

Monroe County Sheriff's Office



Occupational Safety and Health Program and Exposure Control Plan

Issue Date: _____
Review Date: _____
Revise Date: _____
Review Date: _____
Revise Date: _____
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**COUNTY OF MONROE
OFFICE OF THE SHERIFF
ROCHESTER, NEW YORK**

GENERAL ORDER MULTI- BUREAU	DATE OF ISSUE MARCH 6, 2026	EFFECTIVE DATE March 6, 2026	No. 13-26
SUBJECT: Occupational Safety and Health Program and Exposure Control Plan		DISTRIBUTION All Personnel	AMENDS
REFERENCE: NYSLEAP 3.1; OSHA 29CFR1910, et al.; NYS DOL PESH Regulations. NYSSA (Jail) 94, 104, 125, 145 & 154			RESCINDS 13-19

Purpose: To establish and maintain an Occupational Health and Safety Program within the Monroe County Sheriff's Office (MCSO). To institute a protocol (Exposure Control Plan) that ensures the highest standards of environmental safety for all MCSO employees, in accordance with the OSHA Bloodborne Pathogens Standard, Title 29 Code of Federal Regulations 1910.1030.

Policy: The MCSO recognizes the critical importance of maintaining a safe and healthy work environment for all employees that complies with pertinent Federal and State health and safety requirements. To that end, the following Exposure Control Plan (ECP) is instituted to provide all employees with information, training, appropriate protective equipment and the opportunity for voluntary immunizations so that they may be aware of and avoid the potential for certain infections caused by blood, bodily fluids and human tissue which may be encountered in the course of performing their duties.

I. Definitions:

- A. **Acquired Immune Deficiency Syndrome (AIDS):** is caused by the Human Immunodeficiency Virus (HIV), which destroys the body's natural defenses against a wide range of illnesses and leads to death in most cases. While the virus may be carried for years before one starts to look or feel sick, the person is still infectious during that time and the virus can be transmitted to others. HIV is spread mostly through contact with blood, semen and vaginal fluids. The chance of being infected with HIV after being stuck with an infected needle is about .3 percent. There is no current vaccine available for HIV.
- B. **Hepatitis:** a disease of the liver that is caused by either the Hepatitis Virus type A (HAV), type B (HBV) or type C (HCV). Symptoms of the infection can range from none (never feeling sick) to mild flu-like illnesses, jaundice and other serious, potentially fatal diseases, including cirrhosis and cancer of the liver.
- C. **Tuberculosis (TB):** is a bacterial disease spread through the air. Symptoms vary depending on the site affected, the most common of which is one or both lungs, but which can include the kidneys, brain or spine. Initial symptoms include fatigue, fever, night-sweats and weight loss, followed by a persistent cough, chest pain, hoarseness, and changes in the lung, visible on x-ray. TB is treatable with medication; however, the present regimens are lengthy and can last as long as one year. It also has been determined that when treatment is prematurely discontinued, a more drug-resistant strain of the germ can develop. Most persons with active TB will no longer be infectious, after only one week of medication, provided the regimen is continued. Untreated TB can become a long term, chronic, and debilitating illness, which spreads to organ systems beyond the lungs and leads to eventual death.

Some important facts about TB include the following:

1. TB is spread when a person with TB of the respiratory tract coughs, sneezes or exhales airborne infectious particles consisting of sputum (i.e., saliva and discharge from the respiratory tract).
2. TB can be contracted by exposure to airborne droplets, particularly in enclosed spaces, or by prolonged exposure to a person with untreated TB.
3. TB bacteria can be rendered harmless by good ventilation or sunlight.
4. A healthy immune system suppresses the symptoms of TB infection rapidly. The infection becomes dormant and the host looks and feels well. Signs of infection are not present, but the infected person will exhibit a reactive skin test about 4 to 12 weeks after infection.
5. Latent TB can become active at any time but is more typical with advancing age, diabetes, malnutrition, alcoholism or other factors which diminish or impair the immune system, particularly infection with HIV.

- D. **Ryan White Act:** This federal legislation, effective April 20, 1994 (59 F.R. 13418) requires medical facilities to evaluate and disclose relevant information when an Emergency Response Employee (ERE) has been exposed to specified airborne and bloodborne infectious diseases, including HIV. ERE's are defined as firefighters, law enforcement officers, emergency medical technicians and other professional emergency responders, paid or volunteer.

The legislation, which supercedes state law and provides for the disclosure of exposure under certain circumstances, even without the consent of the source of the infection, requires the following:

1. Each emergency response agency is required to appoint a Designated Officer (DO), who will be the only person to request, receive and provide information relating to an exposure.
2. Upon receipt of a request from an ERE, the DO will determine if an exposure occurred, assisting the ERE in evaluating the risk of exposure. If warranted, the DO will request in writing the medical facility to provide the results of any testing for infectious diseases, either positive or negative.
3. The DO will maintain the confidentiality of any information on exposure, disclosing it only to the ERE who suffered the exposure. Failure to do so violates NYS Public Health Law.
4. If an exposure is confirmed, the ERE will be offered confidential medical evaluation and follow-up as required by OSHA regulations.
5. Response to a DO's written request for information must be made by the medical facility within 48 hours. This response may be that no exposure existed (i.e., the patient had no infectious disease), that an exposure may have occurred, or that there was not enough information furnished to make a determination. The information disclosed by the medical facility may not include the patient's name or address. Hospitals also have an affirmative responsibility to notify the DO of a possible exposure to infectious pulmonary T.
6. Federal regulations also require a hospital to report admission of a patient suffering from an infectious disease to the transporting agency. It is important that members who suspect they might have been exposed ensure that the hospital has this

information and that the hospital is aware of the identity of the DO and how the DO may be contacted.

7. If the medical facility later determines that the patient has an infectious disease, it must inform the DO. This requirement applies until the patient is discharged or for 60 days after admission, whichever comes first.
8. Upon request of the DO, a public health official will review those cases in which a facility states that the facts were insufficient to make a determination. The public health officer may then advise the DO concerning the collection of necessary information to establish risk of exposure or may resubmit the request to the facility.

E. **OPR:** Office of Primary Responsibility.

F. **PPE:** Personal Protective Equipment issued by the Sheriff's Office.

II. MCSO Health and Safety Program Administration

- A. The MCSO Health and Safety Program is located, administratively, within the Standards and Compliance Unit (SCU) of Staff Services.
- B. Each member within the SCU will act as a DO for the administration and operation of the MCSO Health and Safety Program. Bureau representatives will report to the SCU, who will be responsible for overall coordination of the program. The SCU Corporal will report to the assigned Lieutenant of Staff Services.
- C. General Duties and Responsibilities of Designated Officers (DO)

Each DO will be responsible for the following duties with respect to the operation of the Sheriff's Health and Safety Program:

1. Maintain health and safety bulletin boards by ensuring that the most current and complete health and safety information and required notices are available to all employees.
2. Schedule and monitor all required regulatory health assessments and training for employees.
3. Maintain confidential records of required regulatory employee health assessments and training for employees.
4. Perform periodic inspections of Sheriff's Office facilities to ensure compliance with all state, federal, and local health laws and regulations.
5. Perform periodic inspections of Sheriff's Office facilities to determine hazards, unsafe working conditions or procedures and arrange for their correction.
6. Review all complaints of unsafe working conditions to determine their legitimacy and forward findings to the appropriate immediate supervisor or command officer for corrective action.
7. Conduct investigations to determine the cause of employee accidents, completing full reports with all pertinent information and recommendations for the correction of unsafe conditions or practices.
8. Serve as a resource for employee health and safety concerns.

- D. Specific Duties and Responsibilities of DOs with respect to Exposure Management.

Each DO will be responsible for the following duties with respect to the management of possible/actual employee exposures:

1. Ensure that MCSO employees receive the appropriate evaluation and information about biohazard exposures.
2. Serve as the point of contact for their respective bureaus, for receiving reports of possible exposure events from employees and medical personnel who have transported or been exposed to an individual with an airborne or other high-risk communicable disease.
3. Assess available information to determine whether a possible exposure has occurred.
4. Initiate a request for evaluation with medical facility receiving the client, communicating directly with the facility and the employee to ensure appropriate follow-up.
5. Contact medical officials, as necessary, to obtain expert counsel when existing information may be insufficient to determine whether an exposure has occurred.
6. Communicate the findings received from a medical facility resulting from a request for information and advise the employee of the appropriate medical follow-up.
7. Upon the request of a supervisor, respond to incidents to assist in exposure determination and the evaluation of the exposure incident to determine if appropriate personnel protective equipment was used.
8. Maintain the confidentiality of all information acquired directly or incidentally in the course of fulfilling the responsibility for management.

III. Employee Exposure Determination

- A. As part of the exposure determination section of the MCSO ECP, the following is a list of all job classifications and potential hazardous situations within the Office of Sheriff in which all employees have occupational exposure:
 1. Deputy Sheriff Police, Jail, Court and Civil Bureaus inclusive of all ranks.
 - a. Altercations with suspects, Incarcerated Individuals (II's), or with citizens during service.
 - b. Searching suspects and/or II's, housing units and property.
 - c. Handling of confiscated hypodermic needles.
 - d. Housekeeping activities such as cleaning spills of bodily fluids.
 - e. Handling of weapons, property and clothing contaminated with bodily fluids.
 - f. Responding and caring for accident victims, caring for injured or sick II's, defendants or the general public.
 - g. Transports of non-compliant subjects at the direction of the Department of Health.

- B. The following is a list of job classifications in which some employees have occupational exposure. Included are a list of tasks and procedures in which occupational exposure may occur for these employees.

1. Property Clerk Staff
 - a. Handling of confiscated weapons.
 - b. Handling of confiscated drugs
 - c. Processing and packaging of property.
 - d. Disposal of contaminated property.
 - e. Housekeeping activities such as cleaning bodily fluid spills.
2. Fleet Staff
 - a. Exposure to equipment and chemicals associated with servicing vehicles.
 - b. Cleaning vehicles of bodily fluid spills
3. Other Civilian Staff (Civil Bureau, Jail Records Staff, Jail Medical Staff, Jail Rehabilitation Department and Criminal Records).

Altercations with IIs, defendants, suspects, citizens – primarily as a result of their close working relationship with deputies and the high-risk clientele.

- * C. When an employee is exposed to something other than a blood borne pathogen, an exposure incident package shall be completed and forwarded to the Standards and Compliance Unit. There it will be determined whether the incident will be considered an exposure or not. If it is, the Standards and Compliance Unit shall handle accordingly.

IV. Prevention of Exposure to Bloodborne Pathogens

- A. Exposure Control Plan (ECP)
1. Employees covered by the Bloodborne Pathogens Standard will receive an explanation of this ECP during their initial training or orientation to the job. This Plan will be reviewed annually through in-service training. All employees will have an opportunity to review this Plan at any time during their work shifts by consulting their manual of agency General Orders. Employees may seek copies of this Plan by contacting Staff Services.
 2. The Staff Services, SCU will be responsible for reviewing and updating the ECP annually or sooner if necessary to reflect any new or modified tasks and procedures which affect occupational exposure, and to reflect new or revised employee positions with occupational exposure.
- B. Universal Precautions: In order to minimize potential exposure to communicable diseases, employees will use universal precautions. Universal precautions is an infection control method that requires employees to assume that all human blood and specified bodily fluids are infectious for HIV, HBC, HCV and other bloodborne pathogens, and, therefore must be treated accordingly.
- C. Engineering Controls and Work Practices: will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering and work practice controls we will use are listed below:

1. Examples of Engineering Controls include but are not limited to:
 - a. Puncture-resistant disposal containers for contaminated sharps or broken glass (sharps containers or their equivalent) Sharp objects that may be contaminated (needles, razor blades, etc.) will be placed in a puncture resistant container prior to transporting.
 - b. Bio-Safety Cabinets/Lockers.
 2. Examples of Work Practices include but are not limited to:
 - a. Hand washing, which is the best overall protective measure against most communicable diseases. Hands and other skin surfaces should be thoroughly washed with soap and running water immediately after contact with blood or other body fluids, as well as upon removal of gloves or other protective clothing.
 - b. When running water is not available, using a waterless substitute, such as hand-wipes or isopropyl alcohol, until washing facilities are available.
 - c. If it is necessary to take possession of any kind of hypodermic needle or glass, great care must be taken to avoid being stuck. Needles must not be recapped, broken or bent. Broken glassware that may be contaminated must not be picked up directly but must be retrieved with mechanical means, such as a brush and dustpan, tongs or forceps. All needles and other sharp objects must be placed in a puncture resistant container and clearly labeled if evidential.
 - d. Specimens of blood or other potentially infectious materials will be placed in a container that prevents leakage during collection, handling, processing, storage, transport or shipping. Containers of blood are to be appropriately labeled.
 - e. Eating, drinking, smoking, applying lip balm or cosmetics and handling contact lenses are prohibited under circumstances where there is a likelihood of exposure to infectious materials.
 - f. Food and drink will not be kept in refrigerators, freezers or cabinets or upon shelves, counters or bench-tops where blood or other potentially infectious materials are present.
 - g. Members will attempt to avoid close or prolonged exposure to persons with TB, particularly in enclosed spaces. When transporting such an individual, consideration will be given to providing adequate ventilation within the vehicle.
 - h. The cleaning, laundering, disposal, repair and replacement of personal protective equipment will be provided by the MCSO.
- D. PPE: must be used if occupational exposure remains after instituting engineering and work practice controls or if controls are not feasible. Employees must use PPE unless they are in a rare and extraordinary circumstance where, in their professional judgment, such use would prevent the performance of duty, delivery of rescue or first aid services in a timely manner, or would pose an increased hazard to the member's safety or the safety of others.

As a general rule, all employees using PPE, must observe the following precautions:

1. **Gloves:** Wear appropriate gloves when there is reasonable expectation of contact with potentially infectious materials, items or surfaces. Gloves must be replaced if torn, punctured, contaminated, or if their ability to function as a barrier is compromised. Disposable gloves should never be washed or decontaminated for reuse or before disposal.
2. **Masks, eyewear, and gowns.** Wear appropriate face and eye protection, such as a mask with glasses or chin-length face shield, when splashes, sprays, splatters of blood or other potentially infectious materials pose a hazard to the eye, nose or mouth. N-95 masks and other protective clothing, shoe covers and plastic aprons are also available for protection.
3. **Resuscitation equipment:** The pocket resuscitation masks provided with the AEDs should be used whenever rescue breathing is required. If questioned concerning its use, it is suggested that the member explain it as a precaution taken for the protection of both the officer and the victim. It should be stressed that this is standard procedure.

Note: Following contact with infectious materials, hands and any other exposed skin should be washed with soap and water as soon as possible. Employees must also flush exposed mucous membranes (eyes, mouth, etc.) with copious amounts of water. All contaminated PPE should be removed as soon as possible, bagged and labeled as such with a biohazard warning, for disposal.

V. Disinfecting of Exposed Personnel and Surfaces

- A. Any unprotected skin surfaces that come into contact with body fluids should be immediately and thoroughly washed with hot running water and soap for 15 seconds before rinsing and drying. When available, hand lotion should be applied after disinfecting to prevent chapping and to seal cracks and cuts on the skin. Antiseptic/germicide towelettes or an alcohol-based cleaning solution should be used where soap and water are unavailable.
- B. **Occupation Exposure:** for the purpose of this document, an occupational exposure (i.e., exposure that occurs during the performance of job duties) that may place an employee at risk of a bloodborne pathogen and airborne pathogen infection is defined as follows;
 1. Percutaneous puncture of the skin with a contaminated needle or other sharp item.
 2. Splatter or splash onto mucous membrane (oral, conjunctiva, etc.).
 3. Contact with non-intact skin, open cuts or wounds, chapped, abraded, or afflicted with dermatitis.
 4. Contact with intact skin, when the duration of the contact is prolonged (several minutes or more) or involves an extensive area.
 5. Human bite which breaks the skin.
 6. Exposure to airborne droplets, particularly in enclosed spaces, or by prolonged exposure to a person with untreated and/or active TB.
- C. Blood borne exposure involves body fluids that can transmit Bloodborne Pathogens, including: blood, blood products, cerebrospinal fluid, synovial fluid, peritoneal fluid, pericardial fluid, semen, vaginal secretions, or other body fluids contaminated with visible blood. Airborne exposure involves the inhalation of droplets that are produced by a person

who is infected with TB when coughing, sneezing, or talking and is sharing the same breathing zone space.

- D. Employees should remove clothing or PPE that has been contaminated as soon as possible. Contaminated clothing must be handled carefully and NOT laundered at home but red bagged and processed in accordance with agency procedures. Any contacted skin area should then be cleansed in the prescribed fashion.
- E. Non-disposable equipment, work areas, or vehicle interiors that are contaminated or upon which body fluids have been spilled, will be disinfected using hot water and an EPA-approved detergent or one part bleach to 10 parts warm water.
- F. All disposable equipment, cleaning materials or evidence contaminated with body fluids will be bagged and labeled as a biohazard. All contaminated items will be processed by the Contracted Medical provider if in the Jail, delivered to the Medical Examiner's Office for destruction if at MSA, or by the Property Clerk who will dispose of same as soon as allowable in the manner prescribed by the Department of Environmental Conservation.

VI. Post Exposure Evaluation and Follow-up

- A. Perform immediate first aid in the event of any exposure to blood and/or body fluids.
 - 1. Wash exposed skin promptly with soap and water.
 - 2. Needle sticks and/or puncture wounds should be washed thoroughly with soap and water.
 - 3. Flush mucous membranes with clean water, saline, or sterile irrigants.
- * B. Any employee who has suffered an exposure will follow the guidelines for an on-duty injury, set forth in **MBGO 018 Sick Leave Procedures**.
- C. Following any on-duty exposure to a potentially communicable disease, a responding supervisor shall assume responsibility as a liaison officer, who will assist the exposed employee in obtaining information and treatment through the Health and Safety Nurse and the Standards and Compliance Unit (DO).
- * D. The Sheriff's Medical Provider or the designated Emergency Physician will conduct a confidential medical evaluation as soon as possible after an exposure, completing the following tasks:
 - 1. Routes of exposure and how the exposure occurred will be determined and documented.
 - 2. Post exposure prophylaxis, when medically indicated, as recommended by public health services current directives.
 - 3. Appropriate medical counseling if warranted.
 - 4. Evaluation of reported illnesses and encouragement of the employee to provide these results to their personal physician for future and continued proactive health care
- * E. If the attending provider deems necessary, after obtaining consent, the exposed employee's blood will be collected as soon as possible after the exposure incident to test for HIV, HBV and HCV serological status.

Note: If the employee does not consent for serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days. If, during this time the exposed employee elects to have the baseline sample tested, testing will be done as soon as feasible.

- * F. The Sheriff's Health and Safety Nurse will notify the current Sheriff's Medical Provider that an exposure has occurred and coordinate a post exposure follow up (either in person or by phone) with the current medical provider. If the member is not cleared during the initial medical evaluation, the Sheriff's Health and Safety Nurse will arrange an appointment with the current medical provider for the member to be further evaluated. (Refer to MBGO 18 Sick Leave).
- * G. All employees will document any exposure using the MCSO Exposure Report Form and an Employee Injury Form, which will be reviewed by their supervisor and forwarded to the Sheriff's Health and Safety Nurse, Zone or Section Captain, Major, and the Standards and Compliance Unit within 24 hours.
- * H. The Health and Safety Nurse will assist the individual in obtaining a claim number and a temporary pharmacy card if needed.
- * I. Upon receipt of an Exposure Report, the Standards and Compliance DO will follow up with the Sheriff's Medical Provider and complete the follow-up exposure report form (Appendix B). SCU will provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status. The DO shall facilitate additional support for the employee that may be provided through the Employee Assistance Program, or the Sheriff's Office Peer Support Program.
- J. The following information will be provided to the Sheriff's Medical Provider for post exposure evaluation:
 - 1. A copy of the Occupational Safety and Health Administration (OSHA) regulations.
 - 2. A description of the exposed employee's duties as they relate to the exposure incident.
 - 3. Documentation of the route of exposure and circumstances under which the exposure occurred.
 - 4. Results of the source individual's testing, if available.
 - 5. Medical information relevant to appropriate treatment, including the employee's vaccination status.

VII. Identifying the Source Individual

The source individual will be identified unless such identification is infeasible or prohibited by State or local law.

- 1. Incidents that involve a source individual who is incarcerated in the Monroe County Jail or Andrew P. Meloni Star Academy (MSA), will be evaluated by the contract medical provider for their history of HBV, HCV, and HIV status. Any II identified as a source is to get tested via blood draw from the contract medical provider, provided the II consents.
- * 2. If an exposure occurs on the Road/Police Bureau, the supervisor/supervisor liaison (deputy) should accompany the source individual to an Emergency Department for appropriate testing, if the individual consents.

- * 3. Results will be released to the Standards and Compliance DO who will forward the information to the Sheriff's Medical Provider for employee follow up and treatment.
- 4. If the source individual refuses testing, and the exposure itself is a criminal offense, CIS shall be notified and charges will be lodged against the individual and a search warrant obtained to acquire source blood testing involving bloodborne occupational exposures without consent.
- * 5. If source status is known and negative by history, the source should be tested for Hepatitis B Surface Antigen (HBsAg), Hepatitis C Antibody, and HIV after counseling and consent.
- 6. If the source individual is known to be infected with HBV, HCV, or HIV testing need not be repeated. All documented test results shall be forwarded to the Sheriff's Medical Provider for follow up and treatment with consent.

VIII. Housekeeping

- A. All equipment and environmental work surfaces must be cleaned and decontaminated as soon as possible after contact with body fluids in accordance with procedures delineated in this order.
- B. Equipment and garments must be removed as soon as possible if penetrated by potentially infectious material.
- C. All equipment must be removed before leaving the work area and placed in a designated area or container for storage, washing, decontamination or disposal.
- D. Any contaminated equipment that is not disposable must be examined before servicing or shipping and decontaminated as necessary if possible.
- E. A biohazard label will be attached to equipment stating which portion remains contaminated. This information is to be conveyed to all persons who may handle the equipment so that precautions will be taken.
- F. Protective coverings used to cover equipment and other surfaces will be removed and replaced as soon as possible when contaminated.
- G. Any receptacles intended for reuse that may have been contaminated, must be inspected and decontaminated as soon as possible after visible contamination and cleaned at regular intervals.
- H. Broken glassware that may be contaminated must not be picked up directly with the hands.
- I. Reusable contaminated sharps must not be stored or processed in a manner that requires employees to reach by hand into containers where sharps have been placed.
- J. Disposable contaminated sharps will be discarded immediately in containers that are closable, puncture resistant, leak-proof and labeled or color-coded.
- K. Contaminated needles and sharps are not to be manipulated or recapped.
- L. Containers for contaminated sharps must be easily accessible and located as close as feasible to the area where sharps are used.
- M. Containers should be upright throughout use, replaced routinely and not allowed to overfill. When moving containers, they shall be closed prior to removal.

- N. Reusable containers shall not be opened, emptied or manually cleaned.
- O. Other regulated waste will be placed in closed containers that are leak-proof, labeled or color-coded and closed prior to removal.
- P. If outside contamination of the container occurs, it shall be placed in a second container meeting the above criteria and closed prior to removal.
- Q. Contaminated laundry must be handled as little as possible and bagged at the location where used.
- R. Laundry will be placed and transported in bags that prevent leakage of fluids and are labeled or color-coded.
- S. Those employees who have contact with contaminated laundry must wear gloves and protective equipment.

IX. Training

- A. The MCSO Training Unit will provide training about the Bloodborne Pathogens Standard (29 CFR Part 1910.1030) to all staff who have or are reasonably expected to have occupational exposure to bloodborne pathogens prior to their initial assignment to tasks where such exposure may occur.
- B. Employees will be provided with information on the Epidemiology, symptoms, and transmission of bloodborne diseases. At a minimum, the training will also include the following:
 - 1. A copy and explanation of the Standard.
 - 2. Epidemiology, symptoms and modes of transmission of bloodborne pathogens.
 - 3. MCSO Exposure Control Plan and information as to where to obtain a copy of this plan.
 - 4. A method to recognize exposure tasks in other activities that may involve exposure to blood.
 - 5. Use and limitations of Engineering Controls, Work Practices and PPE.
 - 6. Specific information about PPE types, basis for selection, use, location, removal, handling, decontamination and disposal.
 - 7. Specific information about the Hepatitis B Vaccine – availability at agency cost, safety, efficacy, benefits and method of administration.
 - 8. Emergency procedures for blood and other potentially infectious materials.
 - 9. Exposure incident procedures, post exposure evaluation and follow-up procedures.
 - 10. Signage and labeling.
 - 11. Question and answer session.
- C. Annual in-service training will be provided to all employees at risk, starting within one year of their initial training.

- D. Documentation of initial and all in-service training will be maintained in the employee's training file maintained by the Training Unit.

X. Hepatitis B

- A. DOs will provide staff in their respective bureaus with information on the Hepatitis B vaccination, addressing its safety, benefits, efficacy, methods of administration and availability.
- B. The MCSO will ensure that the Hepatitis B vaccination series is available to all employees who have occupational exposure to blood or other potentially infectious material at no cost, during working hours, within 10 days of their initial assignment unless:
 - 1. The employee has previously received the series.
 - 2. Antibody testing reveals that the employee is immune.
 - 3. Medical reasons prevent taking the vaccination.
 - 4. The employee chooses not to participate.
- C. The MCSO strongly encourages all employees at risk to receive the Hepatitis B vaccination series. However, if an employee declines such vaccination, s/he must sign a statement to this effect (See Appendix C). This declination statement will be kept in the Standards and Compliance Health and Safety file for the employee. Employees who decline the vaccination may request and obtain it at a later date at no cost.

XI. Record Keeping

- A. Exposure Incident Medical Records
 - 1. The Health and Safety Nurse as well as the SCU will maintain medical records for each employee with an occupational exposure in accordance with 29 CFR 1910.1020(a).
 - 2. In addition to the requirements listed within the CFR, each medical record will include:
 - a. The name and social security number of the employee.
 - b. A copy of the employee's Hepatitis B vaccinations or declination to receive such, and any medical records relative to the employee's ability to receive vaccinations.
 - c. A copy of all results of examinations, medical testing and follow-up procedures as required by the standard.
 - d. A copy of the information provided to the health care professional.
 - 3. All employee exposure medical records will be kept confidential and will not be disclosed or reported without the employee's express written consent to any person within or outside the workplace, except as required by the OSHA standard or law.
 - * 4. Employee exposure medical records will be maintained for at least the duration of employment plus 30 years, in accordance with 29 CFR 1910.1020.

5. Employee exposure medical records will be provided upon written request of the employee or to any one having written consent of the employee within 15 working days of receipt of the request.

B. Training Records

1. The Training Unit within, Staff Services will maintain all bloodborne pathogen-training records.
2. The training record will include the:
 - a. Dates of training sessions.
 - b. Contents or a summary of the training sessions.
 - c. Names and qualifications of persons conducting the training.
 - d. Names and job titles of all persons attending the training sessions.
3. Training records will be maintained for a minimum of 3 years from the date on which the training occurred.
4. Employee training records will be provided upon request to the employee or the employee's authorized representative within 15 working days of receipt of the request.

C. Sharps Contact Record

A Sharps Contact Record (MB-148-07) will be maintained at each facility/zone where the potential for injuries to staff by contaminated sharps exist, (i.e. a Jail medical office (see Appendix D)). The information in the Sharps Contact Record will be recorded and maintained in such manner as to protect the confidentiality of the injured employee. At a minimum, the sharps contact record will contain:

1. The type and brand of device involved in the incident
2. The work area where the exposure incident occurred and
3. An explanation of how the incident occurred.

By Order of the Sheriff


Todd K. Baxter

* Indicates a significant change from the previous order.

Monroe County Sheriff's Office – Standards & Compliance Unit

Exposure Incident Report

(Appendix A)

(Routes and Circumstances of Exposure Incident)

Please Print

Date Completed _____

Employees Name _____ SS# _____

Home Phone _____ Business Phone _____

D.O.B. _____ Job Title _____

Employee Vaccination Status _____

Date of Exposure _____ Time of Exposure _____ AM ☐ PM ☐

Location of Incident (Auto accident, trauma, medical emergency) - Be specific:

Describe what task(s) you were performing when the exposure occurred (be specific):

Were you wearing Personal Protective Equipment (PPE)? Yes ☐ No ☐

If yes, list _____

Did the PPE fail? Yes ☐ No ☐

If yes, explain how:

What body fluid(s) were you exposed to (Blood or other potentially infectious material). Be specific:

What parts of your body became exposed? Be specific:

Estimate the size of the area of your body that was exposed:

For how long?

Did a foreign body (Needle, nail, auto part, dental wires, etc.)
penetrate your body?

Yes ☐ No ☐

If yes, what was the object?

Where did it penetrate your body?

Was any fluid injected into your body? Yes ☐ No ☐

If yes, what fluid?

How much?

Did you receive medical attention?

Yes ☐ No ☐

If yes, where?

When?

By whom?

Identification of source individual(s)

Name(s)

Other pertinent information

Forward Original to
MCSO Health and Safety Officer within 24 hours of Exposure

Monroe County Sheriff's Office – Standards & Compliance Unit

Confidential

Employee Exposure Follow-up Record

Appendix B

Employee's Name: _____ Job Title: _____

Occurrence Date: _____ Reported Date: _____

Occurrence Time: _____ CR# (If applicable) _____

SOURCE INDIVIDUAL FOLLOW-UP:

Request made to: _____

Date: _____ Time: _____

Sampling completed or refused. Date: _____

EMPLOYEE FOLLOW-UP:

Employee's Health File Reviewed by: _____ Date: _____

Information given on source individual's blood test results.

Yes _____ Not obtained _____

REFERRED TO HEALTHCARE PROFESSIONAL WITH REQUIRED INFORMATION.

Name of healthcare professional: _____

By whom: _____ Date: _____

BLOOD SAMPLING/TESTING OFFERED:

By whom: _____ Date: _____

VACCINATION OFFERED/RECOMMENDED:

By whom: _____ Date: _____

COUNSELING OFFERED:

By whom: _____ Date: _____

EMPLOYEE ADVISED OF NEED OF FURTHER EVALUATION OF MEDICAL CONDITION:

By whom: _____ Date: _____

ROUTE OF EXPOSURE: _____

HOW EXPOSURE OCCURRED: _____

HEPATITIS B VACCINATION PROGRAM

Name (print): _____ Bureau: _____

I have received information from the Office of the Sheriff regarding the health implications of possible exposure to Hepatitis B. I understand that I may participate in the free Vaccination Program offered by the Office of the Sheriff.

- ☐ I wish to participate in the Hepatitis B Vaccination Program.
- ☐ I have received the Hepatitis B vaccination (series of 3 vaccinations) from my own physician.

Date of last vaccination: _____

Physician's Name: _____

Physician's Address: _____

- ☐ **I will receive the Hepatitis B vaccination from my own physician at my own cost or through my health insurance.**

Employee Signature

Date

Witness

Date

MONROE COUNTY SHERIFF'S OFFICE

ROCHESTER, NEW YORK

HEPATITIS B
DECLINATION FORM

Name (print): _____ Bureau: _____

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

Employee Signature

Date

Witness

Date

HEPATITIS B
VACCINATION CONSENT

I, _____, authorize WorkReady to administer Hepatitis B vaccine to me
(Printed Name) .

I have viewed the Department's Bloodborne Pathogen training video, received written information on Hepatitis B and had the opportunity to ask questions.

I am not pregnant and understand that the use of Hepatitis B vaccine is not recommended during pregnancy.

I am free from any acute or serious chronic disease.

I acknowledge my independent choice to take the vaccine and absolve the WorkReady Physician, the County of Monroe, and the Monroe County Sheriff's Office from any and all responsibilities relative to the administering the vaccine.

Employee Signature

Date

Witness

Date

MONROE COUNTY SHERIFF'S OFFICE

ROCHESTER, NEW YORK

HEPATITIS B
VACCINATION RECORD

NAME (print): _____

SS #: _____

BUREAU: _____

ASSIGNMENT: _____

	VACCINATION #1	Vaccination #2	VACCINATION #3
<u>Date</u>			
<u>Lot No.</u>			
<u>Exp. Date</u>			
<u>Physician</u>			

BOOSTER	DATE	Lot #	EXP. DATE	PHYSICIAN
<u>#1</u>				
<u>#2</u>				
<u>#3</u>				

WORKEADY PHYSICIAN

