FAIRFAX COUNTY SHERIFF'S OFFICE
STANDARD OPERATING PROCEDURE

SOP NUMBER: 042
SUBJECT: GUIDELINES FOR OCCUPATIONAL EXPOSURES AND STANDARD PRECAUTIONS

I. PURPOSE

To provide guidance for employees who may experience an occupational exposure.

II. POLICY

It is the policy of the Fairfax County Sheriff's Office to recognize the potential danger posed by occupational exposures to bloodborne pathogens/non-bloodborne pathogens and to take all necessary precautions to prevent such exposures. Employees will be trained in the appropriate actions necessary to protect themselves against exposure incidents. All employees assigned to positions with a potential for exposure to hepatitis B will be afforded vaccination shots.

Any employee performing a task in which there is a likelihood of exposure to bloodborne pathogens/non-bloodborne pathogens will be provided protective equipment. In the event of an exposure, every possible measure will be taken to ensure the employee is afforded prompt medical evaluation and treatment as well as counseling. All employees have the responsibility to become thoroughly familiar with the provisions of this standard operating procedure. This plan shall be reviewed at least annually or more often, if necessary, and updated, as needed.

III. DEFINITIONS

Bloodborne Pathogens - Disease carrying microorganisms that are present in human blood and can cause disease in humans; these include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Non-Bloodborne/Other Pathogens - Bacterium or chemicals associated with airborne or transdermal contact that can cause disease or illness; these include but are not limited to tuberculous (TB), exposure to illegal drugs, fentanyl, cocaine, etc.

Occupational Exposure - Skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may occur during the performance of an employee's duties.

Parenteral - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, or cuts.

Personal Protective Equipment - Specialized clothing or equipment worn by an employee for protection against a biohazard.

Standard Precautions - An approach to exposure control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other pathogens, as well as unknown substances or chemicals. This approach combined with the use of personal protective equipment would limit the risk of exposure.

Other Potentially Infectious Materials - The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other 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.

Exposure Incident - A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that may occur during the

performance of an employee's duties.

Contaminated - The presence of, or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Source Individual - Any individual, living or dead, whose blood or other potentially infectious material may be a source of occupational exposure to the employee.

IV. PROCEDURES

A. Exposure Determination

1. The following job classes potentially have the risk of occupational exposure:

   a. All sworn positions.

   b. All medical positions.

   c. All Correctional Technicians.

   d. The Laundry Specialist.

2. The following tasks and procedures are those in which occupational exposure is likely to occur:

   a. Any task or procedure which may result in actual contact between an employee and any other person's blood or other potentially infectious materials; Examples of such tasks include, but are not limited to:

      1) Inmate and area searches.
      2) Drawing blood.
      3) Use of force.
      4) Administration of first aid.
      5) Handling contaminated laundry or contaminated waste.

B. Methods of Control

1. Standard precautions shall be employed in all instances in which occupational exposure is a reasonable likelihood.

2. Employees shall wash their hands or any exposed area or flush their eyes or mucous membranes immediately after contact with another person's blood or body fluids. When gloves or other protective equipment have been employed, employees shall still wash their hands immediately upon removal of the protective equipment. When hand washing facilities are not immediately available, antiseptic hand cleanser or antiseptic towelettes shall be supplied for use and the employee's hands shall be washed with soap and running water as soon as feasible.

3. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed unless it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure. If so, the

procedure must be completed by the use of a mechanical device or a one-handed technique. Immediately after use, contaminated needles shall be placed in a closable, puncture resistant, leak-proof, red-colored, or appropriately labeled container.

4. Eating, drinking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure. Examples of such areas are:

   a. Male and Female Receiving areas.

   b. ADC Dispensary and all medical examination areas.

   c. Court Holding cell areas.

5. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or anywhere else where blood or other potentially infectious materials are present.

6. Specimens of blood or other potentially infectious materials shall be placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping.

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

   b. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering or generation of droplets of these substances.

7. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined by a Health Care Provider prior to servicing or shipping and shall be decontaminated, as necessary. A label indicating potentially infectious materials may be present will be affixed to the equipment before it is shipped or serviced. This information will be communicated to any person who may be required to handle the equipment.

8. Appropriate protective equipment in the appropriate sizes will be available free of charge to all employees who are at risk of occupational exposure. Depending on their specific assignment, this may include gloves, gowns, lab coats, face shields or masks and eye protection, resuscitation bags, pocket masks or other ventilation devices. Supervisors shall ensure that appropriate protective equipment is provided and used.

   In incidents where, in the opinion of the employee, the delivery of health care or the performance of other mandated services would be prevented by the use of protective equipment, and an exposure incident occurs, the supervisor will document the reasons for the non-use and evaluate the circumstances around the incident to reduce the likelihood of a future unprotected incident. This may be performed on the Supervisor's Report of an Accident (see the discussion of exposure incidents in this document).

   a. All soiled protective equipment shall be removed after its use and

disposed of in containers that are closable, leak proof, and red in color or appropriately labeled.

b. Gloves shall be worn when it can be reasonably anticipated contact with blood or other potentially infectious materials may occur. Gloves must be of a non-latex and nitrile quality. Disposable gloves shall not be washed or decontaminated for re-use. Utility gloves may be decontaminated for re-use if they are in good condition.

c. Masks, eye protection and face shields shall be worn whenever splashes, spray or splatter or drops of blood or other potentially infectious materials may be generated.

d. Protective gowns, aprons, lab coats, etc. shall be worn in occupational exposure situations.

e. Protective equipment must be inspected regularly by the supervisor of the employee utilizing the equipment. Deficiencies in equipment must be reported immediately to the Inmate Services Branch. Defective equipment will be replaced immediately. The Inmate Services Branch will maintain a reserve supply of all types of protective equipment to insure its continued availability.

9. Employee clothing that becomes contaminated with blood or other potentially infectious material shall be removed as soon as possible and handled in accordance with **Section IV., B., 11., a., 3. b**elow, of this SOP for laundering or for disposal if the clothing cannot be thoroughly cleaned.

10. Housekeeping

a. Any surface soiled by blood or other potentially infectious materials will be cleaned and decontaminated as soon as possible after such contact with an approved disinfectant, effective for eliminating causative agents of communicable and infectious diseases, and at the end of the work shift if the surface may have become contaminated since the last cleaning. Cleaning procedures shall be conducted in such a manner that does not unnecessarily cause splashing, spraying, splattering and generation of droplets of blood or other potentially infectious materials.

b. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and a dustpan or similar method.

c. All bins, pails, cans and similar receptacles which are intended for re-use will be cleaned as soon as possible after contamination by blood or other potentially infectious material with an approved disinfectant effective for eliminating causative agents of communicable and infectious diseases These containers will be cleaned preventatively with an approved disinfectant, effective for eliminating causative agents of communicable and infectious diseases, at least one time per week.

1) The Inmate Services Branch is responsible for inspecting such

containers to insure there are no leaks. Defective containers will be replaced immediately. Inspections will be documented, and this documentation retained by the Inmate Services Branch.

11. Laundry

a. All contaminated laundry shall be collected in water soluble bags, in leak proof red bio-hazard bags and placed in leak proof labeled red containers. This shall be done at the place of use before being transported. Containers used for this purpose must be inspected weekly and this inspection documented by the Inmate Services Branch. Employees and inmates who handle contaminated laundry shall wear protective gloves and other appropriate protective equipment. All contaminated laundry shall be collected using the following procedures.

1) Jail issued laundry items:

a) The items shall be placed in a water-soluble bag and tied closed.

b) The water-soluble bag shall be placed in a red bio-hazard bag and tied closed.

c) The red bio-hazard bag shall be placed in a labeled red bio-hazard container.

2) Inmate personal laundry items:

a) The items shall be inventoried on a Bio-Hazard Infectious Clothing Receipt, placed in a water-soluble bag, and tied closed.

b) The water-soluble bag shall be placed in a red bio-hazard bag and tied closed.

c) The Bio-Hazard Infectious Clothing Receipt shall be attached to the red bio-hazard bag and immediately taken to the AIB laundry for cleaning.

3) Employee clothing:

a) The items shall be inventoried, placed in a water-soluble bag, and tied closed.

b) The water-soluble bag shall be placed in a red bio-hazard bag and tied closed.

c) The red bio-hazard bag shall immediately be taken to the AIB laundry for cleaning and the AIB supervisor will be notified.

d) The AIB supervisor will contact the employee or the

employee's supervisor when the items have been laundered and are ready to be picked up.

4) Any wet or saturated laundry items:

a) A red bio-hazard bag will be used in substitution of the water-soluble bag when handling wet or saturated laundry items.

12. Regulated (Infectious) Waste

a. Regulated waste includes:

1) Liquid or semi-liquid blood or other potentially infectious materials.

2) Contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed.

3) Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling.

4) Contaminated sharps (needles, glass, etc.).

5) Pathological and microbiological wastes containing blood or other potentially infectious materials.

b. Handling

1) Any of the substances in **Section IV., 11., a., 1) - 4) above**, must be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, and shipping.

2) Regulated waste is <u>not</u> to be disposed of in the same manner as normal waste. Regulated waste must be disposed of in accordance with the regulations of the Virginia Department of Waste Management and the Fairfax County Division of Solid Waste.

13. Communication of Hazards

a. Employees will be informed of hazards through a system of color-coding and labeling.

b. Color-coded containers will be used for regulated waste, contaminated sharps, contaminated laundry, etc.

c. Bio-hazard labels will be affixed to equipment that may contain potentially infectious materials or blood.

d. Employee training will include training on the hazard communication system.

C. Hepatitis A and B Vaccine

1. All employees who are at risk of occupational exposure shall be given the opportunity to receive the hepatitis A and B vaccines after receiving training and within ten (10) working days of assignment to a position with a risk of occupational exposure.

2. The vaccine will be administered free of charge to the employee and according to recommendations of the U.S. Public Health Service.

3. Employees who choose not to receive the vaccine shall sign a waiver, but may change their minds at any time by notifying the Personnel Section in writing.

4. The health care professional responsible for the administration of the hepatitis A and B vaccine shall have a copy of the Rules Relating to Occupational Exposure to Bloodborne Pathogens Standard from the Virginia Department of Labor and Industry.

V. TUBERCULOSIS (TB)

A. Tuberculosis (TB) is an airborne disease that commonly infects the respiratory system. Tuberculosis is transmitted by inhaling aerosolized droplets from an infected person who is coughing or sneezing. The TB organism is sensitive to light and air and therefore dies quickly when exposed to either. Thus, this disease is rarely spread through direct contact. The incubation period for Tuberculosis is two to ten weeks. The organism can be reactivated after a period of several years.

B. All staff will utilize standard precautions to include respiratory protection. The NIOSH approved fit-tested N-95 mask will be utilized by all staff. A non-re-breather mask will be placed on the inmate suspected of or having any type of airborne disease. A routine PPD skin testing program will be offered annually at no cost to the employee. All employees are strongly encouraged to participate.

VI. TRAINING

A. Education and training about bloodborne and airborne pathogens and information on the hepatitis A and B vaccines will be afforded to new employees with a risk for occupational exposure. This training will be provided during orientation prior to initial work assignment.

B. Training will be repeated at no more than one year intervals during roll call training sessions. The Training Section will ensure all training requirements are met.

1. This training must include:

a. A review of the Rules Relating to Occupational Exposure to Bloodborne and Airborne Pathogens from the Virginia Department of Labor and Industry.

b. A general explanation of the epidemiology, symptoms, mode of

transmission and methods of prevention of HAV, HBV, HCV, HIV, and TB.

c. A discussion of this standard operating procedure.

d. How to recognize tasks that may involve exposure to blood or other potentially infectious body fluids.

e. Information on personal protective equipment available for use and how to decide what protective equipment to use. The location of the equipment, methods of removal, handling of the equipment, methods of decontamination and disposal will also be discussed.

f. Information on the hepatitis B vaccine including information on its safety, effectiveness, method of administration, the benefits of being vaccinated and that it will be offered free of charge.

g. Information on actions to take and persons to notify if an exposure incident occurs as well as the medical follow-up that will be available.

h. Information on the signs, labels and color coding used to indicate potentially contaminated articles.

2. This training will be conducted by the Occupational Health and Safety Officer, designated officer or a person who is medically trained. An opportunity for questions will be afforded to those attending.

C. Training Records

1. The training discussed above must be documented on standard roll call training forms and must indicate the qualifications of the person conducting the training. The contents of the training sessions must also be documented.

2. The names of all employees in attendance must be recorded and a record of each person's job title must be made.

3. These records must be maintained for three (3) years from the date of the training. The Accreditation Manager is responsible for the retention of these records.

VII. POST EXPOSURE PROCEDURES

A. Bloodborne Pathogens

1. In all exposure incidents, the exposed employee shall notify his/her supervisor immediately. An exposure is not a simple contact. An exposure is a specific eye, mouth, other mucous membrane, non-intact skin or parenteral (piercing) contact with blood or potentially infectious material. In an exposure incident, it is recommended that individuals perform and/or obtain immediate care to the exposure site.

2. An on-duty Designated Officer (D.O) will immediately contact the Infectious

Disease Physicians (IDP# **703-560-7900**) and advise the on-duty physician about the circumstances of the exposure. In the absence of an on-duty Designated Officer, a supervisor may contact IDP directly. If needed, the physician will consult by phone with the exposed employee. The physicians are available 24 hours a day. The initial step will entail determining whether a true exposure has occurred. Appointments for testing, counseling or treatment will be made on the advice of the IDP.

3. If the consulting physician feels that an exposure has occurred, they will direct the employee to either come to their office immediately or go to the nearest facility to undergo blood sampling and consultation. CDC guidelines for post exposure prophylaxis (PEP) will be followed.

   a. If the D.O. determines that the incident is an occupational exposure, no blood testing is required of the exposed employee or source patient's blood.

   b. If the D.O. determines that an exposure incident has occurred, he/she shall contact the IDP. After advising the IDP of the exposure incident, and upon the concurrence of the IDP, the determination to test the source individuals' blood may be ordered by IDP. If the source individual is an inmate, the individual's blood shall be drawn by ADC Medical Staff. At the direction of the IDP, the source individual's blood will be immediately transported to Fairfax, Fair Oaks, or Mt. Vernon Hospital for Rapid HIV testing.

   c. Exposure Incidents- Inmate: If the source individual is an inmate, a SOP 042 ATT. 2 - Consent To Collect And Test Blood Form shall be obtained as soon as possible by the ADC Medical Section and blood drawn. The ADC Medical Section shall use red topped tubes for collection. If the inmate refuses to submit to the blood test, the Medical Section shall immediately contact an on-duty supervisor or the D.O. Only when there is an "exposure incident" and the source individual refuses to give consent for testing, will a General District Court Judge be notified. The General District Court Judge will be contacted whether at work or at home, and a court order for the blood draw will be obtained from the General District Court Judge. The source individual's blood will not be drawn or tested in the event of an occupational exposure.

   d. Exposure Incidents- Non-Inmate: If the source individual is not an inmate and is not incarcerated, he/she should be escorted or transported to Fairfax, Fair Oaks, or Mt. Vernon for Rapid HIV testing. This will be coordinated by the IDP. If the source individual refuses to submit to a blood test, a General District Court Judge shall be immediately petitioned to issue a court order. It is important to get as much information from the source individual as possible so that he/she can be located when the court order is obtained.

   e. Supervisors shall ensure that an Exposure Incident Report and the Workers' Compensation form is completed in the event that there is an injury associated with the exposure incident. Occupational exposures are normally **not** considered compensable. There are two (2) occurrences

where an occupational exposure may be compensable:

1) The occupational exposure occurs as the result of an injury otherwise deemed compensable. An example of this would be a needle stick or a laceration to the skin while exposed to potentially infectious material.

2) There is a diagnosis of a disease directly related to the occupational exposure. The Occupational Health and Safety Officer shall receive copies of reports when either occurs, the occupational exposure or the exposure incident.

f. The employee will be informed of the results of the source individual's testing and the employee shall be informed of applicable laws concerning confidentiality (VA Code § 32.1-36.1. - Confidentiality of Test for Human Immunodeficiency Virus; Civil Penalty; Individual Action for Damages or Penalty).

g. The exposed employee's blood shall be collected for testing at the direction of the IDP. The IDP will direct which type(s) of serological testing is/are to be conducted. If the employee consents to baseline blood collection but does not give consent for HIV serological testing the sample shall be preserved for at least ninety (90) days. If, within ninety (90) days of the exposure incident the employee elects to have the baseline sample tested, such testing shall be done as soon as possible.

h. A written opinion shall be obtained from the health care professional evaluating employee as soon as possible after completion of the evaluation and provided to the Occupational Health and Safety Officer.

1) This written opinion shall be limited to the following information:

a) That the employee has been informed of the results of the evaluation.

b) That the employee has been told about any medical conditions resulting from the exposure to blood or other potentially infectious materials which require further evaluation or treatment.

2) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

3) A copy of the physician's written opinion shall be given to the exposed employee within fifteen (15) days of the completion of the evaluation.

i. Follow-up Counselling will be arranged as necessary utilizing the services of IDP.

j. In any exposure incident, regardless of whether exposure controls were utilized or not, the exposed employee's supervisor shall evaluate the

policies and failures of controls, if any, at the time of the exposure incident. Recommendations for changes in policies or procedures related to bloodborne pathogens resulting from this evaluation will be forwarded to the Division Chief through the chain of command.

k. Repeat HIV testing shall be available to exposed employees six (6) weeks after the exposure and on a periodic basis thereafter twelve (12) weeks and six (6) months after exposure).

4. The Employer's Accident Report (Worker's Compensation documentation) must be completed with one copy submitted to Risk Management and one copy submitted to Human Resources. The Risk Management Post-Exposure Report must also be completed with one copy being submitted to Risk Management and one copy being submitted to Sheriff's Office Human Resources.

B. Post Exposure Report for Non-Bloodborne Pathogens

1. In all exposure incidents the employee shall notify his/her supervisor immediately. Immediate care must be obtained and, dependent upon the substance the employee was exposed to, immediate lifesaving actions may be necessary.

2. Risk Management requires the reporting and documentation of any exposure to substances other than Bloodborne Pathogens. This reporting is done using the Employer's Accident Report and the completion of the of the Non-Bloodborne Pathogens Report. Copies of both forms must be submitted to Risk Management and Sheriff's Office Human Resources.

VIII. MEDICAL RECORD KEEPING

A. A medical record will be established and maintained by the Personnel Section for each employee with exposure. The record shall be maintained for the duration of employment plus thirty (30) years.

1. The employee medical record shall include:

a. Employee name and social security number.

b. A copy of the employee's hepatitis A and B vaccination status with dates of vaccinations and any medical record relative to the employee's ability to receive vaccination.

c. A copy of examination results, medical testing, and any follow-up procedures.

d. A copy of the health care professional's written opinion.

e. A copy of the information provided to the health care professional who evaluates the employee for suitability to receive hepatitis B vaccination before or after an exposure incident.

B. Medical records will be kept strictly confidential. The content will not be disclosed or

reported to any person without the employee's express written consent, except as required by law or regulation. Medical records shall be provided upon request to the subject employee for examination and copying.

08/17/01
EFFECTIVE DATE

Stacey A. Kincaid

STACEY A. KINCAID
SHERIFF

10/29/2020
DATE APPROVED

Revised: June 2005, December 2009, November 2010, March 2012, March 2019, October 2020