



BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN (ECP)

Policy: POL-4000-HR • Effective Date: July 1, 2025 • Res. # 089284

Cancels: Res # 087976 • Reference: None

This policy applies to all Whitman County employees unless otherwise addressed in a bargaining unit agreement.

1. OVERVIEW

Whitman County is committed to providing a safe and healthful work environment for our entire staff. This plan is designed to eliminate or minimize occupational exposure to bloodborne pathogens.

Employees who have occupational exposure to blood or other potentially infectious material (OPIM) must follow the procedures and work practices in this plan.

Employees can review the plan at any time during their work shifts. Copies will be provided, free of charge, to an employee within 15 days of request.

This plan includes:

1. Overview
2. Identify Employees Who are at Risk for Exposure
3. Controlling Employee Exposure to Bloodborne Pathogens
4. Employee Training and Hazardous Communication
5. Post-Exposure Evaluation and Follow-up
6. Recordkeeping

2. IDENTIFY EMPLOYEES WHO ARE AT RISK FOR EXPOSURE

The following are job classifications in which employees have potential occupational exposure to bloodborne pathogens:

<u>JOB TITLE</u>	<u>DEPARTMENT</u>	<u>TASK/PROCEDURE</u>
Sheriff/Deputies/Undersheriff/Inspector	Sheriff	arresting/restraining suspects
Corrections/Sergeant/Jail Superintendent	Sheriff	restraining suspects
Registered Nurses / Medical Assistants	Public Health	vaccinations/sample collection
Environmental Health Specialist (All Levels)	Public Health	septic inspect/sewage spills
Environmental Health Director	Public Health	septic inspect/sewage spills
Office Specialist 2	Public Health	needle exchange
Community Health Educator	Public Health	needle exchange
Maint. Worker/Bldg. Engineer/Custodian	Facilities	clean up of regulated waste
FM Superintendent	Facilities	clean up of regulated waste
Facilities Maintenance Manager	Facilities	clean up of regulated waste
Facilities Director	Facilities	clean up of regulated waste

County Coroner	Coroner	scene/forensic external examination
Chief Deputy Coroner	Coroner	scene/forensic external examination
Deputy Coroners	Coroner	scene/forensic external examination
Deputy Coroner Trainee	Coroner	scene/forensic external examination
Solid Waste Equipment Operator	Public Works	contaminated waste
Solid Waste Working Foreman	Public Works	contaminated waste
County Clerk	Clerk	handling evidence; DNA tests
Office Supervisor	Clerk	handling evidence; DNA tests
Deputy Clerks	Clerk	handling evidence; DNA tests
Operations Coordinator	Fair	clean up of regulated waste
Operations Coordinators	Parks	clean up of regulated waste

List of County Responsibilities:

1. Whitman County Human Resources Department (HR) is responsible for adopting the exposure control plan through the Board of County Commissioners.
2. Whitman County Public Health Department (PH) and HR will maintain, review, and update the exposure control plan at least annually, and whenever necessary to include new or modified tasks and procedures.
3. HR will make this plan available to employees, and WISHA (Washington Industrial Health and Safety Act) representatives.
4. WCPH will be responsible for making sure all medical actions required are performed, and that appropriate employee vaccination records are maintained.
5. WCPH will make sure the content of this policy is accurate and up-to-date.

3. CONTROLLING EMPLOYEE EXPOSURE TO BLOODBORNE PATHOGENS (BBP)

We use the following methods to control employee exposure:

A. Safer medical devices and equipment used to minimize occupational exposure

1. The use of safer medical devices and equipment will prevent or minimize exposure to bloodborne pathogens.
2. The specific safer medical devices that we use are safety or precision glide needles and plastic capillary tubes. The Coroner’s Office uses glass capillary tubes.
3. The specific equipment to minimize or eliminate exposure that we use are sharps containers and biosafety bins.
4. Sharps disposal containers are inspected and maintained or replaced by PH as necessary to prevent overfilling.
5. We identify opportunities to improve controls through staff meetings and discussions.
6. We evaluate new products regularly by review of published and vendor supplied literature as well as state, federal and trade organization supplied best practices.
7. Both front line workers and management officials are involved in this process improvement by meetings, literature reviews and training.

B. Personal protective equipment (PPE)

1. PPE is provided through each department to employees at no cost.
2. The types of PPE available to employees are: gloves, eye protection, gowns and mask.
 - a. PPE is located in PH, Sheriff’s Office, and Facilities Dept.

3. All employees using PPE must observe the following precautions:
 - a. Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose, or mouth.
 - b. Wear appropriate gloves when you reasonably anticipate hand contact with blood or OPIM, or handle or touch contaminated items or surfaces.
 - c. Replace gloves if torn, punctured, contaminated, or otherwise damaged.
 - d. Never wash or decontaminate disposable gloves for reuse.
 - e. Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - f. Remove PPE after it becomes contaminated, and before leaving the work area.
 - g. Dispose of contaminated PPE in designated containers.
 - h. Remove blood, or OPIM-contaminated, garments immediately or as soon as feasible, in a manner that avoids contact with the contaminated surface.
4. The procedure for handling used PPE is the same as biohazard material.

C. Housekeeping

1. Written schedules for cleaning and methods of decontamination are located in the Facilities Department.
2. Regulated waste is placed in containers which:
 - a. Contain all contents
 - b. Do not leak
 - c. Are appropriately labeled or color-coded (see Labels section of this plan)
 - d. Are closed prior to removal to prevent contact spilling or protruding during handling
 - e. Contaminated sharps are discarded immediately or as soon as possible in containers that are:
 - i. Closable
 - ii. Puncture-resistant
 - iii. Leak-proof on sides and bottoms
 - iv. Labeled or color-coded appropriately.
3. Sharps disposal containers are available at the Whitman County Public Health Department.
4. When cleaning up contaminated broken glass (e.g., glass capillary tubes, lab specimen dishes, broken glassware which may be contaminated)
 - a. Must not be picked up directly with the hands.
 - b. The tools which are used in cleanup (e.g., forceps) must be properly decontaminated or discarded after use and the broken glass placed in a sharps container.
 - c. Employees must be given specific information and training with respect to this task in accordance with the requirements of the OSHA Standard 1910.1030 paragraph (g)(2).
 - d. Vacuum cleaners are not appropriate for cleanup of contaminated broken glass.

D. Hepatitis B Vaccination

1. The hepatitis B vaccination series is available:
 - a. At no cost after training
 - b. Within 10 days of initial assignment to employees identified in Section 2 of this plan
2. Vaccination is encouraged unless:
 - a. We have documentation that the employee has previously received the series
 - b. Antibody testing reveals that the employee is immune
 - c. Medical evaluation shows that vaccination is contraindicated
3. A copy of the health care professional's written opinion will be provided to the employee.
4. Employees who choose to decline vaccination must sign a declination form. They may request and obtain the vaccination at a later date at no cost.

- a. Make sure employees who decline the hepatitis B vaccination, offered by you, sign a form with this statement:
 - i. “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) infection. 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.”

4. EMPLOYEE TRAINING AND HAZARD COMMUNICATION

Employees at high risk of occupational exposure to bloodborne pathogens receive training conducted by the Whitman County Public Health Department, and all county employees receive introductory bloodborne pathogen training conducted by HR through the new employee orientation process.

Occupational exposure training will include:

1. Epidemiology, symptoms, and transmission of bloodborne pathogens
2. Copy and explanation of Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens
3. Explanation of our Exposure Control Plan and how to obtain a copy. This must also be done at the annual refresher training.
4. Methods used to identify tasks and other activities that may involve exposure to blood and OPIM
5. What constitutes an exposure incident
6. The use and limitations of controls, work practices, and PPE
7. The basis for PPE selection and an explanation of:
 - a. Types
 - b. Uses
 - c. Location
 - d. Handling
 - e. Removal
 - f. Decontamination
 - g. Disposal
8. Information on the hepatitis B vaccine, including:
 - a. Effectiveness
 - b. Safety
 - c. Method of administration
 - d. Benefits of being vaccinated
 - e. Offered free of charge
9. Actions to take and persons to contact in an emergency involving blood or OPIM
10. Procedures to follow if an exposure incident occurs, including:
 - a. How to report the incident
 - b. Medical follow-up available
 - c. Employee’s evaluation and follow-up after an exposure incident
 - d. Signs, labels, and color coding used
 - e. Interactive questions and answers with the trainer
11. Training materials for this facility are located within PH.
12. Training records are maintained for each employee upon completion of training. These documents will be kept for at least 3 years in HR.

13. The training record should include the following information about training sessions:
 - a. Date
 - b. Contents or a summary
 - c. Names and qualifications of trainers
 - d. Names and job titles of all attendees.
14. Training records are provided to employees or their authorized representatives within 15 working days of a request.

5. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Do the following after initial first-aid is given:

1. Following the initial first-aid treatment such as cleaning the wound, flushing eyes, or other mucous membranes, the following will be performed:
 - a. Document the routes of exposure and how the exposure occurred.
 - b. Identify and document the source individual, unless that's not possible or is prohibited by state or local law.
 - c. Obtain consent and arrange to test the source individual as soon as possible to determine HIV, HCV, and HBV infectivity.
2. For initial first aid instructions see: CDC What To Do Following a Sharps Injury
 - a. Questions about first aid and a copy of instructions for print can also be obtained through WCPH.
3. If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing is not needed.
 - a. Document that the source individual's test results were conveyed to the employee's health care provider.
 - b. Provide the exposed employee with the source individual's test results.
 - c. Provide the exposed employee with information about laws on confidentiality for the source individual.
 - d. Obtain consent and provide a blood test for the exposed employee as soon as possible for HBV, HCV, and HIV.
4. If the employee does not give consent for HIV serological testing, preserve the baseline blood sample for at least 90 days.
5. If the exposed employee decides to have the sample tested during this time, perform testing as soon as feasible.
6. Provide the exposed employee with a copy of the health care professional's written opinion.

B. Employees are provided immediate medical evaluation and follow-up services through their normal provider at the Provider's discretion. Healthcare providers should determine whether post exposure prophylaxis is recommended.

C. Review the circumstances of an exposure incident as follows:

1. The circumstances of any exposure incident will be reviewed to determine:
 - a. Controls in use at the time
 - b. Work practices that were followed
 - c. Description of the device used (including type and brand)
 - d. Protective equipment or clothing in use at the time
 - e. Location of the incident
 - f. Procedure being performed when the incident occurred
 - g. Employee's training

6. RECORDKEEPING

A. Medical records

1. Medical records are maintained for each employee who has an occupational exposure to bloodborne pathogens in accordance with WAC 296-802-200, Access to Records.
2. PH is responsible for maintaining medical records. These confidential records are kept in the Department for at least 30 years beyond the length of employment.
3. PH will make sure appropriate employee health, OSHA and WISHA records are maintained as required.