



POLICY STATEMENT

Policy Statement 29.1910

Policy Area: Office of Human Resources

Effective Date: **OCT 16 2008**

Approved: _____

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EXPOSURE CONTROL POLICY FOR TUBERCULOSIS AND BLOODBORNE PATHOGENS

I. COVERAGE

This Policy Statement applies to all Court Services and Offender Supervision Agency (CSOSA) staff. CSOSA staff includes employees and contractors under the direction of the Office of the Director (OD) and employees and contractors under the direction of Community Supervision Services (CSS). This Policy does not apply to the Pretrial Services Agency.

II. BACKGROUND

The Occupational Safety Health Act of 1970 (OSHA) sets forth the employer's obligations to provide a place of employment that is free from recognized hazards. The OSHA Standard as set forth in 29 C.F.R. § 1910.1030 (c)(1) requires each employer to, "establish a written Exposure Control Plan designed to eliminate or minimize employee exposure" to bloodborne pathogens and other communicable diseases that may be present in the workplace. Guidelines for Preventing the Transmission of Mycobacterium in Health-Care Facilities published by the Center for Disease Control (CDC) in October 1994, requires certain employers to develop a Tuberculosis Infection Control Program to reduce the risk of tuberculosis in the workplace. Although none of CSOSA's sites have been designated as Health Care Facilities by OSHA, the Federal Occupational Health office (FOH) of the Department of Health and Human Services conducted an assessment of CSOSA staff responsibilities and work environments and concluded that an Exposure Control Plan for Tuberculosis and Bloodborne Pathogens would reduce or eliminate the risk of employee exposure to infectious diseases in the workplace.

This Policy Statement implements the CSOSA Exposure Control Plan for Tuberculosis and Bloodborne Pathogens (ECP). The ECP will outline education, training, and procedures designed to reduce the possible incidence of exposure to bloodborne pathogens and tuberculosis and other potentially infectious materials. The development and implementation of the ECP is a coordinated effort between FOH, and CSOSA's offices of Management and Administration (M&A), Human Resources (OHR), and CSS.

Guidance Disclaimer

The contents of this guidance do not have the force and effect of law and are not meant to bind the public in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

III. POLICY

It is the policy of CSOSA to:

- Support and enforce staff compliance with the ECP;
- Correct any unsafe acts and refer any individuals for remedial training if required;
- Mandate safe operating practices;
- Refer any individuals who may be unfit for work for infection control or other reasons to the appropriate medical care provider (private or public) for medical evaluation;
- Ensure initial voluntary medical evaluations and immunizations, and the required infection control training are completed, as set forth by ECP.

IV. AUTHORITIES, SUPERSEDURES, REFERENCES, AND ATTACHMENTS

A. Authorities

1. 29 U.S.C. § 654 Duties of Employers and Employees
2. 29 C.F.R. §1910.1030, Bloodborne Pathogens
3. CSOSA & FOH Memorandum of Agreement # BCA03DC20002,

B. Supersedures

Exposure Control Policy for Tuberculosis and Bloodborne Pathogens 5000
(9/20/04)

C. Procedural References

1. OSHA Compliance Directive (CPL) 2.106 - Enforcement Procedures and Scheduling for Occupational Exposure to Tuberculosis
2. CPL 2-2.60, Exposure Control Plan for OSHA Personnel With Occupational Exposure to Bloodborne Pathogens
3. CPL 2-2.69, Enforcement Procedures for the Occupational Exposure to Bloodborne Pathogens
4. 29 C.F.R. §1910.1020, Access To Employee Exposure & Medical Records
5. CDC Guidelines for Preventing the Transmission of Mycobacterium in Health-Care Facilities, (October 1994)
6. CDC Guidelines for Hand Hygiene in Healthcare Settings, (2002)

D. Attachments

Appendix A - Definitions
Appendix B – Responsibilities

APPENDIX A

DEFINITIONS

Active Tuberculosis: the contagious stage of Tuberculosis (TB) when the TB bacteria is active and starts to destroy lung tissue and may spread to other parts of the body via the bloodstream. Individuals with dormant TB bacteria may test positive for TB but are not contagious until the bacteria becomes active.

“At Risk” means CSOSA employees or contractors who are at risk for possible exposure to bloodborne pathogens, TB or other potentially infectious materials based on the CSOSA exposure determination conducted by FOH.

Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Exposure or Exposure Incident: bloodborne pathogens means a specific mouth, non-intact skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. The terms “exposure and exposure incident” are used interchangeably for both bloodborne and airborne pathogens in the Exposure Control Policy and Plan.

Exposure or Exposure Incident: airborne pathogens means an exposure during the performance of duties, to persons with active TB, who sneeze, cough, speak or sing during their interaction. The airborne pathogens are infected particles that travel on normal air currents throughout a room or building. The exposure incident occurs when the employee inhales the particles via mouth or nasal passages during the employee – offender interaction. The terms “exposure and exposure incident” are used interchangeably for both bloodborne and airborne pathogens in the Exposure Control Policy and Plan.

Other Potentially Infectious Materials (OPIM) means (1) 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 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); and (3) HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

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

Personal Protective Equipment (PPE) is specialized clothing or equipment (e.g., gloves, masks/eye wear) worn by an employee for protection against a hazard or exposure. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be PPE.

Tuberculosis (TB) Skin Testing Program – CSOSA will offer all employees in the “at risk” group for possible exposure to tuberculosis, a TB test to establish a baseline. The test will also be offered on an annual basis for monitoring purposes. If the rate of TB exposures appears to increase, testing may be recommended on a more frequent basis.

CSOSA Exposure Control Plan – A plan developed in collaboration with FOH, and CSOSA offices of M&A, OHR, and CSS, to reduce or eliminate employee exposure to infectious materials/diseases, that consists of **at least** the following elements:

1. Exposure Determination:
 - a. A list of all job classifications in which all or some employees/contractors in those job classifications are “at risk” for occupational exposure;
2. Schedule and Method of Implementation:
 - a. Methods of Compliance - Universal (generally accepted) steps and precautions taken to prevent contact with blood or other potentially infectious materials.
 - b. Engineering and Work Practice Controls - Engineering and work practice controls used to eliminate or minimize the risk of employee exposure.
 - c. These methods are in accordance with the documents published by the CDC Infection Control recommendations and OSHA.
3. TB Skin Testing Program – A voluntary testing program for new and current “at risk” employees designed to establish CSOSA’s baseline data of TB for tracking and monitoring purposes.
4. Medical Records - The employer shall establish an accurate record for all “at risk” staff in accordance with 29 C.F.R. §1910.1020, and the guidelines set forth in the ECP. These records will be held and maintained by FOH.
5. Information and Training - Employer shall ensure that all employees and contractors with possible occupational exposure participate in a training program that will be provided during working hours.
6. Post Exposure Notification /Management – Procedures for the proper notification, management, and referral after an exposure incident / injury occurs.
7. Disciplinary Action Plan or Statement – Plan or statement of action to be followed when employees do not comply with established ECP work controls, and notifications ranging from notice of advisement or work restriction to termination.

APPENDIX B

RESPONSIBILITIES

- A. All Program Manager Contracting Officer's Technical Representatives (COTRs) and Procurement Contracting Officers are to ensure that all contracts for contractors identified in the ECP as "at risk" for possible exposure to bloodborne pathogens, Tuberculosis (TB) or other potentially infectious materials, contain language that hold the contracted entity, or themselves, if self-employed, responsible for complying with the CSOSA ECP and the OSHA Act of 1970 with regards to their employee's duties and responsibilities at CSOSA.
- B. Office of Human Resources
1. Assign the role of a Designated Health Officer (DHO) as required by the CSOSA Exposure Control Plan for Bloodborne Pathogens and Tuberculosis (ECP).
 2. Provide technical advice, assistance, and management-level support to CSOSA staff; recommend and set policies regarding the ECP.
 3. Serve as operational component in developing and implementing CSOSA-wide safety and health programs through surveillance, consultation, training and education.
 4. Coordinate TB Skin Testing Program with FOH and CSS.
 5. Ensure that accurate record keeping will be established and maintained for each employee deemed at risk for exposure.
 6. Process all medical forms required by the ECP to be completed upon entering duty and transferred to the FOH Health Unit.
 7. Incorporate "at risk" clause in the appropriate position descriptions
 8. Advise M&A of any needed policy changes and TCDC of new or additional OSHA requirements for annual training updates.
- C. Designated Health Official
1. Performs workplace reviews and inspections to evaluate compliance with ECP Engineering Controls and Work Practices.
 2. Provides technical assistance to CSOSA employees at all levels of responsibility on matters pertaining to the ECP.
 3. Determines if an actual exposure incident occurs based on facts and information required by the Exposure Control Plan, Post Exposure Protocol and approves employee referral to FOH.
 4. In case of exposures, prepares the Exposure Report Form. If determined no exposure occurred prepares the Incident Report Form.

5. Coordinates with the Office of Training and Career Development (OTCD) to develop the CSOSA Training Plan in accordance with the ECP. This includes the general training for all CSOSA staff, the in-depth training for the positions identified as “at-risk,” as well as the annual update training as required by the ECP.
6. Review training content on a continual basis for changes in procedures or equipment, and work with OTCD to schedule additional training when needed.
7. Process TB Testing Consent or Informed Denial forms on current employees deemed “at risk” and forward to FOH for filing in the employee confidential medical records. (All medical records are confidential and will be maintained by FOH. Employees can submit a written request for copies and must submit written authorization for the release of their medical file to any third party.)
8. Maintains Post Exposure Report forms and all inspection and compliance monitoring logs and records as required by the ECP.
9. Performs Post Exposure notifications in accordance with the protocols set forth in the Exposure Control Plan.

D. Office of Management and Administration

1. Coordinate the development of the CSOSA Exposure Control Plan for Bloodborne Pathogens and Tuberculosis with FOH.
2. Assist with the administration and implementation of the ECP.
3. Develop initial CSOSA policy statement for the ECP.
4. Facilities Management Division is responsible for the proper disposal of all discarded blood samples and has contracted out this service requirement.
5. Responsible for providing all Personal Protective Equipment to offices with positions deemed “at risk.”

E. Office of Training and Career Development

1. Designate one or more staff to serve as trainers for the implementation of the ECP Training Plan.
2. Develop and implement in coordination with the DHO, the training plan and schedule for all CSOSA employees and contractors. This plan will include the general training on the ECP for current and new employees, and annual training for the “at risk” employees for updates on Agency changes in policy/procedure and exposure rates.
3. Maintain employee training records and documentation as required by the ECP. All training records are to be maintained for three (3) years and should include:
 - a. Dates of the training session;
 - b. The content (outline) or summary of the material presented;
 - c. The name and qualifications of the instructor;

- d. Names and job titles of all persons attending the training session; and
- e. Participating employee's signature.

F. Community Supervision Services

Managers

1. Ensure and promote safety in the work area under their jurisdiction.
2. Designate one or more staff to serve as the CSS Point of Contact for the implementation of the ECP.
3. Review work controls and practices set by the ECP to ensure compliance with such standards applicable to the work area concerned.
4. Obtain assistance from the DHO on the interpretation of specific standards and regulations or rules.
5. Investigate and report each incident/injury in accordance with Post Exposure Notification/Management and Referral procedures established by the ECP.
6. Ensure each employee, under their purview completes the ECP training in the proper work controls and practices as required.
7. Ensure each employee under their purview is aware of the work controls and practices and follow the appropriate procedures for conducting work safely.
8. Follow through with the Disciplinary Action Plan when an employee fails to comply with requirements and practices as set forth in the ECP.

G. Employees/Contractors

1. Comply with all occupational safety and health standards, rules, work controls and practices set forth in the ECP.
2. Complete the ECP training as required.
3. Promptly report to the Designated Health Official all work-related incidents of potentially infectious occupational exposures.
4. Employees may request an inspection of the workplace by giving notice of alleged unsafe or unhealthy conditions directly to the DHO verbally, and in writing.

Employees should report any unsafe or unhealthy conditions to their Supervisor and/or to the DHO as soon as possible without concern for any form of reprisal. Reports involving facilities, chemical or biological hazards should be reported to M&A, Office of the Associate Director as soon as possible. Employees will be notified of the actions taken in response to their report from the respective offices within fifteen business days.