

Charleston County Coroner's Office Policy #28	
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Effective Date: 10/01/2014 Updated: 12/01/2017, 08/17/2021, 10/03/2023 Authorized By: Bobbi Jo O'Neal, Coroner	

28.1 POLICY

1. The exposure mitigation section of this policy is based upon strict guidelines mandated by the Occupational Safety and Health Administration (OSHA). Deviation from the standard is unlawful and in violation of the Charleston County Exposure Control Policy. An employee's non-compliance with this policy will result in their removal from work situations that have risks for exposure to blood-borne pathogens or other potentially infectious materials. Exposure control training, TB skin test, chest x-rays, and Hepatitis B vaccinations are provided to employees at no cost.

2. The Charleston County Coroner's Office is committed to providing a safe and healthy work environment for all Charleston County Coroner's Office employees. To accomplish this, the following Exposure Control and Safety Plan (ECSP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with Occupational Safety and Health Standards Standard Number: 1910.1030, Title: Bloodborne Pathogens and to eliminate or minimize safety hazards.

3. The ECSP is a key document to assist our office in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECSP includes:

- a) Determination of employee exposure

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- b) Implementation of various methods of exposure control including:
 - a. Universal and safety precautions
 - b. Engineering and work practice controls
 - c. Personal protective or safety equipment
 - d. Housekeeping
- c) Hepatitis B vaccination
- d) Post-exposure or safety mishap evaluation and follow-up
- e) Communication of hazards to employees and safety training
- f) Record keeping
- g) Procedures for evaluating circumstances surrounding an exposure or hazard incident

28.2 PROGRAM ADMINISTRATION

The Coroner or her designee will be responsible for following the Charleston County Exposure Control Plan (ECP) and will maintain, review, and whenever necessary to include new or modified tasks and procedures.

1. Those employees who are determined to have occupational exposure to blood or other potentially infectious materials must comply with the procedures and work practices outlined in this ECP.
2. The Coroner's Office will maintain and provide all necessary personal protective equipment, engineering controls, labels, and red bio bags as required by the standard and will also ensure that adequate supplies of this equipment are available in the appropriate sizes.
3. The Coroner or her designee will be responsible for ensuring that all medical actions required are performed and that appropriate employee health and OSHA records are maintained.
4. The ECP Designee will be responsible for ECP training, documentation of ECP training, and making the ECP available to employees.

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28.3 EMPLOYEE EXPOSURE DETERMINATION

The following is a list of job classifications at the Charleston County Coroner's Office in which employees have occupational exposure:

- a) Coroner
- b) Chief Deputy Coroner
- c) Deputy Coroner
- d) Medicolegal Death Investigator Apprentice
- e) Evidence Custodian
- f) Autopsy Technician
- g) Forensic Pathologist (contract)
- h) Forensic Anthropologist (contract)
- i) Forensic Odontologist (contract)
- j) Part-time, temporary, contract, and per diem employees are covered by the standard.

28.4 METHODS OF IMPLEMENTATION AND CONTROL

1. Universal Precautions – all employees will utilize universal/standard precautions.
2. Training- Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training/orientation session. It may also be reviewed in their annual refresher training. All employees have an opportunity to review this plan at any time during their work shifts by contacting Safety & Risk Management. The ECP Designee is responsible for reviewing the ECP annually or more frequently if necessary to reflect new or revised employee positions with occupational exposure.
3. Engineering controls and work practice controls are used to prevent or minimize exposure to blood-borne pathogens. The Charleston County Coroner's Office identifies the need for changes in engineering control and work practices through the review of OSHA records and employee recommendations. This Coroner or her designee will evaluate new procedures or new products by OSHA guidelines, CDC

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recommendations, and employee suggestions. The specific engineering controls and work practice controls used are:

- a) Gloves will be worn for all decedent contact. Gloves will be worn for touching blood and body fluids, mucous membranes, the handling of items or surfaces soiled with blood or body fluids, performing all invasive procedures and for performing all cleaning of soiled surfaces. Gloves are removed and hands are washed after contact with each decedent and after each use of cleaning or handling potentially infectious materials.
- b) All personnel will wash their hands and any other exposed skin with soap and water, when feasible, and flush mucous membranes with water immediately or as soon as practical following contact of such body areas with blood or other potentially infectious materials.
- c) Hands must be washed for a minimum of 15 seconds after removing gloves, before eating or preparing food, and after contact with body fluids, mucous membranes, or non-intact skin of all decedents.
- d) When hand-washing facilities are not readily available, personnel must cleanse their hands with antiseptic hand cleaner or antiseptic towelettes. Personnel must wash their hands with soap and water at the earliest available time.
- e) Hands must be washed or cleaned with antiseptic cleaner or antiseptic towelettes after leaving any death scene, the morgue, the autopsy suite, or the property room.
- f) Any other skin, mucous membrane, or body area that had contact with blood or other potentially infectious material must be washed, flushed, or rinsed as soon as possible.
- g) Prevent transfer of blood or other potentially infectious material to skin or mucous membranes by not eating, smoking, drinking, or applying cosmetics or lip balm and handling contact lenses at death scenes, in the morgue, autopsy suite, or while handling evidence.

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- h) Immediately after use, all sharp items such as but not limited to, needles and scalpels shall be placed in a leak-resistant, puncture-resistant container.
 - i) Contaminated needles and other contaminated sharps shall not be bent, recapped, removed, or otherwise manipulated by hand.
 - j) Sharp items that are collected as evidence must be placed in an appropriate leak-resistant, puncture-resistant container.
 - k) Employees will inspect, maintain, or replace sharps disposal containers that have been issued to them every shift or whenever necessary to prevent overfilling.
 - l) All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
 - m) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops or benchtops where blood or other potentially infectious materials are present.
 - n) Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
 - o) Specimens of blood or other potentially infectious materials shall be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - p) Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material; and other containers used to store, transport, or ship blood or other potentially infectious materials or items can be in a red "bio" bags or pre-labeled container which warns of the bio-hazardous nature.
4. Personal Protective Equipment (PPE) is provided to employees at no cost. Safety & Risk Management provides training for employees in the appropriate use of PPE. The types of PPE issued to employees are disposable exam gloves, safety glasses,

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particulate respirator masks or equivalent as directed by Safety & Risk Management, protective jumpsuits/gowns, shoe covers/boots, face masks/shields, and hair caps. All employees using PPE must observe the following precautions:

- a) Wash hands immediately or as soon as feasible after removal of gloves or other PPE.
 - b) Remove PPE after it becomes contaminated, and before leaving the work area.
 - c) Used PPE may be disposed of in a properly labeled biohazard red bag. These bags should be disposed of at a medical facility or other qualified facility.
 - d) Wear appropriate gloves, when it can be reasonably anticipated that there may be hand contact with blood or other potentially infectious material, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, or contaminated or if their ability to function as a barrier is compromised.
 - e) Never wash or decontaminate disposable gloves for reuse.
 - f) Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood or other potentially infectious material pose a hazard to the eye, nose, or mouth.
 - g) Wear coveralls and/or shoe covers when splashes, sprays, spatters, or droplets of blood or other potentially infectious material could contact skin or clothing.
 - h) Remove immediately or as soon as feasible any garment contaminated by blood or other potentially infectious material in such a way as to avoid contact with the outer surface.
 - i) Contaminated PPE shall be removed in such a manner as to avoid contact with the contaminated surfaces of the PPE and properly disposed of in an appropriately labeled biohazard red bag. Non-disposable PPE shall be disinfected with an approved disinfectant solution.
5. Housekeeping measures include placement of regulated waste in closable containers, constructed to contain all contents and prevent leakage, appropriately labeled or color-

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coded, and closed prior to removal to prevent spillage or protrusion of contents during handling. The procedures for handling regulated waste:

- a) Contaminated waste shall be placed in a red plastic bag marked with biohazard labels. The bag should be tied at the top, bagged again and tied at the top, and disposed of in an approved receptacle as soon as feasible. Full bags are not to be stored in personal or county vehicles.
- b) Contaminated sharps are discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak-proof on sides and bottoms, and labeled or color-coded appropriately. Sharps disposal containers are available in the Safety & Risk Management shed located near fleet services. The passcode is "1982". The sharp container shall be maintained in the evidence room and the autopsy rooms.
- c) Evidence that is contaminated with blood or other potentially infectious material is packaged in the same manner as regulated waste. However, airtightness prevents drying and could cause deterioration of biological specimens. If the Charleston County Coroner's Office is taking possession of the damp evidence, put damp items in a plastic bag at the scene transport them quickly to the Charleston County Coroner's Office, and place them into the evidence drying cabinet to be dried.
- d) Seal evidence contaminated with blood or other potentially infectious material with red biohazard tape.
- e) Broken glassware that may be contaminated is picked up using mechanical means, such as a brush and dustpan.

6. Procedure for cleaning and methods of decontamination of blood or other potentially infectious material:

- a) Use appropriate PPE during clean-up procedures.
- b) Mix a solution of 1:10 bleach to water and put it into a labeled spray bottle.
- c) Spray the contaminated area with the prepared bleach solution and allow it to set for 20 minutes before wiping.

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- d) Dispose of all cleaning items through the appropriate regulated waste protocol.
- e) All non-disposable items used during clean-up procedures should be decontaminated immediately with a bleach solution.

7. Contamination of employee clothing should be avoided when PPE is used appropriately however, contaminated clothing that was worn at a scene or in the autopsy room may be washed in the washing machine and dryer located in the Coroner's Office. If an employee's clothing becomes soiled with blood or other potentially infectious material, the following laundering requirements must be met:

- a) Handle contaminated laundry as little as possible.
- b) Place wet contaminated laundry in leak-proof, labeled, or color-coded containers before transport to the laundry area.
- c) Wear disposable gloves when handling and/or sorting contaminated laundry.
- d) Follow manufacturer instructions when using the equipment.

8. All contaminated equipment shall be bagged and sealed in a biohazard red bag. For small or large equipment where a normal red bag is not feasible, the item shall be sealed in a plastic bag and marked with red biohazard tape or stickers. The case deputy or the Evidence Technician will ensure warning labels are affixed or red bags are used as required if regulated waste, contaminated equipment, property, or evidence is brought into the facility. Employees are to notify the ECP Designee if they discover regulated waste containers, refrigerators containing blood or other potentially infectious material, contaminated equipment, property, or evidence, etc. without proper labels.

9. Biohazard waste will be disposed of via county protocols. Items may either be taken to a county bio barn for disposal, or the items can be picked up at the Coroner's Office by the agency contracted by the county (Stericycle). Information about those procedures will be posted in an area accessible to all coroner staff.

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10. An eyewash/shower station is in each autopsy room. The stations should be tested, maintained, and inspected monthly.

11. Hepatitis B Vaccination -If requested, Safety & Risk Management will provide training to employees 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 identified in the exposure determination section of this plan.

Vaccination is encouraged unless:

- a) Documentation exists that the employee has previously received the series.
- b) Antibody testing reveals that the employee is immune.
- c) Medical evaluation shows that vaccination is contraindicated.

However, if an employee chooses to decline vaccination, the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept in the employee's personnel file.

12. Respirator Fit Testing-Designated employees shall be fit tested annually for an N95 Respirator or others, as indicated by Safety Risk & Management and OSHA standards. Designated employees shall also complete the Respirator Medical Evaluation & Clearance Form upon hiring and as further indicated by Safety Risk & Management.

13. TB Testing-Designated employees should be tested for TB annually by completing a PPD test at the Carolina Center of Occupational Health (CCOH). Please see the Charleston County Policy for more detailed information.

28.5 POST-EXPOSURE PROCEDURES

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1. If an employee is exposed to blood or other potentially infectious materials then they should contact their supervisor who will notify the Coroner. The Coroner will contact Safety & Risk Management.

2. An immediately available, confidential medical evaluation and follow-up will be conducted by staff at the facility designated by Safety and Risk Management.

Following the initial first aid, the following activities will be performed:

- a) Document the route of exposure and how the exposure occurred.
- b) Identify and document the source individual.
- c) Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- d) If the source individual is already known to be HIV, HCV, and/or HBV positive, new testing need not be performed.
- e) Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual.
- f) After obtaining consent, collect the exposed employee's blood as soon as feasible after the exposure incident, and test blood for HBV and HIV serological status.
- g) If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

3. The Coroner will ensure that the health care professional evaluating an employee after an exposure incident receives the following:

- a) A description of the employee's job duties relevant to the exposure incident.

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- b) Route of Exposure
 - c) Circumstances of Exposure
 - d) If possible, results of the source individual's blood test
 - e) Relevant employee medical records including vaccination status
4. The Coroner will provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days after completion of the evaluation.
5. The Coroner will review the circumstances of all exposure incidents to determine:
- a) Engineering controls in use at the time
 - b) Work practices followed
 - c) A description of the device being used
 - d) Protective equipment or clothing used at the time of the exposure incident
 - e) Location of the incident
 - f) Procedure being performed when the incident occurred
 - g) Employee's training
6. If it is determined that revisions need to be made, the Coroner will ensure that the appropriate changes are made to this policy.

28.6 SAFETY

1. All employees shall read and comply with the County of Charleston Safety Manual which is found here: <https://ccintranet.charlestoncounty.org/web/post/Safety~Manual>.
2. All vehicle accidents must be reported in accordance with Policy #46 Use of County-Owned Vehicles and Emergency Response Driving.
3. Major and minor injuries must be reported to the employee's supervisor immediately. After caring for the medical needs of the employee, injuries shall be reported to the Coroner and Charleston County Safety and Risk Management Division as soon as possible. An investigation into how the injury occurred and

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how to prevent future occurrences must then be conducted by the supervisor at the direction of the Coroner.

4. Major and minor vehicle accidents shall be reported to the employee's supervisor immediately. An investigation by the appropriate agency such as the CCSO Traffic Division or SC Highway Patrol shall be requested. Pictures should be taken, and statements written. Contact the Coroner and County Safety and Risk Management.