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Subject: 2.0 Exposure Control Plan for Bloodborne Pathogens

Approved:	**Approved:**
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Human Resources Manager Date	Risk Management Analyst Date

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1.0 INTRODUCTION

COUNTY OF TUOLUMNE is committed to eliminating, whenever possible, or minimizing occupational exposure of employees to bloodborne pathogens and other potentially infectious materials. This policy has been written to meet these goals as well as comply with OSHA's Bloodborne Pathogen Standard, 29 CFR 1910.1030, (Appendix A).

OSHA's Bloodborne Pathogen Standard specifies that a written exposure control plan outline how the employer will:

- Identify exposed employees
- Reduce or eliminate potential exposure through engineering and work practice controls, personal protection equipments, and housekeeping.
- Provide the information on bloodborne pathogen hazards that must be communicated to all potentially exposed employees
- Provide Hepatitis B vaccination to all potentially exposed employees
- Post –exposure follow-up to employees exposed during incidents
- Meet certain recordkeeping requirements.

The following procedures are based on the requirements of OSHA's Bloodborne Pathogen Standard and the most current professional practices used in the field for occupational health and safety.

It is important to update the Exposure Control Plan. To ensure this, the plan will be reviewed and updated under the following circumstances:

- Annually
- When new or modified tasks or procedures are implemented
- When employees jobs are revised such that a new potential for exposure may exist
- When new positions are established that may involve exposure to bloodborne pathogens.

2.0 DEFINITIONS

Blood – means human blood, human blood components, and products made from human blood
Bloodborne Pathogen – means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).
Covered Employee – an employee covered by OSHA's Bloodborne Pathogen Standard (Categories I and IIA, see section 4.0)
Exposure Determination – an evaluation of each position (individual employee) to determine occupational exposure (Categories I, IIA, IIB, see section 4.0)

HBV – Hepatitis B virus
HCV – Hepatitis C virus
HIV – Human immunodeficiency virus
Occupational Exposure – reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duty or from assisting a fellow employee if deemed appropriate situation.
Other Potentially Infectious Material (OPIM) – The following human bodily fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
Regulated Waste – liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed. Items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
Standard – refers to Bloodborne Pathogen Standard which can be found in Appendix A.
Universal Precautions – treating all human blood and certain human bodily fluids as if known to be infectious for HIV, HBV, and other bloodborne pathogens.

3.0 RESPONSIBILITIES

Responsibility for controlling exposures to bloodborne pathogens rests at all levels of management.

3.1 Public Health Officer will:

1) Follow up with potential exposed employee when notified in accordance with policies.
2) Follow up with any source patients when notified in accordance with policies.

3.1a Risk Management Analyst will:

- Provide technical assistance for compliance with the Exposure Control Plan and answer questions for employees
- Provide departments where exposed or potentially exposed employees work with copies of the Standard, this policy and training
- Investigate all exposure or potential exposure incidents to infectious materials to determine the cause and recommend procedures as necessary to prevent future incidents
- Review and update this plan annually
- Annually inspect areas where covered employees work to ensure that activities are conducted in accordance with the provisions set forth in the policy and standard.

3.2 Department Head/Managers

Managers are responsible for the overall program administration, including training of the workers and:

- Has overall responsibility for coordinating and implementing the Exposure Control Plan in their department.
- Make a diligent effort to identify covered employees and departments within their department and make them aware of the requirements of this Standard and this plan.
- Supervise decontamination operations where accidents have resulted in significant decontamination.
- Ensure, through their supervisory personnel, compliance with Section 5.0 and 6.0 of this plan which outlines exposure control methods.
- Conduct an exposure determination for each position within their department and submit their findings, when requested, to the Risk Management Analyst.
- Ensure that all employees covered by this plan have completed the on-line safety training for Bloodborne Pathogens.
- Must select and employ engineering controls that reduce the potential for exposure to bloodborne pathogens.
- Ensure that supervisors and employees follow control strategies outlined in Section 5.0 and 6.0 of this plan.

3.3 Supervisors

Supervisors are responsible for:

- Supervising the performance of their staff to ensure required work practices are followed.
- Ensure that engineering and personal protective equipment are used and in good working order.
- Ensure that employees that are covered under this plan have received the proper training.
- Ensure that any exposure incident is reported immediately.
- Notify visitors in your area of potential of occupational exposure to bloodborne pathogens.

3.4 Employees Covered by the Standard

After appropriate training, employees are expected to:

- Know what tasks they perform that have the potential of occupational exposure to bloodborne pathogens.
- Attend annually, as assigned, bloodborne pathogens training.
- Consistently use all engineering controls, work practices, and appropriate PPE as set forth in this plan in Section 5.0 and 6.0.
- Plan and conduct all operation in accordance with this plan.
- Immediately report all unsafe conditions and all bloodborne pathogen exposure incidents, or near miss situations.
- Be familiar with procedures for limiting exposure to human blood and other infectious materials.
- Utilize Universal Precautions as recommended by the Center for Disease Control and Prevention (CDC).

4.0 EXPOSURE DETERMINATION

OSHA requires COUNTY OF TUOLUMNE and other employers to determine which employees may incur an occupational exposure to blood or other potentially infectious materials using the definition listed in Section 2.0. The exposure determination will be made without regard to the use of personal protective clothing.

Exposure determinations will be made by the Risk Management Analyst in conjunction with the Public Health Officer. Exposure determinations of personnel will be updated during safety inspections.

Jobs are categorized as follows:

- Category I – Job classifications in which required tasks routinely involve a potential for mucous membrane or skin contact with potentially infectious materials or procedures involving instruments capable of penetrating the skin with contamination by potentially infectious materials. Use of appropriate control measures is required for every employee falling under this category (Nurses, physcians, and facilities staff).
- Category IIA – Job classifications in which required tasks normally do not involve Category I exposure, but may require performing some Category I tasks. In these job classifications, the work routine normally does not involve exposure to potentially infectious materials; however, exposure or potential exposure may occur.
- Category IIB – Job classifications whose description does not meet category I or IIA criteria, and are, therefore, not covered by the standard.

COUNTY OF TUOLUMNE has determined that the following employees meet the Category IIA exposure determination:

- First Aid / CPR certified personnel who are required and authorized to provide First Aid if necessary.
- Public Health, VNA, Hospice, Sheriff, Probation

These employees are covered under the provisions of the OSHA Bloodborne Pathogen Standard and this department's Exposure Control Plan.

5.0 METHODS OF COMPLIANCE

In all circumstances, Universal Precautions will be observed to prevent contact with blood or other potentially infectious materials, unless they would create a significant risk to the safety of the employees.

This section describes exposure control methods required by the Standard.

5.1 Universal Precautions

All activities involving contact with human blood or other potentially infectious materials, as defined in Section 2.0, including the handling of contaminated or potentially contaminated equipment must be conducted as if dealing with contaminated infectious material. In circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids must be considered potentially infectious materials. When performing activities involving potential contact the following standard practices shall be followed:

- Hands must be washed if there is any likelihood of contact with blood, bodily fluids or human tissue. If soap and water are not immediately available, an antiseptic towelette or antiseptic hand cleanser can be used as an interim measure.
- Gloves must be worn when contact with any of the following is anticipated or when breaks in the skin are present: blood, bodily fluid, unfixed tissues, mucous membranes or contaminated surfaces.
- An impervious gown or apron must be worn if splattering of clothing is likely to occur.
- If splattering, atomization or aerosolization is anticipated, appropriate protective equipment (such as face shield or eye protection) must be worn at all times.
- Mouthpieces, resuscitation bags and other resuscitation devices must be made available to employees for use in areas where the need for resuscitation is likely.
- Sharp objects should be handled with care.

5.2 Engineering Controls

Engineering Controls are controls that isolate or remove the bloodborne pathogen hazard from the workplace. Examples are biological safety cabinets and sharps disposal

containers. The OSHA Bloodborne Pathogen Standard requires engineering controls as a primary method when attempting to control exposures to blood or other potentially infectious materials. The engineering controls listed below should be provided, and must be examined, maintained or replaced periodically to ensure their effectiveness:

- Sharps Containers – Where sharps are stored, handled, or reasonable anticipated to be encountered, sharps containers must be utilized. These containers must meet the following criteria:
    - Closable
    - Puncture Resistant
    - Leakproof on sides and bottom
    - Properly marked
- Regulated Waste Containers – Disposal of regulated waste into approved infectious waste containers.

5.3 Work Practice Controls

Work Practice Controls are controls that reduce the likelihood of exposure by altering the manner in which the task is performed. For example, prohibiting recapping of needles by a two handed technique.

5.3.1 Good General Work Practices

The following good work practices must be followed:

- Eating, drinking, chewing gum, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in the laboratory area where there is a reasonable likelihood of occupational exposure.
- Contaminated clothing shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.
- All procedures involving blood or other potentially infectious materials must be performed in such a manner as to minimize splashing, spraying, splattering, and generation of droplets of these substances.

5.3.2 Handwashing

Employees must wash their hands and any other body part potentially contaminated with blood or other potentially infectious materials with soap and water immediately. Employees must also wash their hands immediately after removing gloves following procedures where exposure to potentially infectious materials may have occurred. Each department must provide all covered employees with readily accessible handwashing facilities. If this is not possible due to the nature and location of the activity being conducted, antiseptic towelettes or antiseptic hand cleaners must be provided. When antiseptic hand cleansers or towelettes are used, hands must be washed with soap and running water as soon as feasible.

5.3.3 Handling Sharps

The work practices should be followed when handling and disposing of sharps:

- Minimize handling of all sharps, DO NOT bend, break, or shear needles.
- Dispose of needle and syringe as an intact unit immediately after use. Sharp containers must be kept in the immediate vicinity of use. Do not remove needle from syringe or blade from handle.
- Do not recap needles or re-sheath blades.
- Do not pickup broken glass up by hand, use mechanical means (brush and dustpan, tongs, or forceps). Dispose of the sharps properly (in a sharps container), making sure the container is labeled or colored red.
- No container will be opened, emptied, or cleaned manually, or in any other manner, which would expose employees to the risk of precutaneous injury.
- Replace sharps containers when they are ¾ full to prevent overfilling. The container must be closed prior to removal from the area to prevent spillage or protrusion of contents. Appropriate secondary containment must be used if leakage is possible.
- Sharps must be disposed or transferred only in appropriate, labeled sharps containers. The containers must remain upright and not be overfilled.

5.4 Personal Protection Equipment

Personal protective equipment (PPE) must not be used as a substitute for proper engineering and work practice controls. Department Managers and Supervisors must provide, at no cost to the employee, personal protective equipment to Category I, and, when appropriate, to Category IIA employees. This equipment must be readily accessible to users, impermeable to blood and other potentially infectious materials, and of appropriate size that may come into contact with blood or other potentially infectious material. PPE will include, but not be limited to, the following:

- Gloves – worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular procedures; and, when handling or touching contaminated items or surfaces. If employees are allergic to the gloves normally provided, alternatives must be provided.
- Protective Clothing (gowns, lab coats, aprons) – worn when appropriate for the task being performed and the degree of exposure anticipated. In situations when gross contamination can reasonably be anticipated.
- Face protection sufficient to the eye, nose, and mouth from splashes, sprays, splatter, or droplets of potentially infectious materials – worn when contamination can be reasonably anticipated

PPE must be repaired or replaced regularly to maintain effectiveness.

5.4.1 Changing, Cleaning, Laundering, and Disposal of PPE

PPE required by the Exposure Control Plan must be cleaned, laundered and disposed at no cost to the employee whenever necessary to maintain effectiveness. Contaminated PPE (such as scrubs) must be decontaminated prior to laundering.
A garment must be removed immediately or as soon as feasible if it is penetrated by blood or other potentially infectious materials and prior to leaving the work area. Removed PPE must be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Disposable (single use) gloves such as surgical or examination gloves, must not be washed or decontaminated for re-use. They must be replaced as soon as practical when contaminated or as soon as feasible if they rare torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

5.5 Housekeeping

All areas of the department where there is potential for bloodborne pathogens or other potentially infectious materials exposure will be cleaned in accordance with schedules and methods developed by the Housekeeping Staff. These schedules will be based on location within the department, type of surface to be cleaned, type of soil present, and tasks and procedures being performed in the area.

Department Managers and Supervisors must ensure all equipment and environmental working surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials as follows:

- Contaminated work surfaces must be decontaminated with an appropriate disinfectant (10% bleach or effective tuberculocidal disinfectant):
    - After completion of procedures.
    - Immediately or as soon as feasible when surfaces are overtly contaminated.
    - At the end of the work shift if the surface may have become contaminated since the last cleaning.
- All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials must be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Do not use hands to pick up broken glassware, use mechanical means such as a brush and dust pan, tongs, or forceps. Vacuum cleaners ARE NOT appropriate for cleanup of broken glass.

5.6 Regulated Waste

All infectious waste shall be placed in closeable, leakproof containers or bags that are color coded or labeled as biohazard material. The following must be observed:

- If outside contamination of the container or bag is likely to occur, a second leak proof container or bag that is closeable and labeled or color coded will be placed over the outside of the first and closed to prevent leakage during handling, storage, and transport.
- Reusable containers may not be opened, emptied, or cleaned manually or in an other manner that would pose a risk of precutaneous injury.
- Disposal of contaminated PPE will be provided at no additional cost to the employee.

All sharps must be handled and disposed of as outlines in Section 5.3.3

5.7 Laundry

Contaminated laundry must be handled as little as possible with a minimum of agitation. Contaminated laundry must be bagged or containerized at the location where it was used and must not be sorted or rinsed in the location of use. Contaminated laundry must be placed and transported in bags or containers red in color or labeled with the biohazard symbol. Whenever contaminated laundry is wet and presents a reasonable likelihood of leakage from the bag or container, the laundry must be placed and transported in bags or containers which prevent leakage of fluids to the exterior. Supervisors must ensure that employees with contaminated laundry wear protective gloves and other appropriate PPE. Laundering of PPE is provided at no cost to the employee.

6.0 HEPATITIS B VACCINATION AND POST EXPOSURE EVALUATION AND FOLLOW-UP

All Hepatitis B vaccination medical evaluations and procedures and post-exposure follow –up will be made available at no cost to covered employees, as well as, employees incurring an exposure incident. The Supervisor will coordinate the appointments for covered employees. The evaluations and procedures will be performed under the supervision of a licensed healthcare professional and according to the current recommendations of the U.S. Public Health Service. Any laboratory test conducted will be conducted by an accredited laboratory at no cost to the employee. Hepatitis B Vaccinations are available through our Public Health Dept or Job Care.

6.1 Hepatitis B Vaccination

The HBV vaccine will be provided to covered employees, at no cost to the employee. This will also include any routine booster dose(s) that may be recommended by the U.S Public Health Service at a future date.

The vaccine will be made available after initial training and within 10 working days of the Category I or IIA employee's initial assignment to work involving the potential for occupational exposure to blood or other potentials infectious materials. The term "made available" includes the health care professional's evaluation and arranging for the administration of the first dose of the hepatitis vaccination series to begin within 10 days. The vaccine will be administered only after the employee has received information on the vaccine, its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge. However, it is the responsibility of the supervisor to ensure that covered employees working for them are aware of the vaccination series and have the opportunity to receive vaccinations.

Covered employees who initially decline the vaccine but who later wish to have it may then have the vaccine provided at no cost. Covered employees who decline the hepatitis B vaccine must sign a waiver form which uses the wording in Appendix A of the OSHA Standard. COUNTY OF TUOLUMNE has incorporated the waiver statement into a document entitled "Hepatitis B Vaccination Notification Form". A copy of the notification form is presented in Appendix B of this document.

The vaccine need not be administered if the employee has previously had the vaccine or wishes to submit to antibody testing which shows the employee has sufficient immunity to HBV. The vaccine need not be administered if medically contraindicated. If the vaccine is not administered, it must be documented in the employee's medical record.

6.2 Post-exposure Evaluation and Follow-up

When an employee incurs an exposure incident, the employee must report the incident to their Supervisor immediately. The employee and supervisor must then report the incident using the following guidelines:

1) Any member of the department must complete the Supervisor Investigation form available on the Human Resources website.
2) An exposure follow up packet will be given to employee Appendix D.
3) Employee should go to the emergency room a Sonora Regional Medical Center immediately.
4) Employee will be required to follow-up with Job Care through worker's comp insurance.
5) Risk Management Analyst notifies within 24 hours the Health Officer.

6) If source patient refuses testing the Health Officer should be contacted at 533-7401 or after hours at 533-8055. Health Officer will contact County Counsel should refusal to test from source patient.

The exposed employee is responsible for reporting to the physician for treatment and counseling at Sonora Regional Medical Center Medical Center Emergency Room. It is essential that the employee gets to medical assistance immediately. All employees who incur an exposure incident will be offered a confidential post-exposure medical evaluation and follow-up through a recommended healthcare provider in accordance with the OSHA Standard. The health care provider providing this service will be provided with the information required by the Standard. This healthcare provider will ensure that a written opinion complying with this Standard is completed, filed, and communicated in accordance with this Standard and to the Risk Management Analyst.

7.0 COMMUNICATION OF HAZARDS TO EMPLOYEES

7.1 Warning labels

Warning labels must be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials and other containers used to store, transport, or ship blood or other potentially infectious materials. Requirements are:

- Labels required under this Section must consist of the international biohazard symbol in fluorescent orange or orange red with lettering or symbols in contrasting color.
- Labels must be affixed as close as feasible to the container by string, wire, adhesive, or other methods that prevent their loss or unintentional removal
- Labels required for contaminated equipment will be in accordance with this Section and must also indicate which portions of the equipment are contaminated (see Section 5.3.5)

7.2 Door Signs

A sign containing the international biohazard symbol in fluorescent orange or orange red with lettering or symbols in contrasting color must be posted at all entrances to work are as known infectious agents. The sign will read “BIOHAZARD” and must include:

- Name of Infectious Agent (if known).
- Special requirements for entering the area.
- Name and telephone number of person responsible.

7.3 Information and Training

All training must incorporate the 14 elements listed in the Standard. Training will be provided to all covered employees:

- At the time of assignment to the task where occupational exposure may occur
- Annually thereafter

Training is provided by on-line safety training annually. Supervisors are responsible for assigning the training to their employee before they are assigned to work that could potentially expose them to blood and other potentially infectious materials covered under this Standard.

Training records are kept electronically and must include the following information:

- The date the training was taken
- The name and qualifications of the trainer
- The name and job title of the attendee.

Supervisors must provide additional training when changes (such as modification of tasks or procedures or institution of new tasks or procedures) affect the employee's occupational exposure. The additional training may be limited to addressing new exposures created.

The material presented must be appropriate in content and vocabulary to educational level, literacy, and language of employees.

8.0 RECORDKEEPING

8.1 Medical Records

Job Care or Sonora Regional Medical Center will establish and maintain an accurate medical record for each employee with occupational exposure at the point he/she receives the initialassessment. The record will meet all requirements of the OSHA "Access to employee exposure and medical records "Standard (29 CFR 1910.20) and this Standard. Job care will ensure that required employee medical records are kept confidential. Medical records are available only to healthcare professionals providing care to the employee. Job care will not disclose or report required employee medical records without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. Job care will maintain the required medical records for at least the duration of employment plus 30 years in accordance with 29 CFR 1910.20

8.2 Training Records

The Risk Management Analyst will maintain all training records. The records will contain the following information:

- The dates the training session was provided, or date taken
- The contents or a summary of the training sessions and/or program
- The names and qualifications of persons conducting the training
- The names and job titles of all persons attending the training

The Risk Management Analyst will ensure required training records are maintained for 3 years from the date on which the training occurred.

8.3 Availability of Training and Medical Records

The Risk Management Analyst will ensure all required training records are made available upon request for examination and copying to employees, to employee representatives, to the Assistant Secretary of Labor for Occupational Safety and Health (or designated representative) and the Director of the National Institute of Occupational Safety and Health, U.S. Department of Health and Human Services (or designated representative) in accordance with 29 CFR 1910.20

The Risk Management Analyst will ensure that required medical records are provided upon request for examination and copying to the subject employee, anyone having written consent of the subject employee in accordance with 29 CFR 1910.20.

8.4 Transfer of Records

COUNTY OF TUOLUMNE will comply with all records transfer requirements outlined in 29 CFR 1910.20(h)

9.0 IMPLEMENTATION SCHEDULE

Pursuant to the OSHA Bloodborne Pathogen Standard, COUNTY OF TUOLUMNE must set the schedule for implementation of the various requirements of the Standard. Historically, COUNTY OF TUOLUMNE has been proactive in protecting its employees covered in this plan against exposure to biological hazards. Hepatitis B Vaccination has been offered to covered employees.

Appendix A – Subchapter 7. General Industry Safety OrdersGroup 16. Control of Hazardous SubstancesArticle 109. Hazardous Substances and Processes

- ***§5193. Bloodborne Pathogens.***

(a) Scope and Application. This section applies to all occupational exposure to blood or other potentially infectious materials as defined by subsection (b) of this section.

Exception: This regulation does not apply to the construction industry.

(b) Definitions. For purposes of this section, the following shall apply:

"Biological Cabinet" means a device enclosed except for necessary exhaust purposes on three sides and top and bottom, designed to draw air inward by means of mechanical ventilation, operated with insertion of only the hands and arms of the user, and in which virulent pathogens are used. Biological cabinets are classified as:

(1) Class I: A ventilated cabinet for personnel protection with an unrecirculated inward airflow away from the operator and high-efficiency particulate air (HEPA) filtered exhaust air for environmental protection.

(2) Class II: A ventilated cabinet for personnel, product, and environmental protection having an open front with inward airflow for personnel protection, HEPA filtered laminar airflow for product protection, and HEPA filtered exhaust air for environmental protection.

(3) Class III: A total enclosed, ventilated cabinet of gas-tight construction. Operations in the cabinet are conducted through attached protective gloves.

"Blood" means human blood, human blood components, and products made from human blood.

"Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

"Chief" means the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.

"Clinical Laboratory" means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

"Contaminated" means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

"Contaminated Laundry" means laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting

infectious particles and the surface or item is rendered safe for handling, use, or disposal. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

“Engineering Controls” means controls (e.g., sharps disposal containers, needlelesss systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

“Engineered Sharps Injury Protection” 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.

“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 an employee's duties.

“Handwashing Facilities” means a department providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

“HBV” means hepatitis B virus.

“HCV” means hepatitis C virus.

“HIV” means human immunodeficiency virus.

“Licensed Healthcare Professional” is a person whose licensed scope of practice includes an activity which this section requires to be performed by a licensed healthcare professional.

“Needle” or “Needle Device” means a needle of any type, including, but not limited to, solid and hollow-bore needles.

“Needleless System” means a device that does not utilize needles for:

(1) The withdrawal of body fluids after initial venous or arterial access is established;

(2) The administration of medication or fluids; and

(3) Any other procedure involving the potential for an exposure incident.

“NIOSH” means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.

“Occupational Exposure” means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

“One-Hand Technique” means a procedure wherein the needle of a reusable syringe is capped in a sterile manner during use. The technique employed shall require the use of only the hand holding the syringe so that the free hand is not exposed to the uncapped needle.

“OPIM” means other potentially infectious materials.

“Other Potentially Infectious Materials” means:

(1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response;

(2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and

(3) Any of the following, if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:

(A) Cell, tissue, or organ cultures from humans or experimental animals;

(B) Blood, organs, or other tissues from experimental animals; or

(C) Culture medium or other solutions.

“Parenteral Contact” means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.

“Personal Protective Equipment” is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.

“Production Department” means a department engaged in industrial-scale, large-volume or high concentration production of HIV, HBV or HCV.

“Regulated Waste” means waste that is any of the following:

(1) Liquid or semi-liquid blood or OPIM;

(2) Contaminated items that:

(A) Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM; and

(B) Are capable of releasing these materials when handled or compressed.

(3) Contaminated sharps.

(4) Pathological and microbiological wastes containing blood or OPIM.

(5) Regulated Waste includes “medical waste” regulated by Health and Safety Code Sections 117600 through 118360.

“Research Laboratory” means a laboratory producing or using research-laboratory-scale amounts of HIV, HBV or HCV. Research laboratories may produce high concentrations of HIV, HBV or HCV but not in the volume found in production facilities.

“Sharp” means any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

“Sharps Injury” means any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

“Sharps Injury Log” means a written or electronic record satisfying the requirements of subsection (c)(2).

“Source Individual” means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

“Universal Precautions” is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

“Work Practice Controls” means controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient-handling techniques).

(c) Exposure Response, Prevention and Control.

(1) Exposure Control Plan.

(A) Each employer having an employee(s) with occupational exposure as defined by subsection (b) of this section shall establish, implement and maintain an effective Exposure Control Plan which is designed to eliminate or minimize employee exposure and which is also consistent with Section 3203.

(B) The Exposure Control Plan shall be in writing and shall contain at least the following elements:

1. The exposure determination required by subsection (c)(3);

2. The schedule and method of implementation for each of the applicable subsections: (d) Methods of Compliance, (e) HIV, HBV and HCV Research Laboratories and Production Facilities, (f) Hepatitis B Vaccination and Post-exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard;

3. The procedure for the evaluation of circumstances surrounding exposure incidents as required by subsection (f)(3)(A).

4. An effective procedure for gathering the information required by the Sharps Injury Log.

5. An effective procedure for periodic determination of the frequency of use of the types and brands of sharps involved in the exposure incidents documented on the Sharps Injury Log;

Note: Frequency of use may be approximated by any reasonable and effective method.

6. An effective procedure for identifying currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by employees in their respective work areas or departments;

7. An effective procedure for documenting patient safety determinations made pursuant to Exception 2. of subsection (d)(3)(A); and

8. An effective procedure for obtaining the active involvement of employees in reviewing and updating the exposure control plan with respect to the procedures performed by employees in their respective work areas or departments.

(C) Each employer shall ensure that a copy of the Exposure Control Plan is accessible to employees in accordance with Section 3204(e).

(D) The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary as follows:

1. To reflect new or modified tasks and procedures which affect occupational exposure;

2.a. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and

b. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection;

3. To include new or revised employee positions with occupational exposure;

4. To review and evaluate the exposure incidents which occurred since the previous update; and

5. To review and respond to information indicating that the Exposure Control Plan is deficient in any area.

(E) Employees responsible for direct patient care. In addition to complying with subsections (c)(1)(B)6. and (c)(1)(B)8., the employer shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls, and shall document the solicitation in the Exposure Control Plan.

(F) The Exposure Control Plan shall be made available to the Chief or NIOSH or their respective designee upon request for examination and copying.

(2) Sharps Injury Log.

The employer shall establish and maintain a Sharps Injury Log, which is a record of each exposure incident involving a sharp. The information recorded shall include the following information, if known or reasonably available:

(A) Date and time of the exposure incident;

(B) Type and brand of sharp involved in the exposure incident;

(C) A description of the exposure incident which shall include:

1. Job classification of the exposed employee;

2. Department or work area where the exposure incident occurred;

3. The procedure that the exposed employee was performing at the time of the incident;

4. How the incident occurred;

5. The body part involved in the exposure incident;

6. If the sharp had engineered sharps injury protection, whether the protective 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 injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and

8. The employee's opinion about whether any engineering, administrative or work practice control could have prevented the injury.

(D) Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported to the employer.

(E) The information in the Sharps Injury Log shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee.

(3) Exposure Determination.

(A) Each employer who has an employee(s) with occupational exposure as defined by subsection (b) of this section shall prepare an exposure determination. This exposure determination shall contain the following:

1. A list of all job classifications in which all employees in those job classifications have occupational exposure;

2. A list of job classifications in which some employees have occupational exposure; and

3. A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of subsection (c)(3)(A)2. of this standard

(B) This exposure determination shall be made without regard to the use of personal protective equipment.

(d) Methods of Compliance.

(1) General. Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

(2) Engineering and Work Practice Controls--General Requirements.

(A) Engineering and work practice controls shall be used to eliminate or minimize employee exposure.

(B) Engineering controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

(C) Work practice controls shall be evaluated and updated on a regular schedule to ensure their effectiveness.

(D) All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.

(3) Engineering and Work Practice Controls--Specific Requirements.

(A) Needleless Systems, Needle Devices and non-Needle Sharps.

1. Needleless Systems. Needleless systems shall be used for:

a. Withdrawal of body fluids after initial venous or arterial access is established;

b. Administration of medications or fluids; and

c. Any other procedure involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

2. Needle Devices. If needleless systems are not used, needles with engineered sharps injury protection shall be used for:

a. Withdrawal of body fluids;

b. Accessing a vein or artery;

c. Administration of medications or fluids; and

d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

a. Withdrawal of body fluids;

b. Accessing a vein or artery;

c. Administration of medications or fluids; and

d. Any other procedure involving the potential for an exposure incident for which a needle device with engineered sharps injury protection is available.

3. Non-Needle Sharps. If sharps other than needle devices are used, these items shall include engineered sharps injury protection.

4. Exceptions. The following exceptions apply to the engineering controls required by subsections (d)(3)(A)1.-3.:

a. Market Availability. The engineering control is not required if it is not available in the marketplace.

b. Patient Safety. The engineering control is not required if a licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical, dental or nursing procedure involving the patient. The determination shall be documented according to the procedure required by (c)(1)(B)7.

c. Safety Performance. The engineering control is not required if the employer can demonstrate by means of objective product evaluation criteria that the engineering control is not more effective in preventing exposure incidents than the alternative used by the employer.

d. Availability of Safety Performance Information. The engineering control is not required if the employer can demonstrate that reasonably specific and reliable information is not available on the safety performance of the engineering control for the employer's procedures, and that the employer is actively determining by means of objective product evaluation criteria whether use of the engineering control will reduce the risk of exposure incidents occurring in the employer's workplace.

(B) Prohibited Practices.

1. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.

2. Contaminated sharps shall not be bent, recapped, or removed from devices.

Exception: Contaminated sharps may be bent, recapped or removed from devices if:

a. The employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure; and

. The procedure is performed using a mechanical device or a one-handed technique.

3. Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

4. Disposable sharps shall not be reused.

5. Broken Glassware. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.

6. The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.

7. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of sharps injury.

8. Mouth pipetting/suctioning of blood or OPIM is prohibited.

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

10. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or OPIM are present.

(C) Requirements for Handling Contaminated Sharps.

1. 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, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.

2. Immediately or as soon as possible after use, contaminated sharps shall be placed in containers meeting the requirements of subsection (d)(3)(D) as applicable.

3. At all time during the use of sharps, containers for contaminated sharps shall be:

a. Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries);

b. Maintained upright throughout use, where feasible; and

c. Replaced as necessary to avoid overfilling.

(D) Sharps Containers for Contaminated Sharps.

1. All sharps containers for contaminated sharps shall be:

a. Rigid;

b. Puncture resistant;

c. Leakproof on the sides and bottom;

d. Portable, if portability is necessary to ensure easy access by the user as required by subsection (d)(3)(C)3.a.; and

e. Labeled in accordance with subsection (g)(1)(A)(2).

2. If discarded sharps are not to be reused, the sharps container shall also be closeable and sealable so that when sealed, the container is leak resistant and incapable of being reopened without great difficulty.

(E) Regulated Waste.

1. General.

Handling, storage, treatment and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1, Sections 117600 through 118360, and other applicable regulations of the United States, the State, and political subdivisions of the State.

2. Disposal of Sharps Containers.

When any container of contaminated sharps is moved from the area of use for the purpose of disposal, the container shall be:

a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping; and

b. Placed in a secondary container if leakage is possible. The second container shall be:

i. Closable;

ii. Constructed to contain all contents and prevent leakage dur8ing handling, storage, transport, or shipping; and

iii. Labeled according to subsection (g)(1)(A) of this section.

3. Disposal of Other Regulated Waste. Regulated waste not consisting of sharps shall be disposed of in containers which are:

a. Closable;

b. Constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping;

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

4. Outside Contamination. If outside contamination of a container of regulated waste occurs, it shall be placed in a second container. The second container shall be:

a. Closable.

b. Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;

c. Labeled and color-coded in accordance with subsection (g)(1)(A) of this section; and

d. Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

(F) Handling Specimens of Blood or OPIM. Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.

1. The container for storage, transport, or shipping shall be labeled or color-coded according to subsection (g)(1)(A), and closed prior to being stored, transported, or shipped. When a fdepartment utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the department. Labeling or color-coding in accordance with subsection (g)(1)(A) is required when such specimens/ containers leave the department.

2. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during collection, handling, processing, storage, transport, or shipping and is labeled or color-coded to the requirements of this standard.

3. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

(G) Servicing or Shipping Contaminated Equipment.

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible or will interfere with a manufacturer's ability to evaluate failure of the device.

1. A readily observable label in accordance with subsection (g)(1)(A)8. shall be attached to the equipment stating which portions remain contaminated.

2. Information concerning all remaining contamination shall be conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping so that appropriate precautions will be taken.

(H) Cleaning and Decontamination of the Worksite.

1. General Requirements.

a. Employers shall ensure that the worksite is maintained in a clean and sanitary condition.

b. Employers shall determine and implement appropriate written methods and schedules for cleaning and decontamination of the worksite.

c. The method of cleaning or decontamination used shall be effective and shall be appropriate for the:

i. Location within the department;

ii. Type of surface or equipment to be treated;

iii. Type of soil or contamination present; and

iv. Tasks or procedures being performed in the area.

d. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM no later than at the end of the shift. Cleaning and decontamination of equipment and work surfaces is required more often as specified below.

2. Specific Requirements.

a. Contaminated Work Surfaces. Contaminated work surfaces shall be cleaned and decontaminated with an appropriate disinfectant immediately or as soon as feasible when:

i. Surfaces become overtly contaminated;

ii. There is a spill of blood or OPIM;

iii. Procedures are completed; and

iv. At the end of the work shift if the surface may have become contaminated since the last cleaning.

b. Receptacles. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

c. Protective Coverings. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.

(I) Hygiene.

1. Employers shall provide handwashing facilities which are readily accessible to employees.

2. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.

3. Employers shall ensure that employees wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. 4. Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or OPIM.

(J) Laundry.

1. Contaminated laundry shall be handled as little as possible with a minimum of agitation.

a. Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

b. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with subsection (g)(1)(A) of this standard. When a department utilizes Universal Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions.

c. Whenever contaminated laundry is wet and presents a reasonable likelihood of soaking through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

2. The employer shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

3. When a department ships contaminated laundry off-site to a second department which does not utilize Universal Precautions in the handling of all laundry, the department generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with subsection (g)(1)(A).

(4) Personal Protective Equipment.

(A) Provision. Where occupational exposure remains after institution of engineering and work practice controls, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices. Personal protective equipment will be considered “appropriate” only if it does not permit blood or OPIM to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Note: For fire fighters, these requirements are in addition to those specified in Sections 3401-3411, and are intended to be consistent with those requirements.

(B) Use. The employer shall ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurences in the future. The employer shall encourage employees to report all such instances without fear of reprisal in accordance with Section 3203.

(C) Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

(D) Cleaning, Laundering, and Disposal. The employer shall clean, launder, and dispose of personal protective equipment required by subsections (d) and (e) of this standard, at no cost to the employee.

(E) Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee. (F) Removal.

1. If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as feasible.

2. All personal protective equipment shall be removed prior to leaving the work area.

3. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

(G) Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in subsection (d)(4)(G)4.; and when handling or touching contaminated items or surfaces. These requirements are in addition to the provisions of Section 3384.

1. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

2. Disposable (single use) gloves shall not be washed or decontaminated for re-use.

3. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

4. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall:

a. Periodically reevaluate this policy;

b. Make gloves available to all employees who wish to use them for phlebotomy;

c. Not discourage the use of gloves for phlebotomy; and

d. Require that gloves be used for phlebotomy in the following circumstances:

i. When the employee has cuts, scratches, or other breaks in his or her skin;

ii. When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and iii. When the employee is receiving training in phlebotomy.

(H) Masks, Eye Protection, Face Shields, and Respirators.

1. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated. These requirements are in addition to the provisions of Section 3382.

2. Where respiratory protection is used, the provisions of Sections 5144 and 5147 are required as applicable.

Note: Surgical masks are not respirators.

(I) Gowns, Aprons, and Other Protective Body Clothing.

1. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. These requirements are in addition to the provisions of Section 3383.

2. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopaedic surgery). These requirements are in addition to the provisions of Section 3383.

(e) HIV, HBV and HCV Research Laboratories and Production Facilities.

(1) General.

This subsection applies in addition to the other requirements of this section to research laboratories and production facilities engaged in the culture, production, concentration, experimentation, and manipulation of HIV, HBV and HCV.

Exception: This subsection does not apply to clinical or diagnostic laboratories engaged solely in the analysis of blood, tissues, or organs.

(2) Research laboratories and production facilities shall meet the following criteria:

(A) Standard Microbiological Practices. All regulated waste shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens. Such methods are further specified in Health and Safety Code Section 118215.

(B) Special Practices.

1. Laboratory doors shall be kept closed when work involving HIV, HBV or HCV is in progress.

2. Contaminated materials that are to be decontaminated at a site away from the work area shall be placed in a durable, leakproof, labeled or color-coded container that is closed before being removed from the work area.

3. Access to the work area shall be limited to authorized persons. Written policies and procedures shall be established whereby only persons who have been advised of the potential biohazard, who meet any specific entry requirements, and who comply with all entry and exit procedures shall be allowed to enter the work areas and animal rooms.

4. When OPIM or infected animals are present in the work area or containment module, a hazard warning sign incorporating the universal biohazard symbol shall be posted on all access doors. The hazard warning sign shall comply with subsection (g)(1)(B) of this standard.

5. All activities involving OPIM shall be conducted in biological safety cabinets or other physical-containment devices within the containment module. No work with these OPIM shall be conducted on the open bench.

6. Laboratory coats, gowns, smocks, uniforms, or other appropriate protective clothing shall be used in the work area and animal rooms. Protective clothing shall not be worn outside of the work area and shall be decontaminated before being laundered.

7. Special care shall be taken to avoid skin contact with OPIM. Gloves shall be worn when handling infected animals and when making hand contact with OPIM is unavoidable.

8. Before disposal, all waste from work areas and from animal rooms shall either be incinerated or decontaminated by a method such as autoclaving known to effectively destroy bloodborne pathogens.

9. Vacuum lines shall be protected with liquid disinfectant traps and HEPA filters or filters of equivalent or superior efficiency and which are checked routinely and maintained or replaced as necessary.

10. Hypodermic needles and syringes shall be used only for parenteral injection and aspiration of fluids from laboratory animals and diaphragm bottles. Only needle-locking syringes or disposable syringe-needle units (i.e., the needle is integral to the syringe) shall be used for the injection or aspiration of OPIM. Extreme caution shall be used when handling needles and syringes. A needle shall not be bent, sheared, replaced in the sheath or guard, or removed from the syringe following use. The needle and syringe shall be promptly placed in a puncture-resistant container and autoclaved or decontaminated before reuse or disposal.

11. All spills shall be immediately contained and cleaned up by appropriate professional staff or others properly trained and equipped to work with potentially concentrated infectious materials.

12. A spill or accident that results in an exposure incident shall be immediately reported to the laboratory director or other responsible person.

13. Written biosafety procedures shall be prepared and adopted into the Exposure Control Plan of subsection (c)(1). Personnel shall be advised of potential hazards, shall be required to read instructions on practices and procedures, and shall be required to follow them.

(C) Containment Equipment.

1. Certified biological safety cabinets (Class I, II, or III) or other appropriate combinations of personal protection or physical containment devices, such as special protective clothing, respirators, centrifuge safety cups, sealed centrifuge rotors, and containment caging for animals, shall be used for all activities with OPIM that pose a threat of exposure to droplets, splashes, spills, or aerosols.

2. Biological safety cabinets shall be certified by the employer that they meet manufacturers' specifications when installed, whenever they are moved and at least annually.

(3) HIV, HBV and HCV research laboratories shall meet the following criteria:

(A) Each laboratory shall contain a department for hand washing and an eye wash department which is readily available within the work area.

(B) An autoclave for decontamination of regulated waste shall be available.

Note: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(4) HIV, HBV and HCV production facilities shall meet the following criteria:

(A) The work areas shall be separated from areas that are open to unrestricted traffic flow within the building. Passage through two sets of doors shall be the basic requirement for entry into the work area from access corridors or other contiguous areas. Physical separation of the high-containment work area from access corridors or other areas or activities may also be provided by a double-doored clothes-change room (showers may be included), airlock, or other access department that requires passing through two sets of doors before entering the work area.

(B) The surfaces of doors, walls, floors and ceilings in the work area shall be water resistant so that they can be easily cleaned. Penetrations in these surfaces shall be sealed or capable of being sealed to facilitate decontamination.

(C) Each work area shall contain a sink for washing hands and a readily available eye wash department. The sink shall be foot, elbow, or automatically operated and shall be located near the exit door of the work area.

(D) Access doors to the work area or containment module shall be self-closing.

(E) An autoclave for decontamination of regulated waste shall be available within or as near as possible to the work area.

Note: Treatment of medical waste should meet the requirements of Health and Safety Code Section 118215.

(F) A ducted exhaust-air ventilation system shall be provided. This system shall create directional airflow that draws air into the work area through the entry area. The exhaust air shall not be recirculated to any other area of the building, shall be discharged to the outside, and shall be dispersed away from occupied areas and air intakes. The proper direction of the airflow shall be verified (i.e., into the work area). The ventilation system shall conform to the requirements of Article 107.

(5) Training Requirements.

Training requirements for employees in HIV, HBV and HCV research laboratories and HIV, HBV and HCV production facilities are specified in subsection (g)(2) and they shall receive in addition the following initial training:

(A) The employer shall assure that employees demonstrate proficiency in standard microbiological practices and techniques and in the practices and operations specific to the department before being allowed to work with HIV, HBV or HCV.

(B) The employer shall assure that employees have prior experience in the handling of human pathogens or tissue cultures before working with HIV, HBV or HCV.

(C) The employer shall provide a training program to employees who have no prior experience in handling human pathogens. Initial work activities shall not include the handling of infectious agents. A progression of work activities shall be assigned as techniques are learned and proficiency is developed. The employer shall assure that employees participate in work activities involving infectious agents only after proficiency has been demonstrated.

(f) Hepatitis B Vaccination and Bloodborne Pathogen Post-exposure Evaluation and Follow-up.

(1) General.

(A) The employer shall make available the hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post-exposure evaluation and follow-up for bloodborne pathogens exposure to all employees who have had an exposure incident. When an employer is also acting as the evaluating health care professional, the employer shall advise an employee following an exposure incident that the employee may refuse to consent to post-exposure evaluation and follow-up from the employer-healthcare professional. When consent is refused, the employer shall make immediately available to exposed employees a confidential medical evaluation and follow-up from a healthcare professional other than the exposed employee's employer.

Exception: Designated first aid providers who have occupational exposure are not required to be offered pre-exposure hepatitis B vaccine if the following conditions exist:

1. The primary job assignment of such designated first aid providers is not the rendering of first aid.

a. Any first aid rendered by such persons is rendered only as a collateral duty responding solely to injuries resulting from workplace incidents, generally at the location where the incident occurred.

b. This exception does not apply to designated first aid providers who render assistance on a regular basis, for example, at a first aid station, clinic, dispensary, or other location where injured employees routinely go for such assistance, and emergency or public safety personnel who are expected to render first aid in the course of their work.

2. The employer's Exposure Control Plan, subsection (c)(1), shall specifically address the provision of hepatitis B vaccine to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM (regardless of whether an actual exposure incident, as defined by subsection (b), occurred) and the provision of appropriate post-exposure evaluation, prophylaxis and follow-ups for those employees who experience an exposure incident as defined in subsection (b), including:

a. Provisions for a reporting procedure that ensures that all first aid incidents involving the presence of blood or OPIM shall be reported to the employer before the end of work shift during which the first aid incident occurred.

i. The report must include the names of all first aid providers who rendered assistance, regardless of whether personal protective equipment was used and must describe the first aid incident, including time and date.

A. The description must include a determination of whether or not, in addition to the presence of blood or OPIM, an exposure incident, as defined in subsection (b), occurred.

B. This determination is necessary in order to ensure that the proper post-exposure evaluation, prophylaxis and follow-up procedures required by subsection (f)(3) are made available immediately if there has been an exposure incident, as defined in subsection (b).

ii. The report shall be recorded on a list of such first aid incidents. It shall be readily available to all employees and shall be provided to the Chief upon request.

b. Provision for the bloodborne pathogens training program, required by subsection (g)(2), for designated first aiders to include the specifics of the reporting requirements of subsection (f)(3) and of this exception.

c. Provision for the full hepatitis B vaccination series to be made available as soon as possible, but in no event later than 24 hours, to all unvaccinated first aid providers who have rendered assistance in any situation involving the presence of blood or OPIM regardless of whether or not a specific exposure incident, as defined by subsection (b), has occurred.

3. The employer must implement a procedure to ensure that all of the provisions of subsection 2. of this exception are complied with if pre-exposure hepatitis B vaccine is not to be offered to employees meeting the conditions of subsection 1. of this exception.

(B) The employer shall ensure that all medical evaluations and procedures, including the hepatitis B vaccine and vaccination series and post-exposure evaluation and follow-up, including prophylaxis, are:

1. Made available at no cost to the employee;

2. Made available to the employee at a reasonable time and place;

3. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and

4. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified by this subsection (f).

(C) The employer shall ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

(2) Hepatitis B Vaccination.

(A) Hepatitis B vaccination shall be made available after the employee has received the training required in subsection (g)(2)(G)9. and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

(B) The employer shall not make participation in a prescreening program a prerequisite for receiving hepatitis B vaccination.

(C) If the employee initially declines hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the employer shall make available hepatitis B vaccination at that time.

(D) The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the statement in Appendix A. (E) If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) shall be made available in accordance with section (f)(1)(B).

(3) Post-exposure Evaluation and Follow-up.

Following a report of an exposure incident, the employer shall make immediately available to the exposed employee a confidential medical evaluation and follow-up, including at least the following elements:

(A) The employer shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred;

(B) The employer shall identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law;

1. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the employer shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available, shall be tested and the results documented.

2. When the source individual is already known to be infected with HBV, HCV or HIV, testing for the source individual's known HBV, HCV or HIV status need not be repeated.

3. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

(C) The employer shall provide for collection and testing of the employee's blood for HBV, HCV and HIV serological status;

1. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained.

2. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

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

(D) The employer shall provide for post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service;

(E) The employer shall provide for counseling and evaluation of reported illnesses.

(4) Information Provided to the Healthcare Professional.

(A) The employer shall ensure that the healthcare professional responsible for the employee's hepatitis B vaccination is provided a copy of this regulation.

(B) The employer shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:

1. A copy of this regulation;

2. A description of the exposed employee's duties as they relate to the exposure incident;

3. Documentation of the route(s) of exposure and circumstances under which exposure occurred, as required by subsection (f)(3)(A);

4. Results of the source individual's blood testing, if available; and

5. All medical records relevant to the appropriate treatment of the employee including vaccination status which are the employer's responsibility to maintain, as required by subsection (h)(1)(B)2.

(5) Healthcare Professional's Written Opinion.

The employer shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the evaluation.

(A) The healthcare professional's written opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

(B) The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:

1. That the employee has been informed of the results of the evaluation; and

2. That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment.

(C) All other findings or diagnoses shall remain confidential and shall not be included in the written report.

(6) Medical Recordkeeping.

Medical records required by this standard shall be maintained in accordance with subsection (h)(1) of this section.

(g) Communication of Hazards to Employees.

(1) Labels and Signs.

(A) Labels.

1. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or OPIM, except as provided in subsection (g)(1)(A)5., 6. and 7.

Note: Other labeling provisions, such as Health and Safety Code Sections 118275 through 118320 may be applicable.

2. Labels required by this section shall include either the following legend as required by Section 3341:

View Graphic

Or in the case of regulated waste the legend:

BIOHAZARDOUS WASTE or SHARPS WASTE

as described in Health and Safety Code Sections 118275 through 118320.

3. These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

4. Labels required by subsection (g)(1)(A) shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

5. Red bags or red containers may be substituted for labels except for sharp containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled in accordance with subsection (g)(1)(A)2. Labels on red bags or red containers do not need to be color-coded in accordance with subsection (g)(1)(A)3.

6. Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements of subsection (g). 7. Individual containers of blood or OPIM that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

8. Labels required for contaminated equipment shall be in accordance with this subsection and shall also state which portions of the equipment remain contaminated.

9. Regulated waste that has been decontaminated need not be labeled or color-coded.

(B) Signs.

1. The employer shall post signs at the entrance to work areas specified in subsection (e), HIV, HBV and HCV Research Laboratory and Production Facilities, which shall bear the following legend:

View Graphic

(Name of the Infectious Agent)

(Special requirements for entering the area)

(Name, telephone number of the laboratory director or other responsible person.)

2. These signs shall be fluorescent orange-red or predominantly so, with lettering and symbols in a contrasting color, and meet the requirements of Section 3340.

(2) Information and Training.

(A) Employers shall ensure that all employees with occupational exposure participate in a training program which must be provided at no cost to the employee and during working hours.

(B) Training shall be provided as follows:

1. At the time of initial assignment to tasks where occupational exposure may take place;

2. At least annually thereafter.

(C) For employees who have received training on bloodborne pathogens in the year preceding the effective date of the standard, only training with respect to the provisions of the standard which were not included need be provided.

(D) Annual training for all employees shall be provided within one year of their previous training.

(E) Employers shall provide additional training when changes, such as introduction of new engineering, administrative or work practice controls, modification of tasks or procedures or insitituion of new tasks or procedures, affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created.

(F) Material appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

(G) The training program shall contain at a minimum the following elements:

1. Copy and Explanation of Standard. An accessible copy of the regulatory text of this standard and an explanation of its contents;

2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;

3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;

4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;

5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;

6. Methods of Compliance. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;

7. Decontamination and Disposal. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;

8. Personal Protective Equipment. An explanation of the basis for selection of personal protective equipment;

9. Hepatitis B Vaccination. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge;

10. Emergency. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM; 11. Exposure Incident. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;

12. Post-Exposure Evaluation and Follow-Up. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;

13. Signs and Labels. An explanation of the signs and labels and/or color coding required by subsection (g)(1); and

14. Interactive Questions and Answers. An opportunity for interactive questions and answers with the person conducting the training session.

Note: Additional training is required for employees of HIV, HBV, and HCV Research Laboratories and Production Facilities, as described in subsection (e)(5).

(H) The person conducting the training shall be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

(h) Recordkeeping.

(1) Medical Records.

(A) The employer shall establish and maintain an accurate record for each employee with occupational exposure, in accordance with Section 3204.

(B) This record shall include:

1. The name and social security number of the employee;

2. A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination as required by subsection (f)(2);

3. A copy of all results of examinations, medical testing, and follow-up procedures as required by subsection (f)(3);

4. The employer's copy of the healthcare professional's written opinion as required by subsection (f)(5); and

5. A copy of the information provided to the healthcare professional as required by subsections (f)(4)(B)2., 3. and 4. (C) Confidentiality. The employer shall ensure that employee medical records required by subsection (h)(1) are:

1. Kept confidential; and

2. Not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law.

(D) The employer shall maintain the records required by subsection (h)(1) for at least the duration of employment plus 30 years in accordance with Section 3204.

(2) Training Records.

(A) Training records shall include the following information:

1. The dates of the training sessions;

2. The contents or a summary of the training sessions;

3. The names and qualifications of persons conducting the training; and

4. The names and job titles of all persons attending the training sessions.

(B) Training records shall be maintained for 3 years from the date on which the training occurred.

(3) Sharps Injury Log.

The Sharps Injury Log shall be maintained 5 years from the date the exposure incident occurred.

(4) Availability.

(A) The employer shall ensure that all records required to be maintained by this section shall be made available upon request to the Chief and NIOSH for examination and copying. (B) Employee training records required by this subsection shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.

(C) Employee medical records required by this subsection shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, to the Chief, and to NIOSH in accordance with Section 3204.

(D) The Sharps Injury Log required by subsection (c)(2) shall be provided upon request for examination and copying to employees, to employee representatives, to the Chief, to the Department of Health Services, and to NIOSH.

(5) Transfer of Records.

(A) The employer shall comply with the requirements involving transfer of records set forth in Section 3204.

(B) If the employer ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, the employer shall notify NIOSH, at least three months prior to their disposal and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.

(i) Appendix.

Appendix A to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A--Hepatitis B Vaccine Declination

(MANDATORY)

The employer shall assure that employees who decline to accept hepatitis B vaccination offered by the employer sign the following statement as required by subsection (f)(2)(D):

I understand that due to my occupational exposure to blood or OPIM 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 myself. 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 OPIM and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

NOTE

Authority cited: Sections 142.3 and 144.7, Labor Code. Reference: Sections 142.3 and 144.7, Labor Code; Sections 117600 through 118360, Health and Safety Code.

HISTORY 1. New section filed 12-9-92; operative 1-11-93 (Register 92, No. 50).

2. Editorial correction of printing errors in subsections (c)(1)(A) and (d)(2)(C) (Register 93, No. 32).

3. Amendment of subsections (g)(1)(A)2. and (g)(1)(B)2. filed 2-5-97; operative 3-7-97 (Register 97, No. 6).

4. Amendment filed 1-22-99 as an emergency; effective 1-22-99 (Register 99, No. 4). The emergency regulation filed 1-22-99 shall remain in effect until the nonemergency regulation becomes operative or until August 1, 1999, whichever first occurs pursuant to Labor Code section 144.7(a).

5. Permanent adoption of 1-22-99 amendments, including further amendments, filed 7-30-99 pursuant to Labor Code section 144.7(a); operative 7-30-99 pursuant to Government Code section 11343.4(d) (Register 99, No. 31).

6. Repealer of subsection (c)(1)(D)2., new subsections (c)(1)(D)2.a.-b. and (c)(1)(E), subsection relettering, amendment of subsection (c)(2), new subsections (c)(2)(D)-(E) and amendment of subsections (d)(3)(B)2.Exception, (d)(3)(E)3.b., (d)(3)(H)1.b. and (d)(3)(H)2.a. filed 8-3-2001; operative 8-3-2001. Submitted to OAL for printing only. Exempt from OAL review pursuant to Labor Code section 142.3 (Register 2001, No. 31).

Appendix.

to this section is incorporated as a part of this section and the provision is mandatory.

Appendix A

Go Back to Article 109 Table of Contents

Appendix B – Hepatitis B Vaccination Notification Form

County of Tuolumne

I understand that due to my potential 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 myself.

☐ However, I have declined the 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.

☐ Yes, I wish to be vaccinated against Hepatitis B.

☐ I have already received the Hepatitis B vaccine. Please review my status.

Please return the completed form to the Human Resources Risk Management Analyst.

Employee Name (Please Print):_____

Employee Signature:_____Date:_____

Social Security No:_____ Date of Birth:_____

Appendix C –COUNTY OF TUOLUMNE
WORKER'S COMPENSATION
SUPERVISOR'S INVESTIGATION REPORT

This report will be prepared by the IMMEDIATE SUPERVISOR of the Employee involved in any accident or incident resulting in injury or illness. Forward to the Human Resources/Risk Management Department within 24 hours of the accident or incident.

GENERAL INFORMATION

Employee _____ Classification _____
Hourly Rate _____
Department _____ Division _____ Work Location _____
Hours Worked: Per Day _____ # Days _____ Total Weekly Hours: _____ Time Shift Started: _____ A.M. / P.M.
Home Address _____ City/State _____ Zip _____
Telephone # _____ Age _____ Sex _____ Date of Birth _____
Date of Hire _____ Social Security # _____

INJURY OR ILLNESS

Date of Accident/Incident _____ Time _____ A.M. _____ P.M. _____
Location (Address) _____ Witness _____
Description of Accident/Incident
_____
_____
Nature of Illness/Injury
_____
Did Employee receive medical treatment? _____ Name of Physician _____
Was Employee hospitalized? _____ Hospital _____
Did Employee lose work time on any day after injury? _____ Date Returned to Work * _____

PREVENTION INVESTIGATION

Cause of Accident_____
Corrective action necessary to eliminate cause of accident
_____
_____
Was safety equipment available? _____ Was safety equipment properly used? _____
Supervisor's recommendations
_____
_____
Supervisor's signature _____ Classification _____ Date _____

*** Department must notify Human Resources/Risk Management immediately when an employee returns to work after an injury or illness.**

White - Human Resources/Risk Management Yellow - Claims Administrator Pink - Department Revised 09/98

THIS PACKET IS FOR

EXPOSURE FOLLOW-UP FOR

ED CLIENT/OCCUPATIONAL HEALTH

ONLY

DO NOT USE THIS PACKET FOR SRMC EMPLOYEE EXPOSURES OR SRMC SOURCE PATIENTS

THIS PACKET IS FOR EXPOSURE FOLLOW-UP ON THE
OCCUPATIONAL HEALTH,
EXPOSED NON SRMC EMPLOYEE AND ED PATIENT

☐ **1. Determine if source patient is high risk – if so, refer to *"Prophylaxis Following***
Occupational Exposure to HIV"

☐ **2. New state health care regulations, Section 2600 of Article 3.5 of Title 17, require "confirmed positive test results" to be reported to the local health department using the patient's name. SRMC will report results confidentially to the ordering practitioner. Confidential and anonymous testing may be acquired through the local health department.**

☐ **3. Provide any treatment necessary for injury (sutures, irrigation, tetanus booster, etc.)**

☐ **4. Give "Overview of Exposure Follow-up/ Precautions to Prevent the Spread of**
Bloodborne Disease" to the patient.

☐ **5. Have client sign consents**

- **Consent for the HIV Test**
- **Authorization for Disclosure of the Results of the HIV Test (If client wants private physician to receive results, fill in physician's name on line)**
- **Give client copies of consent and authorization for disclosure.**

☐ **6. Send signed consent and disclosure provided in packet with Laboratory Assistant to**
the laboratory.

☐ **7. Place admitting sticker on lab slip in back of packet. Use this slip to have blood drawn for:**

- **HIV Hep B & C**
- **Order all other tests on ED laboratory order form**
- **If ED client declines to sign consent for HIV test, encourage Hepatitis B/C test only.**

☐ **8. Direct result reporting by marking desired box, Job Care, ED physician or Primary Care Giver.**

☐ **9. Advise work comp client that results may be obtained from Job Care. ED patient's results may be obtained from ED physician or Primary Care Giver. Circle appropriate provider on Client Information Sheet.**

☐ **10. Use pre-printed Rx to order sequential testing. Give client a copy and attach copy to consent that goes to Lab.**

☐ **11. Send letter to private MD authorized by patient to inform physician that testing has been done.**

JOB CARE AND ED PHYSICIAN RESULT PROCESSING

☐ **1. Note on the results the date the client received results.**
☐ **2. Forward noted results to Health Information Management (HIM) in a sealed confidential envelope.**

Exposure Follow Up

Clients who have a needle stick or body fluid exposure will be followed using recommendations from the Centers for Disease Control and Prevention (CDC).

POTENTIALLY INFECTIOUS MATERIALS -MUCOSAL, PERCUTANEOUS, OR NON-INTACT SKIN EXPOSURE TO THESE REQUIRES BLOODBORNE PATHOGEN FOLLOW-UP

- Blood
- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Pericardial fluid
- Peritoneal fluid
- Amniotic fluid
- Any body fluid that is visibly contaminated with blood
- All body fluids in situations where it is difficult or impossible to differentiate between body fluids

BITES- if a bite results in blood exposure, both the person being bitten and the person who inflicted the bite are followed up as source patients <u>AND</u> exposed patients.

Body fluids and material to which bloodborne pathogen exposure follow-up does not apply (unless visibly contaminated with blood)

- Feces
- Nasal secretions
- Sputum
- Sweat
- Tears
- Urine
- Vomitus
- Saliva

Some of these fluids and excretions represent a potential source for infection with other pathogens. Follow-up for exposure to these fluids and materials should focus on prevention of non-bloodborne infection- for example, ISG may be offered for unprotected fecal-oral exposure to active Hepatitis A

Splashes of blood or body fluids to intact skin are not considered an exposure.

9.1..1

9.1..2 *RAPID HIV TESTING OF SOURCE PATIENTS*

Rapid HIV Testing (SUDS test) will be performed as soon as possible (and as soon as patient is able to give consent) on known source patients.
Results will be hand carried by Laboratory Staff to the ED practitioner in order that decisions about post-exposure prophylaxis can be made in a timely manner.

PROPHYLAXIS FOLLOWING OCCUPATIONAL EXPOSURE TO HIV

Post exposure prophylaxis (PEP) may be offered to clients exposed to HIV. Yellow PEP packets are available to assist in the procedure of dispensing prophylactic drugs. The PEP packets contain the criteria and dosing guidelines, consents, and informational materials.

Post exposure prophylaxis should be started as soon as possible after the exposure

Expert consultation for PEP is strongly advised- please call the National Clinician's Post-Exposure Hotline!

10.0NATIONAL CLINICIAN'S POST-EXPOSURE HOTLINE – 888-HIV-4911

24-hour emergency hotline for clinicians who need advice on treating health care workers who have suffered occupational exposures to bloodborne pathogens. Staffed by UCSF physicians, clinical pharmacists, and nurse practitioners that will help callers assess their patients' risks, discuss the current post-exposure prophylaxis protocols, and review specific treatment and follow-up options.
The drugs used for prophylaxis are in the drug cart in pre-packaged doses for use when the pharmacy is closed.

Exposure Criteria

(a) Contact with HIV via percutaneous injury, or contact of mucous membrane or non-intact skin with blood, tissue, or other body fluids that are potentially infectious
(b) If a human bite results in blood exposure to either person, post exposure follow-up should be provided
(c) Contact with HIV includes contacts with blood or body fluids (semen, vaginal secretions, body fluids visibly contaminated with blood, cerebrospinal, synovial, pleural, peritoneal, pericardial or amniotic fluids) or tissue from an HIV infected source patient.
(d) Source patients will be considered HIV infected if one of the following is met: clinically diagnosed AIDS, symptomatic HIV infection or compatible signs in a high risk patient, repeatedly reactive EIA or rapid HIV antibody test. Confirmation by Western Blot or IFA is not necessary to make initial decisions about PEP
(e) **If the source patient's HIV status is unknown**, decisions regarding PEP will be made by the ED physician based on what is known about the patient (i.e. risk factors) and what is known about the type of exposure, which occurred.

(f) **If the source patient is unidentified**, information about the circumstances of the exposure should be assessed for risk of HIV transmission. Use of PEP should be decided on a case by cases basis.

Exclusion Criteria: Employees will be ineligible if any of the following criteria are present:

HIV infection diagnosed at baseline

(a) Medical conditions in which antiretroviral therapy would be contraindicated.

11.0 *OVERVIEW OF EXPOSURE FOLLOW UP*

When an ED client has an exposure to blood or body fluids, the following post-exposure activities occur:

1. You will be offered Hepatitis B/C and HIV testing to establish your baseline status.

2. You will be offered Hepatitis B immunization if you have never been immunized. If you have been immunized, your level of antibodies will be checked to be sure that you are protected. Treatment will depend on your level of antibodies.

3. For work-related incidents, your employer may test the source patient for Hepatitis B/C and HIV. The source patient's test results should be available to you within 15 days. Remember this information is confidential.

4. A letter will be sent to your private physician to inform him/her of the need for follow-up testing for HIV at six weeks, three months, and six months after exposure. It is your responsibility to contact your physician to set up follow-up appointments.

5. California law declares the results of HIV tests to be confidential and strictly limits the disclosure of tests. (Health and Safety Code Section 120980). HIV results must be obtained in person. Results are not available over the phone. It takes up to one week to receive test results. Call first to be sure the results are available. In the meantime, please refer to the handout entitled "Precautions to Prevent the Spread of Hepatitis B/C and HIV.

   To check on the status of your results call:

   - ❑ Workers Compensation Client, Job Care, 19747 Greenley Rd 209-588-8840
   - ❑ ED Patients, 536-3460
   - ❑ Primary Care Provider

- ❑ Prompt Care at Indian Rock, 14540 Mono Way 532-3167
- ❑ Forest Road Health & Wellness Walk-in Clinic, 193 S. Fairview Lane, Suite C, 536-5130

6. Since the window period for seroconversion is six months, it is important that you continue to follow the written instructions you were given -"Precautions to Prevent the Spread of Hepatitis B/C and HIV." It is also important to continue to see your private physician for your follow-up HIV testing at six weeks, three months, and six months.

-

Give To EXPOSED Patient

Precautions to Prevent the Spread of Bloodborne Diseases

(Hepatitis B, Hepatitis C, and HIV)

While you are waiting for lab results, please follow these precautionary measures to avoid the spread of bloodborne diseases.

- Exercise sexual abstinence or use condoms for vaginal, anal, and oral sex. Don't allow your partner's blood, vaginal fluid, semen, urine, or feces to get in your vagina, anus, or mouth. Don't allow your semen, blood, urine, vaginal fluid, or feces to get in your partner's vagina, anus, or mouth. Only use condoms made of latex and use them every time you have sex. Don't share sex toys. Remember that condoms do not provide 100% protection against infection and that anal intercourse (even with a condom) is probably more risky than oral or vaginal intercourse.

- Don't use IV drugs, but if you do, never share needles or syringes with anyone.

- Don't share razors, toothbrushes, or anything else that could be contaminated with blood or body fluids.

- Avoid pregnancy and breastfeeding.

- Refrain from donating blood, plasma, organs, tissue, or semen.

- Avoid getting tattooed.

What sexual activities are considered safe?

Any activities that don't involve sharing body fluids (semen, urine, blood, vaginal fluids, feces, and saliva) are considered safe. Don't use saliva, Vaseline, or other oils as a lubricant when you use condoms; use a water-base lubricant. Safe sex includes hugging, cuddling, mutual masturbation, massage, and dry kissing. Any kind of sexual intercourse without a condom is considered unsafe.

Once the lab results have come back:

For persons who have been exposed to blood/body fluids from a patient with lab results which are negative for Hepatitis B, Hepatitis C, and HIV (and patient has no symptoms of HIV)- **no further precautions or follow-up are necessary.**

*For persons who have been exposed to an HIV positive source patient or an unknown source***- these precautions should be followed for the course of the follow-up (6 months).**

For persons who have been exposed to a Hepatitis B or Hepatitis C positive source patient-**no special precautions are necessary** EXCEPT **that you should not donate blood, plasma, organs, tissue, or semen. No modification of sexual practices is necessary. You do not have to refrain from becoming pregnant. You do not have to discontinue breastfeeding.**

CONSENT FOR THE HIV TEST

Patient's name: _____

I am consenting to be tested to see whether I have been infected with the Human Immunodeficiency Virus (HIV), which is the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS).

12.0 MEANING OF THE TEST

The 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 results may indicate that the person is infected with HIV when the 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.

13.0 CONFIDENTIALITY

California law limits the disclosure of my HIV test results. As a general rule, the law states that no one but my doctor and other caregivers may be told about the test results unless I give specific written consent to let other people know. However, in some cases, my doctors may disclose my test results to my spouse, any sexual partner(s) or needle-sharing partner(s), the county health officer, or to a health care worker who has had a substantial exposure to my blood or other potentially infectious material.

14.0 BENEFITS AND RISKS OF THE TEST

The test results can help me make better decisions about my health care and my personal life. The test results can help my doctor and me make decisions concerning medical treatment. If the results are positive, I know that I can infect other 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 relationships, jobs, housing, education or insurance when their test results have become known to other people.

15.0 MORE INFORMATION

I understand that before I decide to take this test I should be sure that I have asked my doctor any questions I may have about the tests, its meaning, its risks and benefits, and any alternatives to the test.

____ This consent covers a single HIV test
__X_ This consent covers a series of HIV tests now, and at 6 weeks, 3 months, 6 months

By my signature below, I acknowledge that I have read and understood the information in this form, that I have been given all of the information I desire concerning the HIV tests, its meaning, expected benefits, possible risks, and any alternatives to the tests, and that I have had my

questions answered. Further, I acknowledge that I have given consent for the performance of a test to detect HIV.

Date_____ Time: _____

Signature: _____
(patient/parent/conservator/guardian)
If signed by other than the patient, indicate relationship:

_____

Witness: _____

SONORA REGIONAL MEDICAL CENTER MEDICAL CENTER
EXPOSURE FOLLOW -UP
AUTHORIZATION FOR DISCLOSURE OF
MEDICAL INFORMATION AND RESULTS OF HIV TESTING

Patient's Name: _____
Date of Birth: _____
Medical Record Number: _____

16.0 EXPLANATION

This authorization for use or disclosure of the results of a test to detect the presence of the Human Immunodeficiency Virus (HIV), the probable causative agent of Acquired Immune Deficiency Syndrome (AIDS), is being requested of you to comply with the terms of the Confidentiality of Medical Information Act [Civil Code Section 56 *et seq*] and Health and Safety Code Section 120980(g).

17.0 AUTHORIZATION

I hereby authorize SRMC and ARUP Laboratories to furnish to: County Public Health Officer, Risk Mgnt Analyst and the exposed worker, the results of my blood tests performed to detect antibodies to HIV. In addition, I authorize results furnished to:

- ❑ Forest Road Health and Wellness Walk-in Clinic
- ❑ Indian Rock Prompt Care
- ❑ Sonora Regional Medical Center Medical Center Job Care
- ❑ My Private Physician: _____

.

18.0 USES

The requester may use the information for any purpose, subject only to the following limitations:

_____
_____

19.0 DURATION

This authorization shall become effective immediately and shall remain in effect indefinitely, or until (*date)* _____, 20_____

20.0 RESTRICTIONS

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

21.0 ADDITIONAL COPY

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

Copy requested and received: o Yes o No Initials: _____

Date: _____ Time: _____

Signature: _____ if signed by other than patient, indicate relationship (Patient/parent/conservator/guardian): _____

Witness: _____

Laboratory, 1000 Greenley Road, Sonora, CA, 95370
Rick Baier, M.D., Pathologist
Michael E. Fitzpatrick, M.D., Pathologist

ED PATIENT/WORKERS COMPENSATION
OCCUPATIONAL HEALTH CLIENTS

DO NOT USE THIS PACKET FOR SRMC EMPLOYEES, PHYSICIAN OR SRMC SOURCE PATIENTS

The following laboratory tests are to be drawn after exposure to blood or body fluids:

EMERGENCY DEPARTMENT:

1. **Mark patient type. Laboratory will draw appropriate tests under marked patient type.**

EXPOSED PATIENT	SOURCE PATIENT
HbsAb-HEPBSB **HCV-HEPCAB** **HIV1-send copy of informed consent**	**HbsAg-HEPBSA** **HCV-HEPCAB** **Rapid HIV-suds** **HIV1-Send copy of informed consent.**

2. **Mark box to direct result processing (who should get results).**

   - ❑ **Job Care (Workers Compensation Clients Only, Including All County Employees)**
   - ❑ **ED/Indian Rock Prompt Care Physician**
   - ❑ **Forest Road Health and Wellness Walk-in Clinic**
   - ❑ **Primary Care Provider – Source patient results must always be sent to the Primary Care Provider.**

4. **Send signed consent and disclosure to Laboratory with order. The Laboratory will copy, and then send the original to Health Information Management and copies to designated health care provider.**

LABORATORY:

1.

Place ED Patient Admitting Sticker Here	Place Laboratory Label Here

2. **Clinics need to aliquot red top.**
3. **Order HIV1 in LIS. Order a COLH.**
4. **Place LIS labeled specimen in ARUP refrigerated basket.**
5. **Place paperwork in sendout tray.**

Date/Time Lab work drawn at (date/time)_____ by _____

Return all paperwork to Send Out Desk-Do not send this paperwork to SRMC Infection Control. The Send Out desk keeps a copy of this paperwork. Send a copy of this form to the location marked in Emergency Department instruction #2.

Do not change the physician to Infection Control but leave it as registered by Admitting.

1000 Greenley Road
Sonora, CA 95370
(209) 536-5000

Date: _____

Dear Dr. _____:

_____ was seen in our ED for a blood/body fluid exposure on _____. A baseline HIV/Hepatitis B & C test was done. This patient is being referred to you for follow-up HIV testing at six weeks, three months, and six months, and for continuation of Hepatitis B immunizations if indicated.

If you have any questions about the follow-up required, please contact the ordering physician.

_____
MD Signature