

Communicable Diseases

1000.1 PURPOSE AND SCOPE

This policy provides general guidelines to assist in minimizing the risk of employees contracting and/or spreading communicable diseases.

1000.1.1 DEFINITIONS

Definitions related to this policy include:

Communicable disease - A human disease caused by microorganisms that are present in and transmissible through human blood, bodily fluid, or tissue, or by breathing or coughing. These diseases commonly include, but are not limited to, hepatitis B virus (HBV), HIV, and tuberculosis.

Exposure - When an eye, the mouth, a mucous membrane, or non-intact skin comes into contact with blood or other potentially infectious materials, or when these substances are injected or infused under the skin; when an individual is exposed to a person who has a disease that can be passed through the air by talking, sneezing, or coughing (e.g., tuberculosis), or the individual is in an area that was occupied by such a person. Exposure only includes those instances that occur due to an employee's position. (See the exposure control plan for further details to assist in identifying whether an exposure has occurred.)

1000.2 POLICY

Although there is a commitment to providing a safe work environment, employees should be aware that they are ultimately responsible for their own health and safety.

1000.3 EXPOSURE CONTROL OFFICER

An Exposure Control Officer (ECO) should be appointed. The ECO is responsible for development of an exposure control plan that includes:

- (a) Exposure prevention and decontamination procedures.
- (b) Procedures for when and how to obtain medical attention in the event of an exposure or suspected exposure.
- (c) The provision that employees will have no-cost access to personal protective equipment (PPE) (e.g., gloves, face masks, eye protection, pocket masks) that is appropriate for each employee's position and risk of exposure.
- (d) Identification of exposure risks and reasonable efforts to reduce additional exposure.
- (e) Compliance with all relevant laws or regulations related to communicable diseases, which may include the following:
 1. Responding to requests and notifications regarding exposures covered under the Ryan White law (42 USC § 300ff-133; 42 USC § 300ff-136).

2. Bloodborne pathogen precautions, including exposure determination, if required (29 CFR 1910.1030).

The ECO should also act as the liaison with occupational health and safety authorities and may request voluntary compliance inspections. The ECO should periodically review and update the exposure control plan and review implementation of the plan.

1000.4 EXPOSURE PREVENTION AND MITIGATION

1000.4.1 GENERAL PRECAUTIONS

All employees are expected to use good judgment and follow training and procedures related to mitigating the risks associated with communicable disease. This includes but is not limited to (29 CFR 1910.1030) :

- (a) Stocking disposable gloves, antiseptic hand cleanser, CPR masks or other specialized equipment in the work area or vehicles, as applicable.
- (b) Wearing approved disposable gloves when contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin can be reasonably anticipated.
- (c) Washing hands immediately or as soon as feasible after removal of gloves or other PPE.
- (d) Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease.
- (e) Using an appropriate barrier device when providing CPR.
- (f) Using a face mask or shield if it is reasonable to anticipate an exposure to an airborne transmissible disease.
- (g) Decontaminating non-disposable equipment (e.g., clothing, shoes, work equipment) as soon as possible if the equipment is a potential source of exposure.
 1. Clothing that has been contaminated by blood or other potentially infectious materials should be removed immediately or as soon as feasible and stored/decontaminated appropriately.
- (h) Handling all sharps and items that cut or puncture (e.g., needles, broken glass, razors, knives) cautiously and using puncture-resistant containers for their storage and/or transportation.
- (i) Avoiding eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses where there is a reasonable likelihood of exposure.
- (j) Disposing of biohazardous waste appropriately or labeling biohazardous material properly when it is stored.

1000.4.2 IMMUNIZATIONS

Employees who could be exposed to HBV due to their positions may receive the HBV vaccine and any routine booster at no cost (29 CFR 1910.1030). Additional immunizations may also be required or provided.

1000.5 POST EXPOSURE**1000.5.1 INITIAL POST-EXPOSURE STEPS**

Employees who experience an exposure or suspected exposure shall (29 CFR 1910.1030):

- (a) Begin decontamination procedures immediately (e.g., wash hands and any other skin with soap and water, flush mucous membranes with water).
- (b) Obtain medical attention as appropriate.
- (c) Notify a supervisor as soon as practical.

1000.5.2 REPORTING REQUIREMENTS

Supervisors should investigate every exposure or suspected exposure that occurs as soon as possible following the incident. Supervisors should document the following information (29 CFR 1910.1030):

- (a) Identification of the employee exposed
- (b) Date and time of incident
- (c) Location of incident
- (d) Potentially infectious materials involved and the source of exposure (e.g., identification of the person who may have been the source)
- (e) Work being done during exposure
- (f) How the incident occurred or was caused
- (g) PPE in use at the time of the incident
- (h) Actions taken post-event (e.g., clean-up, notifications)

Supervisors should advise their employees that disclosing the identity and/or infectious status of a source to the public or to anyone who is not involved in the follow-up process is prohibited. Supervisors should complete the incident documentation in conjunction with other reporting requirements that may apply.

1000.5.3 MEDICAL CONSULTATION, EVALUATION, AND TREATMENT

Employees have the opportunity to have a confidential medical evaluation immediately after an exposure and follow-up evaluations as necessary.

The ECO should request a written opinion/evaluation from the treating medical professional that contains only the following information (29 CFR 1910.1030):

- (a) Whether the employee has been informed of the results of the evaluation
- (b) Whether the employee has been notified of any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment

No other information should be requested or accepted by the ECO.

1000.5.4 COUNSELING

The employee, and the employee's family if necessary, should be provided the opportunity for counseling and consultation regarding the exposure.

1000.5.5 SOURCE TESTING

Testing a person for communicable diseases when that person was the source of an exposure should be done when it is desired by the exposed employee or when it is otherwise appropriate. Source testing is the responsibility of the ECO. If the ECO is unavailable to seek timely testing of the source, it is the responsibility of the exposed employee's supervisor to ensure testing is sought.

Source testing may be achieved by:

- (a) Obtaining consent from the individual.
- (b) Requesting assistance from local health authorities to obtain testing.
- (c) Acquiring a court order.

Since there is the potential for overlap between the different manners in which source testing may occur, the ECO is responsible for coordinating the testing to prevent unnecessary or duplicate testing.

The ECO should seek the consent of the individual for testing and consult legal counsel to discuss other options when no statute exists for compelling the source of an exposure to undergo testing if the individual refuses.

1000.6 CONFIDENTIALITY OF REPORTS

Medical information shall remain in confidential files and not be disclosed to anyone without the employee's written consent (except as required by law). Test results from persons who may have been the source of an exposure are to be kept confidential as well (29 CFR 1910.1030).

1000.7 TRAINING

Training regarding communicable diseases should be provided to employees commensurate with the requirements of their position. The training (29 CFR 1910.1030):

- (a) Should be provided at the time of initial assignment to tasks where an occupational exposure may take place and at least annually after the initial training.
 - (b) Should be provided whenever the employee is assigned new tasks or procedures affecting potential exposure to communicable disease.
 - (c) Should provide guidance on what constitutes an exposure, what steps can be taken to avoid an exposure, and what steps should be taken if a suspected exposure occurs.
-

IMPLEMENTATION GUIDANCE

The following information is provided to assist you in implementing this policy and should be deleted before the policy is issued to agency personnel.

Communicable Diseases

This policy is being provided to contribute to the ongoing discussions and actions regarding COVID-19 (coronavirus disease 2019).

This policy is intended as a starting point for local governments and agencies preparing policies for dealing with communicable diseases such as COVID-19 and exposure to the coronavirus. This is a national-level policy and does not include applicable state or local requirements.

Lexipol is not your agency's policy maker. Your agency is responsible for reviewing, customizing, and adopting any version of this policy for your agency. Neither the policy nor any information provided should be considered to contain legal advice or opinions. You should contact your legal counsel to obtain legal advice.

The policy is intended to provide guidelines for agency personnel to assist in minimizing the risk of contracting and/or spreading communicable diseases and to minimize the incidence of illness and injury. It addresses basic risk-reduction measures associated with communicable diseases, including exposure prevention and mitigation, as well as general precautions and immunizations. It also addresses treatment, counseling, and privacy measures, should an employee be exposed to a communicable disease.

This policy references federal OSHA regulations regarding communicable diseases. These are included as best practices even if your agency is not required to comply with the regulations.

Additionally, workplace safety divisions are useful resources that may review your operations at no cost and may not penalize your organization if corrective action is needed or recommended. We suggest that you consult this resource to identify any additional provisions they recommend your local government include in this policy.

This policy provides the framework for an exposure control plan. It is not intended to replace an exposure control plan. Specific procedural mandates should be addressed in an exposure control plan.

CUSTOMIZATION

You should customize this policy to meet your agency's practice, paying particular attention to the following sections:

EXPOSURE CONTROL OFFICER The policy recommends appointing an Exposure Control Officer (ECO). If you have more than one ECO or call the person something other than an ECO, you should change the policy language accordingly. We recommend that you consult with your counsel or other appropriate resource to determine if other responsibilities should be included in this section.

IMMUNIZATIONS We recommend that you consult with your counsel or workplace safety division resource to determine if other immunizations or tests should be included in this section.

REPORTING REQUIREMENTS If supervisors are not responsible for investigating exposures, you should identify the employee responsible for investigations.

SOURCE TESTING You should make changes to reflect any source testing options that may be available in your jurisdiction.