

Chief Administrative Office	Date of Issue	Expiration Date	No.
POLICY MEMORANDUM	7/30/02	N/A	37
TO: ALL Divisions and Departments	Subject: Exposure Control Plan for Blood and Body Fluids		
SIGNATURE:			
Comments: A written bloodborne pathogens exposure control plan is required to meet the requirements of 29 CFR 1910.1030.			

1. STATEMENT OF POLICY

The Lexington-Fayette Urban County Government's Exposure Control Plan for Preventing Bloodborne Pathogen Diseases upholds the requirements of 29 CFR 1910.1030. This overall plan applies to every Lexington-Fayette Urban County employee.

2. PURPOSE

The purpose of this plan is to serve as written procedures to prevent the spread of disease resulting from handling blood or other potentially infectious material during the course of work.

3. GENERAL RESPONSIBILITIES

Everyone in the Lexington-Fayette Urban County Government has the responsibility for following this plan. Particular people have been given specific duties so that the plan will be effectively implemented. These individuals are all Commissioners and Division Directors, the Risk Manager in charge of Safety, Health and Environmental Compliance, the Wellness Coordinator in Human Resources, Health Care Professionals, the Risk Manager in charge of Claims, the Safety Specialist in Risk Management, Bloodborne Pathogen Coordinators, Supervisors, Training Instructors, Emergency Care Providers, Insurance Coordinators, and Claims Adjusters.

The responsible parties listed within the plan shall take their responsibilities seriously since this government does not want to expose any individual to fatal diseases when appropriate procedures and equipment can eliminate and/or reduce exposures to blood and body fluids.

4. EXPOSURE CONTROL PLAN AVAILABILITY AND REVIEW

This overall LFUCG Exposure Control Plan will be available to LFUCG employees at any time since it is designed to help them with their efforts in preventing disease transmission. Each area of government (departmental offices, divisions, and/or locations) needs to develop an exposure control plan. Since each location has different exposures, keep personal protective equipment in a different location, and is unique, procedures must be written specifically for the location involved or have information regarding each location in their overall plan. Employees shall be provided with a copy of the department and/or division or location procedures. The highest-ranking official for the area is responsible for reviewing and signing the original program and updates.

The LFUCG Exposure Control Plan will be updated annually, on or before September 1st of each year. Department/Divisional/Location exposure control procedures shall be reviewed and updated annually.

5. EXPOSURE DETERMINATION

Bloodborne Pathogen Coordinators within each department/division with the assistance of the Commissioner/Director (or designee), supervisors, and employees will:

- a. Identify exposure situations employees may encounter.
- b. Identify tasks and procedures in which occupational exposure to bloodborne pathogens on the job could occur.

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6. METHODS OF COMPLIANCE

The following compliance methods will be used to identify, eliminate or minimize exposure to Bloodborne Pathogens in the LFUCG:

- a. Universal Precautions
- b. Engineering Controls
- c. Work Practice Controls
- d. Personal Protective Equipment
- e. Training
- f. Housekeeping
- g. Laundry
- h. Labels
- i. Vaccinations
- j. Waste Disposal
- k. Employee Participation
- l. Comprehensive Review of Unprotected Exposures

7. POST EXPOSURE AND FOLLOW UP

Employees shall report any exposure incident to his/her supervisor. The supervisor or his designee will take the employee to a medical provider. Exposure incidents costs will be paid by the Workers' Compensation benefits and shall follow all medical requirements specified in the standard. If possible the source individual will be identified and requested to have testing for HIV, HBV, and HCV. Follow up testing of the employee will occur at 45, 90, 180, and 360 days. Every exposure will be investigated and evaluated for preventability by the Division Director or a designee and/or Incident Investigation/Safety Committee.

8. RECORDKEEPING

It is necessary to keep training records, vaccination records, exposure medical records, OSHA logs, Sharps Injury Logs, and Employee Participation in Choosing Safer Devices. These shall be kept and maintained as follows:

Original Training records	Annual Training Updates	Vaccination Records	Exposure Medical record	OSHA Logs	Sharps Injury Log	Employee Participation
Division and Risk Management (SH&EC)	Division and Risk Management (SH & EC)	Wellness Coordinator in Human Resources	Risk Management (Claims) and third party administrator	Insurance Coordinator and Risk Management (SH & EC)	Insurance Coordinator and Risk Management (SH & EC)	Division
Employee's tenure	Employee's tenure	Employee's tenure + 30 years	Employee's tenure + 30 years	5 years	5 years	5 years +

**LEXINGTON-FAYETTE
URBAN COUNTY GOVERNMENT**

**EXPOSURE CONTROL PLAN
FOR
BLOOD AND BODY FLUIDS**

29 CFR 1910.1030

Updated by the Division of Risk Management
Safety, Health, and Environmental Compliance Section

2001

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1. Statement of Policy

It is the policy of the Lexington-Fayette Urban County Government to comply to the fullest extent of the law with all provisions of the Occupational Safety and Health Act including the requirements of 29 CFR Part 1910.1030 relating to exposures of blood and other potentially infected materials.

2. Purpose

This document serves as the written procedures Bloodborne Pathogens Exposure Control Plan (ECP) for Lexington-Fayette Urban County Government. These guidelines provide policy and safe practices for preventing the spread of disease resulting from handling blood or other potentially infectious material (OPIM) during the course of work. In addition to this overall plan for the Lexington-Fayette Urban County Government, each division and/or location shall have a plan to detail procedures for the exposure control of employees based on their job tasks.

This Exposure Control Plan has been developed in accordance with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030. The plan's purpose includes:

- A. Eliminating or minimizing occupational exposure of employees to blood or certain body fluids.
- B. Complying with OSHA's Bloodborne Pathogens Standard, 29 CFR 1910.1030.
- C. Protecting Lexington-Fayette Urban County Government employees from the health hazards associated with bloodborne pathogens.
- D. Providing appropriate treatment and counseling should an employee be exposed to bloodborne pathogens.

3. General Responsibilities

There are thirteen major "Categories of Responsibility" that are central to the effective implementation of our Exposure Control Plan. These are:

- The Risk Manager in charge of Safety, Health, and Environmental Compliance
- The Wellness Coordinator in Human Resources
- The Health Care Professional
- The Risk Manager in charge of Claims
- Commissioners and Division Directors
- Safety Specialist
- Bloodborne Pathogen Coordinators
- Supervisors
- Training Instructors
- Emergency Care Providers
- Insurance Coordinators
- Claims Adjusters
- Our Employees

The following sections define the roles played by each of these groups in carrying out the Lexington-Fayette Urban County Exposure Control Plan.

A. **Risk Manager in charge of Safety, Health, and Environmental Compliance**

The Risk Manager will be responsible for overall management and support of the LFUCG Bloodborne Pathogens Compliance Program. Activities which are delegated to the Risk Manager include, but are not limited to:

- ◆ Overall responsibility for implementing the Exposure Control Plan for the entire government.
- ◆ Working with management and other employees to develop and administer any additional Bloodborne Pathogens related policies and practices needed to support the effective implementation of this plan.

- ◆ Looking for ways to improve the LFUCG Exposure Control Plan, as well as to revise and update the plan when necessary.
- ◆ Knowing current legal requirements concerning Bloodborne Pathogens.
- ◆ Ensuring that a Safety, Health, and Environmental Compliance staff member acts as the government liaison during OSHA compliance inspections.
- ◆ Conducting periodic government audits to maintain up-to-date plans and procedures relating to possible exposures.
- ◆ Ensuring that sharp logs are properly maintained.
- ◆ Receiving and maintaining copies of specific bloodborne pathogen procedures from each department, division, and/or location.
- ◆ Overseeing the Safety Specialist in training duties regarding bloodborne pathogens.

B. Wellness Coordinator in Human Resources

The Wellness Coordinator in Human Resources will be responsible for vaccination programs relating to bloodborne pathogens including:

- ◆ Providing information regarding the government’s program for hepatitis B vaccinations and any other vaccinations given to prevent bloodborne diseases to employees.
- ◆ Coordinating with agencies within the LFUCG and outside agencies which administer vaccinations.
- ◆ Keeping employees informed concerning the proper facility and procedures for obtaining hepatitis B vaccinations.
- ◆ Keeping records regarding employees and their vaccinations relating to bloodborne pathogen diseases.
- ◆ Obtaining declination statements from employees who do not wish to be vaccinated for HBV or other required vaccinations.
- ◆ Ensuring that guidelines are followed regarding follow-up vaccinations.

C. Health Care Professional

The health care professional providing treatment to an employee following an exposure shall receive the following information from the employee’s supervisor:

- ◇ A copy of the Bloodborne Pathogen Regulation – 29 CFR 1910.1030 (if the professional does not have a copy)
- ◇ A description of the exposed employee’s duties as they relate to the exposure incident,
- ◇ Documentation of the route(s) of exposure and circumstances under which exposure occurred,
- ◇ Results of the source individual’s blood testing, if available.
- ◇ Vaccination status of the exposed employee.

The exposed employee will provide any information to the health care professional concerning his/her medical records as needed for determination of appropriate treatment.

The Health Care Professional shall:

- ◆ Collect the exposed employee’s blood and test it after consent is given.
- ◆ Preserve the sample for at least 90 days if consent is not given.
- ◆ If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.
- ◆ Administer post exposure prophylaxis, when medically indicated.
- ◆ Counsel the employee concerning the incident and if the source individual test positive for HBV (hepatitis B virus) or HIV (human immuno-deficiency virus) or HCV (hepatitis C virus).
- ◆ Evaluate reported illnesses.
- ◆ Give a written opinion concerning whether the Hepatitis B vaccination is indicated for the employee, and if the employee has received such vaccination.
- ◆ Give a written opinion for post exposure evaluation and follow-up limited to the following information:
 - (1.) That the employee has been informed of the results of evaluation

- (2.) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation of treatment.

All other findings or diagnoses shall remain confidential and shall not be included in the written report.

D. Risk Manager in charge of Claims

The Risk Manager in charge of Claims is responsible for the program relating to exposures of employees to include but not limited to:

- ◆ Meeting the requirements specified in this document as applicable to claims and post exposures.
- ◆ Using the government's self-insurance worker's compensation program for funding for post exposures.
- ◆ Revising with the Safety, Health, and Environmental Compliance Risk Manager, materials for supervisors that give specific directions regarding actions to take when a blood or body fluid exposure has occurred.
- ◆ Maintaining records relating to exposures as required by law and providing them to KOSH on request.

E. Commissioners and Division Directors

Commissioners and Division Directors are responsible for the following:

- ◆ Ensuring that the bloodborne pathogen standard is followed in their work areas by their employees.
- ◆ Issuing exposure control procedures for their department/division in writing. Such procedures shall be developed for their offices and other work places.
- ◆ Ensuring that supplies for exposure control in their respective areas are maintained including budgeting for proper equipment and personal protective equipment. (As required by the Charter of the Lexington-Fayette Urban County Government Section 8.04, "The budget shall provide for all expenditures required by law".) It will be their duty to budget for the needed level of protection as specified in 29 CFR 1910.1030.
- ◆ Ensuring a thoroughly investigation is done for any instance where blood or other body fluids come in contact with an employee's clothing, skin, mucous membranes, or enter the body through a skin tear or caused by a sharp object. This shall include completing the Incident Investigation showing procedures followed by the employee, lack of personal protective equipment, defective personal protective equipment, and ways to prevent recurrence
- ◆ Soliciting input from non-managerial employees responsible for direct patient care is solicited in the identification, evaluation, and selection of effective engineering and work practice controls and that such solicitation is documented.
- ◆ Implementing work practice controls.
- ◆ Maintaining copies of the LFUCG Exposure Control Procedures and copies of the department/division/location specific plans and making them available to employees at all times.
- ◆ Submitting exposure control plans to the Division of Risk Management.
- ◆ Ensuring that a written report for each exposure is completed and submitted to Risk Management.
- ◆ Developing a method for disposing of any biohazard waste from their organization (through a contractor if biohazard waste is a regular occurrence).

F. Safety Specialist in Risk Management

The Safety Specialist in Risk Management is in charge of the training program as it relates to bloodborne pathogens to include:

- ◆ Training new employees or employees in new positions with exposures to bloodborne pathogens in their initial training except for those in specialized fields (Police, Fire, Corrections).
- ◆ Training bloodborne pathogen coordinators in their duties.
- ◆ Training bloodborne pathogen coordinators so they are knowledgeable in preventing disease transmission.
- ◆ Preparing and/or purchasing materials for bloodborne pathogen coordinators for them to use in retraining of employees.
- ◆ Providing a list of required topics for initial training instructors to cover.

- ◆ Receiving and evaluating materials received from initial training instructors and making suggestions as deemed appropriate.
- ◆ Recommending the purchase of videos and written materials regarding bloodborne pathogens.
- ◆ Staying knowledgeable of the latest information regarding bloodborne pathogens and disease prevention.

G. Bloodborne Pathogen Coordinators

Bloodborne pathogen coordinators' responsibilities include:

- ◆ Attending training as provided by the Division of Risk Management.
- ◆ Gaining knowledge concerning bloodborne pathogens and KOSH 1910.1030.
- ◆ Assisting their Commissioner/Director (or designee) and supervisors in determining which positions could result in an exposure to blood or other potentially infectious materials (OPIM).
- ◆ Assisting their Commissioner/Director (or designee) and supervisors in determining which job tasks could result in an exposure to blood or OPIM.
- ◆ Assisting their Commissioner/Director in writing exposure control procedures for the locations of the divisional personnel.
- ◆ Working with their purchasing coordinator and supervisors to ensure that proper and sufficient amounts of personal protective equipment, labels, biohazard bags, etc. are purchased and maintained.
- ◆ Providing or having a competent person provide annual retraining to the employees in their respective area. Bloodborne Pathogen coordinators shall use materials developed by Risk Management or another agency.
- ◆ Maintaining records concerning training to meet the requirements of the standard.
- ◆ Maintaining records concerning employee participation to meet the requirements of this plan.
- ◆ Assisting in the investigation of exposure incidents.
- ◆ Assisting the insurance coordinator in recordkeeping for bloodborne pathogen exposures.

H. Supervisors

Supervisors are responsible for exposure control in their respective area. This may include but is not limited to:

- ◆ Assisting the Commissioner/Director and the Bloodborne Pathogen Coordinator in determining possible tasks which could result in exposure situations and identifying employees who might be at risk of an exposure.
- ◆ Assisting in writing work practice control and procedures to eliminate or reduce the risk of exposure.
- ◆ Ensuring that employees have the necessary personal protective equipment and it can easily be accessed and is available at all times.
- ◆ Notifying the purchase coordinator and/or bloodborne pathogen coordinator when additional supplies are required.
- ◆ Checking employees to see that they are wearing the personal protective equipment issued.
- ◆ Using proper motivating actions when this policy is not being followed by employees.
- ◆ Reporting any problems relating to the exposure control procedures of their area to the bloodborne pathogen coordinator.
- ◆ Reporting any problems relating to this policy to the Risk Manager in charge of Safety, Health, and Environmental Compliance.
- ◆ Investigating any exposure incidents of employees.
- ◆ Completing the form SP302S concerning the incident and any other required information and giving it to the insurance coordinator.
- ◆ Identifying and documenting the source individual if possible and assisting Risk Management's Claims Section or third party administrator regarding such.
- ◆ Assisting the health care professional with a description of the employee's job duties relevant to the exposure incident, route of exposure, circumstances of exposure, and the results of the source individual's blood test if available.
- ◆ Providing the health care professional with a copy of 29 CFR Part 1910.1030 relating to exposures of blood and other potentially infected materials.

I. Training Instructors

Training to employees regarding bloodborne pathogens shall be performed by a person knowledgeable in the subject matter as required by Occupational Safety and Health Standard 1910.1030. This includes being a doctor, nurse, paramedic, Red Cross HIV instructor, a National Safety Council instructor, American Safety and Health Institute instructor, Public Health Educator, Bloodborne Pathogen Coordinator or an individual with similar qualifications. Individuals who teach initial training to employees shall register with the Risk Manager of Safety, Health, and Environmental Compliance.

When instructing employees in bloodborne pathogens, materials used shall be from a health, safety, or medical reputable source such as a medical school, American Heart, National Safety Council. Employees shall receive written bloodborne pathogen materials. For each class, the instructor shall have at the training site:

- ◆ A copy of the Occupational Safety and Health Bloodborne Pathogen Standard found in 29 CFR 1910.1030. This shall be made available for the perusal of trainees.
- ◆ A copy of this LFUCG Exposure Control Plan. This shall be made available for the perusal of the trainees.
- ◆ Copies of the exposure control procedures regarding bloodborne pathogens for the offices, divisions, and/or locations represented by the trainees. Trainees shall receive their own copy of the procedures.
- ◆ Examples of personal protective equipment proper for protection against bloodborne pathogens.
- ◆ Examples of engineering controls including safer medical devices.

Employees attending bloodborne pathogens training will have the opportunity to ask questions and receive answers to their concerns. If answers cannot be given at the time of training, instructors shall contact the trainee personally with an answer.

Risk Management will provide each instructor with material containing the minimum elements to cover in the training for BBP. Each instructor shall submit a syllabus to the Risk Manager in charge of Safety, Health, and Environmental Services including a list of any publications, videos, or other materials which will be used with class participants. A copy of any written material provided to each class participant should be attached as well as the test to be given. Instructors will test their group at the end of the training session. The tests and scores will be maintained by the instructor and/or division for a period of at least three years. Information concerning completion of the course will be maintained for the employee's tenure. This paragraph does not apply to Bloodborne Pathogen Coordinators who provide annual retraining using materials developed/provided by the Division of Risk Management.

J. Emergency Care Providers

Emergency Care Providers for Lexington-Fayette Urban County Government include those employees who are trained as a CPR/First Aid provider, Emergency Medical Technician, Paramedic, Nurse, etc. as part or all of their work duties or are assigned such duties for their workplaces. Each individual shall have CPR training by a competent instructor who is recognized by a national training institution such as Red Cross, American Heart, American Safety and Health Institution, or National Safety Council. Such training will consist of cardiopulmonary resuscitation and first aid or a higher technical skill level.

Emergency care providers will take the steps necessary to protect themselves from blood and body fluids during all first aid and CPR procedures. This includes wearing gloves for any first aid or CPR procedures, using a resuscitation device so mouth to mouth contact is not made, wearing protective gown or coveralls, face shield and goggles if blood or body fluids are present and splashes, spray or droplets are generated. All emergency care providers will have a bloodborne pathogen initial class and annual follow up training.

K. Insurance Coordinators

The Insurance Coordinators who are responsible for completing OSHA logs will also maintain divisional records relating to exposures. At a minimum each insurance coordinator is responsible for:

- ◆ Completing the SP302 from the Supervisor's SP302S and sending document to the Claims Section of Risk Management.
- ◆ Maintaining a sharps injury log for the recording of percutaneous injuries from contaminated sharps.

- ◆ Recording and maintaining the log in such a manner as to protect the confidentiality of the injured employee.
- ◆ Listing the type and brand of device for each percutaneous injury.
- ◆ Listing the organizational group and/or work area where the exposure incident occurred.
- ◆ Recording an explanation of how each incident occurred.
- ◆ Sending a copy of the log to Safety, Health, and Environmental Compliance each time an addition is made to it.
- ◆ Listing diseases and/or exposures on the OSHA log as necessary.

L. Claims Adjuster Assigned to Case (either in-house or third party administrator)

The claims adjuster assigned to an exposure incident claim shall process the claim following this policy since the Lexington-Fayette Urban County Government's Workers' Compensation Benefits will pay the costs of exposure incidents. The adjuster's responsibilities include:

- ◆ Working with supervisor of exposed employee to obtain consent and to make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectiousness..
- ◆ Ensuring the employee's health care provider receives records involving the source individual's test results, when applicable.
- ◆ Ensuring that the exposed employee's health care provider has provided the employee 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. Sending to the exposed employee the testing schedule for follow-up testing at 45, 90, 180, and 360 days and possible places to have such testing done.
- ◆ Maintaining records of tests that have been administered.

M. Employees

The Lexington-Fayette Urban County Government employees have the most important role in LFUCG's bloodborne pathogens compliance program. The ultimate execution of much of the LFUCG Exposure Control Plan and the divisions' plans rests in their hands. In this role they shall be responsible for the following:

- ◆ Knowing what tasks they perform that have potential occupational exposure.
- ◆ Attending bloodborne pathogens training sessions.
- ◆ Participating in the identification, evaluation, and selection of effective engineering devices and work practice controls if they are responsible for direct patient care. This includes first aid providers and CPR providers.
- ◆ Planning and conducting all operations in accordance with our work practice controls.
- ◆ Developing good personal hygiene habits, such as washing hands before eating, smoking, drinking, etc.
- ◆ Using universal precautions.
- ◆ Wearing necessary personal protective equipment.
- ◆ Following housekeeping procedures.
- ◆ Immediately reporting to the supervisor any exposures to bloodborne pathogens.

4. Exposure Control Plan Availability and Review

A. Availability

The LFUCG Exposure Control Plan will be available to employees at any time since it is designed to help them with their efforts. Employees will be advised of this availability during their divisional orientation sessions. Copies of the Exposure Control Plan are kept in the following locations:

- ◆ Council Clerk's Office
- ◆ Division of Risk Management
- ◆ A designated place in each Commissioner's Suite of Office
- ◆ A designated place in each Division and at each location where it is accessible at all times.
- ◆ Each Bloodborne Pathogen Coordinator's area

Each departmental/divisional or location exposure control plan will be submitted to Risk Management. Each new employee who could be exposed to blood and/or body fluids will receive a copy of the departmental/divisional and/or location exposure control procedures. The Commissioner/Director and Bloodborne Pathogen Coordinator will have additional copies available in their offices.

B. Review and Update of the Plan

This government recognizes that it is important to keep the Lexington-Fayette Urban County Government's Exposure Control Plan up-to-date. To ensure this, this plan will be reviewed and updated under the following circumstances:

- ◆ Annually, on or before November 1st of each year beginning in 2002.
- ◆ Whenever new or modified tasks and procedures are implemented which affect occupational exposures to employees.
- ◆ Whenever employees' jobs are revised such that additional occupational exposure may occur.
- ◆ Whenever functional positions are established that may involve exposure to Bloodborne Pathogens.

Departmental/Divisional/Location exposure control procedures shall be reviewed and updated annually. During this review and update, it shall be necessary to reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens and to consider and implement appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure. Non-managerial employees shall participate in this process. Documentation of this review and participation by non-managerial employees shall be made available to the Division of Risk Management.

5. Exposure Determination

A. Employees Exposed

Bloodborne Pathogen Coordinators within each department/division with the assistance of the Commissioner/Director (or designee), supervisors, and employees will identify exposure situations employees may encounter. This exposure determination should be made without regard to the use of personal protective equipment. The departmental/divisional/location standard operating procedures will include the job positions in which:

- ◆ All employees have routine occupational exposure to bloodborne pathogens.
- ◆ All employees may have occupational exposure to bloodborne pathogens.
- ◆ Some employees may have occupational exposure to bloodborne pathogens.

B. Task Exposures

Bloodborne Coordinators within each department/division with the assistance of the Commissioner/Director (or designee), supervisors, and employees will identify tasks and procedures in which occupational exposure to bloodborne pathogens on the job could occur. This list will be included in the divisional exposure control procedures. This exposure determination shall be made without regard to the use of personal protective equipment. The following job duties could involve the possibility of an exposure to a bloodborne pathogens but is not an all inclusive list:

- ◆ Performing emergency medical care or first aid or CPR where blood or other body fluids are involved.
- ◆ Being at the scene of an accident or crime where items are contaminated with blood.
- ◆ Coming in contact with needles in any capacity – picking up trash, cleaning refuse trucks, administering intravenous medications, etc.
- ◆ Performing an autopsy.
- ◆ Cleaning up from an accident where items are contaminated with blood.
- ◆ Performing strip searches on detainees.
- ◆ Changing diapers of children.
- ◆ Cleaning up body fluids.
- ◆ Coming in contact with wastewaters which could contain blood or body fluids such as working on pipes, performing laboratory tests, etc.
- ◆ Assisting with or performing any medical procedure where blood or body fluids could be present.
- ◆ Suctioning oral/nasal cavities to clear airway.
- ◆ Handling of contaminated clothing.

- ◆ Handling of soiled equipment.
- ◆ Handling restroom trash.

6. Methods of Compliance

There are a number of areas that must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in the Lexington-Fayette Urban County Government. Each of the areas listed below will be addressed in each departmental/divisional/location exposure control procedures and in the training of all individuals. By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these areas, this government should minimize our employees' occupational exposure to bloodborne pathogens.

The methods that this government will use are:

A. Universal Precautions

The Lexington-Fayette Urban County Government adopted the practice of Universal Precautions on January 28, 1988. All employees will treat all human blood and body fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, and 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 as if they are known to be infectious for the Hepatitis B Virus (HBV), the Human Immunodeficiency Virus (HIV) or Hepatitis C Virus (HCV), and other bloodborne pathogens. Likewise, employees will treat any unfixed tissue or organ other than intact skin from a human (living or dead), HIV-containing cell or tissue cultures, organ cultures and HIV or HBV or other hepatitis culture medium or other solutions, and blood, organs, or other tissues from experimental animals infected with HIV or HBV or HCV as if they are known to be infectious for HBV, HIV, HCV, and other bloodborne pathogens.

The Safety, Health, and Environmental Compliance Section of Risk Management is responsible for overseeing the LFUCG Universal Precautions Program. Commissioners and Directors will be contacted if it becomes apparent that Universal Precautions are not being followed in their department/division. Likewise, if Commissioners or Directors identify a problem with compliance of universal precautions, they shall contact the Manager of Safety, Health, and Environmental Compliance so any problems and training needs may be addressed.

B. Engineering Controls

Engineering controls means control devices (e.g. sharps disposal containers, needle injury protectors, needleless systems). Engineering controls that would reduce the possibility of exposure shall be used to eliminate or minimize employee exposure. Methods of engineering controls shall be reviewed at least annually by the department/division to determine if they are effective. Input from employees who use the devices must be obtained, maintained, and documented in the exposure control procedures. Devices themselves shall be examined and maintained on a monthly basis. Replacement shall occur as necessary. Engineering controls include:

- ◆ Handwashing facilities.
- ◆ Antiseptic hand cleanser and paper towels or antiseptic towelettes.
- ◆ Sharp containers that meet the requirements of 1910.1030.
- ◆ Use of newer and technically "safer" medical devices such as needleless systems and sharps with engineered sharps injury protection by Emergency Medical Technicians and Paramedics.
- ◆ Use of self-protecting needles by individuals who must have injections during their work day.

C. Work Practice Controls

Departments/Divisions shall implement work practice controls to assist in eliminating exposures to bloodborne pathogens. These work practice controls must be developed with the employees who have exposures and must be in writing. Proof of solicitation of employee input must be shown in the departmental/divisional/location exposure

control procedures. These shall include but are not limited to the following:

- ◆ Methods and times for washing hands.
- ◆ The use of preferred medical devices.

- ◆ The procedures and techniques to use for various devices.
- ◆ Placement of sharps in a puncture resistant, labeled, leak proof container.
- ◆ Prohibition of eating, drinking, smoking, putting on cosmetics or removal of contacts in areas where blood and body fluids are present.
- ◆ Prohibition of putting food and drinks in the same refrigerator as blood and/or body fluids.
- ◆ The use of procedures to minimize accidental injection, splashing, spraying, splattering and generation of droplets.

D. Personal Protective Equipment

Divisions are responsible for purchasing and maintaining supplies necessary to protect employees from exposure. This includes proper equipment that will not allow blood or body fluids to reach the skin, mucous membranes, and regular clothing of the individual. Personal protective equipment will be appropriate for the exposures which each employee may have and appropriate personal protective equipment must be in the appropriate sizes and readily accessible at the work site or issued to employees.

In particular the following shall be available:

- ◆ Gloves – Both latex and hypoallergenic gloves shall be available to each individual and worn by an individual who is a basic life supporter, advanced life supporter, emergency medical technician, paramedic, nurse, doctor, dentist or medical support staff and such should be worn when performing any procedure on an ill or injured individual. Gloves shall also be worn when any individual may be exposed to blood or body fluids such as changing diapers of infants and toddlers, searches of inmates, cleaning in a restroom, gathering wastewater for testing, or cleaning up at the site of an accident.
- ◆ When there is a possibility of encountering splashing, spraying, and/or spurting blood, the following shall be available and worn:
 - (1.) Goggles or other protective eyewear
 - (2.) Disposable gown or other protective clothing which will not allow blood to permeate to skin or clothing
 - (3.) A mask to cover the nose and mouth and/or a face shield
 - (4.) A cap to cover the hair.
- ◆ A TB respirator shall be available where patient care might includes those with tuberculosis or where an individual is in contact with a person with active TB disease.
- ◆ A CPR mask with a one way valve shall be available and shall be used whenever a provider gives CPR using their personal breath.
- ◆ Booties (coverings for shoes) shall be available and shall be worn when shoes will come into contact with blood or bodily fluids such as investigation the scene of a vehicle accident or the scene of a murder.
- ◆ All LFUCG vehicles shall have a basic first aid kit with gloves, a CPR mask, and material to apply to a wound that is bleeding. These are to be provided by the division to which the vehicle is assigned. General Services will provide these items for each new pool vehicle.

E. Training

The Lexington-Fayette Urban County Government will provide training to all individuals who have an occupational exposure. General employees will be trained initially by the Division of Risk Management by a qualified instructor. Training for Police, Fire, and Community Corrections may be provided by divisional trainers who are qualified to provide bloodborne pathogen training. Other divisions may opt to train their employees if they have qualified instructors. Instructors shall comply with the responsibilities listed in Part A of this policy. Training shall be provided at the initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Annual training will be the responsibility of the divisional bloodborne pathogen coordinators. The coordinator may instruct employees using materials provided by Risk Management, have in-house instructors who provide original BBP training, or other knowledgeable persons provide training. Training will include use of “safer” medical devices and safer work practices.

F. Housekeeping

Divisions shall ensure that the work site is maintained in a clean and sanitary condition. The division shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility or the vehicle, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area. If Property Management or a contractor is responsible for the cleaning, divisions shall provide this information to those in charge of the cleaning.

G. Laundry

Divisions are responsible in handling contaminated laundry including any uniforms so that its procedures meet the requirements of 1910.1030. This shall include:

- ◆ Handling the contaminated laundry as little as possible with a minimum of agitation.
- ◆ Contaminated laundry shall be bagged or containerized at the location where it was used.
- ◆ Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with regulations.
- ◆ Whenever, contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.
- ◆ Employees who have contact with contaminated laundry must wear protective gloves and other appropriate personal prevention equipment. The division shall supply such equipment.
- ◆ If a division ships contaminated laundry off-site, the laundry must be placed in bags or containers with proper BBP labeling.
- ◆ Employees shall not take contaminated items (including uniforms) home to be cleaned.

H. Labels

One of the most obvious warnings of possible exposure to bloodborne pathogens are biohazard labels and signs. Warning labels shall be affixed to containers of regulated waste like refrigerators, freezers, cabinets, etc. containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Labels shall be red-orange and contain the biohazard sign.

Example of Label:



I. Vaccinations

The Lexington-Fayette Urban County Government shall make available the Hepatitis B vaccine and vaccination series to all employees. Employees not wishing to take the vaccination series will be required to sign a statement saying as much. The following shall be followed regarding vaccinations for Hepatitis B and other vaccinations that may become available for bloodborne pathogen diseases:

- ◆ Vaccinations will be made available at no cost to the employees.
- ◆ Vaccinations will be made available at a reasonable time and place.
- ◆ Time to have vaccinations will be counted as work time.
- ◆ Vaccinations will be performed by or under the supervision of a licensed physician or under the supervision of another licensed healthcare professional.
- ◆ Following the series of vaccinations, employees will be given a titer test to determine if the vaccinations have made then unsusceptible to the disease.
- ◆ Vaccinations will be provided as recommended by the U.S. Public Health Service.
- ◆ The LFUCG will ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.
- ◆ All vaccinations which employers are required by law to provide to their employees will be provided by this government.

Human Resources is responsible for the implementation and cost of vaccinations.

J. Waste Disposal

Each division is responsible for bio-hazard waste disposal for their areas. Areas with regular bio-hazard waste shall contract with a bio-hazard waste organization. Divisions which only have bio-hazard waste disposal in the event of an incident will contact the Safety, Health, and Environmental Compliance Section of Risk Management.

K. Employee Participation

- ◆ Each division where devices are used for medical purposes shall allow employees to participate in the identification, evaluation, and selection of effective engineering devices and work practice controls if they are responsible for direct patient care. This includes first aid providers and CPR providers.

L. Comprehensive Review of Unprotected Exposures

When an exposure occurs, the Commissioner or Division Director (or designee) shall ensure an investigation is thoroughly performed to determine the cause of the exposure. A written report shall be sent to Risk Management (by Division Director or Accident Review Committee or Safety Committee) when an employee has an unprotected exposure where blood contaminates the skin, regular clothing, or mucous membranes or experiences a needle or sharp stick.) Suggestions shall be made by the Division Director or Committees including non-managerial employees concerning the appropriate changes that need to be made.

The following shall be reviewed:

- ◆ Engineering controls in use at the time.
- ◆ Work practices followed.
- ◆ A description of any device being used.
- ◆ Protective equipment or clothing that was used.
- ◆ Location of the incident.
- ◆ Procedure being performed when incident occurred.
- ◆ Employee's training related to the bloodborne pathogen training and training on work practices and procedures.
- ◆ Effectiveness of PPE.
- ◆ Equipment recommendations
- ◆ Revisions in procedures

Any procedures adopted by Risk Management regarding reporting of exposure incidents shall be followed.

7. Post Exposure and Follow-up

A. Medical

Should an exposure incident occur, the employee shall contact his/her supervisor immediately following flushing of eyes or other mucous membranes or cleaning of a wound. The supervisor shall take the employee to a medical professional. The medical professional shall provide additional medical services, give a confidential medical evaluation to the employee, perform testing, and follow-up. For future reference and workers compensation, the following need to be done:

- ◆ After obtaining consent, exposed employee's blood shall be collected as soon as possible after the exposure incident and tested for HBV, HCV, and HIV serological status.
- ◆ If deemed necessary, a vaccination for HBV shall be administered to the individual.
- ◆ If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, the blood shall be preserved for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, the testing shall be performed as soon as feasible.

The supervisor will also provide the health care professional with a description of the employee's job duties relevant to the exposure incident, route of exposure, circumstances of exposure, and the results of the source's individual's blood test if available.

B. Source Individual

The employee's supervisor shall try to identify and document the source individual (unless the employer can establish that identification is infeasible). This information shall be reported to the Claims Section of Risk Management or the third party administrator. The Claims adjuster assigned to handle the case will make arrangements for the source individual to have his/her blood tested to see if it is positive for HIV, HBV, or HCV.

C. Follow-up testing and information

Follow up testing and conveying this information to the employee's health care provider are the responsibilities of the claims adjuster. If the source individual gives consent, the source individual will be tested. Once these results are available, the adjuster ensures that the results are conveyed to the employee's health care provider. The health care provider should discuss these results with the employee and explain applicable disclosure laws to the employee.

The health care professional shall submit a written opinion to the adjuster or third party administrator within 15 days after completion of evaluation. The adjuster or third party administrator has the responsibility to send the exposed employee the testing schedule for follow-up testing at 45, 90, 180, and 360 days and possible places to have such testing done.

8. Recordkeeping

There are several different types of records that are required to be kept regarding the bloodborne pathogen standard.

A. Training Records

Training records are completed for each employee upon completion of training. Instructors or division giving initial training shall keep the records on those individuals that they train. The training record shall include:

- ◆ The dates of training
- ◆ 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's shall receive a certificate showing that they have been trained within 15 working days of such training. This is the responsibility of the training agency. Records shall be maintained for the length of the employee's tenure by the training agency.

Annual training records shall be submitted to Risk Management by the bloodborne pathogen coordinator. A revised SP301 which provides all information may be used for such recording.

B. Vaccination Records

The Wellness Coordinator in the Division of Human Resources will be responsible for maintaining vaccination records of employees. These records will be kept in the individual's medical file and shall be kept for the duration of employment plus 30 years. Such records will be supplied to the employee within 15 days of receipt of an employee's written request.

C. Exposure Medical Records

The Division of Risk Management is responsible for maintaining medical records relating to each occupational exposure to blood and/or body fluids in accordance with 29 CFR 1910.1030. The Risk Manager in charge of Claims is responsible for maintenance of the required medical records. These confidential records are kept at 121 N. Martin Luther King Blvd. and will be kept for the duration of employment plus 30 years. Employee medical records relating to exposures are provided upon the written request of the employee within 15 working days. Such request should be sent to Risk Manager, Claims Section, Risk Management, 121 N. Martin Luther King Blvd., Lexington, KY 40507.

D. OSHA Log

If an individual becomes ill with a pathogen following an exposure incident, the incident should be recorded on the OSHA Log and must be kept up to date until the person resigns, retires, or dies or is given a well status by a health care professional. The divisional insurance coordinator is responsible for this recordkeeping. OSHA logs shall be kept for five years after the last change to the log.

E. Sharps Injury Log

Each Commissioner and Division Director will ensure that a sharps injury log for recording of percutaneous injuries from contaminated sharps are maintained. The insurance coordinator will be responsible for updating and maintaining the log. The supervisor, top administrator, and/or incident investigation/safety committee will provide the insurance coordinator with the necessary information. The sharps injury log shall contain, at a minimum the following:

- ◆ The type and brand of device involved in the incident
- ◆ The section or work area where the exposure incident occurred
- ◆ An explanation of how the incident occurred.

Any time that changes are made to the Sharps Injury Log, a copy of the log shall be sent to Risk Management's Safety, Health, and Environmental Compliance Section. The Sharps Injury Log will be submitted during the month of January when the final OSHA log for the past year is submitted.

F. Employee Participation Records

The division will maintain records concerning employee participation in choosing safer medical devices. These records will be maintained for 5 years after newer devices have been chosen.

As record keeping requirements are changed by KOSH, the Lexington-Fayette Urban County Government will make changes to abide by the new requirements.

APPENDIX A
Definitions

Blood means human blood, human blood components, and products made from human blood.

Bloodborne Pathogens means pathogenic microorganisms that are present in humans. These pathogens include, but are not limited to, hepatitis B virus and human immunodeficiency virus.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated laundry means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated sharp means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering controls means controls (e.g. sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties. Handwashing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

HBV means hepatitis B virus.

HCV means hepatitis C virus.

HIV means human immunodeficiency virus.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities relating to HBV vaccinations and postexposure and followup.

Needleless Systems means a device that does not use needles for the collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established, the administration of medication or fluids, or any other procedure involving the potential for occupational exposure of bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials 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 tissue or organ (other than intact skin) from a human (living or dead).
- (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Safer medical devices means instruments such as hypodermic syringes and needles which have been designed to protect the care giver from accidentally coming into contact the needle or material after withdrawing it from the individual or after it could possibly be contaminated with an infectious disease.

Sharps with Engineered Sharps Injury Protection means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilized means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two handed technique).

Guidelines for Bloodborne Pathogens Exposure Report

When completed give to insurance coordinator for sharps log and send copy to Safety, Health, and Environmental Compliance.

(1.) Name of exposed individual: _____

(2.) Job titled of exposed individual: _____

(3.) Division of exposed individual: _____

(4.) Date of exposure: _____ (5.) Date of Initial BBP training: _____ (6.) Date of last BBP training _____

(7.) Location of exposure incident: _____

(8.) A description of what occurred: _____

(9.) Mark type of exposure and type of material exposed to:

_____ Contaminated sharp broke skin (include bites)	_____ Blood
_____ Blood or OPIM entered a mucous membrane area	_____ Other body fluid
_____ Blood or OPIM came in contact with non-intact skin	_____ Unfixed tissue/organ
	_____ Laboratory HIV/HBV

(10.) What procedure was being performed: _____

(11.) Engineering controls in use at the time: _____

(12.) What written work procedures apply in this type of situation: _____

(13.) Were the work procedures being followed? _____ Yes _____ No If no, why not? _____

(14.) List any medical devices in use at the time: _____

(15.) List all personal protective equipment employee was wearing: _____

(16.) Why didn't the PPE protect the employee from blood or OPIM? _____

(17.) Should procedures or equipment be changed _____ Yes _____ No If yes, how? _____

(18.) What training will the employee be given concerning this exposure? _____

Completed by: _____ Evaluated by Incident Review/Safety Committee on: _____

Attach recommendations.

Signature of Division Director: _____