Dawson County Montana

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Adopted: 8-4-2015
Dawson County Montana
Bloodborne Pathogen Control Plan

This Bloodborne Pathogens Exposure Control Plan has been Revised, Approved and Adopted by the Dawson County Commissioners this _____ day of November 2019

_________________________________________, County Commissioner

_________________________________________, County Commissioner

_________________________________________, County Commissioner

Attest: ____________________________ Date: ____________________________

____________________, Clerk and Recorder
Dawson County Montana
Bloodborne Pathogen Control Plan

This Bloodborne Pathogens Exposure Control Plan has been Revised, Approved and Adopted by the Dawson County Commissioners this 3rd day of November 2019

Gary Karteved, County Commissioner

Dennis Zander, County Commissioner

Joe Sharbono, County Commissioner

Attest: Shirley A. Kreiman
Shirley A. Kreiman, Clerk and Recorder

Date: 12-3-2019
RESOLUTION #2019-43

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS
OF DAWSON COUNTY, MONTANA,
Updating Bloodborne Pathogens Exposure Control Plan

The Board of Commissioners of Dawson County, Montana believe it to be in the best interest of the County to the following additions or corrections to the Dawson County Bloodborne Pathogens:

See the attached exhibit for replacing the policy in entirety.

THEREFORE BE IT RESOLVED, by the Board of the County Commissioners of Dawson County Montana that the above named and attached policy is hereby adopted.

If there is a conflict between any terms in the manual and State or Federal Laws or Regulations, the Laws and Regulations shall be followed.

If any provision within the manual or the application of the provisions is deemed invalid or void, the remainder of the policies and procedures shall remain in force to the extent they are not invalid and void.

This Resolution shall be effective upon the date this resolution is signed.

DATED this 3rd day of December, 2019.

DAWSON COUNTY BOARD OF COMMISSIONERS

Gary Hartvold, Chairman

Dennis Zander, Member

Joe Sharbono, Member

Attest:

Shirley A Kreiman
Shirley A Kreiman, Clerk & Recorder

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Section I:

APPLIES TO ALL COUNTY EMPLOYEES

A: PURPOSE OF THE PLAN:

Dawson County has implemented this Bloodborne Pathogen Exposure Control Plan to meet the letter and intent of the OSHA Bloodborne Pathogens Standard. The objective of this plan is twofold:

1. To protect our personnel from the health hazards associated with communicable illness where the risk is deemed high;
2. To provide appropriate treatment and counseling should an employee be exposed to a bloodborne or some communicable pathogens.

General principles that must be followed when working with bloodborne and communicable pathogens include:

1. It is prudent to minimize all exposure to these pathogens.
2. The risk of exposure to these pathogens should never be underestimated.
3. Dawson County institutes as many engineering and work practice controls as required, to eliminate or minimize exposure of our personnel to these pathogens.

The Occupational Safety and Health Administration (OSHA) require all employers to provide a safe workplace. OSHA issued a standard entitled Occupational Exposure to Bloodborne Pathogens (29 CFR Part 1910.1030, also referred to as the OSHA Final Rule), which is designed to eliminate or minimize occupational exposure to these pathogens include, but are not limited to, Hepatitis A and Hepatitis A and Hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV) that our personnel may encounter while providing occupational exposure.

Occupational exposure, as defined by OSHA, means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or potential infections materials that may result from the performance of an employee's duty.

In addition to bloodborne pathogen exposures, risk for contracting other communicable diseases also exist in some of Dawson County's Departments. Individuals working in medical capacities, the correctional facility, or in law enforcement also have an increased risk of contracting tuberculosis (TB). Also, certain departments have been identified to have increased risk for injuries breaking the skin and therefore a higher risk of contracting tetanus. The Sanitarian's office handles rabid animals for testing, and therefore at high risk for contracting rabies. Some offices also may come into contact with sewage and should therefore be vaccinated against hepatitis A.

Dawson County follows OSHA’s 29CFR 1910.1030 regulation by (but not limited to):

1. Determining job classification which have occupational exposure
2. Determining exposure risks of personnel
3. Providing protection against exposure risks
4. Implementing a Bloodborne Pathogens Program
5. Implementing an Exposure Control Plan
6. Provide no cost Hepatitis A & B, tetanus, and rabies vaccinations to employees with potential occupational exposure, after the employee has successfully completed their three (3) month probationary period.
7. Providing Bloodborne Pathogen training for all County employees annually.
8. Providing screening for TB for those with potential occupational exposure.

This policy informs you of the contents of the OSHA Standard as it applies to:
1. Hepatitis A and Hepatitis B
2. Hepatitis C, HIV and AIDS transmission
3. Vaccination protocol
4. Safe work practices
5. Exposure incident protocol
6. Use of Personal Protective Equipment (PPE)

B. PROGRAM MANAGEMENT:

1. Responsibilities: The **four key positions** central to effective implementation of the **Exposure Control Plan** are:

   a. The Dawson County Exposure Control Officer
   b. Department Heads and Elected Officials
   c. The Dawson County Safety/Training Officer (Records Coordinator)
   d. The Dawson County Personnel (the Employees themselves)

   **a. Dawson County’s Exposure Control Officer:**

   Is appointed by the County Commissioners, and is responsible for overall management and support of the County’s Bloodborne Pathogens Compliance Program. The individual in this position should be appointed by the Commissioners, and should have training in the control of bloodborne and communicable pathogens in the workplace. Exposure Control Officer activities include, but are not limited to:

   1) Overall responsibility for implementing the Exposure Control Plan.
   2) Working with Commissioners/Administrators/Department Heads, and personnel to develop and administer any additional bloodborne pathogens-related policies and practices to support the effective implementation of this plan.
   3) Evaluates ways to improve the Exposure Control Plan and, revise and update the plan when necessary.
   4) Collects and maintains a reference library on Bloodborne Pathogen Standards, bloodborne pathogens safety and health information.
   5) Remains current on legal requirements concerning bloodborne pathogens.
   6) Assist department heads in managing employee exposures.
   7) Assist department heads to ascertain immunization status and when necessary, actions necessary in the event of an exposure.

   **b. Department Supervisors/Directors and Elected Officials** are responsible for
exposure control and training in their respective areas. They work directly with the Exposure Control Officer and the County Safety officer to ensure that proper exposure control procedures are followed.

1) Ensure employee compliance with the bloodborne and communicable pathogen policy and reporting exposures to the Exposure Control Officer.
2) Scheduling periodic training seminars employees who have anticipated occupational exposure.
3) Maintain employee training documentation.

C. The Dawson County Safety/Training Officer is responsible for collecting information from all Department Heads and Elected Officials who have a potential for exposure to bloodborne pathogens in their respective departments.

1) Assist department heads in selecting and procuring training materials.
2) Assist Department Heads during the hiring process to ascertain training needs.
3) Periodically reviewing the training programs with affected Department Heads, to include appropriate new information.

d. Dawson County Personnel (the Employees) have the most important role in the bloodborne pathogens compliance program. As the ultimate execution of much of the Exposure Control Plan rests in their hands, they must:

1) Know what tasks they perform that have occupational exposure.
2) Attend the annual bloodborne exposure control training sessions.
3) Plan and conduct all operations in line with our work practice controls.
4) Develop good personal hygiene habits.
5) Report hazardous or potentially hazardous work hazards

C. AVAILABILITY OF THE EXPOSURE CONTROL PLAN:

Dawson County's Exposure Control Plan shall be available to all employees at any time. Personnel will be advised of this availability during their education/training sessions. Copies of the Exposure Control Plan are kept in the following locations:

1. The County Commissioners Office
2. The County Health Department Offices
3. The County Sheriff's Dispatch Center
4. The County Sheriff's Office Squad Room
5. All County Department Head/Supervisor's office (or in a centralized location).
6. Any area deemed suitable for employees to have 24-hour access to this plan.

D. REVIEW AND UPDATE OF THE PLAN:

1. OSHA's Final Rule stipulates this plan shall be reviewed and updated:
E. EXPOSURE DETERMINATION BY JOB CLASSIFICATIONS:

1. A primary element in any Bloodborne Pathogen Exposure Control Plan is to identify all exposure situations personnel may encounter while performing tasks and procedures in which occupational exposure to bloodborne pathogens might occur.

2. The Personnel Officer, Exposure Control Officer, Department Heads/Supervisors and Commissioners are responsible to revise and update these lists as tasks, procedures, and classifications change.

<table>
<thead>
<tr>
<th>Classification</th>
<th>Who it applies to.</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>Job classifications in which all personnel have occupational exposure.</td>
</tr>
<tr>
<td>Some</td>
<td>Job classifications in which some personnel have occupational exposure.</td>
</tr>
</tbody>
</table>

3. “All” Job Classifications: The County job classifications listed below indicate where there is the potential that All personnel may come in contact with human blood, body fluids, or other potentially infectious materials.

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>STATION LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheriff/Coroner</td>
<td>Dawson County Sheriff’s Office</td>
</tr>
<tr>
<td>Under Sheriff</td>
<td></td>
</tr>
<tr>
<td>Deputies (all)</td>
<td>County Wide</td>
</tr>
<tr>
<td>Deputy Coroners</td>
<td></td>
</tr>
<tr>
<td>Reserve Deputy Unit</td>
<td>Dawson County Sheriff’s Office</td>
</tr>
<tr>
<td>Dispatchers</td>
<td></td>
</tr>
<tr>
<td>Detention Officers</td>
<td></td>
</tr>
<tr>
<td>Administrative Personnel</td>
<td></td>
</tr>
<tr>
<td>Search &amp; Rescue Unit Personnel</td>
<td>County Wide</td>
</tr>
<tr>
<td>Health Department Nurses and Administrative Staff</td>
<td>County Wide</td>
</tr>
</tbody>
</table>

4. “SOME” Job Classifications: The County job classifications listed below are those where Some personnel may come in contact with human blood, body fluids, or other potentially infectious materials.

<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>STATION LOCATION</th>
</tr>
</thead>
</table>

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5. "TASKS" that SOME personnel may be exposure to Bloodborne Pathogens

<table>
<thead>
<tr>
<th>JOB POSITION</th>
<th>Types of Task/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sanitarian/Environmental Health</td>
<td>Working around failing septic systems</td>
</tr>
<tr>
<td></td>
<td>Dealing with truck wrecks/Possible human injury at sites</td>
</tr>
<tr>
<td>Maintenance/Custodian Staff</td>
<td>Sweeping up broken glass or needles</td>
</tr>
<tr>
<td></td>
<td>Cleaning the Health Department Treatment areas.</td>
</tr>
<tr>
<td></td>
<td>Bathroom Cleaning where blood/body fluids may be present</td>
</tr>
<tr>
<td></td>
<td>Cleaning County buildings where sharps may be disposed of improperly</td>
</tr>
<tr>
<td>Public Works</td>
<td>Working around failing septic systems and waste water</td>
</tr>
</tbody>
</table>

6. Job positions listed below are recommended to receive the indicated vaccinations and/or testing.

   a) If an employee presents a copy of current vaccination status that is acceptable.
   b) Any employee may decline to participate however, the "Declination Form" must be signed by any employee who does not wish to participate in this program (See page 34 under appendix’s for sample).
   c) Any employee who initially declines the vaccinations/test but changes his/her mind at a later date may at any time request the vaccine/test and receive it as no cost.
   d) Employees at risk for minor cuts and injuries while working (tetanus), TB exposure, or rabies exposure have further vaccination recommendations.
   e) Employees Dawson County Correctional Facility shall adhere to Department of Corrections guidelines for TB testing, which includes a tuberculin skin test yearly for all staff and inmates. All others are considered at a lower risk, but have some risk, and are therefore required to have a tuberculin skin test on hire, then a symptom screen yearly unless a known exposure occurs.
   f) Employees who may experience an occupational exposure to human waste are recommended to be vaccinated against hepatitis A.
   g) Up-to-date vaccination is recommended for all employees, including seasonal influenza vaccination, and can be obtained through Dawson County Health Department.
<table>
<thead>
<tr>
<th>JOB TITLE</th>
<th>Rabies Vaccination</th>
<th>Hepatitis A and Hepatitis B Series</th>
<th>Current Tetanus</th>
<th>TB Testing</th>
<th>Hepatitis A Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sheriff/Coroner and Under Sheriff</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Deputies and Deputy Coroners (ALL)</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Sheriffs Dept Dispatchers</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Detention Officers</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Sheriffs Dept Administrative Staff</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Search &amp; Rescue Unit Personnel</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Health Department Staff (ALL)</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>Maintenance/Custodial Staff</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Sanitarian/Environmental Health</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Sanitarian Assistant</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>West Glendale Public Works</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Victim Witness Advocate</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Cemetery Staff</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>Road Department Personnel</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

F. COMPLIANCE METHODS:

All County work areas/environments require evaluation to minimize or eliminate potential exposure to bloodborne pathogens. The first six areas in our plan include:

1. Universal Precautions.
2. Engineering Controls.
3. Workplace Practice Controls.
4. Personal Protective Equipment (PPE)
5. Custodial Procedures.
6. Labels and Signs

1. Universal Precautions:
   a) **Must be followed** to prevent contact with blood and other potentially infectious materials.
   b) **All** human blood and body fluids must be treated as though known to be infectious for Hepatitis, HIV or any other pathogens.

2. Engineering Controls are key aspects to the Exposure Control plan to eliminate or minimize exposure to bloodborne pathogens. The following engineering controls will be used by all Dawson County employees:
a) Hand washing facilities, antiseptic hand cleansers/towelettes or isopropyl Gel and towels will be accessible to all personnel with potential for exposure.

b) Containers for contaminated reusable utensils will be:
   1) Puncture-resistant.
   2) Color-coded or labeled with a biohazard warning label.
   3) Leak-proof on the sides and bottom.

c) Secondary containers will be:
   1) Leak-proof.
   2) Color-coded or
   3) Labeled with a biohazard warning label.

d) Appropriate disposable Personal Protective Equipment (PPE).

3. Work Practice Controls: are used to eliminate or minimize personnel exposure to bloodborne pathogens. The County Exposure Control Officer is responsible for oversight of Work Practice Controls. These controls include but are not limited to:

   a) When any new County employee begins work, the following process will occur to ensure that they are trained in their appropriate work practice controls:
      1) The employee's job classification/tasks/procedures will be checked against the Job Classifications and Task Lists (Section 5 above).
      2) Based on the job classification and/or tasks and procedures, potential occupational exposure situations will be identified for education and training.
      3) The new employee's Department Head/Elected Official will then ensure the new employee receives the appropriate education and training regarding any work practice controls that the employee is not experienced with.

   b) Hand washing or hand sanitizing will be performed immediately or as soon as feasible, after removal of gloves or other personal protective equipment.

   c) After contact of body areas with any blood or infectious materials, personnel will wash their hands and any other exposed skin with soap and water as soon as possible and flush exposed mucous membranes with water.

   d) Contaminated needles/sharps will not be bent, recapped or removed unless:
      1) It can be demonstrated that there is no feasible alternative.
      2) The action is required by a specific medical procedure.

      NOTE: Any recapping or needle removal will be accomplished “only” through use of a medical device or a one-handed technique.

   e) All contaminated sharps will immediately be placed in the appropriate container after use, or as soon as possible.

   f) Extreme caution will be exercised with any medical type needles found.

   g) Never stick a hand or fingers into a sharps container.

   h) Protective gloves will be worn at all times waste or trash is being handled.

   i) Never place medical waste or trash into a sharps container.

   j) Eating, drinking, smoking, applying cosmetics or lip balm and, handling contact lenses is prohibited in any work areas where there is potential for exposure to bloodborne pathogens.

   k) Any procedure involving blood or infectious materials will be minimized to prevent splashing, spraying or actions that may result in droplet production.
l) All Blood/Body Fluid Specimens will be placed in designated leak-proof containers, appropriately labeled, for handling and storage.

m) If outside contamination of a primary specimen container occurs, that container will be placed in a second leak-proof container, appropriately labeled, for handling and storage. (If a specimen can puncture the primary container, the secondary container must be puncture-resistant as well.)

n) All equipment, which becomes contaminated will be examined prior to servicing or shipping and, decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible).

o) An appropriate biohazard-warning label will be secured to any contaminated equipment identifying the contaminated portions.

p) Information regarding any remaining contamination is conveyed to all affected personnel, the equipment manufacturer, and the equipment service representative prior to handling, servicing or shipping.

4. Personal Protection Equipment (PPE):
   a) Department Heads and Elected Officials working with the Exposure Control Officer are responsible to ensure all work places and vehicles, have appropriate PPE available for employees.
   b) All personnel will be trained and educated in the use of appropriate personal protective equipment for their job classifications and tasks/procedures they perform. Additional training will be provided, when necessary, if an employee takes a new position, or new job functions are added to their current position.
   c) Dawson County provides at no cost to our personnel PPE such as, but not limited to:
      1) Disposable Gloves, Gowns, aprons, or other appropriate PPE items.
      2) Face shields, masks, safety glasses or goggles
      3) Resuscitation bag-valve-mask or pocket mask devices.
      4) Hypoallergenic gloves, glove liners or similar alternatives to employees allergic to gloves the County normally uses.

5. Department Custodial/Housekeeping:
   a) Maintaining our facility(s) and vehicle(s) in a clean and sanitary condition is an important part of our Bloodborne Pathogens Compliance Program.
   b) Department Heads and Elected Officials will ensure that work-sites are maintained in a clean and sanitary condition.

6. Labels and Signs:
   a) The most visible warning of possible exposure to bloodborne pathogens is biohazard labels. The County has implemented a comprehensive biohazard warning labeling program in our facility(s) and vehicle(s), using labels, or when appropriate, red "colored-coded" containers.
      1) The following checked items in our facility/s and vehicle/s require labeling:
         (a) Containers of regulated waste
         (b) Sharps disposal containers
         (c) Laundry bags and containers
(d) Contaminated equipment

2) On labels affixed to contaminated equipment, ensure to indicate which parts of the equipment are contaminated.

b) Department Heads are responsible for establishing and maintaining this County Program.

G. HEPATITIS A AND HEPATITIS B VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP

Dawson County recognizes that, even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result:

1. VACCINATION Testing Program:
   a) The Exposure Control Officer will assist Department Heads in ascertaining immunization status of employees.
   b) Personnel who elect to decline participation in the Vaccine program are required to sign a Vaccination Declination Form. (See page 34 under appendices)
   c) To protect our personnel from the possibility of Hepatitis A and Hepatitis B infection, the County has implemented a no cost vaccination program for all personnel identified as having the potential of an occupational exposure to blood borne pathogens.
   d) Vaccines will be administered by the Dawson County Health Department with the exception of the Correctional Facility’s TB testing program.
   e) As part of the employee bloodborne pathogens training, personnel will receive information regarding Hepatitis A and Hepatitis B vaccination, safety and effectiveness.
   f) Vaccinations and/or tests will be performed under supervision of a licensed Medical Provider, or other appropriately authorized health care professional.
   g) Personnel taking part in the vaccination/skin test program are listed on the Personnel Hepatitis A and Hepatitis B Vaccination Record or equivalent record, such as a copy of vaccination records from a medical facility. (Page 34)
   h) Personnel who decline to participate in the vaccination program are also listed but must have a Signed Vaccination Declination Form.

2. Post-Exposure Evaluation and Follow-Up
   a) If an employee is involved in an unprotected exposure, they should seek immediate medical consultation and treatment from the nearest medical facility.
   b) Investigating the circumstances surrounding the exposure incident.
      1) The responsible Department Head or Exposure Control Officer will investigate every exposure incident that occurs to a Dawson County employee.
      2) The investigation will use the Blood/Body Fluid Exposure Incident Report Form (Page 37) and must be completed at the earliest possible time.
      3) Upon completion of the Blood/Body Fluid Exposure Incident Report form:
           a) It will be evaluated the department head and, the Exposure Control Officer
           b) A written incident summary and its causes will be prepared by the Dawson County Exposure Officer (Appendix p.37), and recommendations made for avoiding similar incidents in the future.
c) To ensure employees receive the best and most timely treatment in the event of an exposure use the County's post-exposure evaluation and follow-up process.

1) Every effort must be made to protect the confidentiality of the people involved.

2) The "checklist" (Appendix p.34) is used to verify that all steps in the process have been correctly taken. The following individuals oversee this process:
   - The Department Head/Elected Official and,
   - The Exposure Control Officer

3) If an employee is exposed to a bloodborne pathogen, the “source-individual” shall be informed of the incident and, after consent is obtained tested for the Hepatitis A and Hepatitis B Virus (HBV) and the Human Immunodeficiency Virus (HIV). If the source patient consents to being tested, the source patient's blood will be collected and tested to determine HEP C, HBV and HIV infectivity. If the source patient does not consent to being tested, the need for prophylaxis shall be determined on a case-by-case basis.

4) "Infectivity" information will be made available to the exposed employee and at this time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual.

5) When “item 4 above” is complete, an appointment will be arranged for the exposed employee to have their blood collected and tested by a qualified health care professional, and discuss the employee's medical status to include an evaluation of any reported illnesses and any recommended treatment. Prophylaxis against Hepatitis C and HIV infection are available, but not every person is a candidate. This will have to be decided on a case-by-case basis.

3. Information Provided to the Health Care Professional:

   To assist the health care professional in evaluating the incident, several documents must be made available to them. These include:

   a) A copy of the completed Exposure Incident Report.
   b) A copy of the exposed employee's relevant medical records.
   c) Other pertinent information.
   d) Employee needs to sign a release form (page 38) Employee Medical Information Release form.

4. Health Care Professional's Written Opinion:

   a) Upon completion of the consultation the health care professional will provide the County Personnel Officer with a written medical opinion evaluating the exposed employee's situation.

   b) The Personnel Officer will then furnish a copy of this opinion to the exposed employee.
c) In accordance with confidentiality in this process, the written opinion will contain only the following:

1) Whether medication/vaccination is indicated for the employee.
2) Confirmation that the employee:
   a) has been informed of the results of the evaluation.
   b) has been informed about any medical conditions resulting from the exposure incident, which may require further evaluation or treatment.
3) All other findings or diagnoses are confidential and not be included in the written report.

5. Medical Record Keeping:

a) To ensure as much medical information is available in the event of an exposure for a participating health care professional as possible, the County Health Department maintains immunization information.

b) Department Heads are responsible for setting up and maintaining these records in a confidential file which will include the following information:

   1) Employee Name.
   2) A copy of the employee’s Hepatitis A and Hepatitis B Vaccination status.
   3) Dates of any vaccinations.

c) The Exposure Control Officer shall be responsible for maintaining records in a confidential file including the following information:

   1) Results of blood test/s from any bloodborne pathogen exposure incident/s.
   2) A copy of any information provided a consulting health care professional as a result of any exposure to bloodborne pathogens.

6. Information and Training:

a) All County personnel who have the potential for exposure to bloodborne pathogens will be provided training and information on this issue.

b) It is the responsibility of the Department Head/Commissioner to insure all employees under his/her supervision receive training specific to their department.

c) It is the employee’s responsibility to attend scheduled education and/or training.

7. Bloodborne Pathogen training Program:

a) Topics include but not limited to:

   1) The Bloodborne Pathogens Standard.
   2) Modes of blood borne disease transmission.
   3) Sign and symptoms of individuals with infectious diseases.
   4) Risk factors in disease development
   5) Risk in the workplace.
   6) Medical surveillance.
7) Work restrictions
8) Compliance monitoring
9) Our County's Exposure Control Plan (provided in each Department Manager office.)
10) Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
11) Review of use and limitations of methods to prevent or reduce exposure such as Engineering and work practice Controls

b) Types of personal protective equipment:

1) Selection and use of personal protective equipment that includes:
   (a) Proper use
   (b) Location within our station(s) and vehicle(s).
   (c) Removal, Handling, Decontamination, Disposal.

2) Visual warning of biohazards within our station(s) and vehicles that include;
   (a) Labels, signs, and color-coded" containers.

3) Information on the Hepatitis A and Hepatitis B Vaccine, including its:
   (a) Effectiveness, Safety, Method of Administration.
   (b) Benefits of Vaccination vs. not receiving vaccination
   (c) Our County's free vaccination program.

4) Actions to take and persons to contact, in an emergency involving blood or other potentially infectious materials.
   (a) The procedures to follow if an exposure incident occurs.
   (b) Post-exposure evaluation, information, follow-up and medical consultation.

c) Bloodborne Pathogen Training may involve a variety of training methods.
   Completed by Department Manager i.e.:

   1) Classroom personal instruction.
   2) Videotape programs.
   3) Training manuals/employee handouts.
   4) Computer Training and Self Testing
   5) Employee Review Sessions.
   6) State Law - Montana Code Annotated.

d) Because people often need an opportunity to ask questions and interact with their instructors, time will be allotted for these activities in each training session.

8. Record Keeping

   a) The Safety/Training Officer will maintain BBP training records containing the following:
1) Dates of all training sessions.
2) Contents/summary of the training sessions.
3) Names and qualifications of instructors.
4) Names, job titles, Assigned Department of those attending training session

SECTION II:

HEALTH DEPARTMENT SPECIFIC:

A. In addition to Section I - the following engineering & work practice controls will be utilized to eliminate or minimize exposure to Department Employees.

A. Hand Hygiene: Hand-washing/Hand hygiene will be performed between each client contact and, immediately after removing soiled gloves.

B. Personal Protective Equipment (PPE):

1. All staff will familiarize themselves with the location of PPE prior to the need for its use.

2. Gloves are used in all procedures that it be necessary to have contact with blood, or other potentially infectious materials, non-intact skin, and mucous membranes.

3. After removal of personal protective gloves, employees shall wash their hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

4. Masks and protective eye wear is available and is to be utilized when there is any potential for a splash, spray, splatter, or droplets. For example: Irrigation of wound, an uncooperative client when obtaining blood, or other specimens.

5. Disposable one-way valve pocket masks are available in the clinic area with the resuscitation equipment. Unprotected mouth to mouth resuscitation is not to be a part of CPR as protective systems are available.

C. SHARPS AND NEEDLES:

1. All contaminated needles will be placed, intact, in a clearly marked sharps container.

2. Used Needles from county resident patients (i.e.; diabetic insulin needles/syringes) may be delivered to the clinic in a puncture resistant sealed container for disposal.

3. If the contents of a sharps container should somehow spill, DO NOT pick up sharps by hand. Instead use a dustpan and brush or forceps.

4. Needles recovered by Dawson County employees during technical procedures in the field, may be recapped if doing so it is the only safe method of transport or temporary storage.
5. Contaminated sharps recovered, or used, during field operations must be handled with mechanical devices such as forceps whenever possible.

6. Must be stored in a clearly marked and approved container. Must be handled with mechanical devices such as forceps whenever possible if they are to be held as evidence or submitted for laboratory examination.

7. Contaminated needles and sharps may not be cleaned and or re-used in any part of the Health Departments operation.

D. SPECIMENS AND PROCEDURES:

1. Tourniquets will be disinfected after each use.

2. Capillary tube holders will be decontaminated with a 10 % bleach solution.

3. Blood analysis equipment will be disinfected after each use.

4. Contaminated materials will be disposed of in an appropriate infectious waste container.

5. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

7. All Infectious materials must be placed in a container which prevents leakage during collection, handling, processing, storage, and transfer.

8. Mailing of specimens: The specimen shall be placed in a sealable biohazard marked container and shall be labeled or color coded in accordance with OSHA Standards.

9. Specimen containers that remain in the facility for testing i.e. urine cups, Hematocrit tubes etc. will be exempt from the labeling/color coding requirement of the standard provided that universal precautions are utilized in specimen handling and, the containers are recognizable as containing specimens.

D. WASTE DISPOSAL:

1. Infectious waste will be packaged at the point of generation to avoid exposure of the material during transport.

2. Liquids will be sealed in watertight containers prior to placement in an OSHA approved medical waste container.

3. Leaking boxes will be repackaged into a leak proof plastic bag.

   a. Any spilled liquid or material shall be sprayed with a germicidal solution, covered with an absorbent material to soak up the liquid, then cleaned up and repacked into a new medical waste container.

   b. Infectious waste spills will be thoroughly disinfected to avoid potential for infection to staff, visitors or clients.
1) Spills will be promptly cleaned with an approved disinfectant.

2) Staff will wear gloves and other appropriate Personal Protective Equipment to conduct all cleanups of spills.

3) Infectious waste shall be placed in appropriate color-coded, identifiable bags of sufficient strength or thickness to prevent ripping, bursting, or tearing under normal conditions.

4) When the bags are full, they shall be tied or sealed to avoid spillage.

5) Sharps will be in appropriate containers before disposal. Red/orange bio-hazard bags are located in the Clinic Area.

6) Infectious waste bags and sharps containers shall be placed in containers supplied by the approved medical waste disposable system.

7) Under no circumstances will infectious waste be manually or mechanically compacted.

Reviewed & approved:  

[Signature]

Date: 12/11/19

Timber Dempewolf, RN, Dawson County Health Director
SECTION III:

Maintenance /Custodial Department Specific:

A. In addition to Section I - the following engineering & work practice controls will be utilized to eliminate or minimize exposure to Department Employees.

B. TRAINING:

1. Annual infection control training session will be provided by the Department Head in cooperation with the Exposure Control Officer.

2. Attendance of all staff will be mandatory.

C. SHARPS AND NEEDLES:

1. Staff will be cautious of all needles found during cleaning

2. Needles will not be recapped, bent, or purposely broken

3. NEVER stick your hand or finger into a sharps container

4. NEVER place medical waste or trash into a sharps container

D. WORK AREA RESTRICTIONS:

1. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials:

2. Food and beverages are not to be kept in refrigerators, Freezers, or cabinets where blood or other potentially infectious materials are present.

E. HOUSEKEEPING CLEANING AND DISINFECTING SCHEDULE/PROCEDURE

1. The Director, Maintenance/Custodial services will coordinate with each County Department Head/Commissioner to identify needs for custodial service including any special needs.

2. All work sites will be maintained in a clean and sanitary condition. After each incident where any blood or body fluid is present the entire affected and surrounding area will be cleaned by using a 1-part bleach to 10 parts water solution or a commercial grade cleaner/disinfectant.

3. When using a bleach and water solution heavy type gloves shall be used to protect the hands of the staff. DO NOT USE LATEX GLOVES. These heavy gloves may be reused.

4. Bleach solutions mixed for use will be used on the same day as mixed and NOT be carried over to the next day for use.
5. After any incident where blood or body fluid is present the entire affected and surrounding area will be cleaned by using a bleach and water solution which should be mixed at the time of use and shall be a minimum of 1-part bleach to 10 parts water. (These mixtures of bleach and water shall be used within the same day as it is mixed and NOT be used on a different day.)

a) A commercial grade cleaner/disinfectant may also be utilized.

1) The work area will be cleaned of any visible contaminant by washing the area with soap and water prior to using the disinfectant.

2) Sinks will be cleaned using appropriate commercial disinfectant or bleach solution.

3) All general cleanup of the area will be conducted in a manner which will minimize splashing, spraying, or splattering of blood or other potentially infectious materials.

6. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be picked-up by use of mechanical means.

7. Reusable receptacles such as wastebaskets will be lined with a bag and changed during each cleaning period.

a) Waste baskets in client treatment areas shall be decontaminated on a weekly basis or when the receptacle is contaminated with blood or body fluid.

b) Red Bio-hazard bags will be tied and deposited into appropriate bio-hazard waste receptacles for correct disposal.

Reviewed & approved: Tommy Knoll
Date: 12-17-19
Section IV:

Sheriff's Department Specific

A. In addition to Section I - the following engineering & work practice controls will be utilized to eliminate or minimize exposure to Department Employees.

B. Engineering and Work Practice Controls, All Operations:

1. Supervisors (sheriff, undersheriff, and captain) must ensure the use of adequate and safe practices by all employees under their control and supervision.

2. No CPR is to be performed without a one-way mask.

3. Work areas that involve any tasks involving body fluid specimens or materials contaminated with body fluids will be kept separate from any other department work areas to the greatest extent possible.

C. Law Enforcement Operations:

1. Recovered physical evidence that has been stained or soaked with body fluids shall be air-dried in a clearly marked, protected area of the department laboratory.
   
a. Butcher paper shall be placed beneath the drying materials; close enough to prevent any splattering by dripping fluids.

b. Once dried, the evidence shall be packaged and preserved following commonly accepted legal and procedural guidelines.

2. Appropriate disposable barriers shall be available in each department vehicle for use when transporting persons that may pose a risk of exposure.

D. Detention Facility Operations:

1. Latex, Nitrile, Vinyl or similar exam gloves shall be used when patting down inmates whenever contact with body fluids may occur.

2. Biohazard disposal containers shall be used for diabetic test materials.

E. Coroner Operations:

1. Disposable plastic body envelopes shall be used for all decedents prior to placement into a body bag. "When necessary", envelopes should be stapled or secured with tape to prevent leakage.

2. Access to a death scene or other potentially contaminated area shall be restricted.
F. Inspection and Maintenance:
   1. Department Supervisors;
      a. are responsible for the day-to-day adherence to work practice controls.
      b. shall review the effectiveness of individual controls on a monthly basis.

G. Law Enforcement Operations Hand-Washing Facility locations:
   1. Law Enforcement Center:
      a. Squad room- Bathrooms and Hand sanitizer stations
   2. Field Operations: Antiseptic towelettes

H. Personal Protective Equipment (PPE) Maintenance & Accessibility - Field Operations
   1. PPE is issued to each affected employee and
   2. PPE is supplied in each department vehicle.
   3. Employees exposed to bodily fluids while in the field:
      a. shall utilize the antiseptic towelettes, then
      b. wash with soap and water at the nearest practical facility.
   4. A supply of antiseptic towelettes shall be maintained in the central location at the
      evidence locker. It is the responsibility of each employee to keep an adequate
      supply of the towelettes immediately available when in the field.

I. Coroner Operations:
   1. Employees shall utilize available hand washing facilities at funeral homes, the
      morgue, and (when possible) at the death scene.
   2. Antiseptic towelettes are provided for those instances in which washing facilities are
      not immediately available. In such an instance, use of antiseptic towelettes shall be
      followed by washing with soap and water as soon as possible at the nearest
      practical facility.

J. NEEDLES AND SHARPS:
   1. Under no circumstances will contaminated sharps be picked up or otherwise
      handled with bare hands.
      a. Contaminated sharps whether recovered, or used, during field operations must
         be handled with mechanical devices such as forceps whenever possible.
      b. The term "contaminated sharps" includes evidentiary items such as glass, knife
blades, bullets, etc. that may have been exposed to bodily fluids.

2. Contaminated needles will be placed, intact, in a clearly marked sharps container.

3. Needles used by inmates (i.e., for diabetics requiring insulin injections);
   a. All inmate self-injections:
      1) will be closely monitored by a detention facility employee.
      2) will be delivered in a re-sealable plastic bag.
   b. Following the injection, the inmate will:
      1) recap the needle,
      2) Replace syringe, needle along with the alcohol swab in the plastic bag and
      3) reseal the bag before returning it to the detention facility employee.

4. Needles recovered during law enforcement or coroner field operations, or used by employees during technical procedures in the field, may be recapped ONLY IF doing so is the only safe method of transport or temporary storage. All recapping must be done with a mechanical devise or the one-handed scoop technique.

5. Needles collected or recovered, or used, during field operations must be stored in a clearly marked and approved container if they are to be held as evidence or submitted for laboratory examination.

6. Contaminated needles and sharps may not be cleaned and re-used in any part of this department's operation.

K. WORK AREA RESTRICTIONS:

1. Methods employed to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials include use of:
   a) Disposable absorbent pads
   b) Self-sealing tops on all test tubes, and
   c) Appropriate precautions when drying contaminated evidence (see Paragraph "C" above).

L. SPECIMENS:

1. Specimens collected during law enforcement and coroner field operations shall be placed in containers approved, or provided, by the state crime lab. Use of such containers may constitute a declared exemption to the prescribed labeling and
color-coding requirement.

2. Specimens collected at the detention facility will be placed in containers that comply with the labeling and color-coding standards.

3. Contaminated specimens collected during field operations frequently involve sharps [as described in Paragraph “J” above, which could puncture the primary container.

   Note: Puncture resistant metal, plastic, and cardboard secondary supply containers, together with appropriate labels, shall be maintained in the evidence locker.

4. An approved disposal bag be placed with each sharps container to serve as the secondary container in the event of leakage of the primary container.

5. Contaminated evidence shall be air dried whenever possible to preclude leakage.

6. Primary containers for liquid specimens shall be placed in leak proof secondary containers prior to transport or shipping.

M. CONTAMINATED EQUIPMENT

1. Equipment contaminated with blood or other bodily fluids shall be decontaminated as quickly and thoroughly as necessary. If a question arises as to the feasibility of decontaminating a particular piece of equipment, appropriate resources will be checked prior to decontamination or replacement.

2. Employee requests for personal equipment reimbursement, including uniforms or other contaminated clothing requiring decontamination or replacement will be considered by the Sheriff. Criteria used in determining eligibility for reimbursement include the employee’s adherence to accepted practices to avoid or minimize exposure, availability and use of personal protective equipment, circumstances surrounding the exposure, viable alternatives to replacement, county policy, and current bargaining agreements.

M: PERSONAL PROTECTIVE EQUIPMENT (PPE)

1. Provision - Detention Facility: PPE supplies shall be maintained in selected sites throughout the facility and immediately available to all employees on an as needed basis. The Detention Supervisors shall designate division employees responsible for inspection and replenishing of the supplies.

2. Provision - Law Enforcement & Coroner Operations: Employees shall be issued individual PPE kits. In addition, each department vehicle shall contain extra gloves, absorbent pads/sheets, and disposable aprons and foot covers. Contaminated items shall be replaced from a central storage area immediately accessible to all supervisors. Supplies of disposable gloves shall be maintained at selected sites within the department and immediately available to all employees. Each affected employee of the Administrative, Detective, and Uniform divisions shall be responsible for the regular inspection and maintenance of the issued PPE kit.
3. **Provision - Auxiliary Units:** PPE supplies shall be maintained, and their issue supervised, by the designated unit coordinators (full-time department employees).

4. **Utilization - General:**
   
a) Gloves shall be worn whenever it is reasonably anticipated the employee should have contact with blood, other bodily fluids, non-intact skin, mucous membranes, or potentially contaminated materials.

b) Masks and approved eye protection shall be worn whenever eye or mouth contamination can reasonably be expected due to the potential of splashes, sprays, splatters, or droplets of bodily fluids or other potentially contaminated materials.

c) Protective coverings such as disposable shoe covers, aprons or coveralls, and head-wear shall be used whenever possible and practical to prevent the employee's clothing from becoming stained or soaked with bodily fluids.

d) The use of heavy-duty, tear-resistant gloves is encouraged whenever a task threatens the integrity of standard vinyl or latex gloves.

N. **Utilization - Law Enforcement & Coroner Operations: Field**

1. In emergency field conditions involving officer safety or aid to victims, appropriate PPE shall be utilized unless the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or coworker.

2. At a minimum, gloves and PPE designed to protect uniforms/street clothing shall be worn when processing, recovering, or otherwise handling contaminated evidence.

3. Employees involved in the collection of bodily fluid samples from decedents must, at a minimum, utilize gloves, eye protection (with side shields), and masks. "PPE designed to protect uniforms or street clothing is recommended".

4. Employees assisting with or attending, an autopsy must comply with PPE standards established by the state medical examiner regardless of the actual facility used.

O. **PPE DISPOSAL:**

1. **Detention Facility:**
   a) Disposable PPE shall be removed and placed in clearly marked biohazard waste containers immediately following use.

   b) Approved containers shall be located in the medical examination room, laundry, and such other sites deemed necessary by the supervisors. Other PPE items shall
g. Access to a contaminated area shall be restricted or prohibited until cleaning and disinfecting is completed.

h. All bins, pails, cans, and similar receptacles in affected areas will be monitored daily by supervisors.

i. Any receptacle suspected of having been contaminated should be cleaned and disinfected prior to further use.

3. Law Enforcement & Coroner Operations:

a. Work surfaces shall be covered with butcher paper or a similar barrier whenever contaminated materials are being examined or processed.

b. Work surfaces shall be cleaned and disinfected following each use involving contaminated material.

c. The senior case officer present is responsible for ensuring the above procedures are followed.

d. All bins, pails, cans, and similar receptacles in the work area shall be monitored daily by supervisors.

e. Any receptacle suspected of having been contaminated shall be cleaned and disinfected prior, to further use.

4. Broken Glassware:

a. All broken glassware potentially contaminated with blood or other bodily fluids shall be recovered only through mechanical means such as forceps, brush or broom & dustpan, etc., and discarded in an approved, puncture resistant, waste container.

b. Contaminated broken glassware being recovered or retained as evidence must be collected by mechanical means such as described above and stored in a puncture resistant, labeled, container.

Q. REGULATED WASTE DISPOSAL

1. Contaminated Sharps:

a. Detention Facility: Approved disposal containers shall be located in the booking area and medical examination room.

b. Field: Contaminated sharps shall be transported in approved biohazard bags and disposed of as described in section IV of this exhibit.

c. Evidence: Contaminated sharps that were retained as evidence but no longer needed as evidence shall be disposed of in an approved container
be cleaned immediately following use or removed at the work site and placed in an approved container until laundered. Such containers will be situated at sites directed by the supervisors.

2. Field:
   a) Clearly marked biohazard waste bags shall be included in each PPE kit issued.
   b) Additional bags will be placed in department vehicles.
   c) All used PPE items will be removed and placed in the provided bags before the employee leaves the work site.
   d) Bags will be transported to the department for disposal/laundering as appropriate.
      ➢ An exception to the transport requirement is appropriate in instances in which an approved biohazard waste container is more readily accessible (such as funeral homes, hospitals, morgue, etc.).

P. CLEANING & DECONTAMINATION:

1. General:
   a) Department work sites shall be maintained in a clean, sanitary condition on a daily basis.
   b) Cleaning and disinfecting of contaminated areas shall be accomplished using
      1) a chlorine bleach solution of not less than 1 part bleach to ten parts water or
      2) an approved commercial cleaner/disinfectant.
   c) Contaminated areas must be scrubbed with soap and water or an approved commercial cleaner prior to disinfecting.

2. Detention Facility:
   a. The facility laundry is cleaned daily by the assigned inmate laundry worker.
   b. Any contaminated area shall be cleaned immediately.
   c. Medical examination room work surfaces will be cleaned as soon as possible after use by the supervisor.
   d. Contaminated surfaces shall be cleaned as soon as feasible.
   e. Isolation cells are cleaned and disinfected daily by detention staff or an inmate worker if available.
   f. Contamination occurring in any other portion of the facility shall result in the cleaning and disinfecting at the affected area as soon as feasible.
a. One copy will be maintained in the employee's department training file, and

b. a copy forwarded to the Personnel Office for inclusion in the employee's personnel file.

c. Documentation of any job-specific training applicable to this plan or related rules and laws (other than mandatory annual refresher training) will be forwarded to the Personnel Office.

Reviewed & approved: [Signature]

Date: 12-30-19

Sheriff
as soon as the evidential value has ceased.

2. Disposal:
   a. Sharps containers will be monitored regularly and replaced as necessary.
   b. Filled containers shall be disposed of through the Sure-Way waste system.

R. LAUNDRY - On-site:
   1. Contaminated laundry that can be washed will be laundered at the department detention facility.
   2. Accepted cleaning and disinfecting protocols shall be employed.
   3. Contaminated laundry transported to the detention facility from another part of the Department, shall be placed in a clearly labeled or color-coded bag and shall be accepted only if the laundry has been air dried and sealed in a water soluble "boil bag"; prior to being placed in the biohazard bag.

S. POST-EXPOSURE EVALUATION & FOLLOW-UP
   1. Department supervisors shall be responsible for ensuring that reportable exposure incidents are documented on the form contained in Appendix D of the master plan.
   2. Completed forms shall be reviewed and routed as follows:
      a) Undersheriff, Sheriff, and captain;
      b) Risk Manager; and
      c) Personnel Department [permanent storage].
   3. It is the responsibility of the employee’s supervisors to assure the post-exposure evaluation and follow-up policy contained in the master plan is carried out.
   4. Pertinent records of the evaluation and follow-up will be forwarded to the Personnel Department for permanent storage.

T. RECORDKEEPING:
   1. All records pertaining to orientation, vaccination, or refusal [with signed waiver as exhibited in Appendix C of the master plan] will be maintained by the personnel Department and be available to department administrators.
   2. Maintenance of all records required by the OSHA standard, unless otherwise noted in the master plan (including exhibits & appendices), will be kept by the Sheriff.
   3. Documentation of initial training will be recorded on the form prescribed in the master plan (Appendix E).

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Edited October 2019
Section (VI)
West Glendive Public Works

1. TRAINING:
   A. An annual infection control training session will be provided
   B. Attendance of all staff is mandatory.

2. WASTEWATER:
   A. Staff will be cautious of all wastewater encountered during on-site inspections of failing wastewater treatment systems.
   B. Care will be taken to avoid walking in soil saturated with effluent material.
   C. Lifting or handling of materials contaminated with wastewater will be avoided.

3. WORK AREA RESTRICTIONS:
   A. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials:
      4) Employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses without first performing hand hygiene.
      5) Disposable germicidal cloths will be available for hand washing at off-site work areas where water and soap are not available.
      6) All duties will be conducted in a manner, which minimizes splashing, spraying, or splattering of blood or other potentially infectious materials.

4. HOUSEKEEPING, CLEANING, AND DISINFECTING SCHEDULE/PROCEDURE:
   A. In any incident where blood or body fluid is potentially present, personal protective equipment will be worn. This equipment may include but not be limited to: vinyl gloves, rubber boots, and safety goggles.
   B. Any tools or devices exposed to potential hazards will be cleaned using a 1-part bleach to 10-parts water solution or approved commercial grade cleaner/disinfectant.
   C. When using a bleach and water solution disposable vinyl gloves shall be used to protect the hands of the staff. DO NOT USE LATEX GLOVES as these disposable gloves are intended for single use and may not be reused.
   D. Reusable receptacles such as wastebaskets will be lined with a bag and replaced after contamination.

Reviewed & approved: [Signature] Date: 12-16-19
Public Works
Section (V)  
Environmental Health  
Sanitarian/Environmental Health

1. TRAINING:  
A. An annual infection control training session will be provided  
B. Attendance of all staff is mandatory.

2. WASTEWATER:  
A. Staff will be cautious of all wastewater encountered during on-site inspections of failing wastewater treatment systems.  
B. Care will be taken to avoid walking in soil saturated with effluent material.  
C. Lifting or handling of materials contaminated with wastewater will be avoided.

3. WORK AREA RESTRICTIONS:  
A. In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials:  
1) Employees are not to eat, drink, apply cosmetics or lip balm, or handle contact lenses without first performing hand hygiene.  
2) Disposable germicidal cloths will be available for hand washing at off-site work areas where water and soap are not available.  
3) All duties will be conducted in a manner, which minimizes splashing, spraying, or splattering of blood or other potentially infectious materials.

4. HOUSEKEEPING, CLEANING, AND DISINFECTING SCHEDULE/PROCEDURE:  
A. In any incident where blood or body fluid is potentially present, personal protective equipment will be worn. This equipment may include but not be limited to: vinyl gloves, rubber boots, and safety goggles.  
B. Any tools or devices exposed to potential hazards will be cleaned using a 1-part bleach to 10-parts water solution or approved commercial grade cleaner/disinfectant.  
C. When using a bleach and water solution disposable vinyl gloves shall be used to protect the hands of the staff. **DO NOT USE LATEX GLOVES** as these disposable gloves are intended for single use and may not be reused.  
D. Reusable receptacles such as wastebaskets will be lined with a bag and replaced after contamination.

5. Record Keeping: Unless otherwise noted Maintenance of all records required will be maintained by the Sanitarian

Reviewed & approved: ______________________  
Date: 12-16-19  
Kevin Pena, Dawson County Sanitarian
Dawson County

VACCINATION PARTICIPATION / DECLINATION FORM

Employee Name (Printed): ___________________________ / ___________________________ / ___________________________

Date of Birth: ___________________________

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

After evaluating the advantages and disadvantages of the vaccine program of Dawson County and, based on the information and training provided, I elect to: (check one)

_____ Participate in the interest of my health

_____ Decline Participation _____ Hep A _____ Hep B

_____ I have already received the Hepatitis series from ___________________________ and for this reason I Decline Participation

_____ I Decline Participation at this time as Antibody Testing on ___________________________

By ___________________________ indicates I am Immune and for this reason Decline participation.

My choice not to participate in the Dawson County Hepatitis A and Hepatitis B Immunization Program in no way affects my Employment status.

Dated this _______________________ Day of ___________________________ 20___

Employee Signature: ___________________________
Bloodborne Pathogen

Forms & Documents

Appendices
# Dawson County

## Employee Health History / Immunization Record

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<th>Initial</th>
<th>Annual</th>
<th>Annual</th>
<th>Annual</th>
<th>Annual</th>
<th>Annual</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Specify Dates for the following:

- Measles/Mumps/Rubella (MMR)
- Diphtheria / Tetanus (DT) or Tetanus / Diphtheria / Acellular Pertussis (Tdap)
- Small Pox
- Pneumonia Vaccine
- Chicken Pox
- Other

<table>
<thead>
<tr>
<th>Hepatitis A: Series of 2</th>
<th>Date of Dose 1 of 2</th>
<th>Date of Dose 2 of 2</th>
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</thead>
<tbody>
<tr>
<td>Date of Dose 1 of 3</td>
<td>Date of Dose 2 of 3</td>
<td>Date of Dose 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hepatitis A and Hepatitis B: Series of 3</th>
<th>Titer required? Yes / No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>Date:</td>
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</table>

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<thead>
<tr>
<th>Yearly Influenza Vaccination</th>
<th>Date:</th>
<th>Date:</th>
<th>Date:</th>
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</thead>
</table>

**Comments:**

__________________________

__________________________

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Dawson County

BLOODBORNE PATHOGEN POST-EXPOSURE FOLLOW-UP CHECKLIST

The following steps must be taken, and information transmitted in the case of an employee exposure to any Bloodborne Pathogens. Note: Use back of form for additional comments.

Checklist Activity Completion Date: _____________ Time: _____________

1. Incident Date: _____________ Time: _____________ Location: ______________

2. Did employee seek immediate EMS/Emergency or healthcare facility treatment: Yes / No If yes please attach copy of report. If no explain: __________________________

3. Did the employee do any of the following:
   A. Wash the contaminated area thoroughly? Yes / No
   B. Flush contaminated mucous membranes with water? Yes / No
   C. Remove any contaminated clothing/equipment? Yes / No
   D. Prevent further exposure

4. Did employee notify their Supervisor? Yes / No If Yes: Date; _____________ Time; ______
   If No, why not? ____________________________

5. Has the Employee completed the Unprotected Exposure Form? Yes / No

6. Was “Source” individual identified? Yes / No If Yes was “Source’s” blood tested? Yes / No
   If yes, were Source results given to exposed employee? Yes / No

7. Was exposed employee’s blood collected and tested? Yes / No

8. Was Employee given prophylaxis medication if indicated? Yes / No

9. Did Supervisor or Employee contact Public Health Nurse? Yes / No If Yes; Date/Time _______

Employee Signature: ___________________________ Date: ______________

Comments: ____________________________

Continued On Reverse Yes / No

---

Area below is for Administrative use Only.

Post exposure follow-up and testing information.

1. Documentation forwarded to health care professional (HCP): Name: ___________________________

2. Is a Description of exposed employee's duties included? Yes / No

3. Is a copy of an EMS Provider Exposure Incident Report attached: Yes / No

4. Are results of source individual’s blood testing attached (unless HCP will obtain)? Yes / No

5. Employee’s medical records (unless HCP already has copy)

Comments: ____________________________

______________________________
Employee Department Head/Commissioner Signature:

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1. ___________________________________________________________________, hereby authorize ____________________________.  
   [Print Employee Full Name]                                                [Facility/source/Medical Provider]

   to release the following medical information from my personal medical file:

   1. ____________________________________________________________________

   2. ____________________________________________________________________

   3. ____________________________________________________________________

The above information shall be released to: ________________________________
                                          Name of Individual or Organization

                                          ____________________________
                                          [Address]

                                          ____________________________
                                          [Address]

                                          ____________________________
                                          [Telephone / FAX number]

   for the following purpose: _____________________________________________
                                          [General Describe the Purpose for Release]

   But I do not give permission for any other use or Re-disclosure of this information.

   This Medical Record Information Release shall be valid for no more than 60 working days after today.

   Dated this _______ Day ____________________________ 20___

                                          ____________________________
                                          Signature of Employee authorizing the release

                                          ____________________________
                                          Signature of Person Releasing Information

                                          ____________________________
                                          Signature of Person Receiving Information
Dawson County

BLOOD and/or BODY FLUID EXPOSURE INCIDENT REPORT

Employee's Name ______________________ SSN: ______________________

Job Classification ______________________ Dept. ______________________

Date of Exposure: ________________ Time Exposure Occurred: ____________

Length of Exposure ______________________ Minutes: ______________________

TYPE OF BODY FLUID:

Describe Exposure Circumstances:

Personal Protective Equipment Used

ROUTE / TYPE OF EXPOSURE:

Type 1: Mucous Membrane: ___ eye    ___ mouth    ___ nose

                             ___ other explain: ______________________

Type 2: Skin Exposure

                             ___ puncture/incision   ___ eczema
                             ___ exposure to intact skin (follow-up #3)
                             ___ laceration/abrasion
                             ___ open sore / lesions ___ needle stick (___ contaminated or ___ non-contaminated)

Type 3: ___ Soaked through ___ drops/spray ___ dried/caked ___ diluted

FOLLOW-UP ACTIVITIES:

Signature: ______________________ Title: ______________ Date: ______________

ROUTING: If medical follow-up is indicated, send a copy with the employee for evaluation.

Signed: ______________________ Date: ______________