

Dickinson County Exposure Control Plan



Dickinson County Kansas

Dickinson County Exposure Control Plan

Dickinson County is committed to providing a safe and healthful work environment for our entire staff. The following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910. 1030, “Occupational Exposure to Bloodborne Pathogens” and the State of Kansas regulations.

The ECP ensures Dickinson County is in compliance with the OSHA standard and the State of Kansas regulations and thereby protects employees. The ECP includes:

- Program Administration
- Employee Exposure Risk
- Methods of implementation and control including:
 - Engineering and work practice controls
 - Personal protective equipment
 - Housekeeping
 - Laundry
 - Labels
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Procedures for Evaluating the Circumstances Surrounding an Occupational Exposure
- Communication of hazards to employees/education
- Recordkeeping
- Evaluating circumstances surrounding exposure
- Employee Training
- Record Keeping

Program Administration

- The Dickinson County Elected Official/Department Director is responsible for implementation of the ECP
- The Dickinson County Exposure Control Committee (Director of Health and EMS, Infection Control Officer, Deputy Director of Health) will maintain, review, and update the ECP at least annually and whenever necessary to include new or modified tasks and procedures
- Any Dickinson County Employee who is determined to have occupational exposure to bloodborne pathogens or other potentially infectious material (OPIM) must comply with the procedures and work practices outlined in this ECP
- The Dickinson County Exposure Control Committee will provide information and education regarding all necessary personal protective equipment (PPE), engineering controls, and work practices
- The Dickinson County Employee will contribute to ECP recommendations through employee interviews, committee activities, review of OSHA and the State of Kansas regulations
- The Dickinson County Elected Official/Department Director will ensure that adequate supplies and equipment to execute the ECP will be available in the appropriate sizes to the Dickinson County Employee who is determined to have occupational exposure to bloodborne pathogens or OPIM

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- The Dickinson County Elected Official/Department Director will be responsible for ensuring that all actions/work practices and engineering controls recommended by the OSHA standard, the State of Kansas regulations and the ECP are followed
- Vaccination records for a Dickinson County Employee will be kept by the individual employee and a progress/completion record will be turned into the Elected Official/Department Director who will submit the completed progress/completion record into Human Resource Department
- The Dickinson County Elected Official/Department Director will be responsible for training, documentation of training, and making the written ECP available to the employee

Employees of Dickinson County will have access to the following resources in this document

- *The Dickinson County Exposure Control Plan* found at www.dkcoks.org
- *The Blood or Other Potentially Infection Material Spill Policy* (Appendix I)
- *The Tuberculosis Risk Assessment Worksheet* (Appendix II)
- *Dickinson County Exposure to Bloodborne Pathogens and Other Potentially Infectious Materials Form* (Appendix III)
- *Dickinson County Employee Injury/Incident Accident Report* (Appendix IV)
- *Dickinson County Vaccination Declination Form* (Appendix V)
- *Declination of Influenza Vaccination Form* (Appendix VI)
- *The Source Information and Consent for Testing Form* (Appendix VII)
- *Exposure to Bloodborne Pathogens or Other potentially Infectious Materials Checklist* Appendix VIII
- *Sharps Injury Log* (Appendix IX)
- *Training Roster* (Appendix X)
- *Dickinson County Exposure Determination List* (Appendix XI)
- *Definitions* (Appendix XII)

Employee Exposure Risk

A list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur for a Dickinson County employee, is to be reviewed with the new Dickinson County Employee during *Exposure Control Plan* training

Methods of Implementation and Control

Exposure Control Plan

- The Exposure Control Plan and all Appendices will be reviewed by each Dickinson County Employee annually
- The Dickinson County employee can review this plan at any time during their work shift by accessing the Dickinson County Employee Handbook found at www.dkcoks.org
- The Exposure Control Committee will review and update the ECP and its Appendices annually or more frequently if needed
- The Exposure Control Plan Committee will notify the Elected Official/Department Director by email anytime the ECP or Appendices is updated

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- The Elected Official/Department Director will notify the Dickinson County employee of updates to the ECP or Appendices

Engineering and work practice controls

- Engineering controls and work practice controls will be used by the Dickinson County employee to prevent and/or minimize occupational exposure to bloodborne pathogens or OPIM
- Specific controls and work practices to be used include: 1) Needleless system, 2) Safety needles, 3) No recapping of needles, 4) Use of Sharps disposal containers, 5) Use of Red Biohazard bags, 6) Spill Response Kit
- Sharps disposal containers are to be maintained or replaced by the Dickinson County Employee when they reach the full line to prevent overflowing and an inadvertent needle stick
- The Exposure Control Plan Committee will identify the need for changes in engineering controls and work practices through: 1) Review of employee interviews, 2) Use of labels and red bags as required by the OSHA standard, the State of Kansas regulations and this ECP, 3) Availability and review of product information by the Elected Official/Department Director and/or the Exposure Control Plan Committee or suggestion for use by an employee with review by the Elected Official/Department director and/or the Exposure Control Plan Committee, 4) Search of literature or evidence on best practice by an employee with review by the Elected Official/Department Director and/or the Exposure Control Plan Committee, 5) Pilot or trial of use by the Dickinson County employee with review by the Elected Official/Department Director and/or the Exposure Control Plan Committee, 6) Feedback from an employee or department committee to the Elected Official/Department Director and/or the Exposure Control Committee
- The Dickinson County Employee and Elected Official/Department Director and/or the Exposure Control Plan Committee are involved in changes in engineering controls and work practices in the following manner: 1) Identifying products and procedures to improve work, 2) Evaluating the products and procedures, 3) Review of literature or evidence on best practice in order to present in favor of the procedure or product or to dispute use of the same
- The Exposure Control Plan Committee will review the Exposure Control Plan and make recommendations to the County Administrator

Personal Protective Equipment (PPE)

- PPE is provided to the Dickinson County Employee at no cost to them
- Education in the use of the appropriate PPE for specific tasks or procedures is provided by the Exposure Control Plan Committee or the Elected Official/Department director
- The type of PPE available to the Dickinson County Employee may include: 1) Goggles/Face Shield/Eye Protection, 2) Gloves, 3) Gowns/Aprons, 4) Shoe covers
- PPE may be obtained by contacting the Elected Official/Department Director or the Exposure Control Committee

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Use of PPE

The Dickinson County Employee must observe the following precautions:

- Wash hands with soap and water (if no soap and water available use hand sanitizer until soap and water available) immediately or as soon as feasible after removing gloves or other PPE
- Remove PPE after it becomes contaminated and before leaving the area
- Contaminated PPE should be disposed of in a red biohazard bag
- Non-contaminated PPE may be disposed of in regular trash
- Appropriate PPE should be used when it is reasonably anticipated that there may be contact with blood or OPIM, and when handling or touching a contaminated item or surface
- PPE should be replaced if torn, punctured or contaminated, or if the ability to function as a barrier is compromised
- Puncture resistant gloves may be decontaminated for reuse if their integrity is not compromised; discard gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration
- Never wash or decontaminate disposable gloves for reuse
- 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
- Remove immediately (or as soon as feasible) any garment contaminated by blood or OPIM, in such a manner as to avoid contact with the outer surface

Housekeeping

- Regulated waste is placed in containers which are closable, constructed to contain all contents and prevent leakage, appropriately labeled or color-coded (see the following section “Labels”), and closed prior to removal to prevent spillage or protrusion of contents during handling
- A Sharps disposable container is to be filled only to fill line. Once the container is full activate the closure mechanism on the container and dispose of in Red Trash container found at the Emergency Medical Services bay area
- Contaminated sharps are to be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and appropriately labeled or color-coded
- A Sharps disposal container should be ordered for each department where they are needed by the Elected Official/Department Director
- Broken glassware that may be contaminated are to be picked up using mechanical means, such as a brush dustpan and/or tongs and disposed of in a puncture resistant container
- Wash basins, bins, and pails are to be cleaned and decontaminated as soon as feasible after visible contamination

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Laundry

- Contaminated articles may be laundered by Dickinson County at Emergency Medical Services and the Dickinson County Jail
- Articles that may be laundered include: 1) Inmate uniforms, 2) Sheets, 3) Blankets, 4) Pillow cases
- The following laundering requirements must be met: 1) Handle contaminated laundry as little as possible, with minimal agitation, 2) Place wet contaminated laundry in red bags or bags marked with biohazard, 3) Place the red bag in a leak-proof, labeled or color-coded container before transport in a county vehicle
- PPE to be worn when handling and/or sorting contaminated laundry may include: 1) Gown/Apron, 2) Gloves, 3) Goggles, 4) Mask

Labels

Exposure Control Plan Committee is responsible for ensuring that biohazard labels and/or red bags labeled correctly are used properly for regulated waste or contaminated equipment



Risk and Vaccination

- A *Vaccination Declination Form* must be completed and signed by the Dickinson County Employee and the Elected Official/Department Director for any Dickinson County Employee refusing recommended vaccinations
- The following vaccinations are recommended for Dickinson County Health and Emergency Medical Services, The Sheriff's Department, Emergency Management, and Custodial Department
 - Hepatitis B
 - Tetanus (Tdap)
 - MMR (Measles, Mumps, and Rubella)
 - Varicella (Chicken Pox)
- The following vaccinations are recommended for Dickinson County Road & Bridge, The Appraisers Office, Environmental Services, and Zoning
 - Tetanus (Tdap)
- Influenza vaccination is recommended for all Dickinson County Employees

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- Dickinson County Employees of Health and Emergency Medical Services, The Sheriff's Department, Emergency Management, and Custodial Department will need to complete the *Influenza Vaccination Declination Form* if they refuse influenza vaccination
- Tuberculosis (TB) Risk Assessment will be done for the Dickinson County Employee who is Employed at Dickinson County Health and Emergency Medical Services, Dickinson County Sheriff's Department, Emergency Management, and Custodial Department
- Recommended vaccination and TB testing will be provided by Dickinson County Health Department
- An appointment can be made by contacting the Health Department at 785-263-4179
- Recommended vaccination is to be initiated within 90 days of initial assignment
- Vaccination is encouraged unless: 1) Documentation exists that the employee has previously received the vaccination(s) 2) Antibody testing reveals that the employee is immune to the vaccine preventable disease
- All vaccination will be submitted to the employee's individual health insurance for reimbursement
- If the Dickinson County Employee does not have insurance coverage, the cost will be charged to the appropriate county department
- Dickinson County Health Department will accept the insurance reimbursement for vaccination as payment and there will be no out-of-pocket expense to the employee
- A Dickinson County Employee who has been assigned to a position found on the Dickinson County Exposure Determination List with HIGH or MEDIUM risk will be recommended for appropriate vaccination by the Elected Official/Department Director
- A Dickinson County Employee who has been assigned to a position found on the Dickinson County Exposure Determination List with HIGH or MEDIUM risk, and is recommended for appropriate vaccination but declines such vaccination, must sign a *Dickinson County Vaccination Declination Form*
- The Dickinson County Employee who declines recommended vaccination may request and obtain the vaccination at a later date at no additional out of pocket cost to the employee

Post-Exposure Evaluation and Follow-Up

- The following are examples (this is not an inclusive list) of a bloodborne pathogen or OPIM occupational exposure: 1) Contaminated needle stick injury, 2) Bloodborne pathogens or OPIM in direct contact with the surface of the eye, nose, or mouth, 3) Bloodborne pathogens or OPIM in direct contact with an open area of the skin, 4) A cut from a sharp object covered with Bloodborne pathogens or OPIM
- If a bloodborne pathogen or OPIM occupational exposure occurs please follow the instructions found on the *Exposure to Bloodborne Pathogens or Other Possible Infectious Materials Checklist* (Appendix VIII)
- The Elected Official/Department Director will turn only the *Dickinson County Employee Injury/Incident Accident Report* (Appendix IV) into the Human Resource Department
- If the source patient is already known to be HIV, HCV and/or HBV positive, new testing is not required

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- If the source patient is already known to be HIV, HCV and/or HBV positive the source patient will request that his/her health information regarding HIV, HCV and/or HBV be shared with the Dickinson County Medical Director
- Infection Control Officer will provide the exposed Dickinson County employee with the source individual's test results
- Infection Control Officer will provide appropriate information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual
- If the source individual has a positive test result for HIV, HCV, and/or HBV the Dickinson County employee will be sent to Memorial Health System or Herington Municipal Hospital lab for testing
- The Infection Control Officer will ensure that the Dickinson County Medical Director evaluating a Dickinson County employee for an occupational exposure will receive the following:
 - A description of the employee's job duties relevant to the exposure incident
 - Routes(s) of exposure
 - Circumstance of exposure
 - If possible, results of the source individual's blood test
 - Relevant employee medical records, including vaccination status
 - Copy of OSHA's bloodborne pathogens standard and the State of Kansas regulations
- The Infection Control Officer will provide the employee with a copy of the Dickinson County Medical Director's written recommendation within 15 days after completion of the evaluation related to the exposure

Evaluating the Circumstances Surrounding an Occupational Exposure

Elected Official/Department Director will review the circumstances of all occupational exposure to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used (including type and brand)
- Protective equipment or clothing that was used at the time of the occupational exposure (gloves, goggles, etc.)
- Location of the occupational exposure (this is not an inclusive list): 1) clinic, 2) EMS run, 3) county employee at time of occupational exposure, 4) sanitation department or location
- Procedure/work being performed when the occupational exposure occurred
- Employee education related to the ECP
- All Dickinson County employee occupational exposures will be evaluated by the Exposure Control Plan Committee
- The Medical Director will determine work restriction for the Dickinson County employee after an occupational exposure and communicate this information to the Infection Control Officer and Human Resource

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The Infection Control Officer will record all percutaneous injuries from contaminated sharps on a *Sharps Injury Log*

The Exposure Control Plan Committee will make revisions to this ECP when changes are necessary

Employee Training

The Dickinson County employee will receive initial training on the Exposure Control Plan at the first planned training session after employee position assignment

Annual review of the exposure control plan should be completed with the Elected Official/Department Director

The Elected Official/Department Director will provide updates for the Dickinson County Employee about revisions made to the ECP

Training for the Dickinson County Employee about bloodborne pathogens, OPIM and occupational exposure will contain

- Initial education about the epidemiology, symptoms, and transmission of bloodborne pathogens and OPIM and diseases that may result from an occupational exposure
- A copy and explanation of the OSHA bloodborne pathogen standard and the State of Kansas regulations
- An explanation of Dickinson County's ECP and how to obtain a copy
- An explanation of tasks and other activities that may involve exposure to blood and OPIM including what constitutes an occupational exposure
- An explanation of the use and limitations of engineering controls, work practices, and PPE
- An Explanation of the types, uses, location, removal, handling, decontamination, and disposal of PPE
- An explanation of the basis for PPE selection
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, benefits of being vaccinated, and that vaccination is free of charge for medium to high risk for the Dickinson County Employee
- An explanation of the procedure to follow in the case of an occupational exposure including the method of reporting the incident and the medical follow-up that will take place
- The signs and labels and/or color coding required by the standard and used at Dickinson County
- An opportunity for interactive questions and answers with the person conducting the education

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Record Keeping

- The *Training Roster* Appendix X (found at www.dkcocks.org) will be completed for each Dickinson County employee upon completion of training related to the Exposure Control Plan
- *Training Roster* (Appendix X) will be kept, for at least three years, by the Elected Official/Department Director, The Infection Control Officer and Human Resource
- Documentation on the *Training Roster* (Appendix X) will include:
 - The date of the training session
 - The contents or a summary of the training session
 - The name and title of the person(s) conducting the training
 - The name of the Dickinson County Employee attending the training session
- The County employee's *Training Roster* (Appendix X) will be provided upon written request to the employee or the employee's authorized representative. Such request should be addressed to the Elected Official/Department Director
- Medical Records will be maintained for each employee with occupational exposure in accordance with 29 CFR 1910. 1020, "Access to Employee Exposure and medical Records" and State of Kansas regulations
- The Infection Control Officer is responsible for maintaining the medical records related to a Dickinson County employee occupational exposure
- Medical records related to a Dickinson County employee occupational exposure will be kept for the duration of employment plus 30 years
- Medical records related to Dickinson County employee occupational exposure will be provided upon written request of the employee or anyone having written consent of the employee within 15 working days. Such requests should be sent to Infection Control Officer

Sharps Injury Log

- All percutaneous injuries from contaminated sharps will be documented by the Infection Control Officer on the *Sharps Injury Log* (Appendix IX)
- All Sharps Injury documentation must include:
 - Name of the Dickinson County Employee injured
 - Date of the injury
 - Type and brand of the device involved (syringe, needle, and suture needle)
 - Department or work area where the incident occurred
 - Explanation of how the incident occurred
- The *Sharps Injury Log* (Appendix IX) will be available for review by the Exposure Control Plan Committee as needed



Appendix I

Blood or Other Potentially Infection Material Spills

Purpose:

To appropriately contain and disinfect Blood or Other Potentially Infectious material spills

Policy:

All employees of Dickinson County facilities will manage spills of blood or other potentially infectious material according to facility procedure

Procedure:

Spill Response Kit

A basic spill response kit containing the following items will be maintained in a puncture resistant container.

1. Medical examination gloves
2. Face protection (eye wear, mask, or face shield)
3. Plastic apron or other similar article
4. Shoe covers
5. Concentrated disinfectant (chlorine bleach)
6. A container for constituting and applying 10% bleach solution
7. A dust pan/brush, forceps, tongs or other mechanical device to pick up sharps or broken glass
8. Package of paper towels or other suitable absorbent material
9. Biohazard bags for the collection of contaminated spill clean-up items

Blood Spill Cleaning Procedure

Household bleach is used as a standard disinfectant. An alternative disinfectant may be used provided this disinfectant is recognized as effective and used at the appropriate dilution and contact time. The disinfectant should be registered with the Environmental Protection Agency as tuberculocidal for compliance with the Occupational Health and Safety Administration Bloodborne Pathogens Standard.

1. For any spill which results in an exposure incident, personnel will follow facility procedure for exposure incidents.
2. Minimize traffic in the spill area.
3. Put on personal protective equipment, including suitable gloves, plastic apron, face shield or goggles and fluid repellent mask, and shoe covers.
4. Collect any sharp objects with forceps or other mechanical device and place in a sharps container. Do not use hands for this purpose.
5. Contain and absorb the spill with paper towels or disinfectant-soaked paper towels and place in a biohazard bag.

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6. Using disinfectant, clean the spill site of all visible blood.
7. Spray the spill site with 10% household bleach and allow to air-dry for 15 minutes.
8. After the 15 min contact time, wipe the area with disinfectant-soaked paper towels.
Discard all disposable materials used to decontaminate the spill into a biohazard bag.
Decontaminate any reusable items with disinfectant.
9. Send contaminated cleaning articles for reprocessing or dispose.
10. Remove and dispose of personal protective equipment in biohazard bag.
11. Wash hands with soap and water (if no soap and water are available use hand sanitizer until soap and water available).
12. Biohazard bag should be taken to EMS department in a county vehicle for disposal.



Appendix II

Tuberculosis (TB) Risk Assessment Worksheet

Name & Title: _____

Date: _____

Incidence of TB	
What is the incidence of TB in your county, and how does it compare with the state and national average? What is the incidence of TB in your facility and specific settings and how do those rates compare? (Incidence is the number of TB cases in your county the previous year.) This information can be obtained from the state or local health department.	Community Rate: _____ State of Kansas Rate: _____ National Rate: _____ Facility Rate: _____
Are patients with suspected or confirmed TB disease encountered in your setting?	Yes No
If yes, how many patients with suspected and confirmed TB disease are seen in your (Dickinson County EMS/Health Dept, Sheriff's Department) occupational setting in 1 year?	Suspected: _____ Confirmed: _____
If no, does your occupational setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No
Currently, does your occupational setting have a cluster of persons with confirmed TB disease that might be a result of ongoing transmission of Mycobacterium tuberculosis within your setting?	Yes No
Nontraditional facility-based settings	
How many TB patients are encountered in your occupational setting in 1 year?	Previous Year: _____ 5 Years Ago: _____
Does evidence exist that a high incidence of TB disease has been observed in the county that you serve?	Yes No
Does evidence exist of person-to-person transmission of M. tuberculosis in the county that you serve?	Yes No
Have any recent TST or BAMT conversions occurred among staff or clients?	Yes No
Is there a high incidence of immunocompromised clients or HCW's in the	Yes No

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setting?	
Have clients with drug-resistant TB disease been encountered in your occupational setting within the previous 5 years?	Yes No Year: _____
When was the first time a risk classification was done for your occupational setting?	Year: _____
Considering the items above, would your occupational setting require a higher risk classification?	Yes No
Does your occupational setting have a plan for the triage of patients with suspected or confirmed TB disease?	Yes No
Depending on the number of clients with TB disease who are encountered in a nontraditional setting in 1 year, what is the risk classification for your setting?	<input type="radio"/> Low Risk <input type="radio"/> Medium Risk <input type="radio"/> High Risk
Is the TB risk assessment conducted or updated annually in the occupational setting?	Yes No
When was the last TB risk assessment conducted?	Date: _____
Any problems identified during the TB risk assessment?	Yes No
If yes, list problems below:	
What actions will be taken to address the problems identified during the TB risk assessment?	



Appendix III

Exposure to Bloodborne Pathogens or Other Potentially Infectious Materials Form

Employee Name: _____ Date: _____

Date and Time of Exposure: _____ Run # (if Applicable): _____

Location where exposure occurred:

Type of exposure (check all that apply):

- Percutaneous – Complete Section II
- Mucous membrane – Complete Section III
- Skin – Complete Section III

Type of fluid/tissue involved in exposure:

- Blood/blood products
- Body fluids (Check one)
 - Visibly bloody
 - Not visibly bloody
 - What type of bodily fluid: _____
- Solutions (IV fluids, irrigation etc.): (Check one)
 - Visibly bloody
 - Not visibly bloody
- Tissue
- Other (Specify): _____
- Unknown

Describe body site or sites of exposure:

Section II – Percutaneous Injury

- 1) Was the needle or sharp object visibly contaminated with blood prior to exposure?
Yes or No
- 2) Describe depth of injury:
 - Superficial, surface scratch
 - Moderate, penetrated skin
 - Deep puncture or wound

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3) Describe what needle or sharp object caused the injury:

- Hollow-bore needle
 - Describe: _____
- Glass
 - Describe: _____
- Scalpel or other type of blade
 - Describe: _____
- Plastic
 - Describe: _____
- Metal
 - Describe: _____

4) Did the needle or other sharp object involved in the injury have a safety feature?

Yes or No

- If yes please describe the safety feature: -

5) Describe the purpose or activity the sharp object was being used:

6) Describe what happened when the injury occurred:

Section III – Mucous Membrane and/or Skin Exposure

1) Estimate the amount of blood/bodily fluid exposure:

2) Describe activity/event when exposure occurred:

3) Barriers used by the employees at the time of exposure: (Check all that apply)

- No barriers
- Face shield
- Gloves
- Goggles
- Mask/respirator
- Gown
- Other: _____

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Section IV – Narrative

In the employee’s own words, how did the injury occur?

Section V – Prevention

In the employee’s own words, how could the injury have been prevented?

Section VI – Exposure Care

What medical care was done following the exposure?

The following sections are to be filled out by the Elected Official/Department Director

Section VII – Determination of Exposure

With the information provided in above incident is it determined to be a true exposure?

Yes or No

If yes please describe what evidence brought you to that determination:

Section VIII – Follow- Up Care

1) Was a source patient identified? **Yes or No**

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2) Was consent obtained and testing done on source patient? **Yes or No**

3) What treatment was provided to the exposed?

4) Is there work restrictions? If so describe the restrictions:

5) Was counseling provided to the exposed? **Yes or No**

If no document why counseling is not being provided:

Employee Signature _____ Date _____

Elected Official/Department Director _____ Date _____



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Employee Injury/Incident/Accident Report

Name:	Department:	Date:
Job Title:	Date of Birth:	Age:
SS#:	Date of Hire:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home Address:	Phone #:	
City, State, Zip:		
Supervisor Name:	Facility Location:	

INCIDENT INFORMATION <i>(Must be completed by Employee)</i>	
Date of Incident:	Time Shift Began:
Time of Incident: <input type="checkbox"/> AM <input type="checkbox"/> PM	Did you report this incident immediately: <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, explain why?	
Where did incident occur?	
Specific job or activity being performed at the time of the accident/incident:	
How did the accident/incident occur?	
What caused the accident/incident?	
Why did this happen?	
How can this be prevented from happening again?	
Name of all persons who witnessed or have knowledge of the accident/incident?	

Nature of Injury and Treatment
Parts of body affected:
Side of body: <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
Nature and extent of injury:
Was injured party examined by a doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Doctor's Name:
Address and phone:
Explain treatment from medical staff:

Employee Signature	Date:
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Appendix V

Dickinson County Vaccination Declination Form

I understand that due to my occupational exposure I may be at risk of acquiring vaccine preventable disease. I have been given the opportunity to receive the recommended vaccination(s).

I understand that by accepting the recommended vaccination, I will receive the vaccine with no out-of-pocket expense. If I receive any portion of a vaccine series but do not complete the vaccination series, I could be charged for those vaccines I received.

I understand that by declining recommended vaccination(s), I continue to be at risk for acquiring serious vaccine preventable disease. If in the future, I continue to have an occupational exposure and I want to receive the recommend vaccination(s), I can receive the recommended vaccination(s) at no charge to me.

Please initial:

_____ **I decline the recommended Hepatitis B vaccination**

_____ **I decline the recommended Tdap (tetanus, diphtheria, acellular pertussis) vaccination**

_____ **I decline the recommended MMR (measles, mumps, rubella) vaccination**

_____ **I decline the recommended Varicella (chicken pox) vaccination**

Signature of Employee: _____ **Date:** _____

Printed Name: _____

Witnessed by: _____



Appendix VI

Declination of Influenza Vaccination

Dickinson County has recommended that I receive influenza vaccination to protect the clients that I serve.

I acknowledge that I am aware of the following facts:

- ✓ Influenza is a serious respiratory disease that kills thousands of people in the United States each year.
- ✓ Influenza vaccination is recommended for me to protect this facility's clients from influenza, its complications, and death.
- ✓ If I contract influenza, I can shed the virus for 24 hours before influenza symptoms appear. My shedding the virus can spread influenza to clients that I serve.
- ✓ I understand that the strains of virus that cause influenza infection change almost every year and, even if they don't change, my immunity declines over time. This is why vaccination against influenza is recommended each year.
- ✓ I understand that I cannot get influenza from the influenza vaccine.
- ✓ The consequences of my refusing to be vaccinated could have life-threatening consequences to my health and the health of those with whom I have contact, including:
 - All clients served by Dickinson County
 - My coworkers
 - My family
 - My community

Despite these facts, I am choosing to decline influenza vaccination right now for the following reasons:

I understand that I can change my mind at any time and accept influenza vaccination, if vaccine is still available.

I have read and fully understand the information on this declination form.

Signature: _____ Date: _____

Print Name: _____



Appendix VII

Source Information and Consent for Testing Form

A Dickinson County Employee has been accidentally exposed to your blood or body fluids. If you are infected with a bloodborne disease, he/she may be at risk for acquiring it. The most common bloodborne diseases that a Dickinson County Employee might be exposed to are Hepatitis B, Hepatitis C and HIV. Hepatitis causes inflammation of the liver. HIV causes Acquired Immunodeficiency Syndrome (AIDS). When an accidental exposure occurs and the source of the blood has one of these viruses, the employee must quickly receive medication to try to prevent him/her from getting the disease and/or undergo long term medical observation.

Therefore, we would like to test a small amount of blood to see if you are infected with HIV, HCV, and/or HBV, at no charge to you. We may need to take approximately 30cc (2 tablespoons) of blood from your vein. The collection of blood specimens occasionally leaves a bruise at the needle site.

If you have not been diagnosed with any of these diseases prior to the post-exposure testing and you have a positive test result will be sent to your physician and you will be contacted for appropriate follow-up care.

_____ Yes, I do consent to testing for the common bloodborne diseases listed above.

_____ No, I am refusing to be tested for the common bloodborne diseases listed above.

Results of testing should be sent to Dickinson County Medical Director

Signature: _____

Printed Name: _____

Date: _____ Time: _____

Infection Control Officer or Elected Official/Department Director/Designee Signature:

Date: _____



Appendix VIII

Exposure to Bloodborne Pathogens or Other Potentially Infectious Materials Checklist

The Dickinson County employee with an exposure or a questionable exposure to bloodborne pathogens or OPIM will:

- Immediately wash exposed area with soap and water. If eyes are involved rinse with copious amounts of water and follow initial first aid actions
- Go to Memorial Health System emergency department or Herington Municipal Hospital Emergency Department for treatment of any acute injury
- Notify the Elected Official/Department Director that an exposure to bloodborne pathogens or OPIM has occurred
- Obtain consent from the source client by having them fill out the *Source Information and Consent for Testing Form*
- The source client will be taken to Memorial Health System or Herington Municipal Hospital lab as soon as possible for testing
- If the source client refuses testing have them fill out the Source Information and Consent for Testing Form (mark the No, I am refusing to be tested) and sign. Contact Department Director immediately.
- Transfer work responsibilities (as soon as appropriate)
- Fill out the *Dickinson County Exposure to Blood/Bodily Fluids Form* before the end of your shift
- Fill out the *Employee Injury/Incident/Accident Report* before the end of your shift if possible
- Ensure that the following are given to Elected Official/Department Director as soon as possible (preferably within 24 hrs of the exposure)
 - Source Information and Consent for Testing Form*
 - Dickinson County Exposure to Blood/Bodily Fluids Report
 - Employee Injury/Incident/Accident Report



Appendix IX
Sharps Injury Log

Employee Name/Number	Date/Time	Device Used	Work Area Incident Occurred	Describe How The Incident Occurred



Appendix X
Training Roster

Department _____

Employee Name	Employee Signature
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	
11)	
12)	
14)	
15)	
16)	
17)	
18)	
19)	
20)	

In-service/Training Content:

Instructor Name/Title _____

Date of In-service/Training _____



Appendix XI

Dickinson County Exposure Determination List

Department	Position	Exposure Risk
Administration	Administration Assistant -	Low
Administration	Budget Director	Low
Administration	County Administrator	Low
Administration	County Counselor	Low
Administration	County Administrator	Low
Administration	Custodian	Med
Administration	Data Processor (IT)	Low
Administration	Emergency Management Director	Med
Administration	Facilities Manager - Custodial	Med
Administration	GIS Coordinator	Low
Administration	GIS Technician	Low
Administration	Human Resource Director	Low
Administration	Payroll Clerk	Low
Administration	Planning/Zoning Administrator	Low
Appraiser	Appraiser	Low
Appraiser	Assistant Appraiser	Low
Appraiser	Data Collector 1 (IAAO 1 Cert)	Low
Appraiser	Data Collector 2 (IAAO 2 Cert)	Low
Appraiser	Personal Property Clerk	Low
Attorney	County Attorney	Low
Clerk	County Clerk	Low
Commissioners	Commissioner	Low
County Attorney	Assistant County Attorney	Low
County Attorney	Paralegal	Low
County Attorney	Victim Witness Coordinator	Low
County Clerk	Deputy County Clerk	Low
County Clerk	Deputy Election Coordinator	Low
County Clerk	Tax Clerk	Low
EMS	AEMT	High
EMS	Billing Clerk - EMS	Low
EMS	Captain Paramedic	High
EMS	Deputy Director EMS	High
EMS	EMT	High
EMS	Health & Medical Services Director	High
EMS	Paramedic	High
Emerg. Comm.	Communications Director (911)	Low
Emerg. Comm.	Communications Officer 1 (911)	Low
Emerg. Comm.	Communications Officer 2 (911)	Low
Emerg. Comm.	Communications Supervisor (911)	Low
Environ. Serv.	Clerk - Environmental Services	Low
Environ. Serv.	Scale Operator/Chemical Leader	Low
Environ. Serv.	Environmental Services	Low

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Environ. Serv.	Office Manager - Environmental Services	Low
Environ. Serv.	Service	Low
Environ. Serv.	Sprayer Operator	Low
Health	Billing Clerk - Health	Low
Health	CCLR/HSHV	Med
Health	Deputy Director Public Health	High
Health	Immunization/WIC Clerk	High
Health	LPN	High
Health	Office Manager - Health Dept.	Low
Health	RN	High
Reg of Deeds	Clerk - Register of Deeds	Low
Reg of Deeds	Deputy Register of Deeds	Low
Reg of Deeds	Register of Deeds	Low
Rd & Bridge	Adm Assistant - Road & Bridge	Low
Rd & Bridge	Engineer	Low
Rd & Bridge	Equipment Operator 1	Low
Rd & Bridge	Equipment Operator 2	Low
Rd & Bridge	Equipment Operator 3	Low
Rd & Bridge	Equipment Operator 4	Low
Rd & Bridge	Foreman - Asphalt	Low
Rd & Bridge	Foreman-Rock Road	Low
Rd & Bridge	Mechanic	Low
Rd & Bridge	Road & Bridge Supervisor	Low
Rd & Bridge	Shop Foreman	Low
Sheriff	Administrative Assistant - Sheriff	Low
Sheriff	Administrative Assistant - Sheriff	Low
Sheriff	Captain Investigations - Sheriff	High
Sheriff	Deputy	High
Sheriff	Deputy-Detective	High
Sheriff	Deputy - Investigator	High
Sheriff	Deputy Lt/Investigator	High
Sheriff	Deputy/Dare	High
Sheriff	Deputy/K-9	High
Sheriff-Jail	Detention Corporal	High
Sheriff-Jail	Detention Lt. (Supervisor)	High
Sheriff-Jail	Detention Officer 1	High
Sheriff-Jail	Detention Officer 2	High
Sheriff	Office Manager - Sheriff	Low
Sheriff	Sheriff	High
Sheriff	Undersheriff	High
Treasurer	County Treasurer	Low
Treasurer	Motor Vehicle Clerk	Low
Treasurer	Motor Vehicle Supervisor	Low
Treasurer	Motor Vehicle Title Approver 1	Low
Treasurer	Motor Vehicle-Tax Clerk	Low
Treasurer	Treasurer Supervisor	Low



Appendix XII

Definitions

Airborne Pathogens-Disease causing micro-organisms spread by droplets expelled into the air, typically through a productive cough or sneeze.

Bacteria-Single-celled organism capable of causing an infection.

Bloodborne pathogens-Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but not limited to, Hepatitis B, and HIV.

Body Substance Isolation (BSI)-A method of exposure control for emergency response personnel in which all body substances are treated as potentially infectious.

Contact-Occurs when employees, with no open wounds or broken skin, come in contact with blood or body fluids of a source individual.

Contagious-Characteristic of a disease that is able to be transferred from one person or source to another person.

Contaminated-Presence or reasonable anticipated presence of blood or other potentially infectious materials on an item or surface.

Decontamination-Use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use and/or disposal.

Disinfection-The process used to inactivate virtually all recognized pathogenic microorganisms but not necessarily all microbial forms, such as bacterial end spores. Note: Disinfection is not the same as sterilization.

Droplet infection-Infection by inhaling droplets of moisture carrying bacteria or viruses.

Dustborne Infection-Infection by inhaling particles of dust to which bacteria or viruses are attached.

Exposure-A condition that allows a person to be subjected to an infectious disease. An exposure does not mean an infection has occurred.

Exposure Incident-A specific eye, mouth, other mucous membrane, or non-intact skin, or parenteral contact with blood or other potentially infectious materials resulting from the performance of a member's job related duties.

Fungus-An organism found in the soil, air, and water capable of causing a slow-growing infection which, in most cases, is rarely fatal.

Infectious-Characteristic of a microorganism's ability to cause an infection by invading the body and multiplying in the body's tissue.

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Jaundice-Yellow discoloration of the skin.

Occupational Exposure-Reasonably anticipated skin, eye, mucous membrane, or other parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM)-1)The following body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; 2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); 3) HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions; blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral Contact-Piercing skin or mucous membrane through such events as needle sticks, human bites, cuts and abrasions.

Personal Protective Equipment (PPE)-Specialized clothing or equipment worn by an employee for protection against infectious materials or other hazards.

Percutaneous-Passed, done or effected through the skin.

Portal of Entry-A location where the infectious agent can invade the body. A portal of entry can be an open wound, the eyes, the airways, the gastrointestinal tract, or other organ system.

Regulated Waste-Refuse, often contaminated with infectious materials which must be discarded according to specified regulations and guidelines.

Reservoir-A storage place such as a body cavity where infectious agents can be found. The reservoir can be a source of infection for other people.

Sharps-Medical articles that may cause punctures or cuts to those handling them, including all broken medical glassware, syringes, needles, scalpel blades, suture needles, and disposable razors.

Source Individual-Individual living or deceased, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.

Susceptible-Characteristic of a person lacking the ability to fight or resist the invading virus or bacteria.

Transmission-The passing of a disease from one person or source to another person.

Universal Precautions-An all-encompassing approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens.

Vector-borne Infection-The transfer of an infectious agent from one person or source to another by a carrier such as an insect.

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Virus-An extremely small organism capable of causing infection by replicating (copying) itself using the body's cell material.