

	BLOOD BORNE PATHOGENS	Doc No:	5101 - 5010
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<i>SAFETY OPERATING PROCEDURE (SOP)</i>		Page 1 of 12	
OPR:	Approval:	DEPARTMENT: RISK MANAGEMENT	
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ATTACHMENT 1: HEPATITIS B VACCINATION FORM

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1.0 PURPOSE

- 1.1 To minimize and prevent, the exposure of Okaloosa County Board of County Commissioners (OCBOCC) employee's from bloodborne pathogens caused by microorganisms transmitted through human blood or other potentially infectious materials. Emergency Medical Services and Emergency Management employees should reference their departments EMS Standard Operating Procedure entitled *Exposures/Infection Control* for further instruction.

2.0 DEFINITIONS

- **Blood:** human blood, human blood components, and products made from human blood.
- **Bloodborne Pathogens:** Disease causing 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) and human immunodeficiency virus (HIV).
- **Contaminated:** presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- **Contaminated Laundry:** laundry, which has been soiled with blood or other potentially infectious materials.
- **Contaminated Sharps:** 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:** 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:** 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:** a specific eye, mouth, other mucous membrane, nonintact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

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- **Hand washing Facilities:** a facility providing an adequate supply of running potable water, soap and single use towels or hot air-drying machines. Surfacing material that is sprayed, troweled-on or otherwise applied to surfaces (such as acoustical plaster on ceilings and fireproofing materials on structural members or other materials on surfaces for acoustical, fireproofing and other purposes).
- **HBV:** Hepatitis B virus.
- **HIV:** Human Immunodeficiency Virus.
- **Needleless Systems:** a device that does not use needles to collect bodily fluids or administer medication.
- **Occupational Exposure:** 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 (OPIM):**
 - 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.
 - 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 containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
- **Parenteral:** piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- **Personal Protective Equipment:** 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.

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- **Regulated Waste:** liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a 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.
- **Sharps with Engineered Sharps Injury Protections:** a non-needle 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:** 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 facilities; human remains; and individuals who donate or sell blood or blood components.
- **Sterilize:** the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
- **Universal Precautions:** an approach to infection control. According to the concept of Universal Precautions, all human blood and human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- **Work Practice Controls:** controls that reduce the likelihood of exposure by altering the manner in which a task is performed.

3.0 HIGH RISK AREAS

3.1 The following departments have a higher risk of coming into contact with blood or other infectious materials:

3.1.1 **Facility Maintenance:** Maintenance Technicians, Grounds Keepers & Custodians.

3.1.2 **Jail:** All.

3.1.3 **Emergency Medical Services (EMS):** EMT's, Paramedics, & Lifeguards.

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3.1.4 *Emergency Management Staff*: All.

3.1.5 *Water & Sewer*: All Maintenance Employees.

3.2 Job categories in which it is reasonable to anticipate that an employee will have skin, eye, mucous membrane, or outside the body contact with blood or other potentially infectious materials will be trained to this exposure control program.

4.0 EXPOSURE MITIGATION

4.1 All blood or other potentially infectious materials shall be handled as if contaminated by a bloodborne pathogen. Under circumstances in which differentiation between body fluid types is difficult or impossible, *all* bodily fluids shall be considered potentially infectious materials.

4.2 Hygiene

4.2.1 Employees will wash hands thoroughly using soap and water whenever hands become contaminated and as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes come in contact with blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water, as soon as possible.

4.2.2 Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious material. Likewise, employees should not engage in any of these activities until proper washing with soap and water is performed.

4.2.3 Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood or other potentially infectious materials.

4.2.4 Clean contaminated work surfaces with appropriate disinfectant after completing procedures and immediately or as soon as feasible when overtly contaminated or after any spill of blood or other potentially infectious material.

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- 4.2.5 Regularly inspect/decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or other potentially infectious material. If these articles become visibly contaminated, they should be decontaminated immediately or as soon as feasible.

4.3 Sharps Management

- 4.3.1 Contaminated needles or other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited.
- 4.3.2 Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable Sharps containers. Contaminated broken glass is also to be placed in disposable sharps containers.
- 4.3.3 A nail or screw soaked with blood that has recently been stepped on or an exposed broken glass, qualifies as a contaminated sharp and should be protected and disposed of in accordance with this program.
- 4.3.4 Clean up broken glass that may be contaminated using mechanical means such as a brush and dustpan, tongs, or forceps. **DO NOT** pick up directly with the hands.
- 4.3.5 Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of injury. **DO NOT** reach by hand into a container that stores reusable contaminated sharps.

4.4 Personal Protective Equipment (PPE)

- 4.4.1 All PPE will be provided, repaired, cleaned, and disposed of by the employer at no cost to employees. Employees shall wear personal protective equipment when performing procedures in which exposure to the skin, eyes, mouth, or other mucous membranes is anticipated. The articles to be worn will depend on the expected exposure. Gloves, gowns, face shields, masks, eye protection, mouthpieces, resuscitation bags and pocket masks are available.
- 4.4.2 All PPE shall be removed before leaving the work area and placed in an assigned container for storage, washing, decontamination or disposal.

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4.4.3 If a garment is penetrated (soaked through) by blood or other potentially infectious material, the garment shall be removed as soon as possible and placed in a designated container for disposal. Garments which only are lightly splashed or dripped on where the blood or other potentially infectious material have not soaked through, are to be removed as soon as possible and placed in an appropriate container for cleaning.

4.4.4 Hand Protection

4.4.4.1 Gloves shall be worn in the following situations:

4.4.4.1.1 When it can be reasonably anticipated that hands will contact blood or other potentially infectious materials, mucous membranes, and non-intact skin.

4.4.4.1.2 When performing vascular access procedures.

4.4.4.1.3 When handling or touching contaminated items or surfaces.

4.4.4.1.4 Replace as soon as feasible when gloves are cracked, peeling, contaminated, torn, punctured, shows signs of deterioration or when their ability to function as a barrier is compromised.

4.4.4.1.5 Do not wash or decontaminate single use/disposable gloves for re-use.

4.4.5 Eyes / Nose / Mouth Protection

4.4.5.1 Employees shall wear masks in combination with eye protection devices (goggles or glasses with solid side shields) or chin-length face shields whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, mouth contamination can be reasonably anticipated.

5.0 HEPATITIS B VACCINE

5.1 All Okaloosa County employees who have been identified as having exposure to bloodborne pathogens (listed in this policy) will be required to sign a Hepatitis B Vaccination Form either accepting or rejecting the vaccination. The

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vaccination is offered at no cost to the employee. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident on the job.

- 5.2 All medical evaluations and procedures including the Hepatitis B vaccination series, whether prophylactic or post-exposure, will be made available to the employee at a reasonable time and place. This medical care will be performed by or under the supervision of a licensed physician, physician's assistant, or nurse practitioner. Medical care and vaccination series will be according to the most current recommendations of the Centers for Disease Control and the U.S. Public Health Service.
- 5.3 The vaccination is a series of three injections:
 - 5.3.1 1ST / initial injection.
 - 5.3.2 2ND injection: get thirty (30) days following the initial injection.
 - 5.3.3 3RD injection: get five (5) months following the second injection.
 - 5.3.4 The For maximum benefit from the vaccine, the second injection should be given within a seven (7) day period before or after due date (30 days following the first injection). In the event the employee does not take the initiative to have the second injection from 30 to 60 days following their first injection, the series must be restarted and the employee will be required to pay the cost of the injection(s).
 - 5.3.5 The vaccination will be made available to employees after they have attended training on bloodborne pathogens and within 10 working days of initial assignment to a job category with exposure.
 - 5.3.6 An employee who is required the Hepatitis B vaccine but chooses not to, will be required to sign the declination section of the Hepatitis B Vaccination Form (see Attachment 1). If an employee has declined the Hepatitis B vaccination, but later changes their mind and wishes to have the shots, the County will proceed with the vaccination series at no cost to the employee.
 - 5.3.7 If the employee has chosen to receive the Hepatitis B vaccine, the Preferred Workers Compensation provider will administer the second and third injections at the appropriate time.

6.0 EXPOSURE REPORTING & TREATMENT

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- 6.1 Employees who experience an exposure incident must immediately report their exposure to their immediate supervisor.
- 6.2 When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and follow-up including the following elements:
 - 6.2.1 Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred.
 - 6.2.2 Identification and documentation of the source individual unless identification is infeasible.
 - 6.2.3 The following information will be provided to the healthcare professional evaluating an employee after an exposure:
 - 6.2.3.1 Description of the exposed employee's duties as they relate to the exposure incident.
 - 6.2.3.2 Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - 6.2.3.3 Results of the source individual's blood testing, if available.
 - 6.2.3.4 All medical records relevant to the appropriate treatment of the employee including vaccination status.
- 6.3 If the infection status of the source individual is unknown, the source individual's blood will be tested as soon as feasible after consent is obtained. If the source individual's blood is available, and law does not require the individual's consent, the blood shall be tested and the results documented. The exposed employee will be informed of the results of the source individual's testing.
- 6.4 The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service. The exposed employee will be offered counseling and medical evaluation of any reported illness.
- 6.5 The employee and the supervisor must complete the Employee First Report of Injury form answering all questions accurately and thoroughly. (Note: Any information concerning exposure is to be noted on form).

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- 6.6 The employee's supervisor should send the exposed employee to a preferred Workers Compensation provider if at all possible. If after hours, send employee to the nearest ER. The employee will be evaluated according to the established protocol for accidental exposure to Hepatitis Virus B; and treatment will be rendered as necessary.
- 6.7 A copy of the report form must be forwarded to the Risk Management Office.

7.0 TRAINING

- 7.1 Employees will be trained regarding bloodborne pathogens at the time of onboarding and recurring training as necessary.
- 7.2 Additional training will be provided whenever there are changes in tasks or procedures that affect employee's occupational exposure. This training will be limited to the new exposure situation.
- 7.3 The training approach will be tailored to the educational level, literacy, and language of the employees. Training plan will include an opportunity for employees to have their questions answered by the trainer. The department head is responsible for arranging and/or conducting training.
- 7.4 The following content will be included:
- 7.4.1 Explanation of the bloodborne pathogens standard.
 - 7.4.2 General explanation of the epidemiology, modes of transmission and symptoms of bloodborne diseases.
 - 7.4.3 Explanation of this exposure control plan and how it will be implemented.
 - 7.4.4 Procedures which may expose employees to blood or other potentially infectious materials.
 - 7.4.5 Control methods that will be used at this facility to prevent/reduce the risk of exposure to blood or other potentially infectious materials.
 - 7.4.6 Explanation of the basis for selection, proper use, location, handling, decontamination, and disposal of personal protective equipment.
 - 7.4.7 Information on the Hepatitis B vaccination program including the benefits and safety of vaccination.

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7.4.8 Information on procedures to use in an emergency involving blood or other potentially infectious materials.

7.4.9 What procedure to follow if an exposure incident occurs.

7.4.10 Explanation of post-exposure evaluation and follow-up procedures.

7.4.11 Explanation of warning labels and/or color-coding.

8.0 RECORD KEEPING

8.1 Training records shall be maintained at the department in which the employee is working and a copy of the training certificate will be sent to Human Resources for their permanent file.

9.0 ABBREVIATIONS

ABBREVIATION	DESCRIPTION
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
ER	Emergency Room
HBV	Hepatitis B Virus
HIV	Human Immunodeficiency Virus
OCBOCC	Okaloosa County Board of County Commissioners
OPIM	Other Potentially Infectious Materials
PPE	Personal Protective Equipment

10.0 DOCUMENT HISTORY

DATE	TYPE	DESCRIPTION OF CHANGE
1 Mar 2023	Initial	New Document
	Revision 1	



HEPATITIS B VACCINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B Vaccine at no charge to myself.

I ACCEPT the offer for the Hepatitis B Vaccination.

Name (Print): _____

Sign: _____

Date: _____

I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

I DECLINE the offer for the Hepatitis B Vaccination at this time.

Name (Print): _____

Sign: _____

Date: _____