATION PROCEDURES

1. WHO ADMINISTERS THE VACCINE

Employees may be vaccinated by:

The Detention Center's contracted physician;

A licensed and qualified nurse under the contracted physician's supervision; or,

Another qualified health care professional of the employee's choice.

2. TIME AND PLACE WHERE EMPLOYEES CAN BE VACCINATED

Vaccinations will be offered:

At the Detention Center during an employee's regular working hours or as close to the employee's regular working hours as practical; or,

At another convenient time and place if the employee elects to be vaccinated by a health care professional other than the Detention Center's contracted physician.

3. VACCINATION SCHEDULE OF INJECTIONS

Hepatitis B Vaccinations will consist of (3) separate injections of Hepatitis B Vaccine at the following intervals:

An initial injection;

A second injection is administered approximately (30) days later; and,

A third injection is administered approximately (6) months following the (30) day injection.

4. AREA OF INJECTION

Hepatitis B Vaccinations will be administered in an area of the body deemed appropriate at the professional discretion of the physician or other qualified personnel under supervision of the physician.

5. COORDINATING THE ADMINISTERING OF THE VACCINATION SERIES

If an employee elects to be vaccinated by the Detention Center's contracted physician, the Medical Contract Administrator will arrange for the employee to be vaccinated in line with the provisions of this policy.

If an employee elects to be vaccinated by a health care professional other than the Detention Center's contracted physician, the Medical Contract Administrator will render any reasonable assistance required by the employee.

6. DOCUMENTING THE ADMINISTERING OF VACCINATION SERIES

The Medical Contract Administrator will prepare documentation of each employee's Hepatitis B Vaccination Status to include the employee's:

Name;

County employment number;

Date of hire;

The date Pre-Vaccination Orientation and Training was received;

The date each injection of vaccine was administered, if such were administered by the Detention Center's contracted physician or a nurse under his/her supervision;

The date and initials of the contractual medical services employee administering a particular injection;

The employee's dated initials acknowledging the receipt of each injection; or,

A waiver of any injection in the series, or, of the vaccination itself.

In cases where an employee has a previously established vaccination status, or, where an employee elects to be vaccinated by a health care provider other than the Detention Center's contracted physician, the Medical Contract Administrator will attempt to obtain the employee's written consent to acquire such

records of the employee's previous or subsequent vaccination status as may be required for in-house records keeping.

7. DOCUMENTING AN EMPLOYEE'S WAIVER OF THE INITIAL OPPORTUNITY TO BE VACCINATED

An employee declining to be vaccinated after receiving orientation and training will be required to sign Form WCDC 610, "Waiver of Hepatitis B Vaccination".

Requiring an employee to sign a waiver will not deny or otherwise prevent an employee from being vaccinated upon request at a later date and time.

If an employee elects to be vaccinated at any point in time after its initial offering, the employee will be permitted to receive the vaccine and vaccination at no cost in line with the provisions of Section 1.2 of this policy.

8. DISTRIBUTION OF AN EMPLOYEE'S VACCINATION STATUS DOCUMENTATION

The Medical Contract Administrator will forward the documentation of each employee's vaccination status, including any waivers, to the employee's medical file after the last injection in the series has been administered or a signed and dated waiver has been obtained.

9. VACCINATION STATUS - RECORDS KEEPING AND CONFIDENTIALITY

The Medical Contract Administrator, or designee, will place an employee's Hepatitis B Vaccination Status documentation in the employee's Medical File:

Or a period of (30) years after an employee leaves county service.

An employee's Hepatitis B Vaccination Status will be treated as a confidential medical record.

N. DOCUMENTATION OF AN EXPOSURE INCIDENT

1. DOCUMENTATION TO BE PREPARED

Exposure Incidents will be documented using all appropriate forms.

Additionally, the affected employee will be required to produce in a separate worker's compensation-related form and an Incident Report if necessary.

2. RESPONSIBILITY TO PREPARE DOCUMENTATION

The employee's Shift Commander will prepare all forms contained in the Post-Exposure Protocols Packets with the exception of those specifically requiring completion and/or specific documentation by the affected employee.

The employee will prepare an Incident Report and portions of forms from the Post-Exposure Protocols Packets as may be required.

3. RESPONSIBILITY TO DISTRIBUTE DOCUMENTATION

The employee concerned will be responsible to forward necessary reports and the Incident Report to those parties as directed by his/her Shift Commander or through other written instructions received by a higher authority.

O. SUPERVISORY REVIEW, DISPOSITION, AND DISTRIBUTION OF EXPOSURE INCIDENT DOCUMENTATION

1. After completing/receiving the forms, the employee's Shift Commander will:

Review the information generated;

Prepare supplementary documentation that may be necessary; and,

Forward the forms as directed by written protocols.

2. After receiving all forms from the employee's Shift Commander, the Assistant Division Commander or designee, will:

Review the information received;

Prepare any supplementary documentation and/or pertinent comments;

Forward the forms and any attachments to the employee's Personnel File.

In the absence of the Assistant Division Commander, the Division Commander will initiate this procedure.

P. POST EXPOSURE EVALUATION AND FOLLOW-UP

1. WHAT THE EMPLOYER PROVIDES

An employee will be provided with a confidential medical Post-Exposure Evaluation and Follow-up, if he/she so chooses, immediately following an Exposure Incident that will include:

Documentation of the exposure routes;

Circumstances under which the incident occurred;

Identification of the source individual, unless the individual's written consent to disclose his identity or a court order to disclose such information cannot be obtained;

Voluntary collection and testing of an affected employee's blood and the source individual's blood;

Post exposure prophylaxis, when medically indicated;

Counseling; and,

Evaluation of reported illnesses.

All Post-Exposure Evaluation and Follow-up will be:

Provided at no cost to the employee;

Made available at a reasonable place and time; and,

Performed by a licensed and qualified health care professional.

2. NOTIFICATION OF EXPOSURE ROUTES AND CIRCUMSTANCES UNDER WHICH EXPOSURE OCCURS

In most cases the route of exposure and the circumstances under which it occurred will be obvious, i.e., bite, stab, blood to blood contact during a fight, etc; however, should the route of exposure and/or circumstances under which it has occurred be through means that are unknown, the employee concerned will be notified as soon as the employer has knowledge of it.

3. IDENTITY OF THE SOURCE INDIVIDUAL

In most cases the source individual will be known to the employee; however, if the identity of the source individual is not immediately known, the employer will notify the employee of the source individual's identity as soon as that knowledge is obtained.

4. EMPLOYEE'S REQUEST FOR SUBJECT, SUSPECT, ARESTEE OR INMATE BLOOD TESTING

In cases where an subject, suspect, arrestee or inmate is believed to be the source of an Exposure Incident, an employee may submit a signed and dated written request to his/her immediate supervisor requesting an attempt be made to obtain a blood sample from the subject for testing. The affected employee's immediate supervisor will notify the contracted medial services provider to attempt to obtain a voluntarily given blood sample from the subject.

5. OBTAINING A SUBJECT'S CONSENT TO RENDER A BLOOD SAMPLE

Acting on an employee's request, a contractual medical services employee in conjunction with the Assistant Division Commander will attempt to obtain a subject's voluntary written consent to:

Allow a sample of his blood to be collected;

Allow the blood sample to be tested for Hepatitis B and HIV infection; and,

Allow disclosure of the test results to the employee concerned.

6. WHEN CONSENT TO RENDER A BLOOD SAMPLE IS NOT NECESSARY

If the subject is already known to be infected, blood collection and testing will not be necessary; however, Medical Services will still attempt to obtain the inmate's voluntary written consent to have his infection status disclosed to the employee concerned.

7. DOCUMENTATION OF A SUBJECT'S CONSENT TO RENDER A BLOOD SAMPLE

If the subject agrees to render a blood sample for testing, a contractual medical services employee will obtain the subject's dated signature on a consent form that will include provisions for the following:

Voluntary blood collection;

Testing for Hepatitis B and HIV; and,

Disclosure of test results to the employee concerned.

8. RECORDS KEEPING

All signed consent forms will be kept on file by contractual medical services employees in the Medical Services Office for a period of (10) years.

9. PROCEDURE FOR THE COLLECTION OF A SUBJECT'S BLOOD AND ITS PREPARATION FOR TESTING

When consent to obtain a blood sample is obtained, a licensed and qualified contractual medical services employee will:

Draw a sample of the subject's blood;

Package the sample as required by this policy; and,

Arrange to have the sample transported to a contracted medical laboratory for testing as soon as practical.

10. DISCLOSURE OF THE TEST RESULTS

After receiving the results of the blood test, the Medical Contract Administrator or contractual physician will notify the employee concerned as to the infection status if disclosure has been granted by the subject.

11. ADVICE OF CONFIDENTIALITY TO EMPLOYEE

The Medical Contract Administrator or contractual physician will inform the employee concerned of the laws and regulations concerning disclosure of the source individual's identity and infection status.

12. REFUSAL TO VOLUNTARILY GIVE CONSENT

If the subject refuses to consent to render a blood sample, agree to its testing for Hepatitis B and HIV, and/or, have his infection status disclosed to the employee, the Assistant Division Commander will seek a court order for it.

13. EMPLOYEE BLOOD TESTING

An employee may voluntarily consent to have his blood drawn and tested in his/her own interest.

An employee involved in an Exposure Incident may arrange to have blood collected and tested through the facility's medical contractor or a private physician.

If the employee does not have a personal physician, the employer will arrange to provide the services of a physician if the employee is unsuccessful in obtaining the services of same him/herself.

All fees incurred during the procedure will be paid through the employer at no cost to the employee.

14. PROPHYLAXIS

The Hepatitis B Vaccination will be provided under conditions established in this policy if requested by the employee on advice of the employee's physician.

15. EMPLOYEE COUNSELING

The employer will provide an employee with the services of a qualified counselor if the employee does not elect, or is unsuccessful in, securing those services him/herself.

16. EVALUATION OF REPORTED ILLNESSES

When an employee reports an illness believed to have resulted from an Exposure Incident, the employer will provide the means for the illness to be evaluated by a licensed and qualified health care professional.

17. INFORMATION TO BE PROVIDED BY THE EMPLOYER TO THE HEALTH CARE PROFESSIONAL CONDUCTING POST EXPOSURE EVALUATION

The employer will provide the health care professional conducting the employee's Post Exposure Evaluation and/or Post Exposure Hepatitis B Vaccination with the following:

A copy of OSHA 29 CFR PART 1910.1030, "Occupational Exposure to Bloodborne Pathogens",

A description of the affected employee's duties;

Documentation of the route of exposure and the circumstances under which the exposure occurred;

The result of the source individual's blood test, if and when known; to both the elected physician and the employee with the source individual's written consent or by Court Order; and,

All medical records relevant to the appropriate treatment of the employee, with the employee's written consent, to include vaccination status information.

18. DISCLOSING THE RESULTS OF THE HEALTH CARE PROFESSIONAL'S WRITTEN OPINION TO THE EMPLOYEE

The employer or the employer's contractual medical services provider will obtain and provide the employee with a copy of the evaluating health care professional's written opinion within (15) days of being notified that the evaluation has been completed.

19. EMPLOYEE MEDICAL RECORDS

Confidential medical records will be established for each employee who sustains an Exposure Incident.

a. CONTENT OF EMPLOYEE MEDICAL RECORDS

Employees' medical records will include:

- An employee's full name;
- Social security number;
- A copy of the employee's Hepatitis B Vaccination Status;
- Any waivers of the vaccination;
- Any records relative to the employee's ability to be vaccinated;
- A copy of the results of any examinations, testing, and Evaluation and Follow-up Procedures;
- A copy of the evaluating health care professional's written opinion; and,
- Documentation of any information provided to the evaluating health care professional.

b. LOCATION OF EMPLOYEE MEDICAL RECORDS

Employee Medical Records will be maintained on file in the Medical Services Office and/or Chief Deputy's Office.

c. RESPONSIBILITY FOR HANDLING EMPLOYEE MEDICAL RECORDS

The Medical Contract Administrator will be the authorized custodian of Employee Medical Records. Certain Medical Records will also be maintained in a personnel medical file separate from an employee's Personnel File maintained by the Sheriff's Office Manager.

d. RECORDS KEEPING

Employee Medical Records will be maintained on file for at least the duration of a person's employment and for (30) years thereafter.

Q. BLOODBORNE PATHOGENS TRAINING

1. WHO WILL RECEIVE TRAINING

Probationary Employees will receive Pre-Service Training in pertinent Bloodborne Pathogens topics prior to being assigned duties that place them at risk of exposure.

All employees will receive Annual Training.

Inmate trustees will be provided instruction appropriate to tasks, which may cause exposure.

2. CONTENT OF TRAINING PROGRAM

PRE-SERVICE TRAINING

A Bloodborne Pathogens Pre-Service Training Program will consist of the following elements:

Information appropriate to subject, vocabulary, and level of employee education and literacy;

Notice of the location and accessibility of a copy of CFR PART 1910.1030,

"Occupational Exposure to Bloodborne Pathogens";

Issued and acknowledged receipt of a copy of this policy and procedure;

Information containing a general explanation of the epidemiology and symptoms of bloodborne diseases;

Information containing an explanation of how bloodborne pathogens are transmitted;

Information containing an explanation of the appropriate methods for recognizing tasks that may create exposure risks;

Information containing an explanation of the use and limitations of methods that will minimize or prevent the risk of exposure to include appropriate work practices and protective equipment;

Information concerning the types of protective equipment available to include proper use, location, removal from storage, handling, decontamination, and disposal;

Information containing an explanation of the basis for the selection of protective equipment;

Information concerning the Hepatitis B vaccine, to include information about its efficacy, safety, method of administration, health benefits, and the fact that it can be received at no cost to the employee;

Information concerning appropriate actions to take and persons to contact in Exposure Incident emergencies;

Information containing an explanation of the Exposure Incident Procedure to include the reporting of the incident and Evaluation and Follow-up Procedures;

Information containing an explanation of the required signs, labels, and color coding to be used on packages that contain contaminants and/or contaminated materials/objects; and,

An opportunity to ask meaningful questions and receive answers to information that is not understood.

3. ANNUAL TRAINING

Annual Training will consist of issues pertinent to those established in this policy to include:

New information concerning bloodborne diseases;

The use of newly introduced or modified protective equipment;

Changes to the Exposure Control Plan or related policies and procedures; and,

Changes in applicable laws and/or standards.

4. TRAINING SCHEDULE

All training will be given during working hours.

5. COORDINATING TRAINING

PRE-SERVICE TRAINING FOR PROBATIONARY EMPLOYEES

The Training Coordinator will initiate the implementation of an employee's training.

The receipt of training will be documented as soon as practical, but in no case later than (10) days, following an employee's hire date.

ANNUAL TRAINING

The Division Commanders will coordinate Annual Training through the Training Coordinator as to:

Method of implementing the training;

Dates and time when the training will take place;

The location where the training will take place;

Engaging qualified instructors;

Coordinating and/or arranging for the availability and logistics of any teaching aids required;

Notifying employees of training dates, times, locations, required address, and any training materials needed; and,

Processing training related paperwork.

6. ROUTINE ISSUE OF INFORMATION

Written information relevant to new or revised policies, procedures, laws, regulations, and standards will be issued to employees as received or promulgated.

7. CONTENT OF TRAINING RECORDS

Training Records will include the following information:

The dates of all training sessions;

The content or a summary of the sessions;

The names and qualifications of the instructors;

The names of employees attending; and,

Scored test papers, if any.

8. DISTRIBUTION OF TRAINING RECORDS

Documentation of Pre-Service and Annual Training will be forwarded by the instructor to the Training Coordinator.

9. RECORDS KEEPING

The Training Coordinator will maintain all documentation of training in each employee's Training File for the duration of his or her employment with the agency plus 30 years.

10. AVAILABILITY OF TRAINING RECORDS

Training Records will be made available upon written request to any employee, any representative of the employee with the employee's written and signed consent and any authorized agent of OSHA/MOSH.