



GREENVILLE COUNTY
SHERIFF'S OFFICE

GENERAL ORDERS

BLOODBORNE PATHOGEN

PURPOSE:

This policy is designed to protect employees from potential workplace exposure to blood or other potentially contaminated materials. The purpose of this policy is to prevent bloodborne infection by eliminating or reducing occupational exposure to blood and other potentially infectious materials. Although others exist, **Hepatitis B Virus (HBV)** and **Human Immunodeficiency Virus (HIV)** have the greatest exposure potential risks in the work place setting. Blood is the single most important source of HIV and HBV infection.

**INFECTIOUS DISEASE
EXPOSURE:**

HIV is NOT transmitted by casual contact in the workplace. Medical research clearly indicates that this disease is **NOT** airborne and is **NOT** spread by:

- Sneezing, spitting or coughing.
- Handshakes or other nonsexual contacts.
- Using toilet seats, drinking fountains, phones, bathtubs, showers, eating utensils, dishes or linens used by an infected person.
- Eating food prepared or served by an infected person.
- Being around an infected person, even on a daily basis.

HBV is highly contagious and can be easily spread through casual contact as well as direct contact with contaminated blood and body fluids. Infected persons should be isolated, use disposable eating and drinking utensils, and not be allowed to share food or drink with anyone. Precautionary measures should be followed until the infected person tests negative for HBV infection.

Hepatitis Non-A Non-B symptoms are similar to HBV. It is often transmitted through blood transfusion or IV drug use.

HBV and HIV transmission have the following similarities and differences as shown in the Table below:

<i>Transmission Method:</i>	<i>HBV</i>	<i>HIV</i>
Blood	Yes	Yes
Semen	Yes	Yes
Vaginal secretion	Yes	Yes
Perinatal	Yes	Yes

<i>Transmission Method:</i>	<i>HBV</i>	<i>HIV</i>
Insect bite	No	
No saliva (bite)	Yes	No
Saliva (kissing)	Yes	No
Occupational exposure	up to 30%	.5%
Target of infection	liver	immune system
Treatment	Yes	No

EXPOSURE CONTROL PLAN:

DEFINITIONS –

OCCUPATIONAL EXPOSURE is defined as “reasonable anticipated skin, eye, mucous membrane, or perenteral contact with blood or other potentially infectious materials that may result from the performance of an employee’s duties.”

MUCUS is a slippery secretion, rich in mucins and is produced by mucous membrane which it moistens and protects.

MUCOUS MEMBRANE is a membrane rich in mucous glands: one that lines body passages and cavities which communicate directly or indirectly with the exterior.

Although not on a daily basis, it can reasonably be anticipated that certain employees of the Sheriff’s Office may come into contact with blood or other potentially infectious materials in the performance of their duties. Those job classifications which have been designated to have possible occupational exposure are:

1. All commissioned deputies
2. Property control specialists (due to exposure to evidence that may be contaminated)

ALL EMPLOYEES WHO HAVE BEEN DESIGNATED AS HAVING OCCUPATIONAL EXPOSURE SHALL:

Follow Universal Precautions - All human blood and human body fluids are treated as if known to be infectious for bloodborne pathogens.

Use Engineering and Work Practice Controls – Engineering controls are defined as controls that isolate or remove the bloodborne pathogen hazard from the workplace. Work practice controls are controls that reduce the likelihood of exposure by

altering the manner a task is performed. As such the following procedures will be followed:

1. All employees who are exposed to blood and/or bodily fluids shall wash the exposed areas of their body immediately.
2. When facilities for washing are not available, antiseptic hand cleaner in conjunction with clean cloth/paper towels or antiseptic towelettes are provided to be used immediately.
3. Exposed areas must be washed with soap and running water as soon as is feasible.
4. Employees must wash their hands immediately or as is feasible after removal of gloves or other personal protective equipment.
5. If an employee's hands, other skin or mucous membranes are in contact with blood or other potentially infectious materials the area must be flushed or washed as soon as feasible.

SHARPS - Employees must dispose of needles or other sharp items by placing them in appropriate containers that are puncture resistant, labeled with a universal BIOHAZARD SYMBOL, leak proof and inaccessible after an item has been placed in them. Additionally, needles shall not be sheared or broken as a means of disposal nor should they be recapped or removed unless by mechanical means. Biohazard containers for disposal of needles or other sharps are located in Property and Evidence, EMS ambulances, or the Emergency Room at Greenville Memorial Hospital. Needles or sharps which may be gathered as a matter of public safety may be disposed of without documentation as long as the disposal is consistent with this standard.

BLOOD/BODILY FLUID STORAGE - Any refrigerator, cabinet, or other storage area designed or used for the storage of blood or other potentially hazardous material shall not be used to store or refrigerate food or drinks. Additionally, no eating, drinking, smoking, applying of cosmetics or lip balm or handling of contact lenses will be allowed in work areas where blood or body fluids are tested or stored. (i.e. Datamaster Room).

EVIDENCE COLLECTION - Anytime an employee is collecting, testing or storing blood or other bodily fluids the procedures used will minimize splashing, spraying, splattering or dripping of the fluids. Employees will not perform any procedure that may permit the direct transfer of potentially infectious substances from a person or sample directly onto an employee's body. Employees must wear protective clothing and gloves, face shield or goggles when conducting these

procedures. Employees should not perform any procedure including body to body type resuscitation without using protective masks and having been trained to perform such procedures.

All samples of blood or other potentially infectious materials must be placed in leak proof/puncture resistant containers during collection, handling, processing, storage, transport or shipping. Such containers must be labeled with the universal BIOHAZARD symbol.

EQUIPMENT CONTAMINATION - Any equipment which may have become contaminated with blood or other potentially infectious material shall be examined prior to servicing or shipping and decontaminated when necessary. Portions of equipment which cannot be decontaminated must be labeled as a biological hazard and this information must be conveyed to all employees, service personnel, and anyone else who must use or come into contact with such equipment.

PERSONAL PROTECTIVE EQUIPMENT (PPE) - All employees who have been designated as having an occupational exposure to bloodborne pathogens shall be issued non-reusable Personal Protective Equipment (PPE) for use when applicable. Whenever a risk of contamination exists, PPE and proper universal precautions will be used.

Exception to the above - The only exception is when the employee temporarily and briefly declines to use PPE under rare and extraordinary circumstances or when in the deputy's professional judgment that in the specific instance its use would prevent the delivery of medical care or public safety services or that its use would pose an increased hazard to the safety of the deputy. This would apply to immediate arrest situations. However, when its use would have been required and for the above reasons it is not, the deputy's supervisor should be contacted immediately. It then needs to be documented and investigated in order to determine if changes can be instituted to prevent such occurrences in the future.

Employees may be faced with life-threatening circumstances which will require on-the-spot decisions concerning the use of PPE. Examples of such circumstances may include but not be limited to unexpected and/or uncontrollable hemorrhaging or a non breathing victim. Employees must make these decisions on a case by case basis. Normally, if an employee has time to contact a supervisor regarding the use of PPE, time exists to use the equipment. Universal precautions should be used even if PPE is not. If an employee does not use PPE immediately, as soon as conditions permit, PPE shall be used.

The fact that an individual may be a “low risk” for infection, that PPE may be alarming to a victim, or that the use of certain PPE may interfere with the employee’s job are not legitimate reasons for declining the use of PPE.

CIVILIAN / CITIZEN EXPOSURE - Whenever a citizen observer or civilian employee is riding with a deputy who has been designated as having an occupation hazard, it is the responsibility of this Office and the deputy for whom rider/observer is with to keep the rider/observer clear of the effected area where body fluids are present and exposure is possible.

USE AND DISPOSAL OF PPE:

OSHA requires that employees use gloves, masks, gowns, surgical caps, hoods, and/or shoe covers under certain circumstances.

Generally, PPE should be used under the following conditions:

1. Gloves must be used under any circumstances where it can be reasonably anticipated that the employee may have hand contact with blood or other potentially infectious material, or when handling contaminated items. Single use gloves are issued for this purpose.
2. Masks must be used in combination with eye protection devices such as goggles or face shields whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contaminations can be reasonably anticipated.
3. Gowns, lab coats, aprons, and clinic jackets must be worn in cases of occupational exposure, depending on the task degree of exposure anticipated. Surgical caps and/or shoe covers or boots must be work when gross contamination can be reasonably anticipated. An example of gross contamination is an autopsy or crime scene where body fluids are present.
4. All PPE must be removed prior to leaving the work area and placed in an appropriately marked container for disposal, storage, or decontamination. Garments penetrated by blood or other potentially infectious material must be removed immediately or as soon as is feasible.

HOUSEKEEPING:

WORKSITES - All worksites should be maintained in as clean and sanitary condition as possible. However, because worksites for most law enforcement functions are not predictable, there exists more reason to follow universal precautions and use PPE. Worksites that are controllable must be cleaned and decontaminated anytime contact

with blood or other potentially infectious materials are present. Cleaning of these areas will consist of washing with an EPA approved germicide. A cleaning solution will be made available for this purpose.

Any sharp edged items, such as broken glass, needles, or sharp metals which may be contaminated must not be picked up directly by hand. Forceps or other mechanical means must be used. Likewise any bin, pail or similar receptacle intended for reuse must be inspected and decontaminated immediately after visible contamination.

**CONTAMINATED
WASTE DISPOSAL:**

The only containers that will be used to store or dispose of contaminated waste will be of the non-reusable type. Containers must be:

1. Closeable
2. Puncture resistant
3. Leak-proof on sides and bottom
4. Labeled with the universal BIOHAZARD symbol
5. Easily accessible
6. Kept upright
7. Replaced routinely and not allowed to overfill

When moving containers they must be:

1. Securely closed to prevent spillage
2. Placed in a closeable, leak-proof, and properly labeled secondary container if leakage is possible

Biohazard containers shall be disposed of or decontaminated by trained personnel only. Employees are prohibited from putting their hands into any Biohazard container.

Regulated waste which is defined as liquid or semi-liquid blood or other potentially infectious material, contaminated items (such as bandages or garments) which could release blood or other potentially infectious material, or microbiological life forms which usually are not visible with the naked eye or pathological which is altered or caused by disease wastes containing blood or other potentially infectious materials must be placed in containers which are:

1. Closeable
2. Leak proof
3. Labeled with the universal BIOHAZARD symbol
4. Closed prior to removal to prevent spillage

If the outside of a container used for storage, transfer, or disposal of any bloodborne infectious material, or potentially infectious material, becomes contaminated it must be placed inside a second container having the same characteristics.

All regulated waste, whether contaminated sharps or other waste, must be disposed of consistent with state and federal waste disposal regulations. Regulated waste may be disposed of by delivering such waste in the proper containers to the Property and Evidence Room. Disposal of any large or unusual items must be arranged in advance.

HEPATITIS B (HBV):

HEPATITIS B VACCINATION - Will be available to all employees who are designated as having occupational exposure. The vaccinations are:

1. Voluntary.
2. Free of charge.
3. Reasonably available to the employee.
4. Performed by a licensed healthcare professional using U.S. Public Health Service procedures current at the time.
5. Any necessary laboratory tests are to be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccination will be available to applicable employees after the employee has received the information required by the policy relating to the efficiency and safety of the vaccine and the benefits of being vaccinated.

The HBV vaccination will be offered within ten working days of initial assignment to all employees who have occupational exposure, except under the following circumstances:

- The employee has already received the complete vaccinations series.
- The vaccine is inadvisable for medical reasons.

The HBV vaccination will be available upon later request to any employee who initially declines the vaccination if the employee still has occupational exposure. Moreover, if a routine booster dose or doses is recommended by the U.S. Public Health Service, then the employer must make this available to the employee free of charge.

Employers may offer, but may not require, that employees be screened to determine whether the individual had previous exposure to Hepatitis B.

Finally, if an individual declines the Hepatitis B vaccination the employee must sign a waiver stating that the employee has been offered the vaccination free of charge, has declined it, understands that by so declining he or she may be at risk of becoming infectious for Hepatitis B, and understands that as long as occupational exposure lasts, the employee may elect to receive the vaccination at any time in the future.

**EXPOSURE
REPORTING AND
EVALUATION:**

All incidents of exposure to infectious or potentially infectious material must be reported to a supervisor immediately.

An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin exposure or potential contact with blood or other potentially infectious material that results from the performance of one's duties. This does not apply to secondary employment.

When a report of an exposure incident is received a confidential medical evaluation and follow-up must immediately be made available to the employee.

This evaluation and follow-up will be performed by a Licensed Healthcare Professional and contain at least the following elements:

1. Documentation of the circumstance surrounding the exposure incident.
2. Documentation of the route(s) of entry.
3. Identification of the source individual if known.
4. If the source individual is identified, that person's blood must be tested as soon as is feasible after his or her consent is obtained. **Consent for HIV testing is not legally required in South Carolina. Therefore, a court order will be obtained.** The source individual's blood must then be tested and the results documented. Results of the testing must be made available to the exposed employee, and he or she must be informed about any laws governing disclosure of the identity and infectious status of the source individual.
5. Collection and testing of the exposed employee's blood as soon as possible after consent of the source is obtained. If the employee does not consent to HIV testing, the blood sample must be kept for 90 days during which time the employee may elect to have an HIV test performed.

6. Counseling.
7. Evaluation of reported illnesses.
8. The medical evaluation must also meet all the requirements outlined as stated above.
9. Follow-up consisting of: (1) initial HIV test at the time of contact, (2) second test at 6 weeks, (3) third test at 12 weeks, and (4) final test at 6 months from initial test

EVALUATION - The following information will be provided to the Licensed Healthcare Professional responsible for evaluation of an employee following an exposure incident:

1. A copy of the Bloodborne Pathogen Standard.
2. A description of the exposed employee's duties as they relate to the exposure incident.
3. Documentation of the circumstances surrounding the exposure incident and of the route (s) of exposure.
4. Results of the source individual's blood testing, if available.
5. All medical records of the exposed employee that relate to appropriate treatment, including vaccination status.

LICENSED HEALTHCARE PROFESSIONAL'S WRITTEN OPINION - Within 15 days after an employee has had an exposure, incident employers must obtain and provide to the employee a copy of the evaluation compiled by the Licensed Healthcare Professional.

Information which may be included in the written opinion is:

- For Hepatitis B Vaccination, the opinion may only state whether the vaccination is indicated for the employee and whether the employee has received the vaccination.
- For post-exposure evaluation of an exposure incident, the report may contain only the following information: (1) that the employee has been informed of the results of the evaluation; and (2) that the employee has been informed about any medical conditions resulting from exposure to blood or other potentially infectious material which require further evaluation or treatment.

HAZARD**COMMUNICATION:**

Any workstation that presents a hazard for exposure must have warnings posted to ensure employees receive adequate warning about the dangers of bloodborne pathogens. In order to eliminate or minimize the risk of exposure, warning labels shall be attached to:

1. Containers of regulated waste such as waste bandages or contaminated sharps.
2. Refrigerators and freezers containing blood and other potentially infectious materials.
3. Containers used to store, transport, or ship blood or other potentially infectious materials.
4. Contaminated equipment awaiting servicing or repair.

Labels used for such purposes as stated above must be fluorescent orange or orange-red with contrasting lettering. The label must bear the word "BIOHAZARD."

The label must be an integral part of or attached to the container by string, wire, adhesive, or other means that will prevent its loss or unintentional removal. Red bags should be used to store, transport, or dispose of infectious waste.

TRAINING:

All Sheriff's Office employees who are designated as having occupational exposure will receive training in contamination control as it applies to this standard, as well as, training related to this policy.

Training will be free of charge and employees will be compensated for attendance. The sessions will be conducted by a competent instructor knowledgeable in the subject matter. Training material and course content must be appropriate to the educational level of the employee.

Training will be conducted:

1. At the time any employee is initially assigned to a task where occupational exposure may take place.
 2. At least annually thereafter (within one year of an employee's previous training).
 3. At any time when changes such as task modification, new procedures, or new equipment affect the employee's occupational exposure.
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The training program must contain at least the following elements:

1. Employees must be given access to a copy of the Bloodborne Pathogen Standard, and its contents must be explained to them.
2. A general discussion of bloodborne diseases with special emphasis on the epidemiology, symptomatology, and modes of transmission HIV and HBV.
3. An explanation of the employer's Exposure Control Plan and employees must be told how to obtain a copy of the written plan for their review.
4. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood or other potentially infectious materials;
5. An explanation of engineering and work-practice controls, of PPE, and how these preventive measures are intended to reduce the risk of exposure, and the limitations of each of these methods to limit exposure.
6. Information on the types, proper use, location, removal, handling decontamination, and disposal of PPE.
7. Training that will enable employees to select the appropriate PPE for a given task.
8. Information on the Hepatitis B vaccine, its efficiency, safety, method of administration, benefits, and that it will be offered free of charge.
9. Information on the appropriate actions to take and persons to contact in case of an emergency involving blood or other potentially infectious material.
10. Training on the appropriate actions to be taken in case of an exposure incident, including the method of reporting and the medical follow-up that will be available.
11. Information regarding post-exposure evaluation, follow-up, and that the employer is required to provide this service to an employee after an exposure incident.
12. An explanation of the biohazard labels required by policy.

13. A question-and-answer period with the instructor.

**POLICY VIOLATION
PENALTIES:**

Any employee violating the provisions of this policy shall be subject to punitive as well as corrective discipline. Punitive action shall be progressive in nature.



Hobart Lewis, Sheriff