



Charleston County Sheriff's Office Policy and Procedures Manual

Sheriff Carl Ritchie

9-33 EXPOSURE CONTROL PLAN

- NEW
- REVISED
- REVIEWED

ACA Standards Reference: 5-ALDF-4D-06, 4D-07
CALEA Standards Reference:
NCCHC Standards Reference:
SCLEA Standards Reference:
SC Minimum Standards: SC Min 2014-6

This policy dated 1/28/2025 replaces prior policies cited above and supersedes all previously issued directives.

I. Purpose:

The Charleston County Sheriff's Office is committed to providing a safe and healthful work environment for its employees, inmates, and the general public. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens and infectious diseases, in accordance with the universal precautions for preventing the spread of infectious diseases in the workplace, developed by the Centers for Disease Control and Prevention (CDC), and the Federal Rule regarding Occupational Exposure to Bloodborne Pathogens (29 CFR 1910.1030). It should serve as an adjunct to rational decisions making in those situation where specific guidelines do not exist, particularly where immediate action is required to preserve life or prevent significant injury.

II. Policy:

It is the responsibility of this agency to take all reasonable measures to allow its members to perform their duties in a safe and effective manner. Charleston County Sheriff's Office employees incur risk each time they are exposed to blood borne pathogens or with a person who has an infectious disease. The safe performance of daily operations is threatened by bloodborne pathogens that can be contracted through exposure to infected blood and several types of bodily secretions. Therefore, it is the policy of the Charleston County Sheriff's Office to continuously provide employees with information, education, and training on prevention of these diseases, provide up-to-date safety equipment and procedures that will minimize their risks of exposure, and to institute post-exposure reporting, evaluation and treatment for all personnel exposed to these diseases during the performance of their duties.

III. Definitions:

A. For purposes of this procedure, the word "deputy" applies to all agency employees with a certification classification of Class I, Class II, or Class III, as defined by the South Carolina Criminal Justice Academy.

The following terms are used interchangeably; however, they carry guidance to specific employees based on usage of the term:

1. Deputy, deputy sheriff, detention deputy, sworn employee, uniformed sworn employee, sworn administrative employee, and
2. civilian, non-sworn employee.

B. *Employee*: When used without further clarification, the term employee is

inclusive of all agency members (sworn and non-sworn).

- C. *Approved Bio-Hazard Symbols*: The bright orange warning labels which must be affixed to any container used for contaminated waste, laundry, evidence, or any other potentially infectious materials.
- D. *Blood*: Human blood, human blood components and products made from human blood.
- E. *Bloodborne Pathogens*: Pathogenic micro-organisms 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).
- F. *Carrier*: A person who is apparently healthy but is infected with some disease-causing organism (such as HIV or HBV) that can be transmitted to another person.
- G. *Centers for Disease Control (CDC)*: Federal health agency that is a branch of the U.S. Department of Health and Human Services. The CDC provides national health and safety guidelines and statistical data on Acquired Immunodeficiency Syndrome (AIDS) and other diseases.
- H. *Contaminated*: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- I. *Contaminated Sharps*: Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
- J. *Decontamination*: The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- K. *Exposure Control Plan (ECP)*: Describes staff actions to be taken to eliminate or minimize exposures to pathogens. (REF: J-B-01)
- L. *Exposure Incident*: A specific parenteral or mucous membrane exposure to blood or other bodily fluids resulting from the performance of an employee's duties. This includes prolonged contact with blood or bodily fluids when the employee's skin is chapped, abraded, or otherwise irritated (non-intact).
- M. *HBV*: Hepatitis B Virus.

- N. *HIV*: Human Immunodeficiency Virus.
- O. *Hand Washing Facilities*: A facility providing an adequate supply of running water, soap, and single use towels or hot air-drying machines, or the use of disinfectant towelettes and solutions.
- P. *Occupational Exposure*: Reasonably anticipated skin, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- Q. *Other Potentially Infectious Materials (OPIM)*: Any body fluid visibly contaminated with blood (i.e.: saliva, vomitus, etc.).
- R. *Personal Protective Equipment*: Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- S. *Regulated Waste*:
 - 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; and
 - 5. pathological and microbiological wastes containing blood or other potentially infectious materials.
- T. *Serologic Test*: Any number of tests that are performed on blood. Usually refers to a test that measures antibodies to a virus.
- U. *Source Individual*: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; inmates of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

- V. *Sterilize*: A physical or chemical procedure to destroy microbial life including highly resistant bacterial endospores.
- W. *Universal Precautions*: An approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- X. *Work Practice Controls*: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

NOTE: An additional glossary of terms is available in the *Exposure Control Plan* for the Charleston County Sheriff's Office

IV. Procedure:

A. Universal Precautions:

It is inevitable that, at some point, deputies will come into contact with a person who has an infectious disease, such as Acquired Immune Deficiency Syndrome (AIDS), hepatitis, tuberculosis (TB), or other bloodborne pathogens; therefore, extreme caution should be exercised by personnel when handling blood, items stained with blood or other bodily fluids, and persons of high-risk groups.

"Universal Blood and Body Fluid Precautions", also referred to as "Universal or Standard Precautions," is the result of documents published by the CDC in 1987. Under these precautions, blood and certain body fluids from any person are considered potentially infectious for HIV, HBV, and other diseases. Universal precautions apply to the following body fluids:

1. blood;
2. semen;
3. vaginal secretions; and
4. any body fluids containing visible blood.

Additionally, the following *universal precautions* are fundamental to minimizing potential exposure and preventing the contraction of communicable diseases:

1. Be knowledgeable about and utilize the available personal protective equipment recommended to minimize contact with blood and body fluids.
2. Universal precautions do not apply to tears, sweat, saliva, urine, stool, vomitus, nasal secretions, or sputum, unless they contain visible blood.
3. Because blood and other potentially infectious material (OPIM) are often encountered in uncontrolled circumstances, all bodily fluids will be treated as potentially infectious.
4. Take extraordinary care to avoid accidental injury from sharp instruments, e.g., needles, capillary tubes, lancets, and other sharps or items such as slides, which if broken could cause cuts, scratches, or puncture wounds.
5. Do not eat, drink, smoke, apply cosmetics or lip balm, or handle contact lenses at scenes where bodily fluids are present or other contagious factors exist.
6. Handle and dispose of sharps properly. All sharp instruments should be handled with extraordinary care and should be considered contaminated items. As soon as practical, sharps must be placed in a special puncture resistant, rigid container as close as is feasible to the immediate area where sharps are used or found. Needles must not be recapped, bent, broken, or otherwise manipulated by hands. Do not clip off syringe needles.
7. Dispose of sharps containers properly. Filled sharps containers and any other contaminated articles must be disposed of at one of the designated disposal sites.
8. Prevent contact of non-intact skin (e.g., torn cuticles, abrasions, and chapped areas) and mucous membrane (eyes, nose, and mouth) with blood or other body fluids.
9. Hands and forearms will be washed often with soap and warm water, particularly after glove changes, the removal of personal protective equipment, and any contact with an OPIM. Mucous membrane areas that come in contact with an infectious material should be flushed thoroughly.

- a. Hand washing facilities with germicidal soap dispensers are located in all employee restrooms, the kitchen, and medical areas. If hand washing facilities are not readily available or feasible, personnel may use non-alcohol antimicrobial waterless sanitizer. Even if non-alcohol antimicrobial hand sanitizers are used, hands and other affected areas should be washed with soap and warm water or flushed with water as soon as possible. (REF: SC Min 2014-6)
10. Rinse mouth with tap water and/or eyes with eye wash solution immediately if splashed with blood or body fluids.
11. Wear gloves that fit well whenever performing any task in which soiling with blood or potentially infectious material is anticipated.
 - a. Latex gloves provide maximum sensitivity and flexibility.
 - b. Latex gloves catch fire easily and burn vigorously, as opposed to melting. Do not use them around an open flame.
 - c. Utility style gloves must be worn when cleaning or handling items or equipment contaminated with blood or other body fluids.
12. Wear National Institute of Safety and Health approved N95 respirator, goggles, or face shields and/or gowns/aprons as well as gloves for procedures with potential for inadvertent splatter of potentially infected blood or fluids (e.g., crime scene processing, handling any contaminated objects, etc.).
13. Report all parenteral or mucous membrane exposures to blood or other body fluids to which universal precautions apply. This includes prolonged contact with blood when the employee's skin is chapped, abraded, or otherwise irritated (non-intact).
14. Participate in the HBV vaccine program offered to all employees who are occupationally exposed to blood and/or body fluids.
15. Be aware that certain prescribed medications, such as steroids and asthma medications, suppress the immune systems and make the individual more susceptible to infectious disease. Personnel should consult with their personal physician if they are taking prescription drugs.

16. Pregnant deputies should report to their physician any direct contacts with body fluids in the line of duty. Infectious viruses can cause severe problems in newborns.
- B. There are four "Categories of Responsibility" implemented in the ECP:
1. The Designated Exposure Control Officer;
 - a. A "Designated Officer Program" is essential for the early notification and follow-up for employees with inadvertent exposure to any bloodborne pathogen and other airborne diseases as identified by the CDC. The transmission of airborne diseases is a real risk for personnel involved with public safety and emergency medical response. As an effort to minimize such exposure, a heightened level of awareness and a protocol for preventative actions must be followed as outlined in this plan. An important part of this ECP is the identification of those tasks and procedures where exposure may occur and the identification of those positions whose duties include tasks and procedures with occupational exposure. All employees identified as having occupational exposure will receive training on protective equipment, vaccination, and other control methods.
 2. supervisors;
 3. the Training Unit; and
 4. employees.

C. Training:

The Training Unit will be responsible for providing information and training to all employees who have the potential for exposure to infectious disease. Activities falling under their direction include:

1. maintaining an up-to-date list of Sheriff's Office personnel requiring training;
2. developing suitable education/training programs;
3. training documentation;
4. the SACDC will schedule annual training for detention employees

- which is no more than one (1) year from the last training date for employees;
5. maintaining training documentation regarding infectious diseases;
 6. periodically reviewing and updating training programs with the Charleston County Safety Office, the exposure control officers, and bureau commanders; and
 7. ensuring all newly hired employees receive training on blood/airborne exposure control prior to assignment to a duty function.
- D. Employees have the most important role in the infectious disease's compliance program; in this role, employees must:
1. know what tasks they perform that have occupational exposure;
 2. attend bloodborne pathogens training;
 3. plan and conduct all operations in accordance with this ECP; and
 4. develop good personal hygiene habits.
- E. The ECP will be available to each employee on the county intranet. The ECP shall be reviewed and updated at least annually and/or when new information is published.
- F. Personal Protective Equipment (PPE):
1. Logistics will ensure adequate supplies are available for infectious disease control within the Charleston County Sheriff's Office.
 2. Logistics is responsible for the inventory and initial dissemination of supplies for infectious disease control and will initiate reordering procedures before supplies become depleted.
 3. Deputies using supplies maintained within the agency and in issued vehicles are responsible for replacing such items after each use. These supplies will include:
 - a. two N95 respirators;
 - b. one box of sized gloves;

- c. two pairs of shoe covers;
 - d. one pair of goggles/safety glasses with side shields;
 - e. three or more bio-hazard bags of various sizes;
 - f. two sets of Tyvec coveralls/gowns;
 - g. one CPR microshield;
 - h. one sharps container;
 - i. one bottle of alcohol-based (non-water) disinfectant hand washing gel; and
 - j. hypoallergenic gloves, cotton gloves, glove liners and similar alternatives which are readily available to employees who are allergic to the gloves normally issued by the Sheriff's Office.
4. Personal protective equipment and disinfecting materials are readily available at all bio-hazard barns at Charleston County fuel sites.
 5. PPE will be utilized by all employees, including employees of other departments who are on our premises, as required or necessary to reduce the potential for exposure.
 6. When on duty, SACDC employees who are expected to render emergency first aid and/or CPR will carry a micro-shield pocket CPR mask, safety glasses with side shields or side shields for those normally wearing glasses, and two (2) pairs of disposable latex gloves on their person at all times. Supervisors will ensure that all employees have them in their possession prior to assignment to duties.
 7. Inmate workers at the SACDC are not permitted to clean up blood spills or OPIM. They may volunteer to clean up "not at risk" body fluids; however, they will not be punished for declining to do so. If the inmate worker volunteers to clean up "not at risk" body fluids staff will provide the inmate with the appropriate PPE.
 8. To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect from potential exposure, employees should adhere to the following practices:
 - a. Periodically inspect protective equipment and repair or replace items as needed to maintain effectiveness.

- b. Clean, launder and decontaminate reusable personal protective equipment as needed.
 - c. Dispose of single-use personal protective equipment or equipment that cannot, for whatever reason, be decontaminated, by placing that equipment in a contaminated item receptacle located at all bio-hazard barns at Charleston County fuel sites.
 - d. Take bloodstained uniforms to Logistics. Upon verification of the contamination, the employee will have the uniform laundered, if possible. A claim for payment will be submitted by the employee for payment to clean the contaminated uniform. It is incumbent upon the Logistics Center supervisor to document and verify each claim for payment. If the uniform cannot be laundered, Logistics will replace the uniform.
9. To make sure this equipment is used as effectively as possible, employees must adhere to the following practices when using protective equipment:
- a. Any garment penetrated by blood or other infectious materials should be removed immediately (or as soon as feasible).
 - b. All potentially contaminated personal protective equipment is removed prior to leaving a work area or incident site, if possible (or as soon as feasible).
 - c. Gloves are worn in the following circumstances:
 - i. whenever employees anticipate hand contact with potentially infectious materials;
 - ii. when handling or touching contaminated items or surfaces;
 - iii. Gloves will only be worn once and will be changed between contacts;
 - iv. Gloves which are contaminated, or suspected of being contaminated, will be placed in a red biohazard container. In areas where a biohazard container is not available or feasible, contaminated items will be placed in a red bag until properly disposed; and

- v. Gloves shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn, punctured or otherwise lose their ability to function as a barrier.
 - d. Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of.
 - e. Masks in combination with eye protection will be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated, and eye, nose or mouth contamination can be reasonably anticipated.
 - f. Protective clothing (such as gowns or Tyvec coveralls) will be worn whenever potential exposure to the body is anticipated.
 - 10. All employees are expected to utilize all available PPE. Understandably, there may be rare and extraordinary circumstances in which an employee temporarily and briefly declines to use protective equipment. The only time(s) this will be acceptable is if the employee, in their professional judgment:
 - a. feels that the use of PPE would prevent the delivery of medical or public-safety services; and/or
 - b. feels that the use of such equipment would pose an increased hazard to the safety of themselves or a co-worker.
 - 11. If an employee makes the decision not to use PPE, the circumstances will be investigated by the employee's supervisor and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. All findings shall be reported to the appropriate division captain and/or Command Duty Officer (CDO) as soon as possible.
- G. Decontamination and Maintenance:
- 1. Decontamination sites are located at Charleston County Public Works facilities, 4350 Azalea Avenue, North Charleston and the Law Enforcement Center, 3691 Leeds Avenue, North Charleston.
 - 2. All general work areas will be cleaned and maintained as needed on a daily basis. Should an area or equipment become contaminated with

blood or other potentially infectious material, the area will be cleaned and decontaminated as soon as the situation allows. Supervisors should ensure the following is adhered to and documented:

- a. the equipment or area is cleaned/decontaminated;
 - b. day and time work completed;
 - c. cleansers and disinfectants used; and
 - d. additional information as appropriate.
3. Using this schedule, the Sheriff's Office employs the following practices:
- a. All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials:
 - i. after the completion of medical procedures;
 - ii. immediately (or as soon as feasible) when surfaces are overtly contaminated;
 - iii. after any spill of blood or infectious materials; and
 - iv. at the end of the work shift if the surface may have been contaminated during that shift.
 - b. Protective coverings (such as linens, plastic trash bags or wrap, aluminum foil or absorbent paper) are removed and replaced:
 - i. as soon as it is feasible when overtly contaminated; and
 - ii. at the end of the work shift if they may have been contaminated during the shift.
4. Decontamination of Resuscitation Equipment:
- a. Wear gloves, approved eye protection, and a facemask.
 - b. Disassemble device when applicable.
 - c. Rinse in hot water, scrubbing away debris.

- d. Wash with hot water and soap.
 - e. Soak equipment for 10 minutes in hypochlorite solution.
 - f. Rinse with clear water, and then dry.
 - g. Reassemble and check for proper working order prior to placing item back in service.
5. Decontamination of Body Fluids:
- a. Inmates will not be required nor allowed to clean up blood or OPIM.
 - b. Gross contamination will obviously require more Personal Protective Equipment based upon the degree of contamination. Wear gloves, approved eye protection, and a facemask.
 - c. Soak up excess fluids with paper towel(s) or gel solution.
 - d. Wash the area with soap and water.
 - e. Spray/wipe area with EPA registered tuberculocide or an approved hypochlorite solution.
 - f. Wipe dry and properly dispose of contaminated items.
6. All Other Non-Disposable Items/Equipment:
- a. Wear gloves, approved eye protection, and facemask.
 - b. Disassemble device when applicable.
 - c. Rinse in warm water, scrubbing away debris.
 - d. Clean contaminated equipment with hot water, soap, and brush.
 - e. Wipe down device with an EPA registered tuberculocide or wipe (not soak) with hypochlorite solution.
 - f. Air dry.

H. Vehicle Disinfection/Maintenance:

1. Agency assigned vehicles must be disinfected after contamination with blood or other bodily fluid(s).
2. Deputies will complete disinfection procedures (where appropriate).
3. Recommended disinfection procedures are as follows:
 - a. Protective disposable gloves will be worn during all phases of disinfection. Deputies should be aware that rings, jewelry, or long fingernails may compromise the structural integrity of the gloves. Deputies should make certain gloves are not torn before they begin any phase of the maintenance process.
 - b. Any excess of blood or bodily fluids should first be neutralized through use of bleach, isopropyl alcohol, or strong liquid detergent. Absorbent material (rags, newspaper, etc.) will be placed on the substance to absorb and contain. Absorbent materials will then be removed and placed into a bio-hazard container for disposal in a designated contaminated item receptacle located at all bio-hazard barns at Charleston County fuel sites.
 - c. The recommended cleansing solution is composed of one part bleach and ten parts water. This solution will be available at any of the decontamination sites.
 - d. The affected area will be cleansed with the virucidal germicidal solution and allowed to air dry for ten minutes.
 - e. All disposable contaminated cleaning items will be placed in bio-hazard bags and placed in a contaminated item receptacle.
 - f. Deputies will be careful not to contaminate themselves during this cleaning regimen or when taking off their disposable protective gloves.

I. Custody and Transportation of Prisoners:

1. All persons taken into custody should be handled with caution, particularly those persons of high-risk groups, such as intravenous drug users. Protective disposable gloves should be worn where violence or an altercation is likely. Extreme caution should be used

during the search of suspected drug users or dealers to prevent accidental skin punctures by needles. Extreme caution must be used when reaching into areas, such as under car seats, that are not visible.

2. Following any search where protective disposable gloves were utilized, the gloves should be removed with caution, placed in a bio-hazard bag, and securely sealed. Deputies will place the sealed bag into a contaminated item receptacle. Supervisors will assure that contaminated property is disposed of properly as soon as practical.
3. If gloves are not contaminated with blood or bodily fluids, they may be disposed of in a regular trash container.
4. Whenever it becomes necessary to transport a subject who has blood or bodily fluids present on their person or clothing, the on-duty supervisor will be notified. Tyvec disposable coveralls are designed for use in situations such as this and should be maintained in assigned vehicles with replacements available at bio-hazard barns located at fuel sites throughout the County.
5. Subjects/inmates with blood or bodily fluids present on their person should be transported individually (i.e., alone). Communications personnel will notify the responding deputy or ambulance when solo transportation is required.
6. Deputies have an obligation to notify relevant support personnel during a transfer of custody when the subject/inmate has blood or bodily fluids present on their person or may be of high risk. Personnel should be advised to use personal protective equipment while handling the subject, inmate, patient, etc.
7. Deputies responding to calls for service where a complainant is alleging that they were intentionally infected with an infectious disease will request Emergency Medical Service (EMS) personnel to respond to the scene. The on-duty supervisor will be notified, and an on-duty investigator will respond. An immediate investigation will be initiated so that proper medical attention may be solicited, and proper criminal and civil actions must be determined. All incident reports are to be forwarded to the Investigations Division outlining the details of the alleged occurrence.

J. Handling and Storage of Property and Evidence:

1. Deputies must label, package, and transport all blood and other body

fluid specimens according to agency policy as outlined in Procedure [15-02 Collection and Preservation of Evidence](#).

2. Evidence containing suspected blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, and generating droplets of these substances, and should only be handled while wearing gloves. Dry stains or samples should be placed in a paper bag. A proper evidence tag, and a bio-hazard label will be affixed to the outside of the package. An Evidence Request will be completed in Forensify.
3. Liquid samples should be either collected as a liquid and stored in a bottle or, if located on clothing or similar materials, should be placed in a paper bag to be air-dried. A proper evidence tag, and a bio-hazard label will be affixed to the outside of the package. An Evidence Request will be completed in Forensify.
4. If the evidence consists of a syringe and needle, the needle portion must be made safe and placed in a sharps container. Contaminated needles and other contaminated sharps are not to be bent, recapped, or removed. Shearing or breaking of needles is prohibited. All needles, syringes, and other sharps are to be treated as if they are contaminated. Personnel should use extreme care to prevent needle and/or sharps sticks to oneself or others.
5. Contaminated reusable sharps should be placed in appropriate containers immediately, or as soon as possible. The container should be tagged with an evidence tag and a bio-hazard label.
6. Persons working in areas for extended periods of time where blood or other bodily fluids have been shed, (e.g., Forensic Services Unit (FSU) personnel working for protracted periods of time at homicide/suicide scenes) should wear anti-contamination clothing such as suits, dust mist respirators, boot covers, and gloves.
7. FSU personnel will adhere to a precise regimen when handling, processing, storing, and cleaning potentially infectious disease-contaminated evidence/property.
8. Any clothing or evidence known to be contaminated with any blood/airborne pathogen or other contagious disease will be placed in a clearly labeled bio-hazard bag, sealed, and stored in a specified area.
9. All bloody clothing will be treated as if it is contaminated.

10. All bloody clothing or evidence, as well as sacks containing the clothing or evidence, will be handled with protective disposable gloves.
 11. Any clothing known or suspected to be contaminated with any contagious disease, bloody or not, will be handled by FSU personnel only when wearing protective disposable gloves.
 12. FSU personnel will wash their hands thoroughly with proper disinfectant followed with hot water and soap after handling any possibly contaminated items.
 13. All property for disposal will be kept in sealed bio-hazard bags and disposed of in the bio-hazard barns.
 14. The following categories will be considered "regulated waste" and require special handling and disposal:
 - a. liquid or semi-liquid blood or OPIM;
 - b. items contaminated with blood or OPIM which would release these substances in a liquid or semi-liquid state if compressed;
 - c. items that are caked with dried blood or OPIM and are capable of releasing these materials during handling;
 - d. contaminated sharps; and
 - e. pathological and microbiological wastes containing blood or OPIM.
 15. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or bench tops where blood or OPIM is present.
- K. Hepatitis B Vaccination (HBV) or Airborne Post-Exposure Evaluation and Follow-Up:
1. Exposure incidents can occur even with good adherence to agency exposure prevention practices. In response, the Sheriff's Office has implemented a Hepatitis B Vaccination Program, as well as procedures for post-exposure evaluation and follow-up should exposure to blood/airborne pathogens occur. This program is available, at no cost, to all employees who have occupational exposure to bloodborne pathogens. The vaccination program consists of a

series of three inoculations over a six-month period. Vaccinations are performed under the supervision of a licensed physician or other health care professional.

2. Acceptance of the HBV vaccination series will be documented on the HBV Immunization Record and filed with the employee's medical record. (REF: 5-ALDF-4D-07, J-B-01)
3. The HBV series will be offered to each employee at no cost UNLESS:
 - a. The employee has previously received the complete HBV series;
 - b. Antibody testing reveals the employee is immune; or
 - c. The vaccine is contraindicated for medical reasons.
4. Participation in the HBV program is not mandatory. Employees may decline vaccination initially, but at a later date choose to accept it.
 - a. Persons who refuse the vaccination series will be required to sign an HBV Vaccine Declination form, indicating that they declined vaccination.
 - b. If an employee has received the HBV Vaccine, they will be asked to submit records of such to Safety and Risk Management to be placed in their employee file. If the employee refuses to submit record of the vaccination or does not have the record, they must sign a Declination form stating so.
5. Following a report of an exposure incident, a confidential medical evaluation and follow-up shall be made available to the exposed employee. The evaluation and follow up shall include at least the following elements:
 - a. Documentation of the route(s) of exposure;
 - b. circumstances under which the exposure incident occurred;
 - c. identification and documentation of the source individual, unless that identification is infeasible or prohibited by state or local law;
 - d. collection and testing of blood for HBV and HIV serological

- status;
 - e. counseling; and
 - f. evaluation of reported illnesses.
6. To ensure that all employees are aware of Charleston County's vaccination program, it is thoroughly addressed in agency communicable disease training.
- L. Tuberculosis Skin Test:
- 1. Tuberculosis Skin Test (TST) will be given to all employees, including health care staff during the initial hiring physical. A TST and hearing test for SACDC employees will be completed annually thereafter.
(REF: 5-ALDF-4D-06, J-B-01)
 - 2. Persons who have a documented history of positive TST result, a documented history of TB disease, or a reported history of a severe necrotic reaction to tuberculin should be exempt from routine skin testing. Such persons should be screened for symptoms of tuberculosis and receive a chest radiograph when indicated.
 - 3. The TST will be applied using an appropriate antiseptic technique.
 - 4. The TST will be read between 48 to 72 hours after being placed. The result will be recorded in millimeters of induration. Negative reactions will be recorded as omm induration.
 - 5. If TST reacts and has more than a 10mm reaction the result is positive.
 - 6. The patient is given an order to go and get a Chest X-Ray with the diagnosis of a positive TST.
 - 7. The order should state that the patient needs a copy of the film and the report to take to the Health Department.
 - 8. It is important that the patient knows that the positive result means at some point they have been exposed to tuberculosis and their immunity has fought against the infection.
 - 9. The Health Department Physician will determine if the patient needs to be treated with medication.

10. Appointments at the Health Department must be made by the patient.
 11. The test results should be kept in the employee's medical file.
- M. Line of Duty Exposure to an Infectious Disease or Contaminated Materials:
1. Documentation will be prepared when employees have cause to believe they have had high-risk blood/airborne exposure during line of duty activity.
 2. Examples of high-risk exposures are:
 - a. the handling of bloody or wet subjects, where scratches cuts, or open sores are noticed on the area of contact;
 - b. a potential "needle stick or cut" exposure;
 - c. direct contact with bodily fluids from a subject on an area where there is an open sore or cut;
 - d. a mucous membrane exposure to blood or other body fluids;
 - e. a cutaneous (intact skin) exposure involving large amounts of blood;
 - f. direct mouth-to-mouth resuscitation as used with Cardiopulmonary Resuscitation (CPR);
 - g. the receiving of a cut or puncture wound as a result of searching or arresting a subject;
 - h. a human bite, which breaks the skin;
 - i. any other high-risk exposure; and
 - j. prolonged contact with blood or OPIM.
 3. Any employee who has exposure especially when the exposed skin is chapped, abraded, or afflicted with dermatitis shall report this exposure immediately or as soon as feasible to his immediate supervisor.

- N. Post-Exposure Evaluation and Follow-Up:
1. If an employee is involved in any incident, regardless of severity, where exposure to blood/airborne pathogens may have occurred, the supervisor must:
 - a. make certain the employee receives medical treatment and consultation (if required) as expeditiously as possible, preferably within two hours of the exposure; and
 - b. notify the Exposure Control Officer for the Sheriff's Office to respond to the incident and investigate the circumstances surrounding the exposure incident; and
 - c. notify the on-call Charleston County Safety and Risk management personnel.
 2. Supervisors must investigate every exposure incident that occurs and complete *First Line Injury Report* and an *Accident Investigation Form*. This investigation must be initiated immediately after the incident occurs and includes gathering the following information:
 - a. when the incident occurred (date and time);
 - b. where the incident occurred;
 - c. what potentially infectious materials were involved in the incident (type of material such as blood, etc.);
 - d. source of material;
 - e. under what circumstances the incident occurred (type of work being performed);
 - f. how the incident was caused;
 - g. personal protective equipment being used at the time of the incident; and
 - h. actions taken as a result of the incident (employee decontamination, cleanup and notifications made).
 3. After this information is gathered and evaluated, a written summary of the incident and its causes is prepared. Recommendations will be made to avoid similar incidents in the future.

4. To ensure employees receive the best and most timely treatment if an exposure to blood/airborne pathogens should occur, the Sheriff's Office has set up a comprehensive post-exposure evaluation and follow-up process. Use of the "checklist" outlined in the Sheriff's Office Exposure Control Plan will verify that all the steps in the process haven been followed.
 5. An exposed employee must report any acute illness which develops within twelve (12) weeks after the exposure-particularly one which is characterized by fever, rash, or swollen lymph glands. Such illnesses shall be documented in the employee's medical record and the employee will be directed to seek medical advice and treatment, as appropriate.
 6. During the post exposure follow up period, an exposed employee should refrain from blood, semen, or organ donation and abstain from or use measures to prevent disease transmission during sexual intercourse.
- O. Testing:
1. Upon request, testing to determine whether an employee has contracted a communicable disease after a potential exposure will be made available to any employee. Costs for such testing and possible counseling will be absorbed by Charleston County.
 2. Base-line testing will be consistent with approved medical procedures under the Center for Disease Control (CDC) and public health service guidelines.
 3. Source individuals will be informed of the incident and testing will be completed for serologic evidence of HIV, HBV, HBC, and Syphilis infection after consent is obtained. The results of such testing will be documented and made available to the exposed employee via the Designated Exposure Control Officer within forty-eight hours. Employees must not, however, disclose the identity or infectious status of the source individual.
 4. If consent cannot be obtained from the source individual, assistance may be obtained through the "[Ryan White CARE Act](#)" via the Designated Exposure Control Officer and the employee will be counseled on the risk of infection and tested as soon as feasible. Employees who test seronegative should be retested six weeks post-exposure and on a periodic basis thereafter to determine whether

transmission has occurred.

P. Medical Records:

1. Medical records shall be established and maintained for each employee. This record shall include:
 - a. the name and social security number of the employee;
 - b. a copy of the employee's hepatitis B vaccination status, including hepatitis B vaccination dates and any medical records relative to the employee's ability to receive vaccinations;
 - c. a copy of all results of examinations medical testing if exposed, and follow-up procedures;
 - d. a copy of the healthcare professional's written opinion following an exposure incident; and
 - e. a copy of the information provided to the healthcare professional.
2. Employee medical records, located at the Safety and Risk Management Department, are:
 - a. kept confidential;
 - b. are not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law;
 - c. kept separate from employee personnel files; and
 - d. kept separate from inmate medical records.
3. Employee medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Director of the National Institute for Occupational Safety and Health (NIOSH) and to the Assistant Secretary of Labor (OSHA).
4. Employee medical records shall be maintained for at least the duration of employment, plus 10 years.

5. Training records shall be established and maintained by the Training Division for each employee.
 - a. Training records shall include the following information:
 - i. The dates of any training sessions;
 - ii. The contents or a summary of the training sessions;
 - iii. The names and qualifications of persons conducting the training sessions; and
 - iv. The names and job titles of all persons attending the training sessions.
 - b. Employee training records shall be provided upon request for examination and copying to the subject employee, employee representatives, the Director of NIOSH, and the Assistant Secretary of Labor of OSHA.
 - c. Employee training records shall be maintained for 3 years from the date on which the training occurred.

Q. SACDC Housekeeping:

1. The SACDC shall be maintained in a clean and sanitary condition. Appropriate written schedules for cleaning and decontamination will be implemented, posted, and maintained for all areas of the SACDC based upon:
 - a. The location within the facility or work area;
 - b. The type of surface to be cleaned;
 - c. The type of soil present; and
 - d. The tasks or procedures being performed in the area.
 - e. The Housing/Processing Lieutenants and area supervisors are responsible for ensuring that cleaning schedules are followed.
2. All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis as well as cleaned and decontaminated immediately

upon visible contamination.

3. Equipment and surfaces contaminated or suspected of being contaminated by body fluids must be cleaned with soap and hot water and disinfected with an Environmental Protection Agency (EPA) registered tuberculocide or approved disinfectant prior to being placed back in service. Bio-hazardous waste, sharps, and other medical or dental equipment are decontaminated and/or disposed of properly.
4. Hypochlorite solutions must be assembled on a daily basis if utilized (1:10 dilution for rough surfaces – 1:100 dilution for smooth surfaces) and used only in well-ventilated areas. Wastewater generated by these cleaning can be disposed of in a routine fashion.
5. Any equipment or environmental surface which may become contaminated with blood or OPIM will be covered with plastic wrap, aluminum foil or any other imperviously backed absorbent paper. It shall be removed and replaced (if need be) as soon as feasible when it becomes overtly contaminated.
6. Equipment which may be contaminated with blood or body fluids shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless it can be demonstrated that decontamination of such equipment is not feasible.
7. Commercially available germicides may be more compatible with certain medical devices and equipment that may be corroded by repeated exposure to sodium hypochlorite, especially the 1:10 dilution.
8. If decontamination of equipment is not feasible, a readily observable label shall be attached to the equipment stating which portions remain contaminated. This information will be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing, or shipping so that precautions can be taken.
9. All personnel involved in the moving or cleaning of contaminated equipment or surfaces must wear approved eye protection, disposable gloves, and a filter mask. If there is a reasonable likelihood of splashes or sprays, additional protective equipment should be worn.
10. 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 brush and dustpan, tongs, or forceps. Vacuum cleaners are not appropriate for cleanup of contaminated broken glass.

11. Under no circumstances are employees to reach with their hands into red biohazard containers. These containers will be emptied and decontaminated only by properly trained or contract personnel.
12. Contaminated waste will not be left at the scene.

R. Labeling, Signs, and Containers for the SACDC:

1. Warning labels must be placed on containers of regulated waste; on refrigerators and freezers that are used to store blood or OPIM; and on containers used to store, dispose of, transport or ship blood or OPIM. This will alert all employees to possible exposure which is not always readily apparent.
2. Items Which Require Bagging:
 - a. Employees shall use red bags and yellow isolation bags to differentiate between items which will remain in-house.
 - i. RED BAGS: Red bags are used to identify objects which are contaminated with blood or OPIM and cannot be decontaminated or laundered. Employees must exercise professional judgment based on visual factors and whether or not an item can be decontaminated for reuse to determine if it should be red bagged. Red biohazard containers and/or red bags will be kept secured and made available in all housing units and other facility areas where inmates are present (i.e., Intake, Processing, Dress Out, Medical, Vehicles etc.) Contaminated emptied yellow bags shall be placed in red bags for disposal. Never dispose of contaminated items in public trash cans.
 - ii. WATER SOLUBLE BAGS: Items which can be decontaminated or laundered, such as soiled laundry, jumpsuits, etc. are placed into water soluble bags. These bags will be sealed and placed into a yellow bag. Water soluble bags will be kept at the Sergeant's desk for staff.
 - iii. YELLOW BAGS: Water soluble bags with items that can be decontaminated or laundered, such as soiled

laundry, jumpsuits, etc. are placed into yellow bags. These bags will be sealed and taken to the laundry for cleaning. (See section "R" below.)

- b. Contaminated Laundry, PPE, and Personal Clothing:
 - i. Contaminated laundry shall be placed in a water-soluble bag and then into a yellow bag in the location where it is collected and/or removed. It will be handled as little as possible and will not be sorted and/or rinsed in the area where it is collected.
 - ii. Contaminated inmate personal clothing shall be placed in a water-soluble bag and then a yellow bag, properly sealed and labeled then sent to the laundry.
 - iii. If an inmate is released prior to having his clothing laundered, clothing will be provided by dress out and they may pick up their clothes once they are decontaminated.
 - iv. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag, the laundry shall be placed in a second bag or container which prevents soak-through or leakage of fluids to the exterior.
 - v. All employees who have contact with contaminated laundry must wear protective gloves and other appropriate PPE as necessary.
 - vi. Home laundering of contaminated personal clothing, coats, uniforms, and the like is not permitted. Jumpsuits are provided for staff to wear upon removal of contaminated clothing.
 - vii. If hot water is used to clean contaminated laundry, it must be washed with detergent at 160° Fahrenheit for 25 minutes. If low temperature laundry cycles are used, chemicals suitable for low temperature washing at proper concentrations should be used.

3. All warning labels shall:
 - a. include the biohazard symbol;
 - b. be fluorescent orange or orange-red, with lettering in a contrasting color; and
 - c. be affixed as close as feasible to the container or equipment by string, adhesive or other method which prevents its loss or unintentional removal.
4. Handling of Bags:
 - a. Under no circumstances are persons outside of this facility or inmates to be in possession of red bags. Not only do these bags present a potential health hazard to unaware and untrained persons, but they can also be used by inmates to transport or conceal contraband.
 - b. Never place any sharp object, contaminated or otherwise, in a red or yellow bag.
 - c. Never squeeze or shake the contents of a red bag.
 - d. Once sealed, red bags shall not be reopened or searched unless:
 - i. ordered at the discretion of the Housing/Processing Lieutenant or supervisor;
 - ii. requested for investigative or judicial purposes (i.e., Court Order or Subpoena); or
 - iii. it is necessary to complete the processing of evidence.
 - e. If opened, bags should be carefully cut open to expose the contents, handled as little as possible, and immediately resealed in a new red bag.
5. Any specimen of potentially infectious material will be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
6. If outside contamination of the primary container occurs, it shall be placed within a second container which prevents leakage during

handling, processing, storage, transport, or shipping.

7. Sharps Containers:

- a. Any contaminated sharp shall be placed in a sharps container unless it is needed for evidentiary purposes. If a sharp is needed as evidence, it should be wrapped in heavy paper and taped or placed in a container which will prevent accidental injury. The package should be clearly marked as a "biohazard".
- b. Sharps containers will be located in the Processing Nurses Office and the Medical Department.
- c. Under no circumstances are sharps to be forced into sharps containers. Never reach into a sharps container for any reason.
- d. Sharps containers shall be removed and replaced by trained or contract personnel whenever they are approximately $\frac{3}{4}$ full.
- e. Juvenile deputies will transport the bio-hazard bags to the main jail to be deposited in the Bio-hazard barn to ensure proper disposal.

8. Small volumes of regulated waste will be placed in a larger waste container located in a medical exam room to ensure all such waste is properly disposed of and the container or bag replaced. Any contaminated item which leaves the premises must be properly labeled and containerized as a "biohazard".

S. OSHA Standards:

The Exposure Control Plan contained within this procedure is in compliance with Occupational Safety and Health Administration (OSHA) Standard 29, C.F.R. 1910.1030. The information contained in this procedure is not considered as a substitute for any provision in the OSHA standard, nor is it intended to supersede the OSHA standard in any way.

T. SACDC Emergency Grey Boxes

The SACDC has established emergency grey boxes to be placed in several areas of the facility. The items are to be utilized when necessary. Once the seal on the box has been broken an informational incident report must be written in JMS and the Safety Compliance Specialist will replace the utilized items and reseal the box. The grey boxes contain the following:

- a. Spill kit for cleaning up blood and bodily fluids
 - b. Respirators
 - c. NARCAN
 - d. First aid kit for employees
 - e. Automated External Defibrillator
 - f. Bag Valve Mask
 - g. Stop the Bleed kit
 - h. Biohazard kit
- U. SACDC Exposure Classifications:

As the first step in determining what actions are required to protect employee health, an evaluation was completed of all working conditions and the specific tasks that employees are expected to encounter because of their employment. That evaluation should lead to the classification of work-related tasks to one of three categories of potential exposure that are listed below:

- 1. Category 1 – Tasks that involve exposure to blood, body fluids, or tissues.

All procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, tissues, or a potential for spills or splashes of them, are category 1 tasks. Use of appropriate personal protective measures and Standard Precautions are required for every employee engaged in category 1 tasks. Employees listed in this category are:

Environmental Deputy

Housing Deputy

Medical Deputy

Processing Deputy

Tactical Operations Department Sergeant

Emergency Response Team Operator

2. Category 2 – Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned category 1 tasks.

The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment. Appropriate personal protective measures and Standard Precautions should be required for every employee engaged in category 2 tasks. Employees listed in this category are:

Accreditation Coordinator

Bond Hearing Deputy

Central Control Deputy

Chaplain

Classification Lieutenant

Classification Deputy

Court Detention Lieutenant

Court Detention Deputy

Court Detention Sergeant

Dress-out Deputy

Safety Compliance Specialist

Housing Lieutenant

Housing Sergeant

Identification Deputy

Laundry Deputy

Logistics Sergeant

Lobby Information Deputy

Lobby Deputy

Lobby Sergeant

Population Manager – Lieutenant

Print and Release Deputy

Processing Lieutenant

Processing Sergeant

Relief Deputy

Security Threat Group Sergeant

Training Lieutenant

Training Sergeant

Training Deputy

Transport Sergeant

Transport Deputy

3. Category 3 – Tasks that involve no exposure to blood, body fluids, tissues, and category 1 tasks are not a condition of employment.

The normal work routine involves no exposure to blood, body fluids, or tissues (although situations can be imagined or hypothesized under which anyone, anywhere, might encounter potential exposure to body fluids). Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid or to be potentially exposed in some other way. Tasks that involve handling of implements or utensils, use of public or shared bathroom facilities or telephones, and personal contacts such as handshaking are category 3 tasks. Employees listed in this category are:

Detention Director

Major

Captain

Administrative Assistant

Community Services Civilian

Contracts Manager

I.T. Specialist Civilian

Law Enforcement Records Specialist II

LES II Records Civilian

Office of Professional Standards Inspector

Public Defender Liaison

Records/Releasing Supervisor

Victim Witness Civilian

- V. The SACDC Designated Exposure Control Officer is the Safety Compliance Specialist, who will be responsible for overall management and support of the SACDC Bloodborne Pathogens compliance program. Activities delegated to the DECO typically include, but are not limited to:
1. implementing the ECP while maintaining, reviewing, and updating the ECP at least annually, and when necessary to include new or modified tasks and procedures;
 2. working with management and employees to develop and administer related policies and practices needed to support the effective implementation of this plan;
 3. looking for ways to improve the ECP, and ensure revisions and updates are made when necessary;
 4. knowing the current legal requirements concerning bloodborne pathogens;
 5. conducting periodic audits to maintain an up-to-date ECP; and
 6. act as a facility representative during all OSHA inspections.
- W. SACDC Housing/Processing Lieutenants, as well as area supervisors, are responsible for exposure control in their respective areas within the SACDC. They will work directly with the DECO and their employees to ensure that proper exposure control procedures and practices are followed.