



Bloodborne Pathogen Exposure Policy

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1. Purpose

Buncombe County Government (County) seeks to maintain a safe and secure work environment for employees and visitors. Buncombe County Government expects adherence to established occupational safety and health standards and appropriate and timely responses to Bloodborne Pathogen (BBP) exposures. This policy supports the Buncombe County “All Hazards Plan” (Plan) and serves to strengthen the County’s commitment to a safe work environment. The following exposure control policy is provided to eliminate or minimize occupational exposure to BBP in accordance with Occupational Safety and Health Administration (OSHA) standard 1910.130.

The plan has been approved by the Buncombe County Safety Officer. The agency's annual review of the BBP Plan will be incorporated with the annual review of administrative policies

2. Applicability

This policy applies to all Buncombe County departments and employees. Where there is a conflict with any department-specific policy, this document will supersede

3. Policy

3.1. Program Administration

3.2. The Buncombe County Safety Officer is responsible for implementation of the Exposure Control Plan

3.2.1. Buncombe County employee who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) and all other workforce employees must comply with the procedures and work practices outlined in the Plan.

3.2.2. Supervisory staff are responsible to ensure that staff they supervise adhere to the Plan by following appropriate practices, using engineering controls, using PPE that

is appropriate to the situation and in the correct size, and attending required training.

- 3.2.3. Human Resources (HR) and Risk Management staff will collaborate with the Buncombe County Safety Officer (BCSO) to ensure that all required medical actions are performed and that appropriate employee health and OSHA records are maintained.
- 3.2.4. Department Supervisors are responsible for notifying the BCSO of any new or modified tasks and procedures that affect occupational exposure and any new or revised employee positions that affect occupational exposure so that these changes may be incorporated into the Plan and training.
- 3.2.5. Human Resources staff in collaboration with the BCSO, will establish employee training needs for all classifications. The Buncombe County Safety Officer will coordinate employee training and maintain documentation of training. The BCSO in collaboration with Employee and Family Health will further maintain records of employee Hepatitis B immunization. The BCSO will also ensure investigation and documentation of circumstances of an employee exposure incident and will ensure that records and the written Plan are available to employees and representatives of the Occupational Safety and Health Division (OSHA) of the N.C. Department of Labor.
- 3.2.6. The BCSO or designee will collaborate with the management of the company that provides housekeeping services to the County to ensure that its employees are provided bloodborne pathogen training prior to their work assignment or a change in their work assignment or activities, and annually, and that training records for its employees are maintained. The company contracting with Buncombe County to supply housekeeping services will provide Personal Protective Equipment (PPE) and OSHA-required safety training to its employees and will document these efforts to the BCSO.
- 3.2.7. The BCSO or designee will ensure that all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, red tubs, and red bags as required by the standard are provided and maintained in each clinical, lab area, department or first responder vehicle as needed. They will furthermore ensure that each sharps pick-up location is locked, and designated personnel will be responsible for sharps disposal.
- 3.2.8. Appropriate and adequate supplies of the equipment will be available in the following areas:
 - 3.2.8.1. All Clinical and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) areas
 - 3.2.8.2. Other County locations as appropriate
 - 3.2.8.3. As needed for community-based services and county vehicles

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3.2.9. The Buncombe County Safety Officer is responsible for reviewing and updating the Plan annually and as needed to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions and occupational exposure.

3.3. Employee Exposure Determination

3.3.1. Divisions

3.3.1.1. County Divisions in which employees are exposed to blood or other potentially infectious materials on a regular basis, and in which such exposures are considered normal course of work, fall into Category 1 as listed below:

3.3.1.1.1. Category 1

- Health & Human Services (HHS) Clinical staff
- Employee and Family Health (EFH) staff
- WIC staff
- Emergency Medical Services (EMS)
- Deputy Sheriff Officers

3.3.1.1.2. Category 2

- Job classifications in which employees may have an occasional exposure to blood or other potentially infectious materials, and in which such exposures occur only during certain tasks or procedures that are collateral to normal job duties fall into Category 2.
- Personnel within Operations assigned to Syringe Disposal

3.4. Methods of implementation and control

3.4.1. Universal Precautions

All employees will utilize universal precautions - presume that blood and certain bodily fluids of all individuals are considered potentially infected and must be handled accordingly.

3.4.2. Exposure Control plan

Employees covered by the bloodborne pathogen's standard receive an explanation of the Plan during their initial training and orientation session. The Plan is reviewed in their annual training update. All employees have an opportunity to review the Plan at any time during the work shift by contacting their supervisor, the BCSO, or the Plan.

3.4.3. Engineering Controls and Work Practices

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

- 3.4.3.1. Hands must be washed thoroughly or cleaned with antibacterial hand sanitizer between each direct patient contact and after handling soiled or contaminated equipment or material
- 3.4.3.2. Hands and other skin surfaces must be washed immediately or as soon as feasible if contaminated with blood or OPIM
- 3.4.3.3. When hand washing is not feasible an approved antibacterial hand cleaner may be substituted
- 3.4.3.4. Contaminated needles and other contaminated sharps are not sheared, bent, or recapped unless designed with safeties for this purpose
- 3.4.3.5. Used sharps are discarded immediately or as soon as possible in containers that are closable, puncture resistant, and leak-proof on sides and bottom. Containers for sharps are placed for easy accessibility
- 3.4.3.6. Designated personnel shall inspect, maintain, or replace sharps disposal containers whenever necessary to prevent over filling.
- 3.4.3.7. When sharps containers are $\frac{3}{4}$ full the employees shall close and transport them per guidelines to the designated sites for placement in a red regulated waste storage bin
- 3.4.3.8. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the work areas where there is reasonable likelihood of occupational exposure to bloodborne pathogens
- 3.4.3.9. Food and drink cannot be kept in refrigerators, freezers, shelves, cabinets, or countertops where blood or OPIM are present
- 3.4.3.10. Equipment that becomes contaminated is decontaminated prior to servicing or shipping. If the equipment cannot be decontaminated, a biohazard label must be attached to the equipment stating which portions are contaminated
- 3.4.3.11. All specimens are handled with Standard Precautions.
- 3.4.3.12. Employees who work off site (School Nurses, WIC, community outreach clinics, home visits, EMS etc.) that transport lab specimens, contaminated items, or regulated waste are to ensure that material is transported as follows:
 - Place specimen in zip lock type bag with a biohazard label
 - Place absorbent material inside the bag, e.g. paper towels
 - Place bag in biohazard labeled, hard-sided, closable container with cushioning, and absorbent material inside the container
 - If transport will be delayed place ice pack in container
 - Place container in the car trunk for transport, or if no trunk, place as far from driver or other persons as possible
 - Employees are to notify the BCSO if they observe that sharps, blood, or OPIM are stored, handled, or discarded inappropriately

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- Managers and supervisors are to notify the BCSO if they observe or receive reports that sharps, blood, or OPIM are stored, handled, or discarded inappropriately
- 3.4.3.13. This facility identifies the need for changes in engineering controls and work practices.
- 3.4.3.14. The BCSO, Manager, Supervisors, or designee:
- Regularly evaluate each clinical and lab area
 - Observe employee practices
 - Initiate corrective action if unsafe situations are observed
 - Solicit/encourage employee input about safety and safe practices
 - Review procedures for effectiveness and compliance
- 3.4.3.15. New products are evaluated regularly to identify safer devices.
- 3.4.3.16. An employee team coordinates an evaluation of products, using the following procedure, on an annual and as needed basis:
- Frontline staff is asked to suggest products for testing
 - Devices and products that may be safer than those currently in use are obtained for evaluation
 - Staff use the products and rate their effectiveness
 - The team analyzes the staff comments about effectiveness, safety, and appropriateness for the task that the device is designed to accomplish
 - Once the team decides the product will be implemented training is developed and arranged for appropriate staff
 - The team documents the evaluation and implementation process in notes maintained by the team leader
- 3.4.3.17. Department Supervisors ensure effective implementation of the recommendations for changes.
- 3.4.4. Personal protective equipment
- 3.4.4.1. Personal Protective Equipment (PPE) is provided to employees at no cost to them.
- 3.4.4.2. The Department Supervisor or designee assigned to orient new employees provides training in the use of the appropriate PPE for tasks or procedures employees will perform.
- 3.4.4.3. The safety officer or designee provides OSHA training including use of PPE for new employees and ensures annual training for designated staff. Annual training must include updating of appropriate use of most current PPE in accordance with BCSO guidance.
- 3.4.4.4. Examples of types of PPE available to employees are as follows:
- Disposable gowns, aprons, and shoe covers

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- Disposable gloves including non-latex gloves and powder free gloves
 - Disposable face shields, masks, eye shields
 - Reusable utility gloves for sharps disposal
 - Reusable gowns and lab coats
- 3.4.4.5. PPE is located in each area where blood or OPIM are likely to be encountered and kits are provided to employees in potential occupational exposure jobs.
- 3.4.4.6. All employees using PPE must observe the following precautions:
- 3.4.4.6.1. Wash hands or use an approved hand cleaner immediately or as soon as feasible after removal of gloves or other PPE
 - 3.4.4.6.2. Remove PPE after completing a task or procedure, after it becomes contaminated, when it is torn or no longer able to provide protection, and before leaving the work area
 - 3.4.4.6.3. Disposable PPE may be placed in the non-regulated trash unless it is saturated with blood or OPIM such that, if compressed, would drip and release blood or OPIM in a liquid or semi-liquid state, or is caked with dried blood or OPIM that can release caked materials during handling. Place PPE in red bag in those cases
 - 3.4.4.6.4. Reusable PPE such as resuscitation equipment, vaginal speculums and medical instruments are to be placed in basins designated for contaminated equipment
 - 3.4.4.6.5. Lab coats and gowns are to be placed in non-regulated bags or containers as directed by Department Supervisor unless they are saturated with blood or OPIM that would pool or splash if compressed or caked with dried blood or OPIM that would flake off if handled. Place the latter in a leak-proof red bag
 - 3.4.4.6.6. Wear appropriate gloves when it can be reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces; replace gloves if torn, punctured, contaminated, or if their ability to function as a barrier is compromised
 - 3.4.4.6.7. Utility gloves may be decontaminated for reuse if their integrity is not compromised. discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
 - 3.4.4.6.8. Never wash or decontaminate disposable gloves for reuse
 - 3.4.4.6.9. Wear appropriate face and eye protection when it can be reasonably anticipated that splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth

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- 3.4.4.6.10. Wear PPE appropriate to the situation and in the appropriate size
- 3.4.4.6.11. Remove immediately or as soon as feasible any garment contaminated by blood or OPIM, in such a way as to avoid contact with the outer surface of skin
- 3.4.4.7. Employees are not to take PPE home for cleaning or laundering.
- 3.4.4.8. Employees are to handle personal clothing that is contaminated with blood or OPIM as a biohazard and are to report such occurrences to their supervisor and the BCSO who will determine if clothing should be cleaned, repaired, or replaced as required by the standard.
- 3.4.4.9. All PPE must be approved by the BCSO prior to purchase and annually reviewed.
- 3.4.5. Housekeeping
 - 3.4.5.1. Each work area is cleaned according to a schedule and method as outlined in the contract with housekeeping staff.
 - 3.4.5.2. Trained employees clean clinical and laboratory work areas according to a schedule and when contaminated. Work surfaces that are or may be contaminated or after any spill of blood or OPIM are cleaned with an appropriate disinfectant as soon as feasible, and at the end of the work shift if the surface may have become contaminated since the last cleaning.
 - 3.4.5.3. Contaminated spills are contained and cleaned in a manner to prevent splashing or spattering.
 - 3.4.5.4. Broken glassware is picked up using mechanical means, such as a brush and dustpan to minimize the possibility of injury or exposure. (Spill kits are available in all clinic areas)
 - 3.4.5.5. Equipment that cannot be decontaminated is covered to prevent contamination.
 - 3.4.5.6. Reusable equipment is cleaned to remove debris before decontamination. Employees use appropriate engineering controls and work practices.
 - 3.4.5.7. Bins, pails, cans, and sinks used to collect or clean contaminated articles are inspected, cleaned, and decontaminated as soon as feasible after contamination or at the end of the workday.
 - 3.4.5.8. Equipment used to clean and decontaminate reusable articles is maintained according to manufacturer's recommendations.
 - 3.4.5.9. Regulated waste is placed in puncture resistant containers which are constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see Labels), and closed prior to removal to prevent spillage or protrusion of contents during handling. Non-intact or

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leaking sharps containers or red bags are placed into another container (as described above) before transport.

3.4.5.10. The procedure for handling sharps disposal containers is:

3.4.5.10.1. When sharps containers are 3/4 full they are closed, and the lid is locked to prevent re-opening

3.4.5.10.2. The containers may be taped with duct tape if the lid does not lock properly

3.4.5.10.3. The containers are taken to the regulated waste storage area and placed in a red bin as soon as feasible.

3.4.5.11. The procedure for handling other regulated waste is:

3.4.5.11.1. Regulated waste receptacles are lined with disposable, leak-proof red bags

3.4.5.11.2. When these bags are filled level with the top of the container they are lifted from their container, closed, sealed, and taken to the regulated waste storage area

3.4.5.11.3. Employees who remove, close and transport bags of regulated waste are careful to avoid touching or handling the sides or bottom of bags. Bags that are contaminated on the outer surface are double bagged.

3.4.5.11.4. Waste containers are regularly inspected and are decontaminated upon visible contamination

3.4.5.11.5. Employees wear appropriate PPE. Gloves are always worn.

3.4.6.Laundry

3.4.6.1. Routine laundering of PPE clothing, e.g., reusable lab coats will be arranged with a laundry service contract as needed.

3.4.6.2. If employee clothing or reusable gowns become contaminated, follow these precautions:

3.4.6.2.1. Handle contaminated laundry as little as possible, with minimal agitation

3.4.6.2.2. Place contaminated laundry in leak-proof, red bags or leak-proof bags with a biohazard label

3.4.6.2.3. Wear PPE appropriate to the situation

3.4.6.2.4. Report clothing contamination to the BCSO as soon as possible

3.4.6.3. The BCSO will ensure that contaminated clothing, such as reusable lab coats or personal clothing is appropriately laundered or replaced.

3.4.7.Labels

3.4.7.1. The following items are to be color-coded or labeled with an OSHA-approved biohazard label:

- Containers or devices used to transport specimens of blood or OPIM within the facility or from one facility to another

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- Refrigerators used to store blood or OPIM
 - Bins, pails, or basins used to collect and clean equipment that is contaminated with blood or OPIM
 - Regulated waste containers
 - Appliances used to clean contaminated equipment
 - Equipment used to test blood or OPIM
 - Equipment sent for repair that may be contaminated with blood or OPIM
 - Sharps containers
- 3.4.7.2. Employees who work off site (Nurses, WIC, community outreach clinics, home visits, EMS, EFH, etc.) that transport lab specimens, contaminated items, sharps, or regulated waste to Buncombe County facilities or other facilities are to ensure that containers used to transport the materials are color-coded or labeled, capable of being closed, and leak-proof.
- 3.4.7.3. Employees are to notify the BCSO if they discover regulated waste containers, refrigerators containing blood or OPIM, contaminated equipment, etc. without proper labels.
- 3.5. Hepatitis B Vaccination
- 3.5.1. Hepatitis B vaccination is offered to employees according to the guidelines and recommendations of the U. S. Public Health Service and federal regulation CFR 1910.30.
- 3.5.2. The Buncombe County Safety Officer or designee will provide or ensure training for employees on hepatitis B vaccinations addressing safety, benefits, efficacy of administration, and availability of the vaccination.
- 3.5.3. The hepatitis B vaccination series is available at no cost, after training, and within 10 days of initial assignment, to employees identified as at risk for occupational exposure or employees who work in health care.
- 3.5.4. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody-testing reveals that the employee is immune, or, 3) medical evaluation shows that vaccination is contraindicated.
- 3.5.5. If an employee chooses to decline vaccination, the employee must sign a declination form. (Copy of form in Exhibit section) HHS in coordination with the BCSO will ensure that the declination education has been provided and form is signed and sent to BCSO where form will be maintained in confidential file. Employees who decline may request and obtain the vaccination at a later date at no cost.
- 3.5.6. Vaccination is provided at HHS by Immunization Clinic staff.
- 3.5.7. All Records of Hepatitis B vaccination or immunity status are confidential and maintained separately from the employee's personnel file.

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3.6. Post-Exposure evaluation and follow-up

- 3.6.1. Employees must report all exposures to blood and other potentially infectious materials at the time they occur.
- 3.6.2. Exposure to blood or OPIM can occur during routine work tasks and during accidents and injuries that are not task related such as when an employee renders first aid or emergency care to a client or fellow employee.
- 3.6.3. Should an exposure incident involving blood or OPIM occur, employees must contact the Buncombe County Safety Officer (BCSO) at cellular phone number 828-620-0881, or office number 250-6629, immediately.
- 3.6.4. Individuals working for Buncombe County through an employment agency are to follow that agency's plan for responding to injuries and exposures and Buncombe County staff should report those contracted individuals' injuries and exposures to the BCSO.
- 3.6.5. Any Buncombe County employee who responds to a first aid or emergency care incident under the following circumstances must report this incident to the BCSO.
 - Incident involves the presence of blood or body fluids
 - Incident occurs at County satellite location during employee's workday
 - Incident occurs while the employee is representing County in an official capacity
- 3.6.6. Employee responsibility during an exposure incident is outlined in Exhibits, Flow Chart Procedure for Reporting and Follow-up of Exposure to Blood or other Potentially Infectious Material.
- 3.6.7. When an exposure is confirmed by the BCSO, the employee is to follow the instructions of the BCSO regarding post-exposure medical evaluation.
- 3.6.8. For every suspected exposure incident, the following procedure applies:
 - 3.6.8.1. Employee will obtain on-the-job first aid.
 - 3.6.8.2. Employee will notify Buncombe County Safety Officer, supervisor, and Risk Management.
 - 3.6.8.3. The BCSO will discuss the suspected exposure with the employee and help determine if follow up is needed.
 - 3.6.8.4. The supervisor in conjunction with the Buncombe County Safety Officer, will complete the Buncombe County Incident Report form including documentation of the routes of exposure and how the exposure occurred and give the report to the Buncombe County Safety Officer. They will also identify and document the source individual if identification is feasible and complete all reports as directed by the BCSO and Risk manager as indicated for reporting injuries.
 - 3.6.8.5. The Buncombe County Safety Officer will:

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- 3.6.8.5.1. Respond to report of exposure incident, confirm exposure, and refer the exposed person to the appropriate source for follow-up.
 - 3.6.8.5.2. If feasible, follow-up with source individual by obtaining consent and arrange to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity, if infectivity is not already known. Ensure that the source individual's test results are conveyed to the health care professional providing evaluation of the exposure.
 - 3.6.8.5.3. Ensure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (NC Statute regarding confidentiality).
 - 3.6.8.5.4. Ensure that if the employee does not give consent for HIV serological testing at the time blood is collected for baseline testing, the blood sample will be preserved by the health care professional that provides medical evaluation for at least 90 days. If the exposed employee elects to have the baseline sample tested during this waiting period, the test will be performed as soon as feasible.
 - 3.6.8.5.5. Ensure that the healthcare professional is given a copy of OSHA'S bloodborne pathogen standard.
 - 3.6.8.6. Buncombe County Safety Officer and Risk Manager record all percutaneous injuries from contaminated sharps.
- 3.7. Evaluation of circumstances surrounding an exposure incident
- 3.7.1. The Buncombe County Safety Officer, Risk Manager and other designated staff as appropriate will review circumstances without references to names of staff or source individuals for all exposure incidents to determine:
 - Engineering controls in use at the time.
 - Work practices followed.
 - A description of the device being used including type and brand.
 - Protective equipment or clothing that was used at the time of the exposure incident.
 - Location of the incident.
 - Procedure being performed when the incident occurred.
 - Employee training.
 - 3.7.2. The review group will determine if changes and revisions need to be made in the workplace controls or procedures, then complete the BCSO Review of Circumstances Surrounding Employee Exposure to Blood or OPIM.

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3.7.3. The BCSO or designee:

- 3.7.3.1. Ensures that the circumstances of the exposure are investigated.
- 3.7.3.2. Ensures that appropriate changes are made in engineering and work practice controls if it is determined that changes need to be made.
- 3.7.3.3. Maintains documentation of the review of circumstances and recommendations and ensures that the exposed employee is not identified in the documentation.
- 3.7.3.4. Ensures that appropriate changes are made to the Plan if it is determined that revisions need to be made.

3.8. Employee Training

- 3.8.1. Within 10 days of being placed in risk positions, all employees who have occupational exposure or some occupational exposure to bloodborne pathogens receives training conducted or coordinated by the BCSO or designee.
- 3.8.2. As part of new employee orientation, employees not in at-risk positions, will receive, at a minimum, safety awareness training regarding the transmission of bloodborne diseases.
- 3.8.3. Identified Buncombe County employees will complete annual bloodborne pathogen training coordinated by the BCSO or designee.
- 3.8.4. The employee-training curriculum includes the epidemiology, symptoms, and transmission of bloodborne pathogen diseases through classroom and/or one-on-one sessions, or electronic media, and on-the-job orientation. The training covers, at a minimum, the following elements:
 - 3.8.4.1. An explanation of the Standard and information about where a copy of the Standard is located and can be accessed.
 - 3.8.4.2. An explanation of the Exposure Control Plan and how to obtain a copy.
 - 3.8.4.3. An explanation of methods to recognize tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident.
 - 3.8.4.4. An explanation of the use and limitations of engineering controls, work practices, and PPE.
 - 3.8.4.5. An explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE.
 - 3.8.4.6. An explanation of the basis for PPE selection.
 - 3.8.4.7. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge.
 - 3.8.4.8. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.

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- 3.8.4.9. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- 3.8.4.10. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.
- 3.8.4.11. An explanation of the signs and labels and/or color-coding required by the standard and used at this facility.
- 3.8.4.12. An opportunity for interactive questions and answers with the person conducting the training session.

3.9. Recordkeeping

3.9.1. Training Records

- 3.9.1.1. Training records are documented for each employee upon conclusion of training and maintained in the County's record system. These records will be kept by Buncombe County Safety Officer or designee as required.
- 3.9.1.2. The training records include:
 - 3.9.1.2.1. The dates of training sessions.
 - 3.9.1.2.2. The contents or a summary of the training sessions.
 - 3.9.1.2.3. The names and qualifications of the persons conducting the training or the source of the course.
 - 3.9.1.2.4. The names and job titles of persons completing training sessions or courses.
- 3.9.1.3. Employee training records are provided upon request to the employee or the employee's authorized representative within 15 working days. Such requests should be addressed to the Buncombe County Safety Officer, 164 Erwin Hills Road, Asheville, NC.
- 3.9.1.4. Training records shall be maintained for 3 years from the date on which training occurred.

3.9.2. Medical Records

- 3.9.2.1. Medical records are maintained for each employee who has an occupational exposure in accordance with 29 CFR 1910.1020, "Access to Employee Exposure and Medical Records."
- 3.9.2.2. The Buncombe County Safety Officer is responsible for maintenance. These confidential records are kept in the office of the Buncombe County Safety Officer for at least the duration of employment plus 30 years. Employee medical records are provided upon request to the employee, or to anyone having written consent of the employee, within 15 working days. Such requests should be made to the Buncombe County Safety Officer.

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4. Policy Non-Compliance

Employees willfully violating the terms and conditions of this policy may be subject to appropriate disciplinary action, up to and including dismissal.

5. Audit

All policies for Buncombe County may be subject to audit or review as outlined in the Internal Auditor’s Statement.

6. Definitions

- 6.1. Bloodborne Pathogens – pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV)
- 6.2. Exposure Incident – 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.
- 6.3. Licensed Healthcare Professional – a person whose legally permitted scope of practice allows him or her to independently perform the activities required by OSHA 1910.1030 for Hepatitis B Vaccination and Post-exposure Evaluation and follow-up.
- 6.4. Other Potentially Infectious Materials:
 - 6.4.1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, anybody fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 - 6.4.2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
 - 6.4.3. 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.
- 6.5. Sharps – sharp or a needle device used for withdrawing body fluid, accessing a vein or artery, or administering medications or other fluids.
- 6.6. Source Individual – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- 6.7. 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

7. Approval and Revision History

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| Policy Origination Date: | May 26, 2023 |
| Requires Board Approval: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Board Approval Date: | Click or tap to enter a date. |
| Revision History: | Enter Dates and changes |

8. Background

This is a controlled document for internal use only. Any documents appearing in paper form are not controlled and should be verified with the electronic file version prior to use. For support related to this policy and procedures, contact the Emergency Services Department.