

# BLOODBORNE PATHOGEN PROGRAM

## CONTENTS

- Purpose ..... 2
- Policy ..... 2
- Exposure Determination ..... 2
- Methods of Implementation..... 4
- Hepatitis B Vaccination ..... 8
- Communication of Hazards..... 9
- Information and Training ..... 10
- Recordkeeping ..... 11
- Provisions for the Initial Reporting of Exposure Incidents..... 12
- Post-Exposure Evaluation and Follow-up ..... 13
- References ..... 18
- PROCEDURES FOR SPECIALIZED CLEANING OF BLOODBORNE PATHOGENS..... 19
  - Procedure: Flat Surfaces (floors, tables, sinks) ..... 20
  - Procedure: Hard, Carpeted or Upholstered Surfaces ..... 21
  - Procedure: Vehicle Accidents ..... 22
  - Special Precautions ..... 24
- FORMS..... 25
  - Hepatitis B Vaccine Consent/Declination ..... 26
  - First Aid Incident Report for Bloodborne Pathogens..... 26
  - Sharps Injury Log..... 28
- APPENDICES ..... 30
  - Appendix A: Mariposa County Bloodborne Pathogen Exposure Control Plan ..... 31
  - Appendix B: Exposure Determination and Job Classification List..... 33
  - Appendix C: Bloodborne Pathogen Exposure Incident Investigation Report ..... 34
  - Appendix D: Exposure Incident Action Procedure..... 39
  - Appendix E: Employee Exposure Information Sheet ..... 41
  - Appendix F: Consent for HBV, HCV & HIV Test and Authorization for Disclosure..... 42

## **PURPOSE**

The purpose of this policy is to protect Mariposa County employees and contractors from injury or illness due to the exposure of bloodborne pathogens and other potentially infectious materials.

## **POLICY**

It is the policy of Mariposa County to prevent and minimize employees' occupational exposure to blood and other potentially infectious materials (OPIM). This plan is consistent with the requirements of the Cal/OSHA Injury and Illness Prevention Program (8 CCR 3203). All affected employees who are at risk of exposure to bloodborne pathogens are expected to comply with the procedures outlined in this program and the County's Injury and Illness Prevention Program.

Our organization's written exposure control plan contains the following elements:

- Exposure Determination
- Methods of Implementation
- Hepatitis B Vaccination
- Communication of Hazards
- Information and Training
- Recordkeeping
- Provisions for the Initial Reporting of Exposure Incidents
- Post-Exposure Evaluation and Follow-up

## **EXPOSURE DETERMINATION**

Employees in our organization may have occupational exposure to bloodborne pathogens. *Occupational exposure* means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or OPIM that may result from the performance of an employee's duties. *Parenteral contact* means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs (other than skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV) through cells, tissues, blood, organs, culture mediums, or solutions.

Our policy is to conduct exposure determinations throughout our facilities without regard to the use of personal protective equipment (PPE). We have committees, workgroups, lead person(s), or other individuals who conduct, evaluate, and periodically review exposure determinations.

This process involves identifying all the job classifications, tasks, or procedures in which our employees may have occupational exposure to blood or OPIM. Other methods or procedures we use to conduct exposure determinations are specified below:

## Job Classifications in Which All Employees Have Occupational Exposure

All individuals in each job classification listed below have occupational exposure.

### Category I: High Risk

The following Category I job classifications are considered at high risk for occupational exposure to human blood or OPIM. "High risk" classifications are those where contact with human blood or OPIM is reasonably anticipated on a regular basis and there is an ongoing risk for percutaneous injuries.

1. Nurse Practitioner	6. Medical Assistant	11
2. Physician	7. Sheriff Deputies	12
3. Coroner	8. Firefighters	13
4. Correctional Officer	9. First Responders	14
5. Public Health Officer	10	15

## Job Classifications in Which Some Employees Have Occupational Exposure

The only individuals who have occupational exposure in the job classifications listed below are those who perform the tasks/procedures noted.

Job Classification	Tasks/Procedures in these Jobs that Have Occupational Exposure
1. Buildings and Grounds Maintenance	Inspection of sites
2. Juvenile Hall Personnel	Inspection of sites
3. Landfill Transfer Station Workers	Working around waste

# METHODS OF IMPLEMENTATION

Mariposa County has developed a schedule and methods of implementation for the applicable subsections (d) through (h) of 8 CCR 5193. We have determined which subsections are applicable to our organization and documented the pertinent information as follows:

Areas addressed in order to eliminate or minimize exposure to bloodborne pathogens include:

1. Universal Precautions (Total Body Substance Precautions)
2. Engineering and Work Practice Controls
3. Personal Protective Equipment (PPE)

## 1. Universal Precautions (Total Body Substance Precautions)

Mariposa County requires the use of universal precautions in order to prevent contact with blood or OPIM. Universal precautions are infection control practices which designate that all human blood and certain body fluids be treated as if they are known to be infected with HBV, HCV, HIV, and other diseases carried and transmitted by blood, whether the blood or OPIM contains them or not.

Mariposa County considers all human blood or OPIM as infectious regardless of the source.

## 2. Engineering and Work Practice Controls

Mariposa County utilizes engineering and work practice controls to eliminate or minimize blood or OPIM exposure to employees. PPE will be utilized in conjunction with engineering controls, which will be examined and updated annually. We provide and enforce the use of the engineering and work practice controls, which could include:

- a. Prohibited Practices
  - b. Requirements for Handling Contaminated Sharps
  - c. Hand Washing
  - d. Regulated Waste
  - e. Other Controls
- a. ***Prohibited Practices***
  - In work areas where there is a reasonable likelihood of exposure to a bloodborne pathogen or OPIM, employees shall not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages shall not to be kept in refrigerators, freezers, shelves, and cabinets or on countertops or bench tops where a bloodborne pathogen or OPIM is present.
  - All procedures will be conducted in a manner that will minimize splashing, spraying, splattering, and generation of droplets of blood or OPIM.
  - Contaminated needles and other contaminated sharps will not be bent, recapped, removed, sheared, or purposely broken. If needles or syringes are found, they should be handled with

the appropriate tools, never your hands, and placed in a biohazard sharps container. Sharps should also never be picked up with bare hands.

- Needle clippers and other devices that shear, bend, or break contaminated needles are prohibited from use.
- Reusable sharps that are contaminated with blood or OPIM will not be stored or processed in a manner that will require an employee to reach by hand into the container where these sharps have been placed.
- Broken glassware that may be contaminated will not be directly handled with a gloved or bare hand. It will be handled by mechanical means (tongs, dustpan and broom). Contaminated broken glass will be placed in puncture-resistant containers and disposed of as biohazardous waste.

b. ***Requirements for Handling Contaminated Sharps***

- A sharps container should always be within arm's reach of an employee administering an IV or injection. The employee should always call out "Sharp Out" to warn others of the hazard. This is especially important to remember when dealing with combative patients.
- All procedures involving the use of sharps in connection with patient care such as withdrawing body fluids; accessing a vein or artery; or administering vaccines, medications, or fluids will be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
- Immediately or as soon as possible after use, contaminated sharps should be placed in sharps containers.
- Sharps containers are rigid, puncture-resistant, leak-proof on the sides and bottoms, and portable when portability is necessary, to ensure easy access by the user. The sharps containers are closable. When closed, the containers are leak-resistant and incapable of being reopened without great difficulty. Such containers are labeled with the universal biohazard symbol and replaced frequently enough to prevent overfilling.
- Sharps containers are readily available in areas where sharps waste may be generated. They must remain upright throughout use and be replaced as necessary to avoid overfilling. Sharps containers are replaced before they are three-quarters full. Disposable sharps containers are not to be reopened, emptied or accessed in any way.
- Close the sharps container immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- Place the sharps container in a secondary container if leakage of the primary container is possible. The second container must be capable of being sealed and constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping. The second container must be labeled or color-coded to identify its contents.

- To prevent exposure to the risk of percutaneous injuries (breaking skin), employees shall not, under any circumstances, open, empty, or manually clean (or clean in any other manner) reusable containers.
- Place other regulated waste in containers that are closeable and constructed to contain all the contents and prevent leakage of fluids during handling, storage, transportation, and shipping. (Once again, try to place all bio-waste materials on the ambulance prior to departure.)

c. ***Hand Washing***

Mariposa County ensures hand-washing supplies are available to those exposed to blood or OPIM. Cal/OSHA requires these facilities to be readily accessible after incurring exposure. If hand-washing facilities are not feasible, we will provide either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes to remove the blood or OPIM. If these alternatives are used, the hands are to be washed with soap and running water as soon as feasible. We provide the following supplies for emergency hand-washing use until employees can have access to soap and water:

- Antiseptic towels
- Paper towels
- Cloth towels
- Hand sanitizer
- Potable water

d. ***Regulated Waste***

Mariposa County disposes of all regulated waste in accordance with applicable federal, state, and local regulations. (It is recommended that all bio waste gets placed on ambulances prior to leaving the scene.)

Regulated waste includes liquid or semi-liquid blood or infectious materials, items saturated with liquid blood or OPIM, items caked with dried blood or OPIM, contaminated sharps, and pathological and microbiological wastes containing blood or OPIM.

We dispose of regulated waste in the following manner:

- Janitorial Contracts
- Mail-in Sharps Containers
- Hazardous Waste Hauling Contracts

e. ***Other Controls***

*Cleaning and Decontamination of the Worksite*

- Decontaminate all contaminated work surfaces with an approved germicide after completion of procedures and immediately or as soon as feasible after any spill of blood or OPIM.
- Inspect and decontaminate all bins, pails, cans, and similar receptacles after each exposure.
- Advise employees to not pick up contaminated broken glassware directly with their hands or with gloves. Provide brooms and dustpans or other tools to avoid contact.

### *Laundry*

Handle laundry contaminated with blood or OPIM as little as possible. Sort and place contaminated laundry in appropriately marked (biohazard-labeled or color-coded red) bags at the location where it was used. Do not sort or rinse laundry in the area of use. If the contaminated laundry is wet and likely to soak through the original red bag or container, transport the laundry in a second bag or container that prevents leakage.

## **3. Personal Protective Equipment (PPE)**

Mariposa County ensures the following PPE requirements are met:

- a. PPE and training in the appropriate use of PPE are provided to employees who are at risk of occupational exposure to bloodborne pathogens.
- b. PPE is provided at no cost to the employee, in appropriate sizes, and includes but is not to be limited to:
  - Gloves, including glove liners, and hypoallergenic gloves
  - Gowns
  - Masks
  - Eye protection such as goggles
  - Mouthpieces
  - Resuscitation bags or other ventilation devices
- c. Cleaning, disposal, repair, and replacement of PPE are provided at no cost to the employee.
- d. PPE is considered appropriate if it does not permit blood or OPIM to pass through to the employee's work clothes, street clothes, or undergarments; skin; eyes; or other mucous membranes under normal working conditions and for the duration of time that PPE will be used.
- e. All garments that are penetrated by blood will be removed immediately or as soon as feasible. All PPE shall be removed prior to leaving the work area. When PPE is removed, it is placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

- f. Affected employees are required to wear gloves where it is reasonably anticipated they will have hand contact with blood, OPIM, non-intact skin, and mucous membranes (first aid, CPR, clean-up of body fluids visibly contaminated with blood).

Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn or punctured or when their ability to function as a barrier is compromised. Non-latex gloves will be provided to employees with latex allergies.

- g. Employees who are exposed to splashes of blood or OPIM to the eyes are required to wear eye and face protection. Masks in combination with eye protection devices, such as goggles or glasses with solid side shield or chin-length face shields, will be required to be worn whenever splashes spray, splatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

## **HEPATITIS B VACCINATION**

A safe and effective vaccine is available to protect employees from HBV. The vaccine is generally well tolerated and has not been associated with serious side effects. Immunization requires three injections of vaccine into the muscle of the upper arm over a six-month period.

Mariposa County offers the HBV vaccine to all current employees who are at risk of occupational exposure to bloodborne pathogens and within 10 working days of hire or reassignment to a job or tasks that place the employee at risk.

The vaccination is:

1. Provided at no cost to the employee.
2. Made available at reasonable times during normal work hours and at accessible locations.
3. Performed by or under the supervision of a licensed physician or by another licensed health care professional.
4. Provided according to current recommendations of the U.S. Public Health Service.

There is no current recommendation for booster doses. Should booster doses be recommended in the future, they will be offered to the employee based on a medical determination of need.

### **Exemptions**

The following exemptions are appropriate for any employee and will be documented in the employee's health record when:

1. The employee has previously received a complete series of HBV vaccinations; or



2. Antibody testing has revealed the employee is immune; or
3. The vaccine is contraindicated for medical reasons; or
4. The employee has declined vaccination and that refusal is documented.

All employee blood drawn for serological testing will be sent to an accredited laboratory for testing at the organization's expense.

Pre-screening before receiving the HBV vaccination is not mandatory and is not routinely performed.

If the employee initially declines the HBV vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination will be provided to the employee at that time and at no cost to the employee. Any employee who declines the HBV vaccination must sign the declination statement in the forms section of this policy.

## **COMMUNICATION OF HAZARDS**

### **Labels and Signs**

Labels:

1. We will provide warning labels incorporating the universal biohazard sign and require the words "biohazard," "biohazard waste," or "sharps waste" to be printed on or affixed to biohazardous waste items that employees are required to remove.
2. The labels are fluorescent orange or orange-red with lettering or symbols in a contrasting color.
3. Labels will be affixed as securely as possible to the container, preferably by adhesive or by wire, string, or other methods to prevent loss or unintentional removal.
4. Red bags or red containers may be substituted for labels as in sharps containers or regulated waste red bags.

Biohazard Signs:

1. All holding areas have a sign posted at the entrance to each area that:
  - a. incorporates the universal biohazard symbol; and
  - b. lists any special requirements for entering the area.

## **INFORMATION AND TRAINING**

We provide training to all employees who are at risk for exposure to bloodborne pathogens or OPIM. This training is provided at no cost to the employee and during work hours. With the consent of the employee, training may occur during non-work hours.

Information and training of individuals who are not our employees (contract worker, registry, student, etc.) will be provided by the affected outside agency or as specified in the contract and will be appropriate in content and vocabulary to educational level, literacy, and language of employees. We will monitor the outside agency for compliance with the information and training requirement.

Training is given as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place as soon as possible for currently employed workers.
2. At least annually after the initial training.
3. When there is introduction of new engineering, administrative, or work practice controls and whenever modifications of current tasks may affect the potential occupational exposure to bloodborne pathogens.

Our training program includes information and explanations of at least the following:

1. Epidemiology, symptoms, and modes of transmission of bloodborne diseases.
2. Exposure control plan we have implemented and how to obtain a copy of the written plan.
3. Appropriate methods for recognizing tasks and activities that may involve exposure to blood or OPIM.
4. Use and limitations of methods that will prevent or reduce exposures, including appropriate engineering, administrative or work practice controls, and PPE.

The basis for the selection of PPE is as follows:

1. Types, proper use, location, removal, handling, decontamination, and disposal of PPE.
2. HBV vaccination series, including its efficacy, safety, method of administration, benefits, and the fact that the vaccination will be offered to employees free of charge.
3. Appropriate actions to take and persons to contact in an emergency involving blood or OPIM.

4. Procedure to follow if an exposure incident occurs, including the:
  - a. Method of reporting the incident.
  - b. Medical follow-up that will be made available.
  - c. Procedure for recording the incident in the sharps injury log.
5. Post-exposure evaluation and follow-up that will be made available to employees.
6. Signs, labels, and/or color codings that are used.

In addition to the above-mentioned information, Mariposa County provides all employees a copy of 8 CCR 5193, "Bloodborne Pathogens," and an explanation of its content.

The person conducting the training will be knowledgeable of the standard, our exposure control plan, and HBV, HCV, and HIV and be able to relate the requirements to employee exposures and concerns.

## **RECORDKEEPING**

### **Medical Records**

1. We will establish and maintain an accurate record for each employee with occupational exposure. This employee's record will include:
  - a. The name and number of the employee.
  - b. A copy of the employee's HBV vaccination status including the dates of all HBV vaccinations, declination statements, and medical records relative to the employee's ability to receive vaccinations.
  - c. A copy of all results of examinations, medical testing, evaluation, and follow-up of exposure incidents.
  - d. A copy of the health care professional's written opinion as required following an exposure incident.
2. We will ensure employee medical records are kept confidential and are not disclosed or reported without the employee's written consent to any person within or outside the workplace except as required by this standard and by law.
3. Employee health records, as required by this section, will be maintained for at least the duration of employment plus 30 years, meaning during the entire employment period and 30 years after the last date of work.

## Training Records and Sharps Injury Logs

1. Training records will include the:
  - a. Dates of the training session.
  - b. Contents or a summary of the training session.
  - c. Names and qualifications of persons conducting the training sessions.
  - d. Names and job titles of persons attending the training.
2. Training records will be maintained for three years from the date the training occurred. It is a best practice to maintain them as part of the permanent personnel file.
3. A copy of the employee's individual training record will be placed in his/her personnel file at the conclusion of each calendar year and kept for the duration of employment.
4. Sharps injury reports and logs will be maintained for five years from the date of the incident (same as Cal/OSHA Form 300 Log).
5. Accessibility:
  - a. Employee training records and the sharps injury logs will be made available upon request to employees, employee representatives, and Cal/OSHA.
  - b. Employee medical records will be made accessible to the employee, anyone having the written consent of the employee, and Cal/OSHA.

## PROVISIONS FOR THE INITIAL REPORTING OF EXPOSURE INCIDENTS

We report all exposure incidents as soon as possible (and in no case later than the end of the work shift during which they occurred) regardless of whether first aid was rendered. An *exposure incident* means specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or OPIM that results from the performance of an employee's duties. All employees (including designated first aid providers who provide first aid regularly and those who render first aid only as a collateral duty) receive training about our policy.

The following individuals are designated by our organization to receive reports of exposure incidents:

Contact persons: *Risk Manager*

Contact number: *(209) 966-3222*

After-hours contact person: *Risk Manager*

Contact number: *(209) 617-4318*

The exposure incident report includes at least the following:

1. The names of all employees involved in the exposure incident (including all first aid providers who have rendered assistance regardless of whether PPE was used)

2. A description of the exposure or first aid incident, including:
  - a. The time and date
  - b. A determination of whether an exposure incident occurred. This determination is necessary to ensure the proper post-exposure evaluation is conducted and prophylaxis and follow-up are made available immediately if an exposure incident has occurred.
  - c. Person receiving the report
  - d. Contact number

## **Hepatitis B Vaccination Series for Unvaccinated Employees**

Mariposa County strongly encourages HBV vaccination and makes the vaccination series available to all employees who have occupational exposure to blood or OPIM. Included are collateral first aid providers who have rendered assistance in *any* situation involving the presence of blood or OPIM, regardless of whether an actual exposure incident has occurred. The vaccination series is provided to collateral first aid providers as soon as possible but no later than 24 hours after the employee has rendered assistance.

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

In the event of an exposure incident, the employee will be offered a confidential medical evaluation and follow-up. All post-exposure follow-up will be performed at a designated occupational health clinic.

That evaluation and follow-up will include the following:

1. Documentation of the route(s) of exposure and the circumstances under which the exposure occurred (to include details of the use or non-use of engineering controls, work practice controls, or PPE).
2. When a source is identifiable, that individual's blood will be tested as soon as feasible and after consent is obtained to determine HIV, HBV, and HCV infectivity. If consent is not obtained, we will establish that consent cannot be legally obtained. When the source individual's consent is not required by law, that individual's blood, if available, may be tested and the results documented.
3. Consultation and testing of the source individual will be done at the request of the exposed employee through the source's private physician. If the source individual is known to be infected with HIV, HBV, or HCV, testing to determine such status need not be repeated.
4. Results of the source individual's testing will be made available to the exposed employee and the employee will be informed of laws/regulations regarding the privacy rights of the source individual. The results of the source individual's blood test and employee's blood test are confidential and will be known only to the health care provider and the exposed employee.

5. The exposed employee's blood will be collected as soon as it is feasible and tested for HIV, HBV, and HCV serological status, only after signed consent has been obtained.

## **Employee Testing & Treatment**

Counseling and other features of post-exposure evaluation will be offered whether or not the employee elects to have baseline HIV/HBV/HCV serological testing. If the employee consents to baseline blood collection but does not give consent to HIV serological testing, the sample will be preserved for at least 90 days. If within 90 days of the exposure incident, the employee gives written consent to have serologic testing performed on the baseline sample, testing will be ordered by the health care provider as soon as it is feasible.

Post-exposure prophylaxis (hepatitis B immune globulin for hepatitis B) will be provided when medically indicated according to the recommendations of the U.S. Public Health Service current at the time prophylaxis is administered. The costs of tests, treatment, and prophylaxis for employees will be borne by the organization. The cost of tests, treatment, and prophylaxis of individuals who are not our employees (contract worker, registry, student, etc.) will be borne by the affected outside agency or as specified in the contract between our organization and the outside agency. The outside agency/individual will be responsible for compliance with the post-exposure evaluation and follow-up treatment.

Additional collection and testing will be made available as recommended by the U.S. Public Health Service.

We will provide the health care professional responsible for the employee's HBV vaccination program and/or post-exposure evaluation with the following information:

1. A copy of *CCR, Title 8, Section 5193*.
2. A written description of the exposed employee's duties as they relate to the exposure incident.
3. Written documentation of the route of exposure and circumstances under which exposure occurred.
4. Results of the source individual's blood testing, if available.
5. All medical records relevant to the appropriate treatment of the employee including vaccination status.

Health Care Professional's Written Opinion:

We will obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.

The health care professional's written opinion for HBV vaccination will be limited to whether HBV vaccination is indicated for an employee and if the employee has received such vaccination.

The health care professional's written opinion for post-exposure follow-up will be limited to the following information:

1. A statement that the employee has been informed of the results of the evaluation.
2. A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM that require further evaluation or treatment.

*Note: All other findings or diagnoses will remain confidential and will not be included in the written report.*

### **First Aid and Exposure Incident Report**

We will investigate and document on a first aid and exposure incident report form incidents involving the presence of blood or OPIM. Investigations will include the following information:

1. Names of all first aid providers who rendered assistance, regardless of the use of PPE.
2. Description of the incident that must include a determination of whether or not, in addition to the presence of blood or OPIM, an occupational exposure incident occurred.
3. Time and date of the incident (include location).
4. Offer of HBV to all unvaccinated first aid providers who rendered assistance within 24 hours of the incident.

### **Work Practice Controls Exception to Prohibited Practices**

Our organization prohibits the bending, recapping, or removal of contaminated sharps from devices *except when* performed using a mechanical device or a one-handed technique, and it can be demonstrated that no alternative is feasible or that such action is required by a specific medical procedure.

## **Sharps Injury Reporting**

All parenteral contacts (piercing or lacerations) that occur in the workplace are reported on the sharps injury log and recorded within 14 days of the incident. The data recorded includes the following information, if known or reasonably available:

1. Date and time of the exposure incident.
2. Type and brand of the sharp involved.
3. The procedure the exposed employee was performing at the time of the incident.
4. How the incident occurred.
5. The body part involved in the incident.
6. If the sharp had engineered sharps injury protection, whether the mechanism was activated and whether the injury occurred before the protective mechanism was activated, during activation of the mechanism, or after activation of the mechanism, if applicable.
7. If the sharp had no engineered sharps injury protection, the employee's opinion as to whether and how such a mechanism could have prevented the injury and the employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.
8. The employee's opinion about whether any other engineering, administrative, or work practice control could have prevented the injury.

The required information is recorded on the sharps injury log, and all exposure incidents involving sharps are also recorded on the Cal/OSHA 300 Log in accordance with the requirements of the "Employer Records of Occupational Injury or Illness" regulation, known as the California recordkeeping standard.

Periodic determinations are made on the frequency of use and the types, models, or brands of sharps involved in the exposure incidents documented on our sharps injury log.

## **Identification of Engineering Controls**

Our policy is to select appropriate and effective engineering controls to prevent or minimize exposure incidents. Engineering controls means controls (e.g., sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

We first evaluate products that eliminate the use of sharps (e.g., needleless systems), if available. If these devices are not selected, we then evaluate devices equipped with engineered sharps injury protection (ESIP). ESIP means either (1) a physical attribute built into a needle device used for



withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal, or other effective mechanisms; or (2) a physical attribute built into any other type of needle device or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

We have procedures for identifying and selecting appropriate and effective engineering controls when appropriate, which may include:

1. Setting up a process.
2. Defining needs.
3. Gathering information.
4. Testing and selecting products.
5. Using new products.
6. Conducting follow up.

## **Plan Review and Update**

Our exposure control plan is reviewed and updated at least annually (and whenever necessary) to include:

1. New or modified tasks or procedures that affect occupational exposure .
2. Progress in implementing the use of needleless systems and sharps with engineered sharps injury protection.
3. New or revised job position(s) that involve occupational exposure.
4. Reviews and evaluations of exposure incidents that have occurred since the previous update.
5. Reviews and responses to information indicating the existing exposure control plan is deficient in any area.

All employees are encouraged to provide suggestions on improving the procedures they perform. Employees contribute to the review and update of the exposure control plan by:

1. Participating as members of committees (e.g., safety and health, labor management, infection control, product evaluation and selection, purchasing of equipment).
2. Attending meetings to discuss safety and health issues and improvements.

3. Reporting issues or potential problems to supervisors .
4. Providing ideas, recommendations, or suggestions.
5. Filling out reports, questionnaires, or other documents.

## **REFERENCES**

<b><u>Agency</u></b>	<b><u>Section</u></b>	<b><u>Link</u></b>
Cal-OSHA	Title 8	<a href="https://www.dir.ca.gov/samples/search/query.htm">https://www.dir.ca.gov/samples/search/query.htm</a>
Cal-OSHA	5193. Bloodborne Pathogens	<a href="https://www.dir.ca.gov/title8/5193.html">https://www.dir.ca.gov/title8/5193.html</a>
Cal-OSHA	3204. Access to Employee Exposure and Medical Records.	<a href="https://www.dir.ca.gov/title8/3204.html">https://www.dir.ca.gov/title8/3204.html</a>

# **PROCEDURES FOR SPECIALIZED CLEANING OF BLOODBORNE PATHOGENS**

Below are step-by-step cleaning procedures for vomit and feces on flat surfaces.

**PURPOSE:** Vomit and feces may contain bacteria and viruses (BBP and OPIM) that may cause illness if not cleaned up properly and may result in the infection of other staff or citizens.

**GENERAL PROCEDURE:** Those responsible for cleaning up vomit and feces should protect themselves by wearing gloves, respirators (dust masks), and protective clothing (optional). The area should be cleaned of soil (remove solids and soak up liquid waste), sanitized, and then rinsed.

**Materials recommended:** Have these materials pre-assembled in a spill cleanup kit:

- Biohazardous waste bags and masking tape.
- Gloves – non-latex, disposable (vinyl, poly, or nitrile) .
- Paper towels .
- Detergent solution.
- Water.
- Sanitizing agent such as bleach tablets (Presept, 0.5g sodium dichloroisocyanurate tablets) or 5% domestic liquid bleach (EPA Registered).
- Signs, barrier tape (optional).
- Protective clothing (optional) – verify with the Risk Manager and/or Supervisor.

## **Procedure: Flat Surfaces (floors, tables, sinks)**

- If required, control pedestrian traffic through the area by posting signage or set up barriers.
- Wear 2 pairs of PPE Gloves and mask.
- Prepare the sanitizing solution by adding 10 bleach tablets to 500 mL of water, or 1/2 cup domestic 5% bleach (100 mL) to 1 Litre of water (final concentration is about 5000 ppm).
- Open the hazardous waste bag and put it near the spill site, being careful not to contaminate the outside of the bag.
- Using paper towels or an absorbent material clean up the soiled material and excess liquid and place into the biohazardous bag.
- Put the outer pair of dirty gloves into the biohazardous bag.
- Pour disinfectant solution around the spill site and use towels to move the liquid into the dirty area. Once the area is wet, use the towels to clean the area and discard them into the biohazardous bag.
- Cover the site with paper towels and pour solution onto the paper towels. Wait 10 minutes.
- Remove the paper towels to the biohazardous bag.
- Rinse with water and dry the surface. Put all paper towels into the biohazardous bag.
- Remove the other pair of gloves and place them into the biohazardous bag.
- Put on new PPE gloves.
- Seal the biohazardous bag with tape. The biohazardous bag is ready for disposal.
- Remove PPE.
- Wash hands and face thoroughly with soap and water.
- If you believe you have been exposed to a bloodborne pathogen, wash the affected area with soap and water, notify your supervisor, and seek medical attention.

## Procedure: Hard, Carpeted or Upholstered Surfaces

- If required, control pedestrian traffic through the area by posting signage or set up barriers.
- Wear 2 pairs PPE Gloves and mask.
- Prepare the sanitizing solution by adding 10 bleach tablets to 500 mL of water, or 1/2 cup domestic 5% bleach (100 mL) to 1 litre of water (final concentration is about 5000 ppm)
- Bring equipment to the area (dustpan and brush, paper towels, biohazardous bags, mop and pail, spray bottle, diluted disinfectant, additional mop and pail for rinsing and final clean up, an additional pail of disinfectant for clean-up of equipment). If sharps are present, you will need additional items such as tongs or forceps and a sharps container.
- Cover and protect any carpeted areas next to the contaminated area. Protect any uncontaminated surfaces (especially carpets) using disposable biohazardous bags. If you need to bring in a mop and pail into a heavily contaminated area, place a biohazardous bag around the base of the pail to protect the wheels from becoming contaminated.
- The spill area must be cleaned of visible organic material (blood, vomit, feces) before applying any disinfectant. Care must be taken to avoid splashing or generating aerosols during the clean-up. Change gloves as often as needed.
  - a) For Fluids (vomit, blood, urine, etc.) - In large or excessive quantities, use an absorbent such as a mess kit, super sorb, spill king, etc. to absorb the bulk of the liquid. Do not walk into the contaminated area. Start at the door and work your way into the room, sprinkling the absorbent as you go. Let it sit until the majority of the liquid has been absorbed. For smaller quantities, use paper towels to absorb the liquid and dispose into a biohazardous bag.
  - b) For feces - Where feces have been spread onto the floor, protective Tyvek booties may be required to prevent cross-contamination of other work areas. Work your way into the room starting at the doorway, removing feces using paper towels. Multiple wipes with paper towels may be required to remove the majority of the feces. Place the paper towel over the feces and scoop to contain as much as possible. If on the walls, work your way from top to bottom scooping from below. Remove the bulk of the solids with paper towels and place the soiled towels into disposable biohazardous bags.
- Any glass, needles, other sharp objects, condoms, or any other items that may be contaminated must be picked by using tongs or other mechanical means and placed into a sharps container.
- Sweep up the spent absorbent using a dustpan and brush. Place all debris into the disposable biohazardous bag. Double bag to prevent breakage.
- Once the bulk of the contaminant has been removed thoroughly spray/wet the contaminated area with disinfectant and let stand for approximately 10 minutes.
- Work your way from the back of the room towards the door to prevent slip and falls.

- Wipe the walls and floors down with paper towels (while the walls are still wet). If they have dried, re-spray with disinfectant then wipe down with paper towels. Repeat this procedure until all of the contaminate has been removed.
- Using a mop, pail, and fresh disinfectant clean the entire floor area a final time and let dry. Leave the “Wet Floor” signs up until the floor is dry.

#### **For carpeted or upholstery surfaces**

- Once the disinfectant has been in contact with the carpet or upholstery surface for at least 10 minutes, run the carpet extractor over the entire area.
- Re-spray the surface with disinfectant and run the carpet extractor over the entire area a second time.
- For any areas where the bodily fluids have dried – additional disinfectant will be necessary to supersaturate the area prior to using the carpet extractor.
- Decontaminate the equipment and yourself:
  - Any tools used for clean-up – decontaminate in a clean pail of disinfectant and dry.
  - Carpet extractor – remove the collection bin and pour the extracted liquids down the drain. Spray the bin with disinfectant and let stand for 10 min and allow to air dry. For the machines carpet brush – tilt the machine back and spray the brush with disinfectant, let stand for 10 minutes and air dry.
  - For personal decontamination, remove all PPE and place any disposable items into biohazardous bags.
  - Wash hands and face thoroughly with soap and water.
  - If you believe you have been exposed to a bloodborne pathogen, wash the affected area with soap and water, notify your supervisor, and seek medical attention.
  - Disposal – Remove all biohazardous waste to the approved waste containers immediately after decontamination. Ensure proper lifting techniques are used.

#### **Procedure: Vehicle Accidents**

- Identify and clearly mark all areas of suspected contamination with barrier tape or other warning materials.
- Immediately restrict all entry into the contaminated areas to avoid spreading contamination.
- Put on appropriate PPE gloves, masks and Tyvek suits.
- As you enter the area, don't step on any obvious contamination.
- Inspect the scene for:
  - Sharp objects such as glass, knives, needles, etc., which may be contaminated with blood or OPIM. These items should be collected with tongs or forceps and placed into an appropriate puncture-resistant sharps container.

- Tissue or other small body parts. These should be collected with tongs or forceps and placed into an appropriate separate biohazard bag and provided to law enforcement for human remains disposal or evidence.
- Saturate the blood-contaminated surfaces with a freshly prepared disinfectant solution using a garden sprayer or spray bottle. Allow at least 20 minutes of disinfectant contact time for effective disinfection.
  - On hard surfaces, an approved micro-encapsulating agent may be applied to pooled blood or liquid OPIM, so that the bulk of the contamination can be removed before disinfecting the surface.
  - Carpets, rugs, curtains, mattresses, pillows, furniture cushions, upholstery, cloth car seats, and other fabrics saturated with blood or OPIM should be discarded and replaced.
  - On large areas of fabric-covered materials such as carpeting, upholstered furniture, etc., after thoroughly saturating contaminated areas with disinfectant, cut and remove all blood/OPIM contaminated sections and place into a red biohazard bag.
  - Place all waste materials, including used cleaning materials and disposable PPE, into a red plastic biohazard bag. Tightly seal with duct tape. Be careful not to contaminate the outside of the bag. Place the sealed biohazard bag into another biohazard bag and tightly seal (e.g., double-bag). Mattresses, rugs, and other large items that cannot fit into a biohazard bag should be tightly wrapped and sealed in 2 layers of 6-mil poly sheeting after being decontaminated. Place biohazard labels in multiple conspicuous locations.
- Non-disposable cleaning materials such as mops, nylon scrub pads and brushes, buckets, spray bottles, and garden sprayers should be disinfected by saturating with bleach solution and air-dried.
  - Decontaminate the equipment and yourself:
    - Any tools used for clean-up – decontaminate in a clean pail of disinfectant and dry.
    - Carpet extractor – remove the collection bin and pour the extracted liquids down the drain. Spray the bin with disinfectant and let stand for 10 min and allow to air dry. For the machine's carpet brush – tilt the machine back and spray the brush with disinfectant, let it stand for 10 minutes and air dry.
    - Carpet/Upholstery Machine Hoses, Wands & Tanks
    - Mist or spray disinfectant solution into the wand head while the vacuum unit is running to decontaminate the interior surfaces of hoses and wands. Spray and wipe exterior wand and hose surfaces clean with disinfectant solution and allow to air dry.
    - Wastewater should be drained and disposed of via the sanitary sewer system.
    - Waste tank surfaces should be decontaminated by spraying with disinfectant solution; wiping clean and re-spraying all interior surfaces with disinfectant solution and allowing to air dry.
  - Once the scene has been decontaminated and the disinfectant has completely air dried, the area is safe for entry.
  - For personal decontamination, remove all PPE; place any disposable items into biohazardous bags.
  - Wash hands and face thoroughly with soap and water.

- If you believe you have been exposed to a bloodborne pathogen, wash the affected area with soap and water, notify your supervisor, and seek medical attention.
- Disposal – Remove all biohazardous waste to the approved waste containers immediately after decontamination. Ensure proper lifting techniques are used.
- Biohazardous waste is a regulated waste and must be disposed of in a controlled manner.
- Wash hands and exposed skin with soap and water when clean-up is complete. If soap and water are not immediately available, use an alcohol-based hand sanitizer.

## **Special Precautions**

1. To prevent additional contamination, ALL individuals who entered the area of contamination without appropriate PPE (i.e., Police, EMS, Maintenance, etc.) should remain in the immediate area until thoroughly inspected to ensure they have not been contaminated, especially footwear. Decontaminate as required or remove contaminated clothing and place into a red biohazard bag and give to the owner.
2. NEVER wash blood or other OPIM down a sewer or storm drain. These materials should be solidified with an appropriate micro-encapsulation absorbent and swept up and placed into a red plastic biohazard bag for disposal.
3. After the area has been properly decontaminated and disinfected, thoroughly re-inspect the area for any residual or missed contamination. Re-decontaminate as necessary.



# FORMS

**Mariposa County  
Hepatitis B Vaccine Consent/Declination**

Date: \_\_\_\_\_

**CONSENT - RECORD OF CONSENT FOR HEPATITIS "B" VACCINATION**  
(This Section is OPTIONAL)

I have attended the in-service training on the bloodborne pathogens program regarding HIV, hepatitis B, and the hepatitis-B vaccine. I have also read the in-service training literature and have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand I must have at least three doses of vaccine over a six-month period to confer immunity. However, as with any medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. *You must complete the whole series within the six months.*

I request that it be administered to me.

Print Name: \_\_\_\_\_ Employee #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer Representative: \_\_\_\_\_

**DECLINATION - RECORD OF HEPATITIS "B" VACCINE DECLINATION**  
(This Section is MANDATORY)

Date: \_\_\_\_\_

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

Print Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Employer Representative: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m.  p.m.

Date incident reported: \_\_\_\_\_ Time: \_\_\_\_\_ a.m.  p.m.

Describe the first-aid incident:

Was there blood or other body fluids present? Yes  No

Did an exposure incident occur? Yes  No

If yes, please describe it.

(Cal/OSHA – “An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of one’s duties.”)

Did the first aid providers use PPE? Yes  No

Print names of persons who provided first aid:

If there was an exposure incident as defined by Cal/OSHA, were they **immediately** referred for post-exposure evaluation and follow-up? Yes  No

Was there blood or other body fluids present? Yes  No

If unvaccinated, were they offered the hepatitis B vaccination? Yes  No

Supervisor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mariposa County  
Sharps Injury Log**

Supervisors: Complete for each employee exposure incident involving a sharp. This form is to be completed with the employee but not by the employee. Fill in the most appropriate boxes. A sharp includes, but is not limited to, needles, needle devices, scalpels, lancets, Exacto blades, and broken glass.

Injury ID No. \_\_\_\_\_

Date/Time of Exposure Incident: \_\_\_\_\_

Job Classification/Title: \_\_\_\_\_  
(Not Employee Name)

Department/Location: \_\_\_\_\_  
(Where Exposure Occurred)

Regular Department #: \_\_\_\_\_

Location (Bldg./Room #): \_\_\_\_\_

What procedure was being performed when the incident occurred? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Check all body parts that were involved

Finger     Hand     Arm     Face/Head     Torso     Leg

Other \_\_\_\_\_

Did the exposure incident occur:

During use of sharp     Disassembling     After use and before sharps container

While putting sharp into sharps container     Sharp left, inappropriate place

Other \_\_\_\_\_

Identify sharp object involved:

Type: \_\_\_\_\_ Brand: \_\_\_\_\_

Model: \_\_\_\_\_

Was sharp injury protection device attached? Yes  No

Was protective mechanism activated? Yes  No

Did the exposure occur:  Before  During  After activation

If the sharp had no engineered sharps injury protection, do you feel that such a mechanism could have prevented the injury? Yes  No

What other engineering, administrative, or work practice controls could have prevented this injury?

Attach this form to the accident investigation form. Send both originals to Risk Manager within 24 hours of the incident.

# APPENDICES

## Appendix A

### Mariposa County Bloodborne Pathogen Exposure Control Plan Code of Safe Work Practices

1. Mariposa County employees whose employment may result in personal contact with human body fluids, unfixed tissue/organs, cell tissue or human cultures, are to unequivocally assume that all such agents are infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and/or other bloodborne pathogens.
2. County employees whose work activities may reasonably be anticipated to have the potential for personal contact (eyes, mouth, mucous membrane, skin, open wounds) with the agents described in #1 above shall follow established work rules and engage in work practices to avoid such personal contact.
3. All personal contact with infectious agents as defined in #1 and #2 above shall be reported immediately to the employees' supervisor as an "Exposure Incident."
4. Employees shall use protective clothing and/or equipment, which is provided by Mariposa County, when any personal contact as described in #1 and #2 above may be reasonably anticipated during the course of employment.
5. Minimum protective clothing/equipment to be worn where contact with infectious agents may be reasonably anticipated is as follows:
  - a. Appropriate protective gloves by all employees who may come into contact with any source of exposure as described in #1 above and for all body cavity searches.
  - b. Protective eyewear and masks or face shields where splash or mist exposure may be reasonably anticipated.
  - c. Protective gloves designed to be impervious to cuts or punctures where contact with contaminated metal, broken glass or other sharp objects may be reasonably anticipated (vehicle accidents or disaster/emergency situations).
  - d. Protective long sleeve gowns and protective shoe coverings where personal clothing/shoes or arms may reasonably be anticipated to be soaked or splashed with infectious agents.
6. An officer should use great caution in searching the clothing of suspects. Individual discretion, based on the current circumstances, should determine if a suspect or prisoner should empty their own pockets, or if the officer's skills should be used in determining the contents of a suspect's clothing.
7. A flashlight should be used to search hidden areas. Whenever possible, use long-handled mirrors and flashlights to search such areas.
8. If searching a purse, contents should be emptied from the purse by turning it upside down over a surface on which contents can be examined before touching them.
9. Employees shall promptly wash hands and exposed skin upon removal of protective clothing/equipment. Employees shall immediately wash exposed areas following an "exposure incident."
10. Protective clothing/equipment as well as contaminated personal clothing, when possible, shall

be removed prior to leaving a contaminated area and proceeding to a non-contaminated area.

11. Infectious waste, used protective clothing/equipment, contaminated personal clothing/equipment and the product of contaminated spills clean-up shall be processed as prescribed by the Mariposa County Bloodborne Pathogen Exposure Control Plan.
12. Broken contaminated glass or other objects are not to be cleaned up by hand, gloves, or otherwise. Brooms, dustpans, pieces of wood or cardboard, or other such items are to be used in a way as to avoid any possibility of a cut or puncture wound.
13. Sharps, syringes, and all other contaminated items presenting the potential of a cut or puncture wound are to be disposed of or placed for transport into a hard container designed, designated, and identified for such disposal or transport according to the requirement of the Mariposa County Bloodborne Pathogen Exposure Control Plan.
14. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses while wearing contaminated protective clothing/equipment or working in an environment where contact with infectious agents may be reasonably anticipated is strictly prohibited.
15. Food, drink, or condiments shall not be kept in refrigerators, freezers, shelves, cabinets, on counter or bench tops, or in work areas where contact with infectious agents may be reasonably anticipated.
16. Used needles and other used sharps shall not be bent, recapped, or removed except as indicated below. Shearing or breaking of used needles is prohibited.
  - a. Used needles and sharps shall not be recapped or removed unless it can be demonstrated that no alternative is feasible or that such is required by a specific medical procedure.
  - b. If recapping or removal is demonstrated to be necessary, the task must be accomplished through the use of a mechanical device or a one-handed technique.
17. Employees are prohibited from reaching into or manually compacting any container which may be reasonably anticipated to contain used needles, sharps, or other contaminated waste.
18. Employees are prohibited from reaching into or compacting any trash container in any department within the County.
19. County employees as described in #1 above shall review the Mariposa County Bloodborne Pathogen Exposure Control Plan at the time of assignment, following changes or revisions to the program, and at least annually.
20. When contact with blood, body fluids, or other potentially infectious material can be reasonably anticipated, protective gloves are to be put on prior to providing any first aid or emergency medical treatment.



## Appendix B

### Exposure Determination and Job Classification List

Department: \_\_\_\_\_

**Category I**—All of the employees assigned to the following job classifications or assignments have occupational exposure to bloodborne pathogens:

<i>Job Class/Assignment</i>	<i>Summary of Duties</i>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. _____	_____

**Category II**—Some of the employees in the following job classifications or assignments have occupational exposure to bloodborne pathogens:

<i>Job Class/Assignment</i>	<i>Tasks/Procedures in which Occupational Exposure Occurs</i>
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
6.	_____
7.	_____
8.	_____
9.	_____
10.	_____
11.	_____

**Appendix C**

**Bloodborne Pathogen Exposure Incident Investigation Report**

*(to be completed in the event of an exposure incident<sup>1</sup> and submitted as soon as feasible following time of exposure)*

**This report includes medically sensitive information and is to be prepared and handled in strict confidence. Only two copies are to be prepared. The original is to be provided to the employee for delivery to the medical professional to which he or she has been referred for evaluation and follow-up. The copy is to be sent in a sealed envelope marked "Medically Sensitive and Confidential Information to be opened by Addressee only" to the County Counsel/Risk Manager.**

**This report is not to be copied or duplicated, nor is the information contained herein to be maintained in any fashion other than described above. The information contained in the report is not to be released in any manner or to any person, other than outlined above, without review and approval by County Counsel/Risk Manager.**

Employee Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ S.S.#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone (work): \_\_\_\_\_ Phone (home): \_\_\_\_\_

Employee Date: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Date of Exposure: \_\_\_\_\_ Time of Exposure: \_\_\_\_\_

Where did exposure occur? \_\_\_\_\_

Explain exactly what occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the employee performing tasks as trained? \_\_\_\_\_

If not, explain \_\_\_\_\_

\_\_\_\_\_

1. Exposure incident—A specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.

Corrective action taken to prevent recurrence \_\_\_\_\_  
\_\_\_\_\_

If applicable, why was the employee not using protective clothing or equipment?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Exposure Source Individual: \_\_\_\_\_

Source's Status (if known, indicate)

HBS AG+     HIV+     HIV-     HCV+     Unknown

Has action been initiated to determine status of source individual?

Yes

No

Contact person for source results: \_\_\_\_\_  
\_\_\_\_\_

Others who may have been exposed in addition employee, use back if more room  
needed: \_\_\_\_\_  
\_\_\_\_\_

Source of exposure:

Body

Clothing

Article

Sharps

Explain: \_\_\_\_\_  
\_\_\_\_\_

Transmission (Through what avenue was the employee exposed)?

Skin w/Break

Mouth

Eyes

Puncture

Existing Wound

Other (specify): \_\_\_\_\_

Potentially infectious substance involved?

Blood

Semen

Vaginal Secretions

Cerebrospinal Fluid

Other (specify): \_\_\_\_\_

Extent of Exposure (explain and quantify, if possible): \_\_\_\_\_

\_\_\_\_\_

Actions taken following exposure (decontamination, washing, first aid, other treatment, reporting, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Mailing Address: \_\_\_\_\_

Name, address, and phone number of physician to which employee was referred for medical evaluation and follow-up: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide this patient with medical evaluation/follow-up as provided by Mariposa County procedure, a copy of which is attached. Above you will find background information relative to the incident. Please contact the individual identified on this report for information as to the source individual.

---

Supervisor Name (type or print)

---

Title

---

Signature

---

Date

## Appendix D

### Exposure Incident Action Procedure

#### A. EMPLOYEE

1. Performs immediate field decontamination procedures in the event of a specific exposure incident.
2. Reports a specific exposure incident to the responsible supervisor as soon as possible following the incident – in no event to exceed the end of the work day of the incident.
3. Reports the source individual's name and HIV/HBV and HCV status to the supervisor if known.
4. Personally meets with the responsible supervisor prior to the end of the work shift to provide incident detail for the supervisory reporting process.
5. Reports to the selected medical professional for medical evaluation/follow-up as referred by the supervisor within 24 hours of the exposure incident.
6. Delivers one (1) copy of the supervisor-prepared report "Bloodborne Pathogen Exposure Incident Investigation Report" to the medical provider to which referred.
7. Attends initial and annual training as scheduled by the supervisor and Risk Manager.
8. Signs Vaccination Declination form or reports to the selected medical provider as referred by the supervisor in a timely manner for Hepatitis B immunization series if needed.

#### B. SUPERVISOR

1. Provides employee authorization for Hepatitis B vaccine series, upon request from the employee for immunization. If work related, provides the employee with a Worker's Compensation form.
2. Prepares "Bloodborne Pathogen Exposure Incident Investigation Report", according to the instructions on the report form. Provides one copy to the employee for delivery to the medical evaluation provider. Sends a second copy in a sealed envelope to the County Counsel/Risk Manager following all instructions for mailing outlined on the form.
3. Prepares County Accident Report form, if needed, along with the Worker's Compensation forms.
4. Sends all copies according to department distribution instructions, after making sure all copies are legible.
5. Assists employee in identifying the source individual and assures that appropriate requests are initiated to determine the HIV/HBV/HCV status of the source individual,

or establish that such status is legally or otherwise unobtainable.

C. DEPARTMENT HEAD

1. Assures that all levels of management and supervision are instructed as to County policy relative to the implementation of County safety procedures.
2. Assures that department training includes modules for employees on initial Bloodborne Pathogen training with annual follow-up as well as a management/supervisor initial and annual follow-up module on Mariposa County Bloodborne Pathogen Program implementation.



## Appendix E

### Employee Exposure Information Sheet

1. If you are exposed to the Hepatitis B virus (HBV) and have not been vaccinated, an accelerated vaccination series is available free of charge. This vaccination is very helpful in preventing illness, but may not always prevent infection.
  2. Despite being careful, accidents with potentially infectious materials can occur. Always wash any areas of contact with soap and water as quickly as possible, and call for help.
  3. Notify the following people immediately, or as soon as possible, after an accident:
    - Supervisor
    - Department Safety Representative (DSR)
  4. An incident report will be completed to determine the cause of the accident, what can be done to prevent further accidents, and what medical reporting is required.
  5. A health care professional may test your blood for HBV, HCV, and HIV (with consent).
  6. A health care professional may discuss with you your blood test results and any appropriate medical treatment.
  7. The health care professional will be provided with a description of the incident, your job duties, your relevant medical records, and the result of the source individual's blood test (if known).
  8. The health care professional will report to your employer the date of your appointment and that you were informed of the results of the medical evaluation and whether Hepatitis B vaccination is necessary.
  9. All other information from your medical evaluation will remain confidential.
- 

I have read and understood the above information about Exposure to Bloodborne Pathogens.

Signature: \_\_\_\_\_ SS#: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_

## Appendix F

### Consent for HBV, HCV & HIV Test and Authorization for Disclosure

I, \_\_\_\_\_, am consenting to be tested to see whether I am infected with Hepatitis B Virus (HBV), Hepatitis C Virus, and Human Immunodeficiency Virus (HIV), which is the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS).

#### THE MEANING OF THE TEST

HBV: The test for Hepatitis B involves testing the blood for Hepatitis B surface antigen which indicates whether a person is currently infectious. It does not indicate whether a person has ever been infected in the past and recovered or if a person has never been infected or if a person has received Hepatitis B vaccination.

HIV: This test is not a test for AIDS but only for the presence of HIV. Being infected with HIV does not mean that I have AIDS or that I will have AIDS or other related illnesses. Other factors must be reviewed to determine whether I have AIDS. Most test results are accurate, but sometimes the results are wrong or uncertain. In some cases, the test may indicate that the person is infected with HIV when a person is not (false positive). In other cases, the test may fail to detect that a person is infected with HIV when the person really is (false negative). Sometimes, the test cannot tell whether or not a person is infected at all. If I have been recently infected with HIV, it may take some time before a test will show the infection. For these reasons, I may have to repeat the test.

#### BENEFITS AND RISKS OF THE TESTS

The test results can help me make better decisions about my health care and my personal life. The test results can help me and my doctor make decisions concerning medical treatment. If the results are positive, I know that I can infect others and I can act to prevent this. Potential risks of the test include psychological stress while awaiting the results and distress if the results are positive. Some persons have had trouble with housing, education, jobs, or insurance when their test results have been made known.

#### CONFIDENTIALITY

California law limits the disclosure of my HIV, HCV, and HBV test results.

#### AUTHORIZATION FOR DISCLOSURE

I hereby authorize \_\_\_\_\_ to furnish results of my HBV, HCV, and HIV test to the Mariposa County Public Health Officer, and

\_\_\_\_\_, Mariposa County employee(s) exposed to my body fluids.

I understand that the requestor may not further disclose my medical information unless another authorization is obtained or unless such use or disclosure is specifically required or permitted by law.

#### Refusal or Consent to be Informed of Test Results

\_\_\_\_\_ I refuse to be informed of my HBV, HCV, and HIV test results (which tests may legally be performed on my blood materials which were drawn prior to the employee's exposure).

\_\_\_\_\_ I consent to be informed of my HBV, HCV, and HIV test results.

**DURATION**

This authorization shall become effective immediately and shall remain in effect for (1) one year unless otherwise revoked by me in writing.

By my signature below, I acknowledge that I have read and understood the information on this form. Further, I acknowledge that I HAVE GIVEN CONSENT FOR THE PERFORMANCE OF TESTS TO DETECT HBV, HCV, and HIV.

I understand that I have the right to receive a copy of this authorization upon my request.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Print Witness Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

Consent form was reviewed with \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date