



County of Henrico Human Resources

Verification	Originator	Revised	Issued
Initials	Risk Management	Risk Management	Risk Management
Date	05/01/2015	03/15/17	06/01/2017

Safety/Loss Prevention Manual

Chapter 8 Exposure Control Plan

Area of Application:	County of Henrico General Government & Schools	
Document Location:	http://employees.henrico.us/info/safety-manual/	
Revisions		
Rev. No.	Date	Description
001	3/15/17	Addition of new positions, Addendum C, and biohazard waste symbol.
002		

Purpose:

- A. This chapter ensures compliance to the Virginia Occupational Safety & Health Standard, 29 CFR 1910.1030 Bloodborne Pathogens, and will minimize employee exposure to harmful microorganisms that could be present in human blood and certain Other Potentially Infectious Materials (OPIMs). Although a variety of harmful microorganisms may be transmitted through contact with infected human blood, Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV) are of the most concern. Without using the precautions outlined in this Exposure Control Plan (ECP), these viruses, plus others, can infect employees who are, or may be, exposed to human blood and certain other body fluids during their work shift.
- B. The most likely routes of entry for these viruses are needlestick injuries and direct contact of blood and OPIMs with the mucous membranes and non-intact skin. Occupational transmission of HBV and HCV occurs much more frequently than transmission of HIV. Although HIV is rarely transmitted following occupational exposure incidents, the lethal nature of HIV requires that all possible measures be used to prevent exposure of workers.
- C. All County employees may obtain a copy of this ECP within 15 days of his/her request to the Director of their Department.
- D. Basic components of this exposure control plan include:
 1. Exposure Determination
 2. Methods of Compliance
 3. Hepatitis B Vaccination Policy
 4. Procedures for Evaluation and Follow-up of Exposure Incidents
 5. Employee Training
 6. Record keeping Procedures
 7. Exposure Control Plan Review Procedures

Scope:

This ECP applies to all County of Henrico employees who may be exposed to blood or OPIMs as a part of their job duties.

Program Administration:

Though the guidance of Risk Management, each affected agency will establish written protocols that address needs specific to its operation and will outline how the requirements of this ECP will be met.



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Definitions:

Blood - includes human blood, human blood components, and products made from human blood.

Bloodborne Pathogens - any microorganisms present in human blood that can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus, (HCV), and Human Immunodeficiency Virus (HIV).

Contaminated - the presence or the reasonably anticipated presence of blood or OPIMs on an item or surface.

Contaminated Laundry - laundry which has been soiled with blood OPIMs and/or may contain sharps.

Contaminated Sharps - any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires that have, or may have, been exposed to blood and/or OPIMs.

Decontamination - the physical or chemical means to remove, inactivate, or destroy pathogens on a surface or item so they are no longer infectious. After decontamination, the surface or item is rendered safe for handling, use, or disposal.

Director - the Director of the National Institute for Occupational Safety and Health, the U.S. Department of Health and Human Services, or designated representative.

Engineering Controls – the practice of using devices that are designed to be safer for the user. Examples include sharps with injury protection mechanisms, or needleless systems. These devices isolate or remove the skin puncture and/or penetration hazards from employee’s normal work duties.

Exposure Incident – an event where an employee’s eye(s), mouth, mucous membrane, skin (intact or not) has been exposed to blood or OPIMs during the performance of an employee’s duties. This includes punctures by a used needle or other potentially infected sharp.

Handwashing Facilities - a facility that provides an adequate supply of running potable water, soap and single use towels or hot-air drying machines.

Needleless Systems - a device that does not use needles for:

- collecting or withdrawing bodily fluids after initial venous or arterial access is established;
- the administration of medication or fluids; or
- other procedures that involve puncturing the skin and/or other mucous membranes.

Occupational Exposure – a reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIMs that may occur during an employee’s assigned duties.

Licensed Healthcare Professional - means a person who’s legally permitted scope of practice allows him or her to independently perform the activities associated with Hepatitis B vaccination and post – exposure evaluation and follow-up.

Other Potentially Infectious Materials (OPIMs) - include the following human body fluids:

- semen,
- vaginal secretions,
- cerebrospinal fluid (in the spine and brain),
- synovial fluid, (in joints)
- pleural fluid, (chest cavity)
- pericardial fluid, (heart cavity)
- peritoneal fluid, (abdominal cavity)
- amniotic fluid, (surrounds an unborn fetus)



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- saliva in dental procedures,
- any bodily fluid visibly contaminated with blood. This includes mixed body fluids, or bodily fluids where it is difficult or impossible to differentiate between body fluids.
- Unfixed tissue or organ (not preserved from decay or disintegration) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV, HBV or HCV containing culture medium or other solutions; and blood, organs, or laboratory animals infected with HIV, HBV or HCV.

Parenteral - piercing mucous membranes or the skin through such events as needlesticks, human bites, cuts and abrasions.

Personal Protective Equipment - is specialized clothing or equipment worn by employees for protection against a specific hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) will not protect against occupational hazards, and are not considered personal protective equipment (PPE).

Sharps Engineered with Injury Protection - a non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism engineered to reduce the risk of an exposure incident.

Source Individual – any individual, living or dead, whose blood or OPIMs may be a source of occupational exposure to an employee. Examples include, but are not limited to, hospital and clinic patients; residents in institutions for the developmentally disabled; trauma victims; residents of drug and alcohol treatment facilities; residents of hospices and nursing facilities; human remains; and individuals who donate or sell blood or blood components.

Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores (a spore produced by certain bacteria).

Work Practice Controls – altering how a task is performed to reduce exposure.

Exposure Determination:

- A. All job categories where it is reasonable to anticipate an employee will have skin, eye, mucous membrane, or outside the body contact with blood or OPIMs will be included in this Exposure Control Plan (ECP).
- B. Exposure determination is made without regard to the use of personal protection equipment.
- C. Employees not listed in the previous tables who believe they are at risk for occupational exposure to blood or other OPIMs on a routine basis, may request in writing through their supervisor that the Hepatitis B vaccination series be made available. The request must provide a description of the risk, and if verified, the ECP will be revised to include the position.
- D. Additionally, an employee may be offered the Hepatitis B vaccine series on a post-exposure basis. This includes any employee who is not reasonably expected to be exposed to blood, body fluids or other OPIMs on a routine basis. This includes non-public safety First Aid/CPR providers as well as employees who experience unexpected exposures due to their job function.



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Employees Covered by the Exposure Control Plan: (Full and Part-time Positions)

1. Community Corrections

Director of Community Corrections	Senior Management Specialist
County Probation Officer	Pretrial Services Officer
Drug Court Clinician	

2. Department of Public Utilities: Solid Waste Division

Automotive Service Worker I-II	Utility Superintendent I-II
Preventive Maintenance Technician I-II	Labor Foreman I-II
Laborer (Full and Part Time)	Landfill Attendant (Full and Part Time)
Equipment Operator I-III (Full and Part Time)	

3. Department of Public Utilities: Water Reclamation Facility - Monitoring & Compliance

Section Manager	Section Supervisor
Technician II	Technician I

4. Division of Fire

Battalion Chiefs	Captains
Lieutenants	Firefighters (includes Volunteer Firefighters)
Division Chiefs	



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5. Division of Police

Chief	Captain
Major	Command Sergeant
Lieutenant	Police Officer
Sergeant	Crossing Guard
Police Aide	Animal Protection Supervisor
Relief Crossing Guard	Identification Technician
Sr. Animal Protection Officer	Animal Shelter Custodian
Property Technician	Volunteer/Law Enforcement Explorer
Records Unit Personnel (Police Support Tech I)	

6. General Services – Buildings & Grounds

Senior Plant Maintenance Mechanic	Plant Maintenance Mechanic
Custodian I, II, III	Security Officers

7. Henrico Juvenile Detention

Detention Counselor	Superintendent
Assistant Superintendent	Detention Supervisor
Outreach Worker	Registered Nurse
Custodian	Outreach Coordinator
Office Assistant III	



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8. James River Juvenile Detention Center

Superintendent	Assistant Superintendent
Detention Supervisor	Detention Counselor
Social Worker II	MH/MR Clinician
Senior Cook	Detention Food Service Manager
Registered Nurse	Custodian I
Plant Maintenance Mechanic	Building Superintendent
Office Assistant III	Administrative Assistant

9. Mental Health & Developmental Services

Case Manager	Training Specialist
Training Assistant	Marketing Specialist
Residential counselor	Clinician
Nurse	CSS Supervisor
Sr. CSS Supervisor	Business Supervisor
Relief Staff / Courier	Clinical Supervisor
Program Manager	Program Coordinator
Office Assistant (Limited)	Group Home Supervisor
Group Home Worker	Infant Development Specialist
Institutional Physician	Support Services Specialist



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10. Recreation and Parks

Recreation Manager	Recreation Program Supervisors
Recreation Program Coordinators I & II	Recreation Field Supervisors
Recreation Center Supervisors	Museum Technicians
Recreation Instructors	Recreation Aides
Bus Drivers	Recreation Sports Supervisors
Summer Playground & Camp Staff	Senior Recreation Coordinators

11. Schools

Plumber	Senior Plumber
Plumbing Foreman	Clinic Attendant
Custodial Workers	Custodian I
Custodian II	School Nurse/RN
Occupational Therapist	Physical Therapist
Athletic Coaches	Teachers of the Preschool Developmentally Delayed
Persons assigned at each site to provide First-Aid	

12. Sheriff's Office/Jail

Sheriff	Office Assistant I, II, III, IV,
Chief Deputy Sheriff	Senior Management Specialist
Correctional Major	Storekeeper I, II
Correctional Captain	Librarian I
Correctional Lieutenant	Librarian Assistant II



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Correctional Sergeant	Account Clerk
Correctional Deputy	Inmate Classification Supervisor
Business Manager	Inmate Classification Officer
Management Specialist I	Senior Management Specialist
Administrative Secretary	Physician
Inmate Healthcare Contract Staff	Food Service Contract Staff
Good News Ministry Staff	Offender Aid and Restoration (OAR) Staff

Methods of Compliance:

A. Universal Precautions/Standard Precautions

1. Universal precautions is an **approach** to infection control. All human blood and certain human body fluids (OPIMs) should be treated as if they are known to be infected with HIV, HBV and/or other bloodborne pathogens.
2. Standard precautions are the **infection control practices** used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. This includes wearing personal protective equipment and using engineering controls (i.e., safe sharps) to minimize or eliminate exposure to blood borne pathogens.

B. Hand Washing and Other General Hygiene Measures

1. Hand washing is the primary infection control measure. It protects both the employee and the patient, student, co-worker, and/or client. Appropriate hand washing must be diligently practiced. Employees shall wash hands thoroughly using soap and water whenever hands become contaminated. Hands should also be washed as soon as possible after removing gloves or other personal protective equipment. When other skin areas or mucous membranes contact blood or other potentially infectious materials, the skin shall be washed with soap and water, and the mucous membranes shall be flushed with water as soon as possible. (See specific department Standard Operating Procedures or Protocols for specific procedures).
2. Eating, drinking, smoking, applying cosmetics or lip balm, and handing contact lenses are prohibited in work areas when a reasonable likelihood of exposure to blood and/or OPIMs exists.
3. Food and drink shall not be stored in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIMs are, or may be, present.
4. Mouth pipetting/suctioning of blood or OPIMs is strictly prohibited.
5. Employees shall use practices to minimize splashing, spraying, spattering, and generation of droplets during procedures involving blood and OPIMs. Appropriate PPE shall be worn while performing such procedures.



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C. Sharps Management

1. Contaminated needles or other contaminated sharps shall not be bent, recapped, or removed. Shearing or breaking of contaminated needles is prohibited. All needles must be equipped with a mechanical device that immediately retracts the needle or with a one-handed covering technique.
2. Sharps containers must be closable, puncture resistant, labeled or color-coded (**RED**), and leak proof on sides and bottom, and maintained upright throughout use. Containers are to be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or found. Contaminated disposable sharps shall be discarded, as soon as possible after use, in the disposable sharps containers. All containers used to dispose of contaminated sharps shall display the universal biohazard symbol:



3. Contaminated broken glass should also be placed in a disposable sharps container. As soon as possible after use, reusable contaminated sharps are to be properly cleansed with the appropriate disinfectant solution. Reusable sharps may include scissors, paper cutters and other items that may be decontaminated instead of discarded. (See department document for applicability).

D. Management of Contaminated Equipment

Equipment which may become contaminated with blood or OPIMs shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless it can be demonstrated that decontamination of such or portions of such equipment is not feasible. If decontamination is not feasible, biohazardous waste shall be properly packaged and removed by a qualified person or contractor. Proper disposal methods shall be specified in each department's Standard Operating Procedures, or Protocols. If needed, contact Risk Management for guidance.

E. Personal Protective Equipment (PPE)

General Guidelines:

1. All personal protective equipment (PPE) will be provided, repaired, cleaned, and disposed of by the County at no cost to employees. Employees shall wear PPE during procedures in which exposure to the skin, eyes, mouth or other mucous membranes is anticipated. Proper PPE depends on anticipated exposure. Gloves, gowns, laboratory coats, face shields, masks, eye protection, mouthpieces, resuscitation bags and pocket masks must be made available. Employees who have allergies to latex or other materials will be provided with hypoallergenic gloves. (See department document for details).
2. If a garment is splashed or saturated with blood and/or OPIMs, the garment shall be removed as soon as possible and placed in a designated container for laundering or disposal. All PPE



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shall be removed before leaving the work area. Non-reusable PPE shall be placed in designated containers for disposal. Reusable PPE shall be stored in a specifically designated container until it can be properly disinfected and/or decontaminated (see department document for details).

3. PPE is considered appropriate only when it does not permit blood or OPIMs to pass through to or reach an employee's work clothes, street clothes, under garments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration the PPE shall be worn.

F. Non-permeable, Disposable Gloves:

1. Worn when it is anticipated that hands will, or may, contact blood or OPIMs, mucous membranes, and non-intact skin;
2. Worn when performing vascular access procedures.
3. Worn when handling or touching contaminated items or surfaces.
4. When feasible, replace gloves that are contaminated, torn, punctured, or once their ability to provide a safe barrier is compromised.
5. Single-use gloves shall not be re-worn under any circumstance.

G. Utility Multi-Use Gloves

1. Decontaminate gloves only if they are in good condition and are designed for reuse.
2. Gloves must be discarded once they become cracked, are peeling, torn, punctured or show other signs of deterioration or whenever their ability to act as a barrier is compromised.

H. Protection for Eyes/Nose/Mouth

Face and eye protection devices such as goggles or glasses with solid-side shields or chin-length shields, shall be worn whenever splashes, spray, spatter or droplets of blood or OPIMs may be generated and eye nose, mouth, or face contamination can be reasonably anticipated.

I. Equipment and Environmental and Working Surfaces

Clean contaminated work surfaces with appropriate disinfectant, i.e., a 10% bleach solution, or a similar disinfectant approved for such use.

1. Immediately or as soon as feasible when there is obvious contamination, such as a spill of blood or OPIMs;
2. If a surface has become contaminated since the last cleaning, or may have been contaminated during the current work shift.
3. Remove and replace protective coverings (e.g. plastic wrap, aluminum foil, etc.) over equipment and environmental surfaces as soon as feasible when overtly contaminated or at the end of the work shift if contaminated.
4. Regularly inspect/decontaminate all reusable bins, pails, cans, and similar receptacles which may become contaminated with blood or OPIMs. If containers become visibly contaminated, they should be decontaminated immediately, or as soon as feasible.

J. Special Sharps Precautions

1. Broken glass that may be contaminated should be placed in an appropriate sharps container using mechanical means such as a brush and dustpan, tongs, or forceps. **DO NOT pick up broken glass with bare or gloved hands.**



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2. Reusable containers are not to be opened, emptied, or cleaned manually or in any other manner which might expose employees to puncture-type injuries. **DO NOT reach by hand into a container which stores reusable contaminated sharps.**

K. Regulated Waste

Includes, but not limited to, waste containing any or all of the following:

- liquid or semi-liquid blood or other potentially infectious materials (OPIMs);
- items contaminated with blood or OPIMs and which would release these substances in a liquid or semi-liquid state if compressed;
- items that are caked with dried blood or OPIMs capable of releasing these materials during handling;
- contaminated sharps; and
- pathological and microbiological wastes containing blood or OPIMs.

Any regulated waste must first be placed in **RED** plastic biohazard bag and secured with tape. All bagged waste shall be placed in a cardboard box marked with the biohazard symbol and secured with tape. All boxed waste shall be disposed of per established guidelines in Environmental Standard Operating Procedure 006 - Regulated Medical Waste Management.

Hepatitis B Vaccination Policy:

A. General Statement of Policy

1. Personnel employed in positions covered by this Exposure Control Plan will be offered the Hepatitis B vaccination series at no cost. In addition, these employees will be offered post-exposure evaluation and follow-up at no cost should they experience an exposure incident during work hours.
2. All medical evaluations, and procedures including the Hepatitis B vaccination series, whether preventative or post-exposure, will be made available to the employee at a reasonable time and place. The vaccinations or medical care will be performed by or under the supervision of a licensed physician or other licensed health care professional.
3. Medical care and the vaccination series will meet the most current recommendations of the United States Public Health Service or Centers for Disease Control and Prevention.
4. All laboratory tests will be conducted as designated by the County Health provider. There will be no cost to any employee receiving testing.

B. Hepatitis B Vaccination

1. The Hepatitis B vaccination is a series of three injections. One month from the initial injection, a second injection is given. Six months after the initial injection, the final dose is given. Currently, a routine booster is not recommended. If the United States Public Health Service recommends a booster in the future, it will also be made available to affected, or reasonably affected, employees at no cost.
2. The vaccination series will be made available to employees once they complete bloodborne pathogens training and within **10 working days** of initial assignment to a job category with anticipated exposure.
3. The vaccination series will not be made available to employees who have previously received the complete Hepatitis B vaccination series; to any employee who has immunity as demonstrated through antibody testing; or to any employee for whom the vaccine's effectiveness may be questioned.



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4. Any exposed employee who chooses not to take the Hepatitis B vaccination shall be required to sign a declination statement. If an employee has declined the Hepatitis B vaccination, but later wishes to receive the shots, the County will provide the vaccination series at no cost to the employee.

Procedures for Evaluation and Follow-Up of Exposure Incidents:

- A. An exposure incident is when an eye, the mouth or other mucous membrane, non-intact skin, or the skin surface has had contact with blood or OPIMs during an employee's job duties, routine or not.
- B. Employees who experience an exposure incident must immediately report the exposure to their immediate supervisor.
- C. Employees (with assistance from their supervisor) must complete the County of Henrico Exposure Incident Report (Addendum C).
- D. When an employee reports an exposure incident, he/she will immediately be offered a confidential medical evaluation and a follow-up that includes:
 1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred;
 2. Identification and documentation of the source individual unless the County can establish that identification is not feasible and/or is prohibited by state or local law.
- E. The source individual's blood shall be tested for HBV, HCV and HIV as soon as is feasible after consent is obtained. If consent is not obtained, the County shall demonstrate that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood (if available) shall be tested and the results documented. When the source individual is known to be infected with HBV, HCV or HIV, the source individual's blood does not need to be retested.
- F. The results of the source individual's blood test shall be made available to the exposed employee. The exposed employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
- G. The exposed employee's blood shall be collected as soon as feasible after consent is obtained, and tested for HBV, HCV and HIV serological status (presence of any antibodies in the blood). If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample testing, such testing shall be done as soon as feasible.
- H. The exposed employee will be offered post-exposure prophylaxis, when medically indicated, as recommended by the United States Public Health Service. The exposed employee will be offered counseling and a medical evaluation of any post-exposure illnesses.
- I. The following information will be provided to the healthcare professional evaluating an employee following an exposure incident:
 1. A copy of the ECP and the Bloodborne Pathogens Standard (29 CFR 1910.1030);
 2. A description of the exposed employee's duties in relation to the exposure incident;
 3. The documentation of the route(s) of exposure and circumstances under which the exposure incident occurred;
 4. Results of the source individual's blood testing, if available;
 5. All medical records relevant to the appropriate treatment of the exposed employee including vaccination status.



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- J. Henrico County Employee Health Services or an Outside Approved County Employee Health Services Provider shall provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after the completion of the evaluation. The written opinion will be limited to the following information:
1. The employee has been informed of the results of the evaluation;
 2. The employee has been informed of any medical conditions resulting from exposure to blood OPIMs which require further evaluation or treatment. **Note:** All other findings shall remain confidential and shall not be included in the written report.

Employee Training:

- A. Employees assigned to positions covered by this ECP will receive bloodborne pathogens training at the time of initial assignment and annually thereafter during work hours. Additional training will be provided whenever there are changes in tasks or procedures which affect an employee's occupational exposure. Training will be limited to the new exposure situations, or whenever unsafe practices have been observed.
- B. The training will be tailored to the educational level, literacy, and language of the employees. The training session will include an opportunity for employees to have their questions answered by the trainer, or other qualified person. Upon request, Risk Management will assist with training.
- C. All Blood Borne Pathogens training sessions must include:
1. Explanation of Bloodborne Pathogens Standard, 29 CFR 1910.1030;
 2. General explanation of the epidemiology, modes of transmission and symptoms of blood-borne diseases;
 3. Explanation of the Exposure Control Plan (ECP) and its implementation;
 4. Procedures which may expose employees to blood or OPIMs;
 5. Control methods that will be used in the workplace to prevent/reduce the risk of exposure to blood or OPIMs;
 6. Explanation of why specific personal protective equipment (PPE) was selected, and how to use it properly;
 7. Information on the Hepatitis B vaccination series that includes the benefits and safeness of the vaccination;
 8. Emergency procedures to use when an incident involving blood or OPIMs occurs;
 9. What procedures to follow if an exposure incident occurs;
 10. Explanation of post-exposure evaluation and follow-up procedures;
 11. An explanation of biohazard warning labels and/or color-coding (RED),
 12. Proper storage and disposal of regulated waste and sharps containers.

Recordkeeping Procedures:

If the County of Henrico, Virginia should cease business, and there is no successor employer to receive and retain the records for the prescribed period, then the Director will be notified at least three months prior to the disposal of records. If required, the records will be transmitted to the Director within the three-month period.

A. Medical Recordkeeping

Medical records will be established and maintained for each affected employee by the Department of Human Resources, Employee Health Services. The record shall be maintained for the duration



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of employment plus 30 years (in accordance with 29 CFR 1910.1020). The following information will be maintained:

1. Employee's name and identifying number;
2. A copy of the employee's Hepatitis B vaccination status with the dates the vaccination series was given, along with medical records relative to the employee's ability to receive vaccination;
3. A copy of examination results, medical testing, and any follow-up procedures;
4. A copy of the healthcare professional's written opinion;
5. A copy of the information provided to the healthcare professional who evaluates the employee for suitability to receive Hepatitis B vaccination series before or after an exposure incident.

B. Sharps Injuries

1. Any needlestick and/or puncture injury that resulted in an exposure to blood and/or OPIMs must be recorded on the County of Henrico Exposure Incident Report (Addendum C).
2. Departments may use an existing form provided it contains, as a minimum, the information listed on the County Exposure Incident Report.
3. The information will be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.
4. A copy of the Exposure Incident Report must be sent to:
 - a. Employee Health Services
 - b. Risk Management

C. Confidentiality of Medical Records

1. Medical records will be kept confidential. The contents will not be disclosed or reported to any person within or outside the workplace without the employee's express written consent, except as required by law or regulation.
2. Employee medical records required under 29 CFR 1910.1030 shall be provided upon request for examination and copying to the subject employee and to the Commissioner of the Virginia Department of Labor and Industry in accordance with 29 CFR 1910.20.

D. Training Records

1. Training records shall be maintained for three years from the date on which the training occurred.

The following information shall be included:

- a. Dates of training sessions;
 - b. Contents or a summary of training sessions;
 - c. Names and qualifications of trainer(s); and
 - d. Names and job titles of all persons attending.
2. Training records shall be provided upon request for examination and copying to employees, to employee representatives, and to the Director upon request.

Exposure Control Plan Review Procedures:

- A. It is the responsibility of the Department of Risk Management to review and update this Exposure Control Plan (ECP) annually and/or whenever necessary to reflect new or modified tasks and procedures that affect occupational exposure. Additional updates will be made whenever



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employment positions not previously covered by the ECP are added, or to make revisions to employment positions where potential occupational exposure is already known or anticipated. This annual ECP review and update will also:

1. reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
 2. document annual consideration and implementation of appropriate commercially available and effective safer medical devices designed to eliminate or minimize occupational exposure
- B. Reviews and updates to the ECP will include, when needed, input from non-managerial employees who are potentially exposed to blood, OPIMs, and injuries from contaminated sharps.

Disclaimer:

Although every effort has been made to ensure this Exposure Control Plan addresses all applicable regulations, it is the operational manager's responsibility to ensure all standards and regulations are identified and followed.



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Date	05/01/2015	03/15/17	06/01/2017

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Employee Health Services
 County of Henrico County
 7740 Shrader Rd.
 Richmond, Virginia 23228
 (804) 501-1600; Fax (804) 501-2150

ADDENDUM A POST EXPOSURE FOLLOW-UP EVALUATION

NAME: _____

DEPARTMENT: _____

DATE OF EXPOSURE: _____

The above-mentioned employee was evaluated following an exposure to blood or other potentially infectious materials (OPIM) as defined by OSHA CFR 1910.1030.

The employee has been informed of the results of the evaluation as well as any medical conditions resulting from exposure to blood or OPIM, which does/does not require further medical evaluation and treatment.

Hepatitis B Immune Globulin [] indicated [] not indicated

Hepatitis B Immune Globulin [] given [] not given

Hepatitis B Vaccine [] indicated [] not indicated

Hepatitis B Vaccine [] given [] not given

If you have any questions, please call Employee Health Services at 501-1600.

Health Provider's Signature

Date

Revised 11/07/13



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ADDENDUM B MANDATORY HEPATITIS B VACCINATION DECLINATION FORM

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

Name _____

Position _____

Date _____



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Addendum C Exposure Incident Report

Name of Exposed Person		Date of Exposure:		Medical History (Check all that apply) <input type="checkbox"/> Hepatitis – B Vaccination <input type="checkbox"/> Hepatitis – B Infection <input type="checkbox"/> Positive TB Skin Test <input type="checkbox"/> Tuberculosis Disease <input type="checkbox"/> Tetanus Vaccination within Past 5 Years
		Time of Exposure: A.M. P.M.		
Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Employee Number	DOB	
Department/Division				
Type of Body Fluid <input type="checkbox"/> Blood – Liquid <input type="checkbox"/> Genital Secretions <input type="checkbox"/> Urine <input type="checkbox"/> Saliva <input type="checkbox"/> Fecal Matter <input type="checkbox"/> Blood – Dried <input type="checkbox"/> Vomit <input type="checkbox"/> Other: _____		Condition of Exposed Area <input type="checkbox"/> On cut or non-intact skin <input type="checkbox"/> On normal intact skin <input type="checkbox"/> Mouth/eye/nose		Type of Exposure <input type="checkbox"/> Needlestick (*) <input type="checkbox"/> Cut – By object w/blood on it <input type="checkbox"/> Bite – Breaking the skin <input type="checkbox"/> Direct physical contact (*) Brand of needle device: (*) Type of needle device:
Location of Body Where Exposure Occurred: <input type="checkbox"/> Head, Face or Neck <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Legs or feet <input type="checkbox"/> Hands or Arms <input type="checkbox"/> Chest or Torso <input type="checkbox"/> Back <input type="checkbox"/> Other – Explain: _____			Protective Equipment Worn at Time of Exposure <input type="checkbox"/> None <input type="checkbox"/> Disposable Gloves <input type="checkbox"/> Mask <input type="checkbox"/> Shoe Covering <input type="checkbox"/> Gown <input type="checkbox"/> Eye Wear – Other than glasses <input type="checkbox"/> Tyvek Suit <input type="checkbox"/> Other (Describe): _____	
Location Where Exposure Occurred: <input type="checkbox"/> Jail <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> In Transport <input type="checkbox"/> Accident Scene <input type="checkbox"/> Crime Scene <input type="checkbox"/> Emergency Scene <input type="checkbox"/> Fire Scene <input type="checkbox"/> Office Area <input type="checkbox"/> Lab <input type="checkbox"/> Client Area <input type="checkbox"/> Other (Specify): _____		Describe Exposure Event: the actual task, building and room number, and other specific details not already noted: 		

Date of Report: _____

Person completing report: _____
print

Supervisor: _____
print

Signature: _____ Signature: _____

Employee must complete this form, have a supervisor sign it, and submit it to Employee Health Services and Risk Management for any post-exposure evaluation and counseling.