



## **MACOMB COUNTY COMMUNITY MENTAL HEALTH**

### **EXPOSURE CONTROL PLAN**

### **BLOODBORNE INFECTIOUS DISEASES**

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## **I. PURPOSE**

Macomb County Community Mental Health (MCCMH) is committed to providing a safe and healthy work environment for our entire staff. In pursuit of this endeavor, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to blood borne pathogens in accordance with Rule 4 of the Michigan Department of Consumer and Industry Services, Michigan Occupational Safety and Health Administration (MIOSHA) - Division of Occupational Health 325.70001-70018 BLOODBORNE INFECTIOUS DISEASES STANDARD (hereafter referred to as the Standard).

The ECP describes methods of compliance with applicable requirements of the Standard and includes:

- Risk Assessment
- Determination of staff exposure
- Implementation of various methods of exposure control, including:
  - 1) Standard (including Universal) precautions;
  - 2) Engineering and work practice controls;
  - 3) Personal protective equipment;
  - 4) Housekeeping;
  - 5) Hepatitis B vaccination;
  - 6) Post-exposure evaluation and follow-up;
  - 7) Communication of hazards and training to employees, volunteers, independent contractors and interns;
  - 8) Record keeping;
  - 9) Procedures for evaluating circumstances surrounding an exposure incident

## **II. RISK ASSESSMENT**

MCCMH provides services for individuals with mental illnesses and developmental disabilities. Maintenance of safe and “normalized” therapeutic environment are essential components of treatment programs. These services and settings differ significantly from those of acute care hospitals where services are primarily medical and surgical.



The degree of risk for exposure to bloodborne diseases in the behavioral health setting is generally less than at an acute hospital. There are minimal work practices involving direct contact. Primary work activities include outpatient therapy, case management, and psychosocial rehabilitation.

There are situations, events, and procedures that occur where the risk is similar and procedures have been adapted to maintain an effective risk management program.

### **III. PROGRAM ADMINISTRATION**

Macomb County Community Mental Health (MCCMH) is responsible for the implementation of the ECP and, in conjunction with the Macomb County Human Resources and Labor Relations Department, will maintain, review, and update the plan annually and whenever necessary to include new or modified tasks and procedures. Employees responsible for direct patient care and who are at risk of potential exposure to bloodborne pathogens will be included in the review process.

The employees who are determined to be at risk of occupational exposure to blood and other potentially infectious materials MUST comply with the procedures and work practices outlined in this ECP.

Macomb County Community Mental Health (MCCMH) will maintain and provide all necessary personal protective equipment, engineering controls, labels, and red bags as required by the MIOSHA Bloodborne Infectious Diseases Standard.

### **IV. ACCESSIBILITY OF THE EXPOSURE CONTROL PLAN**

Employees, independent contractors, volunteers, and interns of MCCMH may examine this ECP during the individual's regular working hours or at such other times as is reasonable. Employees, volunteers, and interns covered by the bloodborne infectious disease standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual update training.

MIOSHA standards afford individuals the right of access to the ECP, their own medical and exposure records, and to information on the handling, storage and disposal of hazardous materials in the workplace. With the exception of the individual's medical and exposure records which must be kept confidential, the



above materials are maintained and located in each direct service unit at the First Aid site to allow each individual easy access.

**V. REVIEW**

This ECP shall be reviewed at least annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised staff positions. Such a review shall consider changes in the individual's tasks and procedures and the latest information from the Centers for Disease Control or the Michigan Department of Consumer and Industry Services.

In the event that the requirements of this ECP or the compliance requirements of the Standard should conflict with established infection control procedures, the more protective procedure will be followed to obtain the maximum protection for the consumer and the worker.

**VI. MCCMH EXPOSURE DETERMINATION OF EMPLOYEES, VOLUNTEERS AND INTERNS**

"Exposure" means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an individual's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.

The list of job classifications in which all individuals in the class "whose job functions define tasks of direct health care associated with consumer contact which subsequently may put them at risk of occupational exposure to bloodborne pathogens or other potentially infectious material." All staff coming into contact with the consumer population are required to comply with this ECP and with the requirements of the Standard. The below table describes category A and B staff, where B is less likely for exposure and A are most likely to have an exposure. Any failure to comply may be cause for disciplinary action.



<i>CATEGORY A</i>	<i>CATEGORY B</i>
Category A consists of occupations that require procedures or other occupation-related tasks that involve exposure or reasonably anticipated exposure to blood or other potentially infectious material or that involve a likelihood for spills or splashes of blood or other potentially infectious material. This includes procedures or tasks conducted in non-routine situations as a condition of employment or contract.	Category B consists of occupations that do not require tasks that involve exposure to blood or other potentially infectious material on a routine or non-routine basis as a condition of employment. MCCMH employees, independent contractors, volunteers, and interns in Category B occupations do not typically perform or assist in emergency care or first aid and are not reasonably anticipated to be exposed in any other way.
Mental Health Worker	Office Assistant
Peer Support Specialist	Office Assistant, Senior
Peer Recovery Coach	Crisis Center Assistant, Senior
Case Manager	Crisis Center Worker
Registered Nurse	Crisis Center Worker, Senior
Therapist	Administrative Coordinator
Recipient Rights Specialist	Assistant
Clinical Supervisor	Administrative Assistant
Program Supervisor	Fiscal Analyst
OBRA Assessor O/T	Coordinator
Occupational Therapist	Administrator
Psychologist	Chiefs & Directors



Psychiatrist	Chief Operations Officer
Psychiatrist - Child	Chief Executive Officer
Specialist	Chief Medical Officer

NOTE: The standard requires MCCMH to evaluate routine and reasonably anticipated tasks and procedures to determine whether there is actual or reasonably anticipated exposure to blood or other potentially infectious material.

## **VII. METHODS OF IMPLIMENTATION AND CONTROL**

### **A. ENGINEERING AND WORK PRACTICE CONTROLS**

Engineering and work practice controls shall always be utilized in situations Where exposure may occur. The following are considered work areas:

- Medication Rooms
- Physician Medication Review Rooms
- All corridors and consumer areas
- Consumer interview/therapy rooms
- Vehicles transporting consumers
- Consumer's living environment during periods of community outreach

#### **1. Standard Precautions**

"Standard Precautions" (including Universal Precautions) is the name used to describe a prevention strategy in which all blood and potentially infectious materials are treated as if they are, in fact, infectious, regardless of the perceived status of the source individual. Whether or not you think the blood/body fluid is infected with bloodborne pathogens, treat it as if it is. This approach is used in all situations where exposure to blood or potentially infectious materials is possible.

Employees, independent contractors, volunteers, and interns shall observe Standard Precautions when performing job functions involving tasks of direct health care associated with consumer contract to prevent contact with blood, or other potentially



infectious materials. Under circumstances in which differentiating between body fluid type is difficult or impossible, all body fluids will be considered potentially infectious materials.

## 2. Hand Washing

Hand washing is one of the most important (and easiest) practices used to prevent transmission of bloodborne pathogens. Hand washing facilities will be made available to employees who incur exposure to blood and other potentially infectious materials. Employees are to be advised of the location of hand washing facilities at the time of initial training by their supervisor.

If there has been no contact with blood or other potentially infectious materials and hand washing facilities are not readily available, employees are to be provided with an alcohol-based antiseptic cleanser. If this alternative is used, employees must wash their hands with soap and running water warm water as soon as possible.

Proper hand hygiene technique shall be utilized, including vigorous rubbing of the palms and fingers together for at least fifteen (15) seconds, and cleansing under nails.

Employees will wash their hands immediately after removal of personal protective clothing and equipment and will wash their hands or any other skin area immediately following contact of such body areas with blood or other potentially infectious materials.

Because hand washing is so important, everyone should familiarize himself/herself with the location of the hand washing facilities nearest to you. Hand washing sinks are readily accessible to Medication rooms and normal working areas, i.e., no farther than what would be considered a reasonable location for a restroom.

Alcohol-based antiseptic hand cleansers are available, and shall be used, to provide cleansing of hands when staff do not have ready access to a sink, such as on community outreach visits. Staff must wash hands with soap and water (for at least 15 seconds) as soon as feasible after alcohol-based antiseptic cleanser is used.

All employees, independent contractors, volunteers, and interns shall wash hands using soap, running water and friction in the following situations:

- a. Prior to direct contact with skin or body fluids.
- b. Hands or other exposed skin should be thoroughly washed as soon as feasible following contact with blood or other potentially infectious materials. Skin surfaces should be





washed with soap and water, supplied at each sink. Use soft, antibacterial soap, if possible. Avoid harsh, abrasive soaps, as these may open fragile scabs or other sores.

- c. Immediately or as soon as possible after removal of gloves or other personal protective equipment.
- d. As soon as feasible after wiping hands with alcohol-based antiseptic hand cleansers.

### 3. Eating and Drinking

Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure.

### 4. Review

Macomb County Community Mental Health Department is responsible for the implementation of the Bloodborne Pathogens Exposure Control Plan and will, in conjunction with the Macomb County Human Resources and Labor Relations Department, maintain, review, and update the plan at least annually and whenever necessary to include new or modified tasks and procedures.

## **B. SHARPS**

### 1. Disposable Syringes and Needles

Only disposable syringes and needles will be used. Contaminated disposable needles will not be bent, recapped or removed. Shearing or breaking of contaminated needles is also prohibited.

### 2. Sharps Disposal

- a. Contaminated sharps will be disposed of immediately after use.
- b. Contaminated sharps will be disposed of in the Sharps containers, the container will be red or affixed with a fluorescent orange or orange-red label with letters in contrasting colors and a biohazard symbol.
- c. The disposable containers are located in medication rooms and injection areas. The containers must be maintained upright throughout use, replaced routinely, and not allowed to overfill. The containers must be placed low enough to provide the shortest staff member with a clear view of the top of the container to avoid accidental needle sticks if something is protruding. The containers will be replaced when reaching the level as designated on container (3/4 full). Containers must be discarded routinely (every 90 days) per MIOSHA regulations.



### 3. Engineering Controls

Engineering controls will be utilized to eliminate or minimize exposure to employees. The following engineering controls will be used.

- a. Sharps containers (in all areas where sharps are generated)
  - b. Puncture resistant covered waste containers with heavy gauge plastic liners for the disposal of contaminated waste.
  - c. Safety needle devices must be used whenever possible. If the safety mechanism is a hinged style cover this will be deployed using a hard flat surface and not done by hand.
4. For other information about handling of sharps, including transportation, disposal and recordkeeping, see the MCCMH Medical Waste Management Plan, in the Infection Control Binder (red binder located near the First Aid kit at each site).

## C. SPECIMENS

MCCMH Nursing, or Medical Staff will collect specimens following the nursing procedure manual in MCCMH policy 2-080.

## D. PERSONAL PROTECTIVE EQUIPMENT (PPE)

It is extremely important to use personal protective equipment and work practice controls to protect yourself from bloodborne pathogens. It is essential to have a barrier between you and the potentially infectious material. In any situation where you may be exposed to bloodborne pathogens, ensure you are wearing the appropriate personal protective equipment (PPE).

### 1. Use

MCCMH employees, independent contractors, volunteers, and interns are instructed that Personal Protective Equipment is readily available to them and required for use whenever there is a risk of exposure to bloodborne pathogens or other potentially infectious material.

### 2. Limited Exception for Use of PPE

- a. MCCMH will ensure that employees, independent contractors, volunteers, and interns use appropriate PPE unless the individual temporarily and briefly declines to use it. There are rare and extraordinary circumstances and if it is his/her professional judgment that in this specific instance its use would have prevented the delivery of



health care or public safety services or would have posed an increased hazard to the safety of the individual or co-worker. As soon as the situation changes, the individual is expected to implement the full use of all PPE. The fact that PPE might alarm a consumer or make a procedure more difficult is not an adequate reason not to use it.

- b. In all circumstances when an employee, independent contractor, volunteer, or intern makes a judgment not to use and does not use PPE, MCCMH will investigate and document the circumstances in order to determine whether changes can be instituted to prevent such occurrences in the future. For Macomb County employees, a MIOSHA Form 301, Injury and Illness Incident Report (Appendix A) shall be completed by the Supervisor and submitted to the MCCMH Chief Executive Officer, who shall review and send to the Quality Coordinator and the Macomb County Human Resources Department. For non-employees, a Macomb County Accident / Incident Report – Personal Injury form (Appendix B) shall be completed by the Supervisor and submitted to the MCCMH Chief Operating Officer Deputy Director, who shall review and send to the Macomb County Human Resources and Labor Relations Department. Such incidents in the prepared quarterly report for submission to the Quality Committee for purposes of risk management monitoring.

3. Locations

Barrier Packs stocked with appropriate PPE are available at First Aid sites; a travel pack is available for vehicles during community outreach visits.

4. Gloves

Gloves shall be provided by the Macomb County Human Resources and Labor Relations Department, and may be made of latex, vinyl, nitril, rubber, or other water impervious materials. If glove material is thin or flimsy, double gloving can provide an additional layer of protection. Also, if you know you have cuts or sores on your hands, you should cover these with a bandage or similar protection as an additional precaution before donning your gloves.

Inspect gloves for damage, tears, punctures before putting them on. If a glove is damaged, don't use it.



Remove contaminated gloves carefully. Do not touch the outside of the gloves with any bare skin and be sure to dispose of them in a proper manner.

Gloves shall be changed between consumer contact. Disposable (single use) gloves shall be replaced as soon as practical if contaminated or as soon as feasible if torn, punctured, or ineffective as barriers. Disposable gloves shall not be washed or decontaminated for reuse. After use, disposable gloves will be placed in the appropriately designated container for disposal.

Appropriate protective gloves must be worn whenever:

- a. Any hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, contaminated items or surfaces is reasonably anticipated or in emergency at risk situations.
- b. Touching objects or surfaces contaminated with blood/body fluids.
- c. Healthcare worker has cuts, abraded skin, chapped hands, and dermatitis of the like.
- d. Contact with respiratory secretions.
- e. Processing infectious waste.
- f. Cleaning contaminated surfaces and objects.
- g. Handling sharps containers.

Procedures:

- a. Wash hands or other surfaces immediately and thoroughly if contamination with blood/other potentially infectious material occurs with a 10% bleach to water solution.
- b. Apply new disposable gloves between procedures on the same client.
- c. Replace gloves when they are contaminated, visibly soiled, torn, punctured, or when the barrier is compromised. Do not wash or decontaminate disposable gloves for re-use.
- d. Discard used gloves by placing in a disposable plastic bag. However, if the gloves are visibly fluid (if gloves look "wet"), they are considered to be regulated medical waste, and must be discarded into a bio-hazard bag.
- e. Wash hands immediately.
- f. Wear Band-Aids over cuts under gloves.

5. Other PPE



If a situation occurs where contact with blood or other potentially infectious body fluids is anticipated, Personal Protective Equipment Packs (PPE) are available at each site at the First Aid location.

6. Removal and Disposal

PPE or clothing is penetrated by blood or other potentially infectious materials, the employee, independent contractor, volunteer, or intern must remove and replace it immediately or as soon as feasible.

PPE contaminated with blood or other potentially infectious materials will be immediately deposited and sealed in the plastic bag provided in the Biohazard Cleaning Kit.

All PPE must be removed prior to leaving the actual work area where the potential exposure existed, e.g., medication room, etc.

7. For additional information about personal protective equipment please refer to the MCCMH Standard Operating Procedures, in the red Infection Control Binder (located near the First Aid Kit at each site).

**E. STANDARD OPERATING PROCEDURE**

1. All Standard Operating Procedures shall be followed by MCCMH staff.
2. Please refer to the MCCMH Standard Operating Procedures, in the red Infection Control Binder (located near the First Aid Kit at each site) for Standard Operating Procedures for the following:
  - a. Administration of Injections
  - b. Cardio-Pulmonary Resuscitation (CPR)
  - c. Handling Contaminated Articles
  - d. Basic First Aid
  - e. Blood Spill Clean-up.

**VIII. HOUSEKEEPING/CLEANING BLOOD SPILLS**

1. MCCMH shall be maintained in a clean and sanitary condition.
2. For the cleaning of a spill of blood or other potentially infectious materials, follow the steps outlined below:



- a. Use the Bio-hazard Cleaning Kit available at the First Aid Location (using 10% bleach to water solution or professional biohazard cleaning solution).
- b. Read the directions included in the Bio-hazard Cleaning Kit.
- c. Follow each step of the directions.
- d. Supervisor/designee or nurse will contact the waste management company contract through MCCMH for a pick-up of the contaminated items.

**IX. LAUNDRY**

The services provided at the MCCMH sites do not produce soiled laundry.

**X. REGULATED WASTE**

1. MCCMH regulated waste consists of disposable syringes and needles. Regulated waste includes items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; and pathological and microbiological wastes containing blood or other potentially infectious materials. Briefs, under pads, and linens soiled with urine and/or feces are not considered infectious materials in regard to blood borne pathogens waste disposal.
2. For disposal of regulated waste, MCCMH will provide containers that are closeable, constructed to contain all contents and prevent leakage of fluids, and that are colored red with letters in contrasting colors and a bio-hazard symbol. The containers will be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
3. A contracted medical waste disposal company per MIOSHA regulations removes containers. In case of a regulated waste spill the supervisor/designee or nurse at the site will contact the waste management company to empty/pick up the container immediately.
4. Disposal of all regulated waste will be in accordance with applicable regulations and laws and as outlined in the MCCMH Medical Waste Management Plan.



**XI. LABELS**

MCCMH utilizes the fluorescent orange-red with lettering and symbols in a contrasting color to identify and communicate a potential bio-hazard. Red bags may be substituted in place of the bio-hazard symbol.

**XII. HEPATITIS B VACCINATION**

Macomb County Human Resources Department will refer new employees, independent contractors, volunteers, and interns to for training on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability. The hepatitis B vaccination series is available at no cost after training and within 10 days of initial assignment to employees, independent contractors, volunteers, and interns whose job classifications are identified as Category A in the exposure determination section of this plan.

Vaccination is encouraged unless:

- a. Documentation exists that the employee, independent contractor, volunteer, or intern has previously received the series.
- b. Antibody testing reveals that the employee, independent contractor, volunteer, or intern is immune.
- c. Medical evaluation shows that vaccination is contraindicated.

Vaccination will be provided by the occupational health clinic listed in MCCMH MCO Policy 10-050.

If an employee, independent contractor, volunteer, or intern chooses to decline vaccination, he/she must sign a declination form. Employees, independent contractors, volunteers, or interns who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at Macomb County Human Resources.

Annual training from the MCCMH Training Office has a reminder that offers the hepatitis B vaccination series to employees, independent contractors, volunteers, and interns. Employees, independent contractors, volunteers, and interns shall be informed that the hepatitis B vaccination series will be available at any time and that they need not wait until the annual training to obtain a hepatitis B vaccination.



### **XIII. POST-EXPOSURE EVALUATION AND FOLLOW-UP**

#### **A. Exposure Evaluation**

Despite protective efforts, there is always a possibility that an employee will be exposed to blood or other potentially infectious materials. An exposure incident is defined as “a specific eye, mouth, nose, or non-intact skin contact with blood or other potentially infectious materials.” The Chief Medical Officer, in coordination with the Macomb County Human Resources and Labor Relations Department, must be contacted if there is a question about whether or not an exposure incident occurred.

#### **B. Post-Exposure Follow-Up Procedures**

Should an exposure incident occur, the exposed employee will immediately flush and wash the exposed area with soap and warm water (mucous membranes should be flushed for at least 15 minutes with water) and notify the supervisor who will initiate the post-exposure procedures.

1. The employee and the supervisor will contact the Macomb Human Resources and Labor Relations phone number (586) 469-5650 and then complete the MIOSHA Form 301, Injury and Illness Incident Report (Appendix A).
2. The supervisor will complete the Macomb County Bloodborne Pathogens Needlestick and Sharp Object Injury Report form (in Appendix B), documenting the employee’s job classification, the route of exposure and how the exposure occurred, whether or not a safety needle device was being used and the type and brand of the device, and the identity and contact information of the source individual, if they have signed the medical release. If a safety needle device was not being used the reason must be documented. *\* DO NOT include protected health information on documents going to Macomb County Human Resources if the individual has not signed the medical release.*
3. If the source individual can be identified, the supervisor will ask the source individual if they are willing to be tested for HIV, HBV, and HCV. The supervisor will have the individual sign the Macomb County Bloodborne Pathogens Source Individual Medical Release/Refusal form (Appendix B). A copy will be given to the source individual. If the source individual is known to be positive for HIV, HBV, and/or HCV, new testing is not necessary. *\* DO*





*NOT include protected health information on documents going to Macomb County Human Resources if the individual has not signed the medical release.*

4. The supervisor and employee will complete the Concentra Medical Center Authorization for medical treatment and Billing (Appendix B).
5. The supervisor of the staff can recommend the supervisor, or designee, drive the exposed employee to the medical provider for evaluation and any necessary follow-up visits. If the exposed employee wishes to drive themselves after the supervisor recommends transporting the staff to the medical provider, the supervisor will communicate this with the Human Resources department
6. If the employee's clothing has been contaminated by blood or other potentially infectious materials and the employee wishes to launder the clothing at home that will be the choice of the employee.
7. The supervisor will call Human Resources at (586) 469-5650 to inform the Department (or leave a message) that an employee will be going to the medical provider for an evaluation of a bloodborne pathogens exposure.
8. The supervisor will fax the following forms to Human Resources before taking the exposed employee to the medical provider:
  - a. MIOSHA Form 301, Injury and Illness Incident Report (Appendix A).
  - b. Macomb County Employee Injury and Illness Incident Report and any Witness Forms.
  - c. Macomb County Bloodborne Pathogen/Bodily Fluid Exposure Incident Report Form (Appendix B).
  - d. Macomb County Bloodborne Pathogens Source Individual Medical Release/Refusal Form (Appendix B).
9. The Supervisor will send the following original forms to Administration, attention to the Chief Operating Officer.
  - a. MIOSHA Form 301, Injury and Illness Incident Report (Appendix A).
  - b. Macomb County Bloodborne Pathogen/Bodily Fluid Exposure Incident Report Form (Appendix B).
  - c. Macomb County Bloodborne Pathogens Source Individual Medical Release/Refusal Form (Appendix B).
10. The following original forms must accompany the employee to the medical provider:
  - a. Authorization for Treatment and Billing



11. The supervisor will (or the employee will, if they drive themselves) give a copy of the following forms to the medical provider:
  - a. Macomb County Bloodborne Pathogen/Bodily Fluid Exposure Incident Report Form (Appendix B)
  - b. Macomb County Bloodborne Pathogens Source Individual Medical Release/Refusal Form (Appendix B)

**C. Source Individual Testing**

If appropriate consent for treatment has been obtained, the supervisor will instruct the source individual to go to the medical provider for testing. The test specimen will be collected at no cost to the source individual.

**D. Medical Management of the Exposed Employee**

1. The supervisor or designee will drive the employee to the medical provider for the initial evaluation and all follow-up visits if they make that recommendation, the staff may refuse this. If this is refused the supervisor shall contact Human Resources.
2. The medical provider will evaluate the exposed employee to determine whether an exposure incident occurred and if so, will document the route of exposure and the circumstances surrounding the exposure incident. The provider will provide any necessary treatment and follow-up evaluations as recommended by the United States Public Health Service at no cost to the employee.
3. After obtaining consent the medical provider will collect the employee's blood as soon as is feasible after exposure for baseline HIV, HBV, and HCV testing. If the employee consents to baseline blood collection but not HIV testing, the medical provider will preserve the blood sample for at least 90 days. If the employee elects to have baseline HIV testing done during the waiting period, the medical provider will perform the testing as soon as possible.
4. The medical provider will make the source individual's test results available to the exposed employee and will inform the exposed employee of applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.



5. Human Resources will provide the employee with a copy of the medical provider's confidential written opinion within 15 days after completion of the evaluation.
6. The written opinion obtained from the medical provider by Human Resources shall not reveal specific findings or diagnoses that are unrelated to the employee's ability to wear protective clothing or equipment or receive vaccinations and will remain confidential. The written opinion will confirm that the medical provider informed the exposed employee of the results of the post-exposure evaluation and that the exposed employee has been told about any medical conditions resulting from the exposure incident that require further evaluation and treatment.
7. The supervisor and the employee must complete the Macomb County Human Resources Department Body Fluid/Bloodborne Exposure Packet. The MCCMH Chief Operating Officer will sign the form and send the original to Human Resources. Administration will keep a copy of this form in the employee's administrative file.
8. Mileage reports will be utilized per MCCMH policy 10-051 for any transportation to and from the medical provider for the employee.

#### **XIV. PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT**

The Safety Specialist for Macomb County will review the circumstances of all exposure incidents to determine:

- Engineering controls in use at the time
- Work practices followed
- A description of the device being used
- Protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.)
- Location of the incident (clinic, consumer home)
- Procedures being performed when the incident occurred
- Training of the employee, volunteer, or intern

If it is determined that revisions need to be made MCCMH will ensure that appropriate changes are made to this ECP. (Changes may include an evaluation of safer devices, adding employees, volunteers, independent contractors, or interns to the exposure determination list, etc.)



**XV. EMPLOYEE, VOILUNTEER, INDEPENDENT CONTRACTOR AND INTERN TRAINING**

All employees, volunteers, independent contractors, or interns who have the potential for occupational exposure to bloodborne pathogens shall receive initial and annual (more frequently if necessary) training. These employees, volunteers, independent contractors, or interns shall receive training on the epidemiology, symptoms, and transmission of bloodborne pathogen diseases. In addition, the training program covers, at a minimum, the following elements:

- MIOSHA Standards for BBP
- Epidemiology and symptomology of common bloodborne diseases
- Modes of transmission of bloodborne pathogens
- This exposure control plan, i.e., points of the plan, lines of responsibility, how the plan will be implemented, etc.
- Procedures that might cause exposure to blood or other potentially infectious materials at this direct service unit
- Control methods that will be used at the direct service unit to control exposure to blood or other potentially infectious materials
- Personal Protection Equipment available at the direct service location and who should be contacted concerning exposure
- Post exposure and follow-up
- Signs and labels used at the direct service location
- Hepatitis B vaccination program used at the direct service location

**XVI. RECORD KEEPING**

**A. TRAINING RECORDS**

Training records are completed for each employee, volunteer, independent contractor, or intern upon completion of training. Training documents will be kept for at least three years at the MCCMH Training Office. The training records include:

- Dates of the training
- Contents or a summary of the training sessions
- Names and qualifications of the persons conducting the training
- Names and job titles of all persons attending the training sessions



Employee, volunteer, independent contractors, or intern training records are provided upon request to the individual or the individual's authorized representative within fifteen working days. Such requests should be addressed to the MCCMH Training Office.

#### **B. MEDICAL RECORDS**

Medical records are maintained for each employee with occupational exposure in accordance with 29 CFR 1910.20, "Access to Employee Exposure and Medical Records." The documentation of refusal of the vaccination is kept at Macomb County Human Resources, who is responsible for maintenance of the required medical records. These confidential records are maintained separately from the regular personnel files and are maintained for at least the duration of employment plus 30 years. Employee medical records are provided upon request of the employee or to anyone who has written consent of the employee within 15 working days. Such requests should be sent to the Macomb County Human Resources Department.

#### **C. OSHA RECORDKEEPING**

All records required by the OSHA standard will be maintained by the Human Resources Department. Copies of employee injury reports are forwarded to the Human Resources Safety Specialist for review and investigation.

#### **XVII. OTHER**

Training will be coordinated by the MCCMH Training Office and will include Infection Control/Bloodborne Pathogen training by Macomb County Human Resources and Labor Relations Department. All employees, volunteers, independent contractors and interns will receive annual update training conducted by the MCCMH Training Office and/or the Macomb County Human Resources and Labor Relations Department. Proof of training from an outside source may be deemed acceptable. Written materials distributed during training are located in the Infection Control Binder (red binder near the First Aid Kit at each site).



#### **XVIII. LEGAL AUTHORITY**

- A. Macomb County Health Department Bloodborne Pathogens Exposure Control Plan
- B. Michigan Occupational Safety and Health Act, PA 154 of 1974 (MCL 408.1001, et. al.)
- C. Michigan Administrative Code, Department of Consumer and Industry Services Director's Office Occupational Health Standards – Bloodborne Infectious Diseases R 326.70001, et al.
- D. 29 CFR 1910.1030
- E. OSHA CPL 2-2.69 (3/01/2017)
- F. MCCMH Policy 10-050 "Emergency Preparedness Plan"
- G. MCCMH Policy 10-051 "Use and Maintenance of County/Personal Vehicles"
- H. Commission on Accreditation Rehabilitation Facilities (CARF) 2025 Behavioral Health Standards Manual, §1.H., "Health and Safety," pg. 64-65

#### **XIX. APPENDICES**

- A. APPENDIX A: MIOSHA Form 301, Injury and Illness Incident Report (3/20)
- B. APPENDIX B: Macomb County Incident Report - Personal Injury (2020), Macomb County Bloodborne Pathogen/Bodily Fluid Exposure Incident Report Form (2020), Macomb County Bloodborne Pathogens Source Individual Medical Release / Refusal Form (2020), Authorization for Treatment and Billing (2020), What You Need To Know About HIV Testing



**MACOMB COUNTY COMMUNITY MENTAL HEALTH**  
**MEDICAL WASTE MANAGEMENT PLAN**

Macomb County Community Mental Health establishes this Medical Waste Management Plan that is applicable to all program sites in accordance with the Michigan Medical Waste Regulatory Act of 1990, Act No. 368 of Public Acts of 1978, Part 138. Agencies contracted with MCCMH should be responsible to comply with current hazardous/medical waste management laws.

It is the policy of MCCMH to maintain and comply with a Medical Waste Management Plan to prevent disease transmission or accidental injury to all persons served, to employees, contractors, interns, volunteers, and to the public.

Site Identification	Contact Person, and registration number if applicable	Address	Waste Categories
			Location of Waste container
MCCMH Admin	COO	19800 Hall Road Clinton Township, MI 48038	N/A
MCCMH Children's	Program Manager	21885 Dunham, suite 1, Clinton Twp, MI 48036	N/A
MCCMH East	Program Manager, # MW0038450	25401 Harper Clair Shores, MI 48081	Sharps Containers, Pharmaceuticals, Specimen containers



			Medication Room
MCCMH North	Program Manager, # MW0038448	43740 North Groesbeck Highway  Clinton Township, MI 48036	Sharps Containers, Pharmaceuticals, Specimen containers
			Medication Room
MCCMH WEST	Program Manager, # MW0038449	6555 15 Mile Road Sterling Heights, MI 48312	Sharps Containers, Pharmaceuticals, Specimen containers
			Medication Room
MCCMH ACT	Program Manager, # MW0038449	6555 15 Mile Road Sterling Heights, MI 48312	Sharps Containers, Pharmaceuticals, specimen containers,
			Medication Room

**I. GENERAL INFORMATION**

- A. Each MCCMH medical waste generating site shall have a written management plan that includes:
  - 1. A copy of the Certificate of Registration as a Producing Facility of Medical Waste.
  - 2. Identification of a responsible contact person for the site.
  - 3. The types of infectious medical waste handled.
  - 4. The segregation, packaging, labeling, collection procedures used.
  - 5. The methods of storage and disposal.





6. The measures to minimize exposure of employees to infectious agents while handling and disposing of infectious medical waste, including protocols, procedures, training, and personal protective devices.
- B. The Medical Waste Management Plan shall be reviewed and approved annually for compliance as part of Quality Assurance.
- C. The Plan shall be updated within 30 days of change in any type of medical waste handled, the methods of handling medical waste at the site or the contact person for the site as named in the Plan.
- D. A commercial medical waste disposal company shall be contracted to pick up, collect and remove, treat and dispose of the regulated medical waste from the identified sites. Medical waste will not be stored on the premises for more than 90 days.
- E. Standard (including Universal) Precautions shall be practiced by all employees.

The Michigan Department of Public Health may review this plan at any time in writing or on site. Upon receipt of 24-hour advance notice, the Medical Waste Management Plan shall be available to any MCCMH employee, for inspection on site.

## **II. DEFINITIONS**

- a. Biohazard Waste- also defined as Biomedical Waste or Infectious Medical Waste and can be used interchangeably.
- b. Decontamination- rendering medical waste safe for routine handling as solid waste.
- c. Infection Agent- a pathogen that is sufficiently virulent so that if a susceptible host is exposed to the pathogen in an adequate concentration and through a portal of entry, the result could be transmission of disease to a human.
- d. Infection Medical Waste- any of the following when not generated from a household, farm operation, or agricultural business, a home for the aged, or a home health care agency: sharps, cultures, laboratory waste, discarded live and attenuated vaccines, liquid human waste, blood and blood products, pathological waste, but not including urine or materials stained with blood or body fluids. a microorganism that produces disease.
- e. Pathogen- microorganism that produces disease.
- f. Pharmaceutical- a drug intended for use in diagnosis, cure, mitigation, treatment, therapy, or prevention of disease in humans or animals.
- g. Regulated Medical Waste- liquid or semi-liquid blood or other potentially infectious materials, contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid form if compressed,



- items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials. Consumer wastes materials contaminated with blood and infectious body fluids, but not meeting the above definition, are not classified as regulated medical waste and should be handled carefully and disposed of safely. These may include dressings, bandages, disposable gloves, masks and other materials contaminated with infectious body fluids.
- h. Sharps- needles, syringes, scalpels, and intravenous tubing with needles attached, and any other medical or laboratory instrument or glassware that might cause punctures or cuts if not handled with extraordinary care.
  - i. Standard (Universal) Precautions- a concept that assumes the potential presence of infectious agents in all individuals and does not depend upon the use of special procedures only when identified infectious agents are present. Universal Precaution procedures (i.e. wearing gloves during invasive procedures, hand washing) are applied uniformly to all individuals to reduce the risk of transmission of infection.

### **III. CATEGORY DEFINITIONS**

- A. Category 1- Cultures and stocks of infectious agents and associated biologicals, including laboratory waste, biological production wastes, discarded live and attenuated vaccines, cultures dishes, and related devices. [Not applicable to MCCMH]
- B. Category 2- Liquid human and animal waste, including blood and blood products and body fluids, but not including urine or materials stained with blood or body fluids. [Lab specimens are collected and sent out from MCCMH]
- C. Category 3- Pathological waste including human organs, tissues, body parts other than teeth, products of conception, fluids removed by trauma or during surgery or autopsy or other medical procedure, and not fixed in formaldehyde. [Not applicable to MCCMH]
- D. Category 4- Sharps specified as needles, syringes, scalpels, intravenous tubing with needles attached. [Sharps are generated at MCCMH]
- E. Category 5- Contaminated wastes from animals that have been exposed to agents infectious to humans, these being primarily research animals. [Not applicable to MCCMH]



#### **IV. MEDICAL WASTE**

##### **A. HANDLING**

Contaminated sharps shall be discarded immediately or as soon as practical after use in a designated sharps disposal container. The containers should be maintained in an area not accessible to consumers or the public. They must be maintained upright and replaced routinely, not being allowed to overfill. When the container is full, close and seal. Replace it with a new sharps disposal container and place the filled container in the designated medical waste storage area.

Pharmaceuticals shall be checked monthly for expiration date, according to the procedures outlined in MCO Policy 2-051. Outdated medications shall be placed in the appropriate disposal container in the designated medical waste storage area.

##### **B. TRANSPORTATION AND DISPOSAL**

MCCMH personnel do not transport biomedical wastes between service locations.

Each site will maintain medical waste disposal records. Each section of the Regulated Medical Waste Management Log (Exhibit A), shall be completed by the identified Contact Person at each site in a timely fashion, i.e.: date and time of pickup, # of containers and released by signatures. When a shipment of medical waste is removed, the manifest must be signed by the transporter and the ultimate disposal facility and returned to the site. The site should receive an executed manifest signed and returned by the treatment/disposal facility within 30 days after the removal from the site. If this manifest is not received, the site must call the disposal facility and request the executed manifest.

#### **V. RECORDKEEPING**

A. The primary records are maintained at each site and include:

1. State Medical Waste Generator registration;
2. Copy of off-site hauling contracts;
3. All manifests, receipts, or equivalent documents;
4. Certificates of destruction for the medical waste; and
5. Record of inspection (6 months) of site and regulated medical waste management log by safety specialist.



**VI. REFERENCES / LEGAL AUTHORITY**

- A. Michigan Medical Waste Regulatory Act No. 4136 of March 1, 1990; Act No 368 of 1978, Part 138: Medical Waste
- B. Michigan Department of Environmental Quality Administrative Rules, Waste and Hazardous Materials Division Hazardous Waste Management, R 299.9101, et.al.

**VII. EXHIBIT**

- A. Regulated Medical Waste Management Log



### Standard Operating Procedure

Task/Procedure: **Administration of Injections**

Exposure Potential:

Skin puncture from needle

Personal Protective Equipment:

Disposable gloves are required at all times in the administration of injections.

Maintenance/Disinfection:

One-Time use device.

Disposal:

Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).

Engineering Controls:

Safety needle device must be used as designed following the manufacturer's instructions. Sharps container and Medical Waste container.

Work Practice Controls:

Use care when removing needle cover. Carefully insert and remove needle engaging the safety needle device following the manufacturer's instructions. Do not recap the needle. Keep Sharps container readily accessible. Carefully place the syringe, needle, and safety needle device into the Sharps container immediately after use. Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands after injections have been administered or after removing gloves (if used).

Management of Exposure Incidents:

Contact supervisor who will initiate post-exposure procedures and activities. Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of



water (lift the upper and lower eyelids occasionally in the event of an eye exposure).  
Remove contaminated clothing.

**Contingency Plan:**

If the safety needle device does not engage properly or malfunctions, immediately discard the syringe, needle, and safety needle device in a Sharps container. A non-safety needle device may be used if a safety needle device cannot be used or is not available. The needle must be discarded in a Sharps container immediately after use. Do not bend, recap, or purposely break the needle.



### Standard Operating Procedure

Task/Procedure: **Cardio-Pulmonary Resuscitation (CPR)**

Exposure Potential:

Mucous membrane/skin exposure to blood or other potentially infectious materials.

Personal Protective Equipment:

Disposable gloves must be used. Protective mouth barriers/shields or mask. Laboratory coats and protective eye wear (safety glasses or goggles) are to be used whenever blood splattering or aerosolization can be reasonable anticipated.

Maintenance/Disinfection:

Any garments contaminated with blood or other potentially infectious materials will be removed immediately or as soon as possible. Protective eye wear contaminated with blood or other potentially infectious materials will be cleaned with a disinfectant following the manufacturer's instructions and washed with soap and warm water prior to reuse.

Disposal:

Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).

Engineering Controls:

Medical Waste Containers. CPR masks with one-way valves must be used. Resuscitation bags may be used but are not required. Resuscitation bags are to be used only by staff persons trained in the proper use of these devices.

Work Practice Controls:

Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands immediately after removing gloves.



#### Management of Exposure Incidents:

Contact supervisor who will initiate post-exposure procedures and activities.  
Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of water (lift the upper and lower eyelids occasionally in the event of an eye exposure). Remove contaminated clothing.





### Standard Operating Procedure

#### **Task/Procedure: Handling Articles Contaminated with Blood or other Potentially Infectious Materials (Including Clothing)**

##### Exposure Potential:

Mucous membrane/skin exposure to blood or other potentially infectious materials.

##### Personal Protective Equipment:

Disposable gloves must be used. Laboratory coats and protective eye wear (safety glasses or goggles) are to be used whenever blood splattering or aerosolization can be reasonably anticipated.

##### Maintenance/Disinfection:

Any garments contaminated with blood or other potentially infectious materials will be removed immediately or as soon as possible. Protective eye wear contaminated with blood or other potentially infectious materials will be cleaned with a disinfectant following the manufacturer's instructions and washed with soap and warm water prior to reuse.

##### Disposal:

Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).

##### Engineering Controls:

Medical Waste containers

##### Work Practice Controls:

Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands immediately after removing gloves.

##### Management of Exposure Incidents:

Contact supervisor who will initiate post-exposure procedures and activities. Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of



water (lift the upper and lower eyelids occasionally in the event of an eye exposure).  
Remove contaminated clothing.

### **Standard Operating Procedure**

Task/Procedure: **Administering First Aid for a Cut or Bleeding Wound**

Exposure Potential:

Mucous membrane / skin exposure to blood or other potentially infectious materials.

Personal Protective Equipment:

Disposable gloves must be used. Laboratory coats and protective eye wear (safety glasses or goggles) are to be used whenever blood splattering or aerosolization can be reasonably anticipated.

Maintenance/Disinfection:

Any garments contaminated with blood or other potentially infectious materials will be removed immediately or as soon as possible. Protective eye wear contaminated with blood or other potentially infectious materials will be cleaned with a disinfectant following the manufacturer's instructions and washed with soap and warm water prior to reuse.

Disposal:

Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).

Engineering Controls:

Medical Waste Container

Work Practice Controls:

Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands immediately after removing gloves.



#### Management of Exposure Incidents:

Contact supervisor who will initiate post-exposure procedures and activities.  
Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of water (lift the upper and lower eyelids occasionally in the event of an eye exposure).  
Remove contaminated clothing.

#### **Standard Operating Procedure**

#### Task/Procedure: **Collection of Specimens (Blood, Urine or Saliva).**

##### Exposure Potential:

Skin puncture from needle or mucous membrane / skin exposure to blood or other potentially infectious materials.

##### Personal Protective Equipment:

Disposable gloves are required at all times during the collection of specimens.

##### Maintenance/Disinfection:

One-Time use collection devices and needles.

##### Disposal:

Discard gloves visibly contaminated with blood or other potentially infectious materials in a medical waste container (biohazard container with a red bag).

##### Engineering Controls:

Safety needle device must be used as designed following the manufacturer's instructions. Sharps container and Medical Waste container. Clearly labeled Biohazard sample bags.

##### Work Practice Controls:

Use care when removing needle cover. Carefully insert and remove needle engaging the safety needle device following the manufacturer's instructions. Do not recap the needle. Keep Sharps container readily accessible. Carefully place the tubing, needle,



and safety needle device into the Sharps container immediately after use. Dispose of any visibly contaminated waste in a medical waste container (biohazard container with a red bag). Wash hands after collecting samples or after removing gloves (if used).

#### Management of Exposure Incidents:

Contact supervisor who will initiate post-exposure procedures and activities. Vigorously wash contaminated skin with plenty of soap and warm water. Flush contaminated mucous membranes for at least 15 minutes with copious amounts of water (lift the upper and lower eyelids occasionally in the event of an eye exposure). Remove contaminated clothing.

#### Contingency Plan:

If the safety needle device does not engage properly or malfunctions, immediately discard the needle and safety needle device in a Sharps container. The needle must be discarded in a Sharps container immediately after use. Do not bend, recap, or purposely break the needle. All specimens must be clearly labeled and placed into a specimen collection bag (clearly marked as a bio hazard) then sent to laboratory for testing. All saliva and urine collection devices will be disposed of according to manufacturer's recommendations.



### **Clean up of Small Blood Spills**

Follow these procedures for cleaning up spills of blood or other potentially infectious materials. The same procedures can be used for cleaning up other body fluids not defined as infectious by the MIOSHA Bloodborne Infectious Diseases Standard.

#### **Step 1: Required Personal Protective Equipment**

Prior to beginning the clean up, don a pair of disposable gloves. For small blood spills no other PPE should be required.

#### **Step 2: Equipment Required**

The following items may be needed in handling the spill:

- 10% bleach solution (or commercial disinfectant product)
- Disposable glove (Latex, Nitril, or similar)
- Clear plastic bags
- Biohazard bag or labels
- Leak-proof sharps container
- Brush and dustpan, or tongs or forceps for picking up sharps
- Disinfectant wipes

#### **Step 3: Spill Decontamination Procedures**

Cover the spill area with a paper towel and then pour freshly mixed 10% bleach and water solution. Allow solution to soak into the contaminated material. Work from the outside edges of the spill inward when applying the bleach solution.

Any glass, needles, or other sharp objects that may puncture the skin will not be picked up by hand. Only mechanical means, such as brush and dustpan, tongs, or forceps are allowed. If you do not have such equipment available, contact a supervisor.

Wipe up bleached material with paper towels or absorbent pads. It may be necessary to use a scrub brush to remove the material if it impacted a hard porous surface such as concrete. If non-porous surfaces, such as a carpet have been contaminated, an outside vendor may be needed to clean the area.



#### **Step 4: Disposal**

Place bleached material, gloves and other disposable materials into a labeled biohazard bag and place into either another labeled biohazard bag or container. Ensure lids are firmly sealed on all waste containers when spill clean-up is complete. Place biohazard waste container in a secure area until removed by facilities and operation staff.

#### **Step 5: Decontaminate Re-Usable Equipment**

Decontaminate with the bleach solution all potentially contaminated re-useable tools or protective equipment used in the cleanup. This includes dustpans, brooms, forceps, buckets, etc. Anything that cannot be effectively cleaned (bleach solution must be able to make contact with all surfaces) must be disposed as waste. After the contaminated area has been cleaned, use fresh water to remove bleach residue from all surfaces.

#### **Step 6: Wash Your Hands**

If hand-washing facilities are not available use hand sanitizer and then wash your hands as soon as possible.



## **Tuberculosis Control Program**

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**I. ADOPTION OF TUBERCULIN SKIN TESTING POLICIES AND PROCEDURES OF MACOMB COUNTY HEALTH DEPARTMENT**

It is the policy of the MCCMH Board to incorporate the tuberculin skin testing policies and procedures as set forth by the Macomb County Health Department and approved by the Macomb County Health Department Medical Director. These policies and procedures include the following provisions, below.

**II. EMPLOYEE TUBERCULOSIS SCREENING**

A. A tuberculin skin test (TST) is conducted at the time of hire and on an on-going basis for individuals who provide direct services to consumers whose occupations fall within the following job classifications:

Peer Support Specialist

Registered Nurse

Case Manager

Therapist

Clinical Supervisor

B. Testing is done at no cost by the Macomb County Health Department. The Macomb County Human Resources Department will manage the paperwork for testing at the time of hire. It is the responsibility of the employee to present to the Macomb County Health Department for on-going tuberculin skin testing; MCCMH is responsible for maintaining records of the on-going tuberculin skin tests.

C. An individual with a job classification that falls outside of those listed above may be held to the tuberculin skin testing requirements on a case by case basis.

**III. TUBERCULIN SKIN TESTING POLICIES AND PROCEDURES**

A. Employees who have not had a documented, negative tuberculin skin test within the last 12 months will be required to have a two-step baseline tuberculin skin test.

B. If clusters of tuberculin skin test conversions occur, employees will be tested more frequently at a rate determined by the Macomb County Health Department Medical Director.

C. All tuberculin skin tests will be administered, read and interpreted in accordance with Macomb County Health Department guidelines by specified, trained nursing staff.





- D. Employees who have a documented history of a positive tuberculin skin test, adequate treatment for tuberculosis disease, or adequate treatment for latent tuberculosis infection, will be exempt from tuberculin skin testing. They will be assessed for signs and symptoms suggestive of active tuberculosis every 12 months, and appropriate follow-up action shall be taken, e.g. medications and chest X-Ray.
- E. Employees will be tested whenever they have been exposed to an infectious, active case of tuberculosis.

#### **IV. EVALUATION AND MANAGEMENT OF EMPLOYEES WITH POSITIVE TUBERCULIN SKIN TESTS**

- A. Employees with newly recognized positive tuberculin skin test results or conversions will be promptly assessed for active tuberculosis.
- B. Contact investigations will be initialed in the following situations:
  - 1. The appearance of tuberculin skin test conversions or active tuberculosis in employees.
  - 2. The occurrence of possible person-to-person transmission of M. Tuberculosis.
  - 3. A situation in which patients or employees with active tuberculosis are not promptly identified.
- C. An employee who has active tuberculosis will be excluded from his/her work assignment. Before an employee can return to the workplace, he/she must provide documentation for his/her health care provider that they are receiving adequate therapy, and that the employee is no longer considered infectious. The return to work must be approved by the Macomb County Health Department Medical Director. Periodic documentation will be required from the employee's health care provider to establish that adequate therapy is maintained for the recommended time period, and that the employee remains non-infectious.

#### **V. MAINTENANCE OF TUBERCULIN SKIN TESTING RESULTS**

- A. Tuberculin skin test results will be confidentially recorded in the individual employee's record held by Macomb Human Resources and Labor Relations, as well as in a collective database containing all employee tuberculin skin test results. The Macomb County Health Department Medical Director will periodically review the database.
- B. The database will be maintained by the Communicable Disease Specialist, who will be responsible for the following:



1. The initial two-step tuberculin skin test results for each employee will be logged in a confidential aggregate database.
  2. Employees will be notified when re-testing or re-assessment is required. All new results will be logged in the established database, and compare to previous results.
  3. The Communicable Disease Specialist will be responsible for the generation of an annual report. Tuberculin skin test conversions are to be immediately reported to the Public Health Services Coordinator.
  4. The Communicable Disease Specialist will be responsible for maintaining the confidentiality of the database according to current policy.
- C. The Macomb County Health Department Medical Director will be notified of all positive employee tuberculin skin test results or conversions.

## **VI. RESPIRATORY PROTECTION AND THE USE OF PERSONAL PARTICULATE RESPIRATORS**

Individuals who have (or who are believed to have) infectious tuberculosis (TB) may be capable of transmitting M. tuberculosis to TB Control Program staff persons. Such individuals are to receive clinical services in their home or place of residence and not at the Macomb County Health Department, until rendered non-infectious by effective treatment. Personal particulate respirators will be available to use by TB Control Program staff persons providing services to these patients. MCCMH providers and staff should consider tele-health options to continue care, when able.

### **A. INDICATIONS FOR THE USE OF PERSONAL PARTICULATE REPIRATORS**

The use of personal particulate respirator is required whenever a TB Control Program staff person enters the home or place of residence of a patient who has (or who is believed to have) infectious pulmonary or laryngeal TB.

### **B. PERSONAL PARTICULATE RESPIRATOR MEDICAL EVALUATION**

The Occupational Safety and Health Association (OSHA) requires a medical evaluation (including an examination, when necessary) of all staff persons before respirator fit testing to ensure that a person does not have a medical condition that might affect their ability to safely wear a respirator. TB Control Program staff will be evaluated as necessary by a contractual medical provider prior to fit testing.



**C. TRAINING AND RESPIRATOR FIT TESTING**

Training and fit testing are necessary to ensure that respirators are used correctly and fit appropriately. Training and fit testing are required initially, annually, and if a staff person experiences physical changes that may affect respirator fit (e.g. weight loss, weight gain, growth of a beard). Fit testing will be performed by a contractual medical provider on an annual basis and as necessary.

**D. FIT CHECKING**

Staff using personal particulate respirators must check the facepiece fit before each use.

**E. REUSE OF PERSONAL PARTICULATE RESPIRATORS**

The personal particulate respirators used by the TB Control Program are disposable. However, these respirators can be reused by the same staff person if they are not damaged or visibly soiled and if they continue to fit appropriately. Respirators cannot be cleaned or shared between staff. Respirators are to be inspected prior to each use and must be discarded if damaged or visibly soiled.

**F. RECORD KEEPING**

Records indicating who has completed respirator fit testing will be maintained by the Communicable Disease Program. Actual medical records and forms completed as part of the fit testing process will be maintained by the contractual medical provider.