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Sheriff

HARFORD COUNTY SHERIFF'S OFFICE ADMINISTRATIVE POLICY

Communicable Diseases/Bloodborne Pathogens

Distribution:	All Personnel	Policy Number:	ADM 0507	
Responsible Unit:	Agency Safety Officer	Rescinds:	MAN4200 dated 01-18-13	
Original Issued Date:	03/11/22	Revision #:	Latest Revision Date:	03/26/25
Latest Required Review was Completed:		03/26/25	Next Review Due:	03/31/28

1. Purpose

To eliminate or minimize employee exposure to bloodborne pathogens and to provide training regarding communicable diseases. The policy also delineates procedures to be followed in the event of an exposure.

2. Policy

The Agency has implemented the Harford County Sheriff's Office (HCSO) Exposure Control Plan for Bloodborne Pathogens, to meet the OSHA Bloodborne Pathogens Standards, Codified as 29 CFR 1910.1030.

3. Definitions

HBV INFECTION: is a disease that is transmitted principally by contact with infected body fluids. Unlike HIV, there is a safe and effective vaccine to prevent this disease.

HEPATITIS B VACCINATION: the vaccine is highly recommended and available to all Agency employees. Employees will sign a declination form if they choose not to be vaccinated but may later opt to receive the vaccine at no cost.

HUMAN IMMUNODEFICIENCY VIRUS (HIV): an infectious disease that alters the body's immune system. It infects and destroys certain white blood cells that fight infection and disease and renders HIV infected persons vulnerable to a variety of serious ailments that thrive in this environment. The disease can be transmitted only through body fluids.

PERSONAL PROTECTIVE EQUIPMENT (PPE): the Agency will furnish, at no cost to the employee, appropriate personal protection equipment such as, but not limited to, gloves, hand towelettes, gowns, face shield or masks, eye protection, and bag valve masks for resuscitation. Such equipment is deemed "appropriate" only if the equipment does not permit blood or other potentially infectious material to pass through to reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal condition of use and for the duration of time which the protective equipment will be used.

UNIVERSAL PRECAUTIONS: an approach to infection control. According to the concept of universal precautions, treat all persons as if they may be infected and all human blood and body fluids as if they are infectious for HIV, HBV, and other bloodborne pathogens.

4. Procedures

A. General Program Management

1. The Harford County Detention Center Safety Officer is designated as the Exposure Control Officer (ECO) for the HCSO.
 2. The ECO will be responsible for managing the Agency's Exposure Control Plan for Bloodborne Pathogens and will be responsible for the distribution of all plan revisions.
 3. The ECO will review and update the Exposure Control Plan annually.
 4. The Human Resources Specialist will monitor and ensure compliance with post-exposure evaluation, follow-up, and record keeping.
 5. An annual audit/inspection will be conducted by the ECO to ensure compliance with the Agency policy.
- B. Division Commanders and Supervisors
1. Division Commanders and Supervisors will be responsible for compliance with the Exposure Control Plan.
 2. Division Commanders/Supervisors will ensure all employees have access to the Exposure Control Plan at all times.
 3. Supervisors will ensure proper exposure procedures are followed and a copy of the plan is available for review and use.
- C. Employees
1. Both sworn and civilian employees will:
 - a. Know what task or group tasks they perform that may have an occupational exposure risk;
 - b. Attend mandatory bloodborne pathogens training as new employees and subsequent in-service training;
 - c. Employ good personal hygiene habits and use universal precautions during operational tasks where bloodborne pathogens exposure may exist; and
 - d. Plan and conduct all operations in accordance with work practice controls.
- D. Quartermaster
1. The Quartermaster will provide Agency personnel with the required personal protective equipment.
- E. Training Responsibilities
1. Exposure Control Officer
 - a. Will ensure the required training is provided to all new employees and subsequent in-service.
 2. Training Director
 - a. Will be responsible for providing entrance level, annual or additional training required, when modifications to tasks or procedures occur affecting an employee's occupational exposure.

- b. The training will be provided within 10 days of assignment to tasks where occupational exposure may occur and at annual mandated in-service training.

3. Training Guidelines

- a. The new hire and annual training program will consist of the following:
 - i. A copy of the Agency's policy/exposure control plan placed in PowerDMS;
 - ii. A general explanation of the epidemiology and symptoms of bloodborne diseases;
 - iii. An explanation of the modes of transmission of bloodborne diseases;
 - iv. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
 - v. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment;
 - vi. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
 - vii. Information on the Hepatitis B Vaccine, including information on its efficacy, safety, methods of administration, benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;
 - viii. General information regarding HIV and other bloodborne pathogens;
 - ix. An explanation of the signs and labels and/or color-coding used to distinguish items contaminated;
 - x. An opportunity for interactive questions and answers with the person(s) conducting the training session;
 - xi. An explanation of the basis for selection of personal protective equipment;
 - xii. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
 - xiii. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up; and
 - xiv. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident.

F. Personal Protective Equipment

- 1. The Agency will provide to all personnel who are routinely exposed to bloodborne pathogens or potential infectious materials on a regular basis or under certain circumstances with the appropriate personal protective equipment (PPE).

2. The Agency will also provide PPE to the Detention Center which will be stored in the Medical Treatment Room.
3. HCSO work locations will be provided with Body Fluid Spill Kits.
4. PPE to include items contained in the Body Fluid Spill Kits, will be properly disposed of following use.
5. Disposable equipment will not be washed or decontaminated for multiple uses
6. Disposable gloves will be worn when it can be reasonably anticipated the employee may have hand contact with blood or other potentially infectious materials and when handling or touching contaminated items or surfaces.
7. Masks and eye protection will be worn whenever splashes, spray, spatter, droplets of blood, or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
8. Liquid germicidal cleaner or disposable towelettes will be used when hand-washing facilities are not feasible.
9. Hands will be washed with soap and running water as soon as practical.
10. Disposable uniforms will be worn in instances when gross contamination can reasonably be anticipated.
11. Syringe-safety containers will be used to secure any sharps recovered.

G. Equipment Replacement

1. The Quartermaster will be responsible for maintaining a sufficient supply of Body Fluid Disposal Kits and PPE for the Agency.
2. It will be the responsibility of the ECO to coordinate with:
 - a. Commanders to ensure their facilities are equipped with a Body Fluid Disposal Kit;
 - b. Commanders to ensure that a sufficient supply of PPE is maintained at their facility;
 - c. Quartermaster to ensure that a process is established for the immediate replacement of all contaminated equipment regardless of an employee's work location or duty schedule; and
 - d. Commanders to ensure that all employees are aware of the process to follow, for replacement of contaminated PPE and Body Fluid Disposal Kits.
3. It will be the responsibility of the employee who depletes any item of PPE to initiate the replacement process through their supervisor.
4. Contaminated PPE will be replaced as soon as possible, but no later than the end of the employee's tour of duty.

H. Prevention Standards

1. To minimize potential exposure to communicable diseases, employees should assume that all persons are potential carriers of a communicable disease.
 2. All employees will utilize universal precautions to prevent contact with body fluids.
 3. Personal protective equipment will be worn when handling any persons, clothing or equipment with body fluids on them, and/or at any time when the potential of being splashed with body fluids exists.
 4. Plastic mouthpieces or other authorized barrier resuscitation devices will be used whenever CPR or mouth-to-mouth resuscitation is performed.
 5. If an employee does not use personal protective equipment due to his professional judgment, the circumstances will be investigated by the employee's on-duty supervisor.
 6. The completed investigation will be forwarded, by Memorandum (SO-212), to the Sheriff via chain of command for action and disposition.
 7. All sharp instruments, such as knives, scalpels, and needles, will be handled with extraordinary care, and should be considered contaminated items.
 8. Protective gloves will be worn when searching for or handling sharp instruments.
 9. Employees will not place their hands in areas where sharp instruments might be hidden.
 10. An initial visual search of the area should be conducted, using a flashlight where necessary.
 11. Needles will not be recapped, bent, broken, removed from a disposable syringe, or otherwise manipulated by hand.
 12. Needles will be placed in a puncture-resistant container.
 13. Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
 14. Blood and other potentially infectious materials will be placed and stored in biohazard containers.
 15. Employees are prohibited from keeping food and drink in or on refrigerators, freezers, shelves, cabinets, etc. where blood or other potentially infectious materials are present.
 16. All procedures involving blood or other potentially infectious material will be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
 17. If outside contamination of the primary container occurs or the specimen punctures the primary container, the primary container will be placed in a second puncture-resistant container, which prevents leakage during handling, processing, storage, transport, or shipping. The second container will be biohazard labeled.
- I. Sanitation Procedures
1. Hand washing facilities are available at all HCSO work locations.

2. Employees will wash hands and any other affected skin thoroughly with soap and water immediately for a minimum of 20 seconds, or as soon as feasible, following contact with blood or other potentially infectious materials.
3. The Agency will provide antiseptic towelettes or liquid germicidal cleaner for use where hand washing facilities are not feasible.
4. When antiseptic towelettes or liquid germicidal cleaner is used, employees will wash their hands with soap and running water as soon as possible.
5. Employees will wash their hands immediately or as soon as possible after removal of disposable gloves or other protective equipment.
6. Equipment, which may become contaminated with blood or other potentially infectious materials, will be decontaminated, or properly disposed of as necessary.
7. Surfaces contaminated with bloodborne pathogens and accessible to the public will be contained and cleaned up for disposal by the Harford County HAZMAT Team.
8. The property owner will have the responsibility and expense of cleaning any contaminated surface not accessible to the public.
9. The deputy will recommend the property owner contact the biohazard contractor of their choice.
10. Patrol vehicles, holding facilities, and equipment contaminated with human blood or other body fluids that obviously contain human blood will be immediately decontaminated by the HAZMAT Team.
11. Patrol vehicles, holding facilities, and equipment contaminated with bodily fluids containing no obvious signs of human blood will be cleaned by deputies using issued equipment/chemicals, while observing universal precautions.
12. Any contaminated equipment or materials considered a biohazard by a deputy will be placed in appropriate biohazard containers.
13. Contaminated gloves and other equipment will not be disposed of at the incident scene.

J. Immunization

1. Hepatitis B Vaccine is safe and effective in the prevention of HBV infection.
2. Hepatitis B vaccinations will be made available at no cost to all Agency personnel.
3. Exceptions:
 - a. The employee has previously received the complete Hepatitis B vaccination series;
 - b. Antibody testing has revealed that the employee is immune; or
 - c. The vaccine should not be taken for medical reasons.

4. Any employee who declines the Hepatitis B vaccination will complete a Hepatitis B Vaccine – Vaccine Refusal form (DH 14500B) which will be kept in the employee’s personnel file.
5. If an Agency employee initially declines the Hepatitis B vaccination, but later, decides to accept the vaccination, the Agency will make available the Hepatitis B vaccination at this time.
6. If the U.S. Public Health Service recommends a routine booster dose(s) of hepatitis B vaccine at a later date, such booster dose(s) will be made available by the Agency.
7. The ECO will coordinate the vaccination appointment with the Harford County Health Department.
Biohazard Containers, Labels, and Signs

K. Biohazard Containers, Labels, and Signs

1. Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport or ship blood or other potentially infectious materials.
2. The Agency will post signs at the entrance to work areas where potentially infectious material may be present (i.e., Forensic Services Unit, Property Management, Detention Center Medical, etc.) bearing the biohazard symbol and containing the following information:
 - a. Name of infectious agent;
 - b. Special requirements for entering the area (i.e., mask, goggles, disposable uniform, etc.); and
 - c. Name and address of responsible person.
3. Biohazard labels will be fluorescent orange or orange-red or predominantly so with lettering or symbols in a contrasting color.
4. Blood or other potentially infectious material will be placed and stored in a biohazard container, which prevents leakage during collection, handling, processing storage, transport, or shipping.
5. If outside contamination of the primary container occurs or the specimen punctures the primary container, the primary container will be placed in a second puncture resistant container and the second container will be labeled as a biohazard.
6. Contaminated waste will be removed periodically by the HazMat contractor.

L. Post Exposure Evaluation and Follow-Up

1. If an employee comes in contact with blood, or other body fluids he will:
 - a. Wash the affected area immediately;
 - b. Report the incident immediately to his respective supervisor; and
 - c. Complete an Employee’s First Report of Incident (SO-016).
2. A supervisor will complete the Supervisor’s Incident Report (SIR).

3. A supervisor will forward all reports to the Harford County Law Department and the HCSO HR Specialist via the Employee Injury email distribution group.
4. The Agency will make available to the exposed employee a confidential medical evaluation and follow-up through procedures and forms.
5. The Agency will ensure the licensed healthcare professional evaluating an employee after an exposure incident is provided the following:
 - a. A copy of the Occupational Safety and Health Administration, 20 CFR, Part 1910. 1030, Occupational Exposure to Blood Borne Pathogens (Upon request made to the ECO).
 - b. A description of the exposed employee's duties as they relate to the exposure incident.
 - c. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
 - d. Identification and results of the source individual's blood testing, if available.
6. When the source individual is deceased, the Medical Examiner's Office will notify the Agency of the particular bloodborne pathogen to which Agency member(s) may have been exposed.
7. Upon notification from the Medical Examiner's Office, a memo will be submitted from the HR Specialist to the appropriate Division Commander(s) for the member(s) involved.
8. The Division Commander will notify the member(s) and advise him of the exposure.
9. The Division Commander will complete a Supervisor's Incident Report (SIR) and require the member(s) to complete an Employees First Report of Injury (SO-016).
10. If the member(s) wishes to be tested after the exposure, the Division Commander will notify the HR Specialist to schedule such testing
11. The source individual's blood will be tested as soon practical and after consent is obtained in order to determine HBV and HIV infection.
12. If consent is not obtained voluntarily, the Agency may seek a court order through the State's Attorney's Office, by contacting the Legal Advisor.
13. When the source individual is already known to be infected with HBV or HIV, testing of the source individual will not be required.
14. Results of the source individual's blood test or previously established status will be made available to the exposed employee, and the employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.
15. The exposed employee's blood will be collected as soon as practical and tested after consent is obtained.
16. If the employee consents to baseline blood collection but does not give consent at that time for HIV Serological testing, the sample will be preserved for at least 90 days.

17. If within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as practical.
18. All other findings or diagnoses will remain confidential and will not be included in the written report.

M. Records Maintenance

1. Medical Records

- a. The Agency will establish and maintain an accurate record for each employee with occupational exposure.
- b. The record will be kept in a medical file separate from the Personnel file.
- c. The medical file will be maintained by the HR Specialist and should include the following:
 - i. Employee's name and employee identification number (EIN);
 - ii. A copy of all results of examinations, medical testing, and follow-up procedures;
 - iii. A copy of the health care professional's written opinion; and
 - iv. A copy of the information provided to the health care professional detailing the circumstances surrounding the employee's exposure.
- d. The ECO will maintain a computer file for the entire Agency that contains a copy of each employee's Hepatitis B vaccination status, including dates of all hepatitis B vaccinations and titers.
- e. The Agency will maintain employee medical records for a minimum period of 30 years after the duration of the employee's employment.
- f. Employee medical records will be kept confidential and not disclosed or reported to anyone without the employee's written consent.
- g. Employee medical records concerning an exposure will be provided to the following upon request for examination and copying:
 - i. The subject employee;
 - ii. The Director of the National Institute for Occupational Safety and Health;
 - iii. The Assistant Secretary of Labor for OSHA;
 - iv. Anyone having written consent of the subject employee; and
 - v. The Agency's ECO.

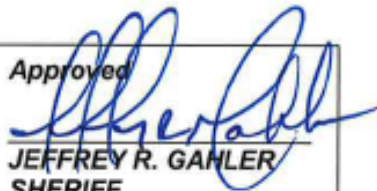
N. Training Records

1. Employee training records will be maintained by the HCSO Training Academy for a minimum of three years from the date on which the training occurred.

2. The program training records will be maintained by the HCSO Office Training Academy and consist of the content and summary of the training session and the following information:
 - a. Dates of the training sessions;
 - b. Name(s) and qualifications of person(s) conducting the training; and
 - c. The names and job titles of all persons attending the training sessions.
3. The employee's training records will be made available to the following upon request for examination and copying:
 - a. The subject employee;
 - b. The Director of the National Institute for Occupational Safety and Health;
 - c. The Assistant Secretary of Labor for OSHA;
 - d. Anyone having written consent of the subject employee; and
 - e. The Agency's ECO.

5. Summary of Changes

- A. On 03/26/25 the scheduled 3-year policy review was conducted, and no changes were made.


Approved
JEFFREY R. GAHLER
SHERIFF
DATE 3.11.2022