

WEBER COUNTY CORRECTIONAL FACILITY

Volume

ADMINISTRATION

Chapter

JB 17 - BLOOD BORNE PATHOGENS

Effective Date:

01-01-02

Review Date:

06-15-05

Pages

43

Approved

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JB 17/01.00 **GENERAL**

JB 17/01.01 **Purpose**

The purpose of this chapter is to provide the Weber County Sheriff's Office, policy, procedure, and requirements for minimizing occupational exposure to blood borne pathogens.

JB 17/01.02 **Cross Reference**

Utah Code Ann. 26-6a

JB 17/01.03 **Definitions**

| | |
|------------------------------|--|
| AIDS | Acquired Immune Deficiency Syndrome |
| ARC | AIDS related complex; a specific set of symptoms caused by the HIV virus |
| Biowaste/hazard | any item that is contaminated with human body fluids or solids |
| blood | human blood, human blood components, and products made from human blood |
| blood borne pathogens | viruses, bacteria or other disease-causing organisms that are transmitted by exposure to blood or body fluids |
| body fluids | fluids that have been recognized by CDC as directly linked to the transmissions of blood borne pathogens and/or to which standard precautions apply: blood, semen, blood products, vaginal secretions, cerebrospinal fluid, synovial fluid, pericardial fluid, amniotic fluid, and concentrated HIV or HBV or other infectious viruses |
| contaminated | the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface |
| exposure | contact with contaminated products |
| HBV | Hepatitis B Virus |
| HCV | Hepatitis C Virus |
| HIV | Human Immunodeficiency Virus - the virus that causes AIDS |

| | |
|---|---|
| housekeeping | routine cleaning and managing of living and medical treatment areas |
| Licensed Healthcare Professional | a person whose legally permitted scope practice allows him or her to independently perform the activities required, including Hepatitis B Vaccination and post-exposure evaluation and follow-up |
| occupational exposure | reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from an employee's duties |
| OSHA | Occupational Safety and Health Administration |
| other potentially infectious materials | <p>1) human body fluids including: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva while performing dental procedures, fluid the nature of which is difficult or impossible to differentiate or characterize;</p> <p>2) any unfixed tissue or organ (other than intact skin) from a human, living or dead; and</p> <p>3) HIV-containing cell or tissue cultures, organ cultures, HIV or HBV-containing culture media or other solutions, and blood, organs and other tissues from experimental animals infected with HIV and HBV</p> |
| personal protective equipment | specialized clothing or equipment worn by an employee for protection against a hazard |
| phlebotomist | any health care worker who is appropriately trained to draw blood samples |
| safety sensitive position | a position in which occupational exposure may occur, as determined by current job duties or job description |
| sharps | any of a group of items used in medical/dental procedures that are able to penetrate the skin |
| SOPO | Sheriff's Office "Personnel Office" |
| standard precaution | the practice of using protective equipment to maintain infectious disease control whenever there may be direct contact with body fluids |

WCHR

Weber County Human Resources

WCSO

Weber County Sheriff's Office

JB 17/02.00 **EXPOSURE DETERMINATION**

JB 17/02.01 **Policy**

It is the policy of the Weber County Sheriff's Office:

- A. to establish and maintain an occupational safety and health program; and
- B. that each Division shall identify:
 - 1. job titles and classifications that have **all** or **some** occupational exposure; and
 - 2. tasks and activities in which occupational exposure occurs.

JB 17/02.02 **Rationale**

- A. Utah law requires that each agency establish and maintain an occupational health and safety program.
- B. The WCSO is required to achieve compliance to OSHA'S standards on occupational exposure to bloodborne pathogens.
- C. State statutes require baseline testing for the HIV virus of all employees who provide emergency medical services and who were hired after July 1, 1988 as defined in Utah Code Ann. 26-6a.

JB 17/02.03 **Procedure: General**

Each Division shall:

- A. maintain records that include:
 - 1. a list of all job titles and classifications in which **all** members in those job classifications have occupational exposure to blood or bloodborne pathogens;
 - 2. a list of all job classifications in which **some** members have occupational exposure; and
 - 3. a list of tasks and procedures in which occupational exposure occurs; and
- B. designate a Division coordinator to ensure members are provided with information and follow-up on the control plan procedures.

JB 17/02.04 **Procedure: Law Enforcement Division**

- A. Job titles and classifications in which **all** employees have occupational exposure:
 - 1. Crime Scene Investigator(s);
 - 2. Evidence Custodian.

- B. Job titles and classifications in which **some** employees have occupational exposure:
 - 1. Sheriff;
 - 2. Chief Deputy(s);
 - 3. Captain(s);
 - 4. Lieutenant(s);
 - 5. Sergeant(s);
 - 6. Deputy Sheriff(s);
 - 7. Accountant(s);
 - 8. Administrative Assistant(s);
 - 9. Auxiliary Officer(s);
 - 10. Bailiff(s);
 - 11. Computer Specialist(s);
 - 12. Court Security Officer(s);
 - 13. Custodian(s);
 - 14. Domestic Violence Specialist(s);
 - 15. Emergency Management Assistant;
 - 16. Emergency Management Administrator;
 - 17. Inspector(s);

18. Internal Auditor(s);
19. Office Specialist(s);
20. Reserve Deputy(s);
21. Search and Rescue Volunteer(s);
22. Secretary(s).

C. Tasks and activities in which occupational exposure could occur, include:

1. disposal of contaminated evidence;
2. processing contaminated evidence;
3. blood spills and body fluids at accident sites;
4. emergency response to bleeding wounds;
5. searches;
6. urine collection;
7. administering CPR;
8. blood spill and other body fluid clean up.

JB 17/02.05 **Procedure: Corrections Division**

A. Job titles and classifications in which **all** employees have occupational exposure:

1. Emergency Medical Technician;
2. Licenced Practical Nurse;
3. Medical Doctor;
4. Registered Nurses.

B. Job titles and classifications in which **some** employees have occupational exposure:

1. Chief Deputy;
2. Captain(s);
3. Lieutenant(s);
4. Sergeant(s);
5. Lead Officer(s);
6. Correctional Officer(s);
7. Accountant(s);
8. Clerk(s);
9. Community Service Director;
10. Computer Specialist;
11. Cook(s);
12. Facility Maintenance Supervisor;
13. Maintenance Worker(s);
14. Lead Office Specialist(s);
15. Office Technicians;
16. Program Coordinators;
17. Receptionist(s);
18. Records Clerk(s);
19. Recreation Officer(s);
20. Transportation Officer(s);

C. Tasks and activities in which occupational exposure occur, include:

1. drawing blood for laboratory tests;

2. changing dressings;
3. minor surgery;
4. probing body orifices for the purpose of collecting specimens or foreign bodies;
5. administering IV or other drug therapies or treatments;
6. emergency response to bleeding wounds;
7. administering CPR;
8. cleanup of incontinent and/or vomiting patients;
9. blood spill, and other body fluid clean up;
10. laundry pickup and sorting;
11. searches; and
12. urine collection.

JB 17/03.00 **WORK PRACTICE CONTROLS**

JB 17/03.01 **Policy**

It is policy of the Sheriff's Office that standard precautions shall be used for the prevention of the transmission of HIV, HBV, and other blood borne pathogens.

JB 17/03.02 **Rationale**

- A. Utah law requires that each agency establish and maintain an occupational health and safety program.
- B. The Division is required to achieve compliance to OSHA's standards on occupational exposure to blood borne pathogens.

JB 17/03.03 **Procedure: General**

- A. In order to reduce occupational exposure to blood borne pathogens, the following work practices and engineering controls shall be used in all activities in which the member incurs occupational exposure. These work practices shall be evaluated annually by the Division/designee to ensure that they are:
 - 1. effective in the prevention of occupational exposures;
 - 2. in compliance with the Occupational Safety and Health Administrations's blood borne standard; and
 - 3. congruent with current medical technology and practices.
- B. **Handwashing**
 - 1. Clinics where blood is drawn (venipuncture, fingersticks) or samples of other potentially infectious materials are collected should have an easily accessible hand-sink supplied with warm running water, soap, and paper towels.
 - 2. If blood must be drawn (venipuncture, fingersticks) or samples of other potentially infectious materials are collected outside of a clinic or in an area where a hand-sink is not available, an antiseptic hand cleanser shall be available. Members shall use the antiseptic for temporary cleansing and then wash their hands as soon as possible at a sink when the tasks incurring occupational exposure are finished.
 - 3. Members shall ensure that they wash their hands or use an antiseptic hand cleanser immediately or as soon as feasible:
 - a. after the removal of gloves and/or their personal protective

equipment;

- b. after decontamination of equipment has been completed;
- c. after finishing tasks in which an employee has been using an antiseptic cleanser or towelette for temporary cleansing in between exposures; and
- d. before and after conducting personal activities of daily living.

C. Needles and Sharps

- 1. Contaminated needles and other contaminated sharps shall not be bent or recapped under any circumstance.
- 2. Only disposable needles and sharps shall be used. Reprocessing of disposable equipment is prohibited.
- 3. Immediately after or as soon as possible after use, contaminated needles or sharps shall be placed into a sharps container by the person in possession of sharps.
 - a. The sharps shall not be passed on from one person to another after use.
 - b. Lids shall be kept closed on sharps containers when not in active use and during transportation.
- 4. Needle containers shall be replaced when they are filled to the level recommended by the manufacturer to prevent overfilling of the container.

D. Work Areas

- 1. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. This includes any area where blood or other potentially infectious materials are processed, tested, collected, or stored until disposal.
- 2. Food and drink shall not be kept in refrigerator, coolers, freezers, or

cabinets, or on shelves, counter tops or bench tops where blood or other potentially infectious materials are present. Equipment such as refrigerators and coolers used for storage or transport of biological samples shall not be used for any other purpose, and shall be temperature monitored.

E. Phlebotomy, Blood Handling, and Specimen Collection

1. Phlebotomy and handling of blood or other potentially infectious materials, including urine collection, shall occur in designated areas only. If blood or other potentially infectious fluid must be processed in large quantities (as in the case of an outbreak or temporary location for a clinic) an area may temporarily be designated as a handling area by the Chief Deputy/designee for the collection or packaging of samples.
2. If a local health Division or clinic is used for performing outbreak testing, the exposure control plan and procedures for that department shall be used, if available.
3. Mouth pipetting/suctioning of blood or other potentially infectious materials shall not be done under any circumstance.
4. Specimens of blood shall be placed in labeled containers that prevent leakage during collections handling processing and storage. Laboratory samples of potentially infectious materials shall be placed in labeled coolers or mailing packages immediately or as soon as feasible in order to prevent leakage or breaking.
5. Specimens for transport shall be placed in a double container if a container is leaking or is contaminated on the outside.
6. Unfixed slides for screening clinics shall be treated as a potentially infectious material.
7. Equipment which becomes contaminated with blood or other potentially infectious material shall be decontaminated, if possible, before shipping or repair. Portions that remain contaminated shall be identified by a readily observable label or tag which includes the term "bio-hazard."
8. Repairmen shall be advised when equipment requiring repair may be contaminated with blood or body fluids.
9. Broken glass or other sharp objects that are potentially contaminated

with blood or other potentially infectious material shall be collected only by mechanical means, such as a broom and dust pan. The broom and dust pan shall be disinfected afterwards with a detergent washing followed by a soak in a 1:10 sodium hypochlorite solution for ten minutes, or other EPA approved high level disinfectant.

JB 17/03.04 **Procedure: Standard Precautions**

A. Standard precaution emphasizes that **all body fluids as listed should be assumed to be infectious for HIV and other blood borne pathogens.**

B. There are a number of ways to protect oneself from exposure.

1. Handwashing

- a. Even if gloves are worn, hands should be washed before and after working with offenders or patients, in the distribution of food, after searches or urine collection, and after dealing with personal activities of daily living.
- b. If hands become contaminated with blood, other body fluids, or body tissues, they should be washed.
- c. Handwashing should occur after performance of such activities as using the toilet, sneezing, coughing, blowing the nose, petting animals, handling money, and touching garbage.
- d. Handwashing should include the use of warm running water and an antibacterial soap (preferable liquid). Hands should be rubbed vigorously for 20 seconds, paying special attention to areas between the fingers and underneath the fingernails. Soap should be thoroughly rinsed off with water hands should be dried with a single use paper towel.

2. Isolation of Clothing

- a. Gloves and protective clothing should be worn if contact with contaminated fluids or solids is expected.
- b. Face protection should be worn if there is a possibility of splashing.

3. Resuscitation Equipment

a. Mouth-to-mouth resuscitation should be avoided without protective equipment.

b. Artificial airways and one-way valves should be available.

4. Sharp Items

a. All sharp items should be considered potentially infectious and handled carefully.

b. Sharps should always be disposed of in acceptable sharps containers.

c. Needles should never be re-capped..

5. Labeling

a. All blood, body tissues, other specimens, and infected wastes shall be clearly labeled.

b. High risk areas should be identified and marked by the division Coordinator/Designee.

c. All designated contaminated receiving areas should be appropriately marked.

6. Blood Spills

All spills shall be immediately cleaned up with an approved blood spill kit followed by disinfection with a 1:10 sodium hypochlorite and/or other EPA-approved high level disinfectant.

7. Linens

a. All known infected laundry items shall be bagged, in a water soluble bag and then in an appropriate laundry bag. The bag should be labeled and processed according to standards.

b. All linen should be considered as potentially infectious and handled according to standards.

8. Eating utensils

Eating utensils shall be sanitized after each use.

9. Disposable and Non-Disposable Articles

- a. All disposable items that come in contact with blood or body fluids (including sanitary napkins) shall be placed in red, bio-hazard-labeled, plastic bags specifically designed for disposal or processing of infectious wastes.
- b. The bio-hazard bags shall be appropriately secured and placed in a designated bio-hazard container. A log for bio-hazard container shall be filled out each time bio-hazard waste is placed in the container.
- c. Non-disposable items shall be clearly marked and appropriately bagged and sent to the designated decontamination site. The decontamination process will be conducted as soon as possible after each incident.

10. Sterilization

- a. In most cases, disposable items shall be used.
 - b. Where reusable items become contaminated, they shall be appropriately decontaminated and sterilized following standard precautions.
- C. Supervisors or Division directors are responsible for instructing and encouraging the use of standard precautions when there is a potential for exposure.
- D. Instances in which a staff member is non-compliant in following standard precautions should be reflected in the employee's performance conference and evaluations or other appropriate written documentation regarding the employee.

JB 17/03.05 **Procedure: Avoiding Member Exposure**

- A. By using the above standard precautions, members should be able to avoid exposure to blood borne pathogens.
- B. A person cannot become infected with blood borne pathogens:
 1. just by happenstance; a person cannot "catch it" like a cold; a person must be exposed to infected blood, semen, or vaginal fluids from another person;
 2. through routine contact;
 3. from telephones, toilet seats, clothes, forks, cups, or other objects

- touched or used by an infected person;
 - 4. from eating food prepared by an infected person;
 - 5. from a mosquito bite;
 - 6. from sweat or tears;
 - 7. from a simple kiss; or
 - 8. from giving blood at a blood bank.
- C. Persons infectious with Hepatitis A or other such illnesses shall not be allowed to work in culinary until the infection has been resolved.

JB 17/03.06 **Procedure: Handling, Collection and Storage of Infectious Material**

- A. Standard precautions shall always be taken when there is a potential for exposure to infectious waste.
- 1. All inmates/patients shall be treated in the same manner. When there is a risk of coming in contact with body fluids or solids, members shall use gloves, gowns, and other protective covering, as appropriate.
 - 2. Any item that could be reasonably expected to be contaminated with blood borne pathogens shall be handled with caution. Items that should be considered as potentially contaminated include but are not limited to:
 - a. bandages, gauze, cotton balls, or any wound dressing or related items;
 - b. syringes, needles, scalpels, or other instruments used in treatments or surgical procedures;
 - c. tubing, drapes, bibs, disposable gowns, masks, gloves, and other items used as a protective shield for a member or inmate/patient;
 - d. razors, toothbrushes, toothpicks, or other items that in their routine use may become contaminated with blood borne pathogens; and
 - e. evidence possibly contaminated with body fluids.
 - 3. Clothing which becomes visibly soiled with blood or other potentially

infections body fluids shall be changed immediately. If body fluids penetrated to the skin surface, the affected areas should be washed using soap and water as soon as possible.

- B. Known contaminated disposable items and potentially contaminated items shall be collected and stored as described below.
 - 1. Each housing area, dental area, medical treatment room, or any other area that can be expected to routinely accumulate contaminated items shall have the following items available for the collection and storage of the items:
 - a. gloves, paper gowns or “scrub suit”, masks, eye shields, and other protective attire;
 - b. disposable airways;
 - c. blood spill clean up kits;
 - d. sharps containers; and
 - e. disinfectant solutions that effectively meet the standard of a bactericidal, virucidal, fungicidal disinfectant agent with properties that kill HIV, HBV, and Tuberculosis, etc.
 - 2. Using standard precautions, the procedure for collecting bio-hazardous waste is listed below.
 - a. All razors, toothbrushes, toothpicks, syringes and other sharps shall be collected in a sharps container. Whenever possible, the user of the item should deposit the item into the sharps container.
 - b. All contaminated disposable items shall be placed into the red, plastic bio-hazard collection bags.
 - c. When the sharps container is three-fourths full, the sharps container and the bio-hazard bags shall be appropriately closed and placed into collection boxes, taped shut, clearly labeled, and appropriately discarded.
- C. Reusable contaminated items shall be bagged in clearly marked, color coded bio-hazard bags or bio-hazard containers and taken to the designated decontamination locations for decontamination.
- D. Reusable clothing and other laundry shall first be bagged in a water soluble bag

and then placed in a clearly marked, color-coded, plastic bio-hazard bag.

1. The bags– marked as “Contaminated Laundry”– shall be taken to the laundry room where the items shall be laundered separate from regular items.
 2. All contaminated laundry shall remain in the water soluble bag during the washing process.
 3. Using standard precautions, the procedure for dispensing of bio-hazardous disposable waste is listed below.
 - a. After all bio-hazard waste is appropriately bagged or contained in puncture-proof containers, this waste shall be placed in the appropriately-marked bio-hazard containers, sealed shut, and placed in the designated collection points.
 - b. Bio-hazard waste should not be housed for extended periods of time on housing units. Bio-hazard waste should be properly disposed of during the current shift of the contaminated waste exposure.
 - c. The housing officers on duty during the time of a contaminated waste exposure shall take the responsibility to see that all bio-hazard waste is disposed of properly.
 - d. Puncture-proof sharps containers shall be capped off for disposal when the containers are approximately three-fourths full.
 - e. Staff shall monitor the use of sharps (such as razors) used by inmates to ensure that disposal of all sharps are made into puncture-proof containers instead of regular trash receptacles.
- E. Contaminated evidence shall be placed in a puncture-proof container labeled as “BIO-HAZARDOUS” and stored in a separate area from the rest of the evidence.

JB 17/04.00 **PROTECTION**

JB 17/04.01 **Policy**

It is the policy of the Sheriff's Office to:

- A. protect members and volunteers from occupational exposure to blood borne pathogens; and
- B. provide protective equipment and measures for all WCSO members and volunteers.

JB 17/04.02 **Rationale**

- A. Utah law requires that each agency establish and maintain an occupational health and safety program.
- B. The WCSO is required to achieve compliance to OSHA's final standard on occupational exposure to blood borne pathogens.
- C. State statutes require baseline testing for the HIV virus of all employees who provide emergency medical services and who were hired after July 1, 1988, as defined in Utah Code Ann. 26-6a.

JB 17/04.03 **Procedure: General**

- A. The WCSO shall make available, at no cost to the member, appropriate personal protective equipment such as, but not limited to:
 - 1. gloves;
 - 2. gowns, scrub suits, etc;
 - 3. eye protection/face shields/masks;
 - 4. ventilation devices; and
 - 5. other protective devices.
- B. Scrub or lab coats and uniforms are not considered personal protective equipment.
- C. Each Division shall ensure that the member use personal protective equipment and shall clean, launder, and dispose of required personal protective equipment at no cost to the member.

- D. All personal protective equipment shall be removed prior to leaving the work area. Personal equipment such as gloves soiled with blood or other potentially infectious materials shall be disposed of in a labeled bio-hazard bag or color-coded red plastic bag.
- E. Each instance in which an employee is performing an activity that incurs occupational exposure without the proper protective equipment shall be documented on an incident report.
- F. All equipment should be inspected for serviceability on an ongoing basis and should not be stored longer than one year without being rotated.
- G. Defective protective equipment shall be reported to the Division coordinator.
- H. Antiseptic towelettes should be available for deputies in the field and crime scene investigation, etc.

JB 17/04.04 **Procedure: Using Personal Protective Equipment**

- A. Members shall have the responsibility to select the appropriate level of protection.
- B. Other protective gear such as shields, shoes, jumpsuit, etc. may be required in certain circumstances. The Division coordinator shall ensure that this equipment is available when necessary.
- C. The following are types of personal protective equipment that shall be used when the possibility of contamination with blood borne pathogens is present.

1. Gloves

- a. Gloves shall be disposable, single-use (sterile or non-sterile depending on use).
- b. Gloves shall be worn when the possibility of touching body fluids is present.
- b. Gloves shall be worn once and then discarded.
- c. When gloves are removed, hands shall be appropriately washed.

2. Masks

Masks shall be:

- a. high efficiency, disposable type and cover both the nose and the

mouth.

- b. worn to protect the wearer from inhaling large and small particle aerosol;
- c. worn to protect the wearer's face from the spatter of body secretions;
- d. worn appropriately over the nose and mouth; and
- e. worn only once and discarded.

3. Gowns

- a. In general, gowns are recommended when the possibility exists that body fluids may splatter or be of such volume as to reasonably be expected to contaminate the member.
- b. Gowns are not necessary for most patient encounters.
- c. Gowns are to be worn only once and then discarded.

D. General Standards for Using Protective Equipment

- 1. Generally, personal protective equipment shall be used according to the manufacturer's directions.
- 2. Any protective equipment shall be worn to completely cover the body surface that is intended to be protected.
- 3. Protective equipment/clothing shall not be worn in the culinary areas, office environments, or other work areas unless needed for a specific emergency. In no instance shall protective clothing be worn after being contaminated.

- E. The tables on the following pages provide more information about using protective equipment.

Recommended County-Provided Personal Protective Equipment

| Category | Nature of Task/Activity | Available | Worn |
|----------|--|-----------|------|
| I | Direct contact with blood or other body fluids to which standard precautions apply | Yes | Yes |
| II | Activity performed without blood exposure but exposure may occur in emergency | Yes | No |
| III | Task/activity does not entail predictable or unpredictable exposure to blood | No | No |

Recommended Personal Protective Equipment for Worker Protection Against Blood Borne Pathogen Transmission in Pre-hospital Settings.

| Task/Activity | Gloves | Disposable Gown | Mask | Protective Eyewear |
|--|--------|------------------------------|------|--------------------------------|
| Bleeding control with spurting blood | Yes | Yes | Yes | Yes |
| Bleeding control with minimal bleeding | Yes | No | No | No |
| Emergency childbirth | Yes | Yes | Yes | Yes, if splashing is likely |
| Blood Drawing | Yes | No | No | No |
| Starting of an intravenous (IV) line | Yes | No | No | No |
| Endotracheal intubation esophageal obturator | Yes | No | No | No, unless splashing is likely |
| Oral/nasal suctioning, manually cleaning airway | Yes | No | No | No, unless splashing is likely |
| Handling and cleaning instruments with microbial contamination | Yes | No, unless soiling is likely | No | No |
| Measuring of blood pressure | No | No | No | No |
| Measuring of temperature | No | No | No | No |
| Giving of injection | Yes | No | No | No |

JB 17/04.05 **Procedure: Disposing of Protective Equipment**

- A. All disposable protective equipment/clothing shall be placed in bio-hazard plastic bags and disposed of as directed in JB 17/05.05.
- B. Particular attention shall be made to ensure the proper disposal of contaminated clothing/equipment.

JB 17/04.06 **Procedure: Hazard Communication**

As required by OSHA, warning labels shall be securely affixed as close as possible to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials.

JB 17/04.07 **Procedure: WCCF Medical Unit Policies and Practices**

Standard precautions shall always be taken when:

- A. drawing blood;
- B. performing minor surgical procedures;
- C. beginning IV treatments or changing IV treatments;
- D. performing any dental procedure;
- E. performing any syringe treatment;
- F. touching the body and body fluids; or
- G. administering any form of first aid.

JB 17/05.00 **HOUSEKEEPING**

JB 17/05.01 **Policy**

It is the policy of the WCSO that each Division shall establish and maintain work practice controls in compliance with OSHA standards.

JB 17/05.02 **Rationale**

- A. Utah law requires that each agency establish and maintain an occupational health and safety program.
- B. The WCSO is required to achieve compliance to OSHA's final standard on occupational exposure to blood borne pathogens.
- C. State statutes require baseline testing for the HIV virus of all employees who provide emergency medical services and who were hired after July 1, 1988 as defined in Utah Code Ann. 26-6a.

JB 17/05.03 **Procedure: Cleaning and Decontamination of the Work Area.**

- A. All contaminated areas or areas likely to be contaminated shall be routinely disinfected with a solution of 5.25% sodium hypochlorite or with another suitable disinfectant with properties of a bactericidal, virucidal, fungicidal agent which will kill HIV, HBV and Tuberculosis, etc.
- B. When doing routine cleaning of the medical treatment areas, protective gloves shall always be worn.

JB 17/05.04 **Procedure: Cleaning Infectious Spills**

- A. All spillage of blood or other body fluids shall be cleaned using a blood spill kit, an appropriate disinfectant, etc.
- B. The blood spill kit shall be disposed of as indicated on the package directions.
- C. Protective gloves shall always be worn when cleaning up potentially infectious spills.

JB 17/05.05 **Procedure: Disposing of Infectious Wastes**

- A. All infectious wastes shall be disposed of in the appropriate, labeled containers.
- B. When disposing of wastes, gloves shall always be worn.
- C. If there is a potential for blood or other potentially infectious materials to drip

or flake off of the disposable protective sheet, the liner shall be considered regulated waste and shall be disposed of accordingly.

- D. Liquid (blood) may be disposed of via commode if it is serviced by a central sewage plant. If a commode is used it shall be disinfected after the disposal of such body fluids.

JB 17/05.06 **Procedure: Color Codes and Labeling**

- A. The standard color for bio-hazard waste is red.
- B. The standard label for bio-hazard waste is a series of circles.
- C. All contaminated items or items that because of the situation may have been contaminated shall be properly coded and labeled.

JB 17/05.07 **Procedure: Handling Laundry**

- A. All members or offenders who handle any laundry shall wear gloves and otherwise use appropriate standard precautions.
- B. All laundry articles that are or may have been contaminated shall be securely bagged first in water soluble bags and then in leak proof containers and clearly labeled.
- C. Gloves, gowns, and masks shall be worn by members or inmates who handle identified contaminated laundry.
- D. Contaminated laundry will remain in water soluble bags during the washing process.

JB 17/06.00 **HEPATITIS B VACCINE AND HIV TESTING**

JB 17/06.01 **Policy**

It is the policy of the WCSO to provide vaccinations, evaluations, training, and follow-up.

JB 17/06.02 **Rationale**

- A. Utah law requires that each agency establish and maintain an occupational health and safety program.
- B. The Sheriff's Office is required to achieve compliance to OSHA's final standard on occupational exposure to blood borne pathogens.
- C. State statutes require baseline testing for the HIV virus of all employees who provide emergency medical services and who were hired after July 1, 1988 as defined in Utah Code Ann. 26-6a.

JB 17/06.03 **Procedure: Regulation**

- A. The WCSO shall make available, at no cost, the Hepatitis B vaccination series, and HIV testing to all employees.
- B. The Hepatitis B vaccine shall be made available after the employee has received training on blood borne pathogens. Employees in safety sensitive positions shall receive the vaccine within ten working days of initial assignment. The vaccine shall be made available to all other employees at the earliest possible date.
- C. The employee may decline the Hepatitis B vaccination, but must sign the OSHA declination statement. Signing the declination statement does not preclude the employee from obtaining the vaccination at a later date with no charge or penalty.
- D. Hepatitis B vaccine shall be administered by, or under the supervision of, a licensed physician or another licensed health-care professional, at a time and place which is convenient for the employee.
- E. The employee shall not be required to participate in a pre-screening program as a prerequisite for receiving Hepatitis B vaccine.
- F. If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, a booster dose shall be made available to the employee by the County.

- G. HIV results shall be submitted to WCHR to be handled in accordance with federal and state regulations.

JB 17/06.04 **Procedure: Records**

- A. All records created in order to comply with OSHA regulations on blood borne pathogens shall be submitted to WCHR who shall handle in accordance with the federal and state law.
- B. Accurate records shall be created by WCHR regarding the vaccination status of the employee at risk.
- C. If the member declines the vaccination, a formal declination shall be signed and kept on file by WCHR.
- D. If a member is tested and/or vaccinated outside the Weber County program, proof that meets the standards set by state law shall be submitted to WCHR and be kept on file by WCHR at WCSO option, and, at no cost to the employee, a Hepatitis B titer test may be substituted.

JB 17/06.05 **Procedure: Costs**

Weber County shall be responsible for the vaccine and costs associated with immunizations which are provided by the Sheriff's Office.

JB 17/06.06 **Procedure: Obtaining or Refusing Vaccine or Test**

- A. Hepatitis B vaccine is offered at no expense to all members.
- B. Members are under no obligation to take the Hepatitis B vaccinations and may voluntarily refuse it but must sign the declination form.
- C. At any time, members may reverse the refusal and request and receive the vaccination.
- D. See "Appendix A" for the declination statement.

JB 17/07.00 **POST-EXPOSURE REPORTING, EVALUATION, AND FOLLOW-UP**

JB 17/07.01 **Policy**

It is the policy of the WCSO to provide vaccinations, evaluations, training, and follow-up.

JB 17/07.02 **Rationale**

- A. Utah law requires that each agency establish and maintain an occupational health and safety program.
- B. The WCSO is required to achieve compliance to OSHA's final standard on occupational exposure to blood borne pathogens.
- C. State statutes require baseline testing for the HIV virus of all employees who provide emergency medical services and who were hired after July 1, 1988, as defined in Utah Code Ann. 26-6a.

JB 17/07.03 **Procedure: General Requirements**

- A. In case of an occupational exposure incident for Hepatitis B, members shall notify their immediate supervisor and the SOPO and obtain appropriate immediate care for the injury.
- B. In case of an occupational exposure incident for HIV, members shall notify their supervisor immediately, who shall immediately notify the SOPO and WCHR. WCHR will provide the employee with instructions to receive appropriate medical care.
- C. The member shall complete and sign the employee initial Workers' Compensation Claim Report.
- D. The supervisor shall review the employee initial Workers' Compensation Claim Report and complete and sign the report.
- E. The supervisor/designee shall obtain and complete an Employers First Report of Injury report and send it to the agencies listed at the top of the form with the employer's copy sent to WCHR.
 - 1. No copy shall be retained by the supervisor/designee.
 - 2. A log consisting of the name of the employer, the date the employee was notified, and the date the form was marked, shall be maintained by the supervisor/designee.

- F. If the exposure incident is a result of providing first Aid/pre-hospital emergency medical care, the Department of Health Exposure Report form must be filled out. This form can be obtained from WCHR.
- G. A copy of the incident report must be faxed to WCHR.
- H. WCHR shall refer the injured member to an appropriate health care professional who shall carry out a confidential medical evaluation.
- I. A confidential medical evaluation as outlined in the next section shall be made available to the exposed member.

JB 17/07.04 **Procedure: Evaluation**

- A. WCHR shall designate a health care professional to conduct the evaluation and written report.
- B. Evaluation and follow-up shall include but not be limited to:
 - 1. documentation of the route of exposure;
 - 2. identification and documentation of the source individual, unless prohibited by law;
 - 3. testing with consent, the source individual's blood to determine Hepatitis B (HBV) and human immunodeficiency virus infectivity;
 - 4. if the source individual is a person who has been adjudicated and found guilty of a criminal offense, who is in the custody of and under the jurisdiction of the WCSO exposed a staff member to his blood, then that person shall be tested, by the authority of UCA 64-13-36; if information as to the source individual's prior test results is recorded in the medical records, the WCHR shall be given that information upon request;
 - 5. collecting and testing the exposed member's blood to determine HBV and HIV serologic status; and
 - 6. post-exposure measures designed to preserve health, as recommended by the U.S. Public Health Service.
- C. The health professional shall provide a written opinion within fifteen days to the WCHR who shall then provide a copy of the evaluation to the member. Upon completion of medical treatment all originals and WCSO copies shall be placed in the member's medical file kept by the WCHR.

JB 17/07.05 **Procedure: Costs**

The WCCF shall be responsible for costs associated with testing and follow-up for the employee and source person if applicable.

JB 17/07.06 **Procedure: Exposure Report Form**

In the event of an occupational exposure incident which occurs while providing pre-hospital emergency medical care, the employee shall:

- A. fill out the County Health Exposure Report form from WCHR within 72 hours of the incident; and
- B. complete all steps under JB17/07.01, General Requirements.

JB 17/08.00 **INFORMATION AND TRAINING**

JB 17/08.01 **Policy**

It is the policy of the WCSO that training shall be provided to all members who have occupational exposure to blood borne pathogens as determined by the occupational exposure control plan.

JB 17/08.02 **Rationale**

- A. Utah law requires that each agency establish and maintain an occupational health and safety program.
- B. The WCSO is required to achieve compliance to OSHA's standard on occupational exposure to blood borne pathogens.
- C. State statutes require baseline testing for the HIV virus of all employees who provide emergency medical services and who were hired after July 1, 1988, as defined in Utah Code Ann. 26-6a.

JB 17/08.03 **Procedure: General**

- A. Training shall be provided by a Weber County Training Unit, in consultation with WCHR, at no cost to the employee, during working hours.
- B. Training shall be offered at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.
- C. Annual training shall be mandatory for members in job classifications where exposure may occur.
- D. Division Chiefs/designee shall ensure that all new employees attend training within ten days of assignment to tasks where occupational exposure may occur.

JB 17/08.04 **Procedure: Training Components**

- A. Annual training for all employees with occupational exposure shall be provided within one year of their previous training.
- B. Whenever changes such as modification of tasks or procedures or the institution of new tasks or procedures affect the employee's occupational exposure, additional training shall be provided and may be limited to addressing the new exposures created.

- C. Material appropriate in content and vocabulary to educational level of the employees shall be used.
- D. The training program shall contain all fourteen components as outlined in the OSHA rule which included, but is not limited to:
 - 1. an accessible copy of the regulatory text of this standard and an explanation of its contents;
 - 2. a general explanation of the epidemiology and symptoms of blood borne diseases;
 - 3. an explanation of the modes of transmission of blood borne pathogens;
 - 4. an explanation of the exposure control plan and the means by which the member can obtain a copy of the written plan;
 - 5. an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - 6. an explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - 7. information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
 - 8. an explanation of the basis for selection of personal protective equipment.
 - 9. information on Hepatitis B vaccine including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - 10. information on the appropriate actions to take and person to contact in an emergency involving blood or other potentially infectious materials;
 - 11. 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;
 - 12. information on the post-exposure evaluation and follow-up that the County WCSO is required to provide for the member following an exposure incident;

13. an explanation of the signs and labels and/or color coding required by OSHA regulation regarding blood and other potentially infectious materials; and
14. an opportunity for interactive questions and answers with the person conducting the training session.

JB 17/09.00 **RECORD KEEPING**

JB 17/09.01 **Policy**

It is the policy of the WCSO to provide the required reports to WCHR.

JB 17/09.02 **Rationale**

- A. Utah law requires that each agency establish and maintain an occupational health and safety program.
- B. The WCSO is required to achieve compliance to OSHA's standards on occupational exposure to blood borne pathogens.

JB 17/09.03 **Procedure: Medical Records**

- A. WCHR shall establish and maintain an accurate record for each member with occupational exposure which is expected to contain information as specified in federal regulation, including:
 - 1. the name and social security number of the member; and
 - 2. a copy of the member's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations and any medical records relative to the member's ability to receive vaccination as require by federal statute.
- B. Copies of these records may be kept on any member of the Sheriff's Office and shall be sent to and kept on file by the WCHR.

JB 17/09.04 **Procedure: Training Records**

- A. Training records shall include but not be limited to:
 - 1. the dates of the training sessions;
 - 2. the contents or a summary of the training sessions;
 - 3. the names and qualifications of the persons conducting the training; and
 - 4. the names and job titles of all persons attending the training sessions.
- B. These training records shall be kept by the Training Unit.
- C. A copy of the Training Records shall be sent to WCHR and be kept on file.

JB 17/09.05 **Procedure: Exposure Report Records**

- A. Exposure report records shall contain copies of all results of examinations, medical testing, and follow-up procedures which is expected to contain information as specified in federal regulation, including;
 - 1. documentation of the route of exposure, and the circumstances under which the exposure incident occurred;
 - 2. results of source individual's testing for HBV and HIV infectivity;
 - 3. results of exposed member's testing for HBV and HIV infectivity;
 - 4. post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;
 - 5. counseling; and
 - 6. evaluation of reported illnesses.
- B. Exposure records shall contain copies of the healthcare professional's written opinion which is expected to contain information as specified in federal regulation.
 - 1. The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.
 - 2. The healthcare professional's written opinion for post exposure evaluation and follow-up shall be limited to the following information:
 - a. that the employee has been informed of the results of the evaluation; and
 - b. that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.
 - 3. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
- C. Exposure records shall contain copies of the information provided to the healthcare professional which is expected to contain information as specified in Federal regulation, including:
 - 1. a description of the exposed employees' duties as they relate to the exposure incident;

2. documentation of the route of exposure and circumstances under which exposure occurred; and
3. results of source individuals' blood testing, if available.

JB 17/09.06 **Procedure: Disclosure and Duration**

- A. Medical records shall be provided for examination and copying to the subject member of the Weber County Sheriff's Office to anyone having the notarized, written consent of the subject member or to the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative, or the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative. Request for examination and copying of records shall be directed to WCHR.
- B. Copies of all medical records referred to in this section shall be kept on file by WCHR for the duration of employment of the subject member and managed in accordance with the procedures of the State Archives for a period of thirty (30) years after the member leaves employment of the County.
- C. Training records shall be provided upon request for examination and copying to the subject member of the WCSO, to member representatives, or to the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative or the Assistant Secretary of Labor for Occupational Safety and Health, or designated representative. Requests for examination and copying of records shall be directed to WCHR through the GRAMA process.
- D. Training records shall be maintained for three years from the date on which the training occurred.

JB 17/10.00 **MEMBER RESPONSIBILITIES**

JB 17/10.01 **Policy**

It is the policy of the WCSO that members shall notify their immediate supervisor and the WCHR if exposure to blood borne pathogens occurs.

JB 17/10.02 **Rationale**

- A. The WCSO desires to offer members appropriate resources in order to protect them from occupational exposure to blood borne pathogens.
- B. Utah law requires that each agency establish and maintain an occupational health and safety program.
- C. The WCSO is required to achieve compliance to OSHA's standards on occupational to blood borne pathogens.
- D. State statutes require baseline testing for the HIV virus of all employees who provide emergency medical services and who were hired after July 1, 1988, as defined Utah Code Ann. 26-6a.

JB 17/10.03 **Procedure: General**

It is the responsibility of WCSO member to report when exposure to blood borne pathogens occurs.

JB 17/10.04 **Procedure: State Agency Contact Points**

If appropriate, WCHR will notify State Agency Contact points.

- A. **Utah Department of Health, Division of HIV/AIDS Prevention and Control**
288 North 1460 West
P.O. Box 16990
Salt Lake City, Utah 84116-0990
(801) 538-6096
- B. **Utah Department of Health, Division of Emergency Medical Services**
288 North 1460 West
P.O. Box 16900
Salt Lake City, Utah 84116-0990
(801) 538-6435

JB 17/10.05 **Procedure: Steps to be Taken if Exposure Occurs**

In case of an occupational exposure incident members shall take the steps described below.

- A. For Hepatitis B, members shall notify their immediate supervisor and WCHR after obtaining appropriate immediate care for the exposure.
- B. For HIV, members shall notify their supervisor immediately, who shall immediately notify WCHR and obtain instructions for medical care.
- C. The members shall obtain, complete, and sign the Employee's Initial Workers' Compensation Claim Report.
- D. The supervisor/designee shall review the Employee's Initial Workers' Compensation Claim Report, complete and sign the report where appropriate.
- E. The supervisor/designee obtains and completes an Employee's First Report of Injury Report and sends it to the agencies listed at the top of the form with the employer's copy sent to WCHR. No copy shall be retained by the supervisor/designee.
- F. An incident report shall be completed and faxed to the Weber County Sheriff's Office.
- G. If the exposure occurs while providing pre-hospital emergency medical care, the employee must fill out the Department of Health Exposure Report form. This can be obtained from WCHR.
- H. WCHR shall make immediately available to the exposed member the required confidential medical evaluation and follow up as outlined in the OSHA rule.
- I. The health care professional designated by the WCSO/designee shall send the only copy of his Written Opinion as outlined in this chapter to WCHR.
- J. WCHR shall send the member a full copy of this document; the healthcare professional shall be required to submit this document to WCHR with sufficient time to allow the member to be given a copy within 15 days of the completion of the evaluation.
- K. WCHR shall file the County's only copy of this report along with the completed post-exposure incident medical records file as indicated in this policy within the WCHRM files.

JB 17/11.00 **EXPOSURE CONTROL PLAN FOR TUBERCULOSIS**

JB 17/11.01 **Policy**

It is the policy of the WCSO that:

- A. WCHR shall provide annual tuberculosis testing of all staff using the PPD Mantoux test;
- B. the WCSO shall provide appropriate respiratory filtration masks and negative pressure flow isolation rooms, either on site or at an available contract site, to reduce the risk of exposure to tuberculosis;
- C. the WCSO shall provide appropriate respiratory filtration masks and negative pressure flow isolation rooms, either on site or at an available contract site, to reduce the risk of exposure to tuberculosis;
- D. the WCSO shall have a uniform reporting process to:
 - 1. report exposure to tuberculosis (see Attachment A);
 - 2. provide proper treatment as necessary after an exposure; and
 - 3. track exposed members to determine the resolution or outcome of the disease; and
- E. all employees of WCCF and designated employees of the WCSO shall be required to be tested annually.

JB 17/11.02 **Rationale**

- A. The risk of developing active tuberculosis can be limited by reducing exposure to persons who have confirmed or suspected active tuberculosis.
- B. OSHA has developed proposed guidelines that indicated the employees in correctional settings are at a higher than normal risk for exposure to tuberculosis.
- C. Tuberculosis has developed several strains that are drug resistant and thus can be difficult to treat with current available medications.
- D. Annual testing allows the WCSO to determine who has been exposed to TB and take appropriate medical measures to limit the spread and extent of the disease.

- E. Employee training and education of TB transmission and early identification of individuals with suspected or active TB greatly reduce the potential for exposure of others to TB.
- F. The reporting and tracking of exposure to tuberculosis will allow the WCSO to identify the source of the disease and to be able to ward off any potential epidemic.

JB 17/11.03 **Procedure: Avoiding Employee Exposure**

- A. All employees within the WCCF and designated employees of the WCSO are considered, by OSHA guidelines, to be at greater risk than the normal population for exposure to tuberculosis.
 - 1. Each identified employee shall be required, as a condition of employment, to be tested annually for TB.
 - 2. New employees shall be tested within five weeks of starting date.
 - 3. All employees shall provide a medical history.
 - 4. If an employee has a past history of having a positive TB skin test, they will allow a chest x-ray to be done as an employment baseline. After this chest x-ray declination form may be signed annually.
 - 5. If an employee is documented to be a new converter to a positive TB skin test status, that employee shall have a baseline chest x-ray completed; and then a chest x-ray will be completed annually for two consecutive years for a total of three chest x-rays. After the three chest x-rays have been obtained, a declination form for chest x-ray will be accepted.
- B. A Weber County Training Unit, in consultation with WCHR, shall provide additional training in TB exposure control to persons that are determined to need high efficiency particulate respiratory masks because of the high risk of exposure.
 - 1. Each employee who has been determined to need the respiratory masks shall receive training in the use and fitting of such masks before being allowed to use the mask.
 - 2. Each employee who has been determined to need the respiratory masks shall receive training in the use and fitting of such masks before being allowed to use the mask.

- C. All employees shall receive annual training and education on identification and transmission of suspected or active TB in a class covering OSHA, Blood Borne/Air Borne Pathogens and other designated infectious disease.
- D. The WCCF Medical Unit shall notify all appropriate individuals when an inmate has a suspected contagious respiratory disorder so that appropriate precautions can be taken.
- E. The WCCF Medical Unit shall identify to other health care facilities and workers who are contracted with the WCCF to provide medical treatments, the status of all suspected and/or active TB cases that may pose a risk of exposure to those facilities and personnel.
- F. When notified by the WCCF Medical Unit of the potential contagious respiratory status of an inmate and when transporting that inmate in a vehicle or if the identified inmate shall be in a confined space with the space with the staff member, the custody staff shall take necessary precautions.
- G. Any inmate with suspected or confirmed active tuberculosis, if housed in the facilities of the WCCSO, shall be housed in a negative pressure flow isolation room until at which time he/she is determined to no longer be infectious to others.
 - 1. The isolation rooms shall be inspected and maintained according to OSHA standards.
 - 2. Staff use of the room shall be limited to persons trained in the use of such isolation rooms.
- H. Medical staff shall ensure that all identified inmates with active or suspected TB disease are properly fitted with the appropriate respirator filtration masks when outside an isolation room, confined to an isolation room, or otherwise take measures to control the risk of TB exposure to all other inmates or staff.
- I. Staff members with suspected or confirmed active TB shall not be allowed to work until approval is given by an appropriate medical authority.

JB 17/11.04 Procedure: Personal Protective Equipment

- A. A mask to protect against exposure to TB shall be of the High Filtration Isolation type and meet the OSHA standards published in June 1995.
 - 1. A respirator filtration mask shall be:
 - a. worn to protect the wearer from inhaling airborne contaminants the size of 1 to 5 microns; and

- b. fitted to the individual wearer.
- 2. The wearer shall be fitness tested to use the mask.
- B. Inmates identified with suspected or confirmed cases of active tuberculosis disease shall be required to wear a respirator filtration mask provided by the Department.
 - 1. Training in the use of the respirator filtration mask shall be provided by the Weber County Training Unit in consultation with WCSO.
 - 2. Respirator filtration masks shall be made available by the WCSO and should be stored in each housing unit to be easily accessible for use.

JB 17/11.05 Procedure: Housekeeping

Staff shall use the same precautions listed in JB17/05 when cleaning a room that is currently occupied by, or was recently occupied by, a person with suspected or confirmed active TB disease, including the wearing of respirator masks.

JB 17/11.06 Procedure: Monitoring

- A. The WCCF Medical Unit shall assign a trained RN to periodically inspect the WCCF facilities for unsafe conditions, practices, defective equipment, etc., and make recommendations to correct any problems encountered.
- B. The trained RN shall also monitor the implementation of proposals for resolving problem areas.

JB 17/11.07 Procedure: Reporting the Exposure and Medical Follow-up

- A. In case of an occupational exposure incident for TB, members shall notify their immediate supervisor and the WCHRM after obtaining appropriate medical care.
- B. The trained RN shall also monitor the implementation of proposals for resolving problem areas.
- C. The member shall obtain, complete and sign the employee's Initial Workers' Compensation Claim Report.
- D. The supervisor shall review, complete and sign the employee's Initial Workers' Compensation Claim Report where appropriate.

- E. The supervisor/designee shall obtain and complete a Workers' Compensation Employer's First Report of Injury Report and send it to the agencies listed at the top of the form, with the employer's copy sent to WCHR.
 - 1. No copies shall be retained by the supervisor/designee,
 - 2. A log as described in JB17/07.03,E,2 shall be maintained.
- F. A copy of the Incident Report must be faxed promptly to WCHR.

JB 17/11.08 **Procedure: TB Test Record Keeping**

- A. Additional records gained as a result of the staff TB testing program, including test activity, test results, and any follow-up chest x-rays or prophylactic treatment recommended shall be collected by WCHR and stored in the employee's medical record file that is maintained and stored at WCHR.

JB 17/12.00 **LEARNING OBJECTIVES**

The primary learning objectives of this chapter are:

- A. to increase members' awareness of occupational exposure and to ensure they use proper precautions and protective equipment to minimize exposure; and
- B. to understand that timely reporting to the appropriate persons is imperative.

Appendix A
WEBER COUNTY SHERIFF'S OFFICE
HEPATITIS B VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring Hepatitis B virus (HBV) infections. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. 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.

Employee Legal Name (PRINT): _____

Date of Birth: _____ Social Security Number: _____

Division: _____ Telephone: _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Reason for Declination:
