



MENDOCINO COUNTY BLOODBORNE PATHOGENS PROGRAM

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PREPARED BY: Risk Management Division

MENDOCINO COUNTY BLOODBORNE PATHOGENS PROGRAM

FORWARD

A BLOODBORNE PATHOGENS PROGRAM will eliminate or minimize occupational exposure to Bloodborne Diseases. Mendocino County is committed to providing a safe and healthful work environment for all employees. In pursuit of this endeavor, departments will develop Exposure Control Plans and observe these plans as minimal standards in the control of occupational exposure.

1. **THE COUNTY BLOODBORNE PATHOGENS PROGRAM**
This program guides the County's response to all occupational exposure to blood or other potentially infectious materials.
2. **FACILITY BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**
When completed, each County facility will have its own Bloodborne Pathogens Exposure Control Plan, as required by the California Code of Regulations, Title 8, General Industry Safety Orders, Section 5193 (As Amended). The Risk Management Division coordinates this planning effort.

This guide serves three purposes. First, it will help department heads and facility managers develop facility Bloodborne Pathogens Exposure Control Plans; second, it will help guide response efforts; and third, it provides background information for training. This guide has four sections:

1. General Information
Contains the general information about Bloodborne Pathogens. It explains when the program should be used, describes phases and levels of occupational exposure and most importantly the roles and responsibilities of those employees involved in the program.
2. Bloodborne Pathogens Guidelines
Contains information to guide those employees who must respond to or deal with various types of occupational exposure encountered in the facility or workplace. Most of the information is generic. As you review your facility's specific needs, you will need to develop detailed procedures to handle specific situations.
3. How To Write Your Facility Bloodborne Pathogens Exposure Control Plan
Contains a sample Exposure Control Plan for writing your facility's plan.
4. Facility Bloodborne Pathogens Exposure Control Plan For (Your Facility)

If you have any questions or need additional information, contact the Risk Management Division at 841 Low Gap Road, Ukiah, California 95482, (707) 463-4445.

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I. GENERAL INFORMATION

A. SCOPE

This program applies to all work places and employment within Mendocino County, where in the normal course of job duties there is a reasonable likelihood that employees may be exposed to human blood, blood components, products made from human blood, body fluids, human tissue and organs, medical waste, or other potentially infectious material.

This procedure sets forth minimum standards for all County departments. Individual departments may implement more stringent standards. Copies of programs prepared by departments that differ from the elements herein are to be provided to the Risk Management Division for review

B. PURPOSE

The purpose of this program is to eliminate or minimize the risk of employee exposure to infectious agents, specifically Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV), and to prevent infection and disease that might occur as a result of exposure to those agents, and to provide a means by which departments may provide medical attention to employees. This purpose is served through the education of employees, utilization of appropriate engineering and work practice controls, the use of protective equipment, maintaining sanitary working conditions, the practice of appropriate medical surveillance and in utilization of appropriate vaccines and medical treatment.

C. INTRODUCTION

The potential for exposure to infectious agents through contact with body fluids or other elements as described under "Scope" exists in many areas of employment throughout Mendocino County. It is imperative that such exposure, as well as the impact upon employee health as a result of exposure, be minimized.

This program has been established to safeguard the health and safety of County employees. Included are specific provisions required of each department within the County having job activities that present a possibility of employee exposure to infectious agents, specifically Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). It is important that all managers and supervisors thoroughly understand the elements of this program.

In implementing this program, all affected County departments shall engage in "Universal Precautions" relative to infection control, employee training, and supervision of the work force.

D. DEFINITIONS:

1. Infectious Agent

Biologic Agent (microorganism) capable of invading human tissue and producing disease that can cause or significantly contribute to death or irreversible, incapacitating or reversible illness.

a. Bloodborne Infectious Agent. An infectious agent present in human blood, that can infect and cause disease in humans through exposure to blood, blood products, body fluids, or other potentially infectious material. These agents include, but are not limited to, Hepatitis B Virus

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(HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).

2. Body Fluids
 - a. Fluids from humans in health care and public safety settings. These include fluid blood, blood products, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid, saliva in dental procedures, and any body fluid that is visibly contaminated with blood.
 - b. Other body fluids, human or animal, known to transmit, or with reasonable diligence should be suspected of transmitting infectious agents, and exposure to which poses an increased risk of infection.
3. Other Potentially Infectious Material
 - a. Material that is known to transmit, or with reasonable diligence should be suspected of transmitting, infectious agents, and exposure to which poses an increased risk of infection.
4. Exposure
 - a. Occupational Exposure. Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood, body substances, or other potentially infectious material, or inhalation of agents transmitted by inhalation, that may result from performance of an employee's duties. This definition excludes incidental exposures that may take place on the job, and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment.
 - b. Exposure Incident. A specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood, body fluids, or other potentially infectious material, or the inhalation of agents transmitted by inhalation, that results from performance of an employee's duties.
 - c. Parenteral. Exposure incident occurring as a result of piercing the skin barrier (e.g. subcutaneous, intramuscular, intravenous routes).
 - d. Sharps. Any object that can penetrate the skin including needles, scalpels, and broken capillary tubes or glass.
5. Universal Precautions
 - a. Universal precautions is the unequivocal assumption that all human blood, semen, vaginal secretions, cerebrospinal fluids, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, body fluid contaminated with blood, any unfixed tissue or organ from a human (living or dead), cell tissue or organ cultures, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, are known to be infectious for HIV, HBV, HCV and other bloodborne pathogens, and are treated as such or simply stated treat all body fluids as if they are infectious.

II. COUNTY BLOODBORNE PATHOGENS PROGRAM

A. INFECTION CONTROL

1. Exposure Determination

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- a. Each department having any job activity that presents a potential for "Occupational Exposure" shall identify and document those tasks and procedures where occupational exposure may take place.
 - b. Each department shall identify and document all positions by title, which by the nature of the position, involve occupational exposure, as defined above.
 - c. As a result of 1a and 1b immediately above, departments shall prepare three lists as follows:
 - A list of job classifications in which all employees in those job classifications have occupational exposure.
 - A list of job classifications in which some employees in the classifications have occupational exposure.
 - A list of all tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs.
 - d. The determination as to "Occupational Exposure" as defined herein shall be made without regard to the use of personal protective equipment. That is, if a position or task may be reasonably anticipated to bring an employee into contact with body fluids, blood, or other elements as previously described, the wearing of protective equipment or clothing to prevent such contact does not eliminate the fact such employee is subject to "Occupational Exposure".
2. Exposure Control Plan
- a. Each department having employees whose duties may reasonably be anticipated to result in "Occupational Exposure" shall establish a written Exposure Control Plan designed to minimize or eliminate employee exposure.
 - b. This Exposure Control Plan shall contain the following as a minimum:
 - The exposure determination required by Section 1 above.
 - The department schedule and method of implementation for each of the elements of the County Bloodborne Pathogens Program, which, in addition to the Exposure Determination, includes incident reporting, training/education, post exposure procedures, recordkeeping, other medical services and exposure control.
 - c. The Exposure Control Plan shall be reviewed and updated annually to reflect significant changes in tasks or procedures.
 - d. Appendix A of this program is a sample Exposure Control Plan which may be used to develop individual County department plans.
 - e. The Exposure Control Plan prepared by each County department shall be made available to the Risk Management Division for review.

B. EXPOSURE INCIDENT REPORTING

With regard to exposure incidents, time is of the essence in assuring employees receive the prompt medical attention necessary to mitigate the impact of exposure to a positive source individual upon an employees health. Refer to Appendix B "Exposure Incident Action Procedure" of this program.

County employees affected by this program are to be instructed to report exposure incidents immediately to their supervisor. Exposure incidents, as defined in this program, shall be reported to the Risk Management Division. The report shall be prepared by the exposed employee's immediate supervisor as soon as feasible following the time of exposure.

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A copy of this report form is included as Appendix C of this program

In addition to the reporting described above, the State of California, Health and Welfare Agency, Department of Health Services, requires a report of all potential HIV exposure incidents that involve law enforcement employees. A supply of this report, State Form #DHS 8479 (3/93) may be obtained by calling (916) 327-3188. Individual departments are to establish procedures to assure the state required form is completed as appropriate.

C. POST-EXPOSURE MEDICAL EVALUATION AND FOLLOW-UP

Following an employee report of a specific exposure incident, departments shall promptly make available to the exposed employee a confidential medical evaluation and follow-up (refer to Appendix D of this program), including at least the following elements:

1. Documentation of the route(s) of exposure, and the circumstances under which the exposure incident occurred. The Accident Report form (Appendix C) shall be completed for the purpose of this documentation. This form is to be completed by the reporting employee's immediate supervisor.
2. Identification and documentation of the source individual, unless the department can establish that identification is not possible or prohibited by state or local law.
 - a. Individual departments are to establish internal procedures to unequivocally insure the source individual's blood is tested as soon as possible in order to determine HBV, HCV and HIV infectivity, after consent is obtained from the source individual. If consent is not obtained, a department shall promptly 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, the results documented, and the results provided to the medical professional selected. California Penal Code sections provide legal mandates by which individuals within the criminal justice system may be required to consent to testing. Affected departments shall assure administrative/supervisory personnel are conversant with appropriate sections of the Penal Code and that source individual testing occurs at every opportunity.
 - b. Individual departments are to establish procedures and establish funding to assure that individual HIV/HBV/HCV testing is accomplished unless legally prohibited.
 - c. 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. Such knowledge is to be provided to the medical professional selected.
 - d. 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. These results are to only be provided the employee by the selected medical evaluator.
3. Collection And Testing Of Blood For HBV HCV And HIV Serological Status

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- a. The immediate supervisor of an employee suffering an exposure incident shall refer the employee for medical evaluation/follow-up.
 - b. The exposed employee's blood shall be collected as soon as feasible and tested after consent is obtained. The medical evaluator shall complete or assure completion of this process.
 - c. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days, upon the request of the physician. 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.
 - d. The exposed employee must consent to providing blood samples and to testing for Hepatitis B to be included in the medical evaluation/follow-up procedure at County expense.
4. Physician's Written Opinion
For each evaluation under this program, the department shall obtain and provide the employee with a copy of the evaluating physician's written opinion within 15 working days of completion of the evaluation. The Mendocino County Medical Evaluation/Follow-up procedure provides that medical evaluators shall send a copy of the written opinion to the referring supervisor. A copy of the written opinion shall be sent to the Risk Management Division by the medical evaluator. This written opinion shall be limited to the following information:
- a. The physician's recommended limitations upon the employee's ability to receive Hepatitis B vaccination.
 - b. A statement that the employee has been informed of the results of the medical evaluation and that the employee has been told about any medical conditions resulting from exposure to body fluids or other potentially infectious materials which require further evaluation or treatment.
 - c. Specific findings or diagnoses, which are related to the employee's ability to receive HBV vaccination. Any other findings and diagnoses shall remain confidential.
5. HBV Vaccination--Post Exposure Incident
- a. HBV vaccination shall be offered to all employees involved in an exposure incident, as defined in this program, unless the employee has a previous HBV vaccination or unless antibody testing has revealed that the employee is immune or unless the employee declines vaccination (Appendix E). If the employee initially declines HBV vaccination but at a later date decides to accept the HBV vaccine, the department shall assure vaccine is provided at that time. Should a booster dose(s) be recommended by the U.S. Department of Health and Human Services, Centers for Disease Control, at a future date, such booster dose(s) shall be provided according to standard recommendations for medical practice.

D. OTHER MEDICAL SERVICES

1. General
 - a. Individual departments shall assure that medical services required by this program are provided to employees. These services shall include the availability of Hepatitis B vaccinations to all employees who are

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subject to occupational exposure as defined in this program and post-exposure medical evaluation/follow-up for all employees who have experienced an exposure incident, as defined in this program.

- b. All medical evaluations and procedures are to be performed by or under the supervision of a licensed physician and all laboratory tests are to be conducted by an accredited laboratory.
 - c. Departments shall assure that all evaluations, procedures, vaccinations, and post-exposure prophylaxis are provided without cost or loss in pay to the employee (if work related), at a reasonable time and place, and according to recommendations for such medical practice recommended by the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, in effect at the time of exposure.
 - d. All medical evaluation/follow-up provided to Mendocino County employees and required by this program are to be performed by the treating physician or their designee.
 - e. All medical evaluation/follow-up provided under this program, shall be in strict accordance with the Mendocino County Bloodborne Pathogen Exposure Incident Medical Evaluation/Follow-up procedure included as Appendix D of this program.
 - f. Medical evaluation/follow-up provided to employees shall be initially paid by the Risk Management Division.
2. HBV Vaccination--Pre-Incident
- a. HBV vaccination shall be offered to all employees subject to occupational exposure, as defined in this program.
 - b. All employees offered and who decline the vaccine shall sign a vaccination declination stating that they have been informed and understand the vaccination procedure. The vaccine declination included as Appendix E of this program is to be used by all Mendocino County departments. The vaccination declination form shall be maintained as a part of medical records as provided in this program.

E. TRAINING AND EDUCATION

1. In addition to compliance with the provisions of the County of Mendocino Injury and Illness Prevention Program (I.I.P.P.), departments shall ensure that all employees subject to this program participate in a training program appropriate for the infectious agents to which they may be exposed.
2. Training shall be provided at the time of initial employment and at least annually thereafter.
3. Material appropriate in content and vocabulary to educational level, literacy, and language background of employees shall be used.
4. The training program shall contain the following elements:
 - a. A copy of this program and an explanation of its contents.
 - b. A copy of the department Exposure Control Plan.
 - c. A general explanation of the epidemiology and symptoms of the infectious diseases resulting from the infectious agents to which the employee may be exposed.

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- d. A copy and explanation of Code of Safe Work Practices included as Appendix G herein.
- e. An explanation of the modes of transmission of the infectious agents to which they may be exposed.
- f. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to body fluids and other potentially infectious material.
- g. An explanation of the use and limitations of practices that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
- h. Information on the types, proper use, location, removal, handling, decontamination and/or disposal of personal protective clothing and equipment.
- i. An explanation of the basis for selection of protective clothing and equipment.
- j. Information on Hepatitis B vaccine, including information on its efficiency, safety, and the benefits of being vaccinated.
- k. Information on the appropriate actions to take and persons to contact in an emergency.
- l. An explanation of the procedure to follow if an occupational exposure occurs, including the method of reporting the incident and the medical follow-up that will be made available, and information on the medical counseling that is provided for exposed individuals.

F. RECORDKEEPING

1. Medical Records

- a. Each department shall assure that the Risk Management Division is provided documentation necessary to establish and maintain an accurate record for each employee subject to the provisions of this program. Under normal reporting conditions, required documentation is provided by facilities rendering medical evaluation/follow-up care or immunization.
- b. This record shall include:
 - The name and social security number of the employee.
 - A copy of the employee's Hepatitis B vaccination records and medical records relative to the employee's ability to receive vaccination or the circumstances of an exposure incident.
 - A copy of all results of physical examinations, medical testing, and follow up procedures as they relate to the employee's ability to receive vaccination or to post exposure evaluation following an exposure incident.
 - The employer's copy of any physician's written opinion.
 - A copy of the signed vaccination declination of employee refusing vaccine.
- c. Confidentiality
Individual departments shall assure that employee medical records on file at departments are:
 - Kept confidential.
 - Not disclosed or reported to any person within or outside the workplace except as required by this program, instructions on the reports included as Appendixes, or as may be required by law.

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- Distribute to Human Resources whom will maintain this record for at least the duration of employment plus 30 years in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204 (As Amended).

2. Training Documentation

- a. Training records shall be maintained by Risk Management and shall include the following information:
- Dates of training sessions.
 - Contents or a summary of the training sessions.
 - Names of persons conducting the training.
 - Names of all persons attending training sessions.
- b. These records shall be maintained by Risk Management for Five (5) years.

3. All initial training shall be documented on the form "Safety Orientation Checklist", a copy of which is attached as Appendix H to this program. Training relative to Bloodborne Pathogens shall be identified and noted at item #17 on the form.

4. Records Availability

- a. All records required to be maintained by this program shall be made available upon request to the Chief of the Division of Occupational Safety and Health and designated representatives for examination and copying.
- b. Employee training records required by this program shall be provided upon request for examination and copying to employees, employee representatives, and to the Chief of the Division of Occupational Safety and Health and designated representatives in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204 (As Amended). Records availability shall be strictly limited by all regulations governing medically sensitive or confidential information.
- c. All requests for records shall be reviewed and authorized by Mendocino County Counsel prior to release of any information.
- d. Employee medical and training records required by this program shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to the Chief of the Division of Occupational Safety and Health and designated representatives in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204 (As Amended). Such release is subject to the review established in Paragraph (c) immediately above.

5. Transfer of Records

Departments shall comply with the requirements involving transfer of records set forth in Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204 (As Amended).

G. COMMUNICATION OF HAZARDS TO EMPLOYEES—LABELS AND SIGNS

1. Labels

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- a. Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. Refer to Appendix I "Label Requirements" of this program.
 - b. Labels required by this section shall include the standard Biohazard legend.
 - c. Labels shall be fluorescent orange or predominantly so, with lettering or symbols in a contrasting color.
 - d. Labels required shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.
 - e. Disposal bags and other containers used for regulated waste under the provisions of this program shall be red in color and shall include the standard Biohazard legend (see Appendix J).
 - f. 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 previously outlined.
 - g. Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.
 - h. Labels required for contaminated equipment shall be in accordance with these labeling standards and shall also state which portions of the equipment remain contaminated.
 - i. Regulated waste that has been decontaminated need not be labeled or color-coded.
2. Signs
- a. Departments shall post signs at the entrance to work areas specified as HIV, HBV and HCV, where a risk of exposure to employees exists. This sign shall bear the following legend:

<p>BIOHAZARD</p> <p>(NAME OF THE INFECTIOUS AGENT)</p> <p>(SPECIAL REQUIREMENTS FOR ENTERING THE AREA)</p>
<p>(NAME AND TELEPHONE NUMBER OF THE LABORATORY DIRECTOR OR OTHER RESPONSIBLE PERSON)</p>

- b. These signs shall be fluorescent orange-red, or predominantly so, with lettering or symbols a contrasting color.

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III. WRITING YOUR DEPARTMENT'S BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

A. EXPOSURE CONTROL

This program requires individual County departments to prepare specific exposure control plans. The purpose of these is to detail steps for employees to take in avoiding exposure. Appendix A provides a sample exposure control plan which may be used as a guideline.

1. Methods Of Compliance

- a. General--Each County department shall assure that Universal Precautions are observed and thereby prevent all but inadvertent, unavoidable, or accidental employee contact with body fluids described previously herein, blood, or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered infectious.
- b. Engineering and work practice controls--Each County department shall implement appropriate engineering and work practice controls so as to eliminate or minimize employee exposure. Where the possibility of exposure remains after implementation of controls, personal protective equipment shall be used to minimize exposure.

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

Engineering controls shall include appropriate evaluation of HVAC (Heating Ventilation Air Conditioning) Systems to reduce or contain spread of airborne infectious agents.

- c. Departments shall provide hand washing facilities which are readily accessible to employees in work environments which include Occupational Exposure.
- d. When provisions of hand washing facilities are not feasible, employees shall be provided either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels, or antiseptic towelettes. When antiseptic hand cleansers or towelettes are used, employees are to be specifically instructed to wash hands with soap and running water as soon as feasible.
- e. Department procedure shall specifically require that employees wash their hands and any other skin with soap and water, or flush mucous membranes with clear running water, immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
- f. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.
 - Contaminated needles and other contaminated sharps shall not be recapped or removed unless the department can demonstrate that no alternative is feasible or that such action is required by a specific medical procedure.
 - Any justifiable recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.

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- g. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. All such containers must be:
 - Puncture resistant.
 - Labeled or color-coded in accordance with this program.
 - Leak proof on the sides and bottom.
 - In accordance with the requirements set forth in "Regulated Waste" of this program, relative to reusable sharps.
- h. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are to be prohibited by all departments in work areas where there is a reasonable likelihood of occupational exposure to body fluids.
- i. Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.
- j. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- k. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.
- l. Specimens of blood or other potentially infectious materials shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport, or shipping.
- m. The container for storage, transport, or shipping shall be labeled or color-coded according to "Regulated Waste" of this program and closed prior to being stored, transported, or shipped. When a facility 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 specimens/containers remain within the facility. Labeling or color-coding in accordance with "Labels and Signs" of this program is required when such specimens/containers leave the facility.
 - If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is to be labeled or color-coded according to the requirements of this program;
 - 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 having the above described characteristics.
- n. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the department can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
 - A readily observable label in accordance with "Labels and Signs" of this program shall be attached to the equipment stating which portions remain contaminated.
 - The department shall ensure that this information is 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.

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2. Personal Protective Equipment

- a. When there is occupational exposure, as described previously herein, departments must provide, at no cost to employees, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields, masks or 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 other potentially infectious materials 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.
- b. All departments shall ensure employees use appropriate personal protective equipment unless a department shows that an 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 a 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 coworker. If an employee makes such a judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent similar occurrences in the future.
- c. Departments shall ensure appropriate personal protective equipment is readily accessible at the worksite or is issued to employees. Hypo-allergenic 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. Departments shall clean, launder, and dispose of personal protective equipment required by this program at no cost to the employee.
- e. Departments shall repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.
- f. If a garment is penetrated by blood or other potentially infectious materials, the garment shall be removed immediately or as soon as feasible.
- g. All personal protective equipment shall be removed prior to leaving a work area in which protective equipment is required.
- h. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- i. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, non-intact skin, when performing vascular access procedures except as specified and when handling or touching contaminated items or surfaces.
 - 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.
 - Disposable (single use) gloves shall not be washed or decontaminated for re-use.

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- Contaminated gloves must be disposed of in appropriate marked biohazard containers.
 - Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if cracked, peeling, torn, punctured, or exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.
 - If a department judges that routine gloving for all phlebotomies is not necessary then the department shall: periodically re-evaluate this policy, make gloves available to all employees who wish to use them for phlebotomy, not discourage the use of gloves for phlebotomy, require that gloves be used for phlebotomy in the following circumstances: when the employee has cuts, scratches, or other breaks in his or her skin, when the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and when the employee is receiving training in phlebotomy.
- j. 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 other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- k. 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.
- l. 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).
- m. In addition to providing mouthpieces, resuscitation bags, pocket masks, or other ventilation devices for use in CPR procedures, departments shall assure that all first aid/CPR training provided to employees includes instruction in the use of such devices as well as the use of gloves, eye protection, surgical masks, and protective clothing in providing CPR or first aid.
3. Housekeeping
Worksites, laundry, sharp items and any other material known to be contaminated or with reasonable diligence would be suspected of being contaminated with body fluids or other potentially infectious material, shall be maintained, handled, and disposed so that the risk of exposure is eliminated or minimized. All procedures involving body fluids or other potentially infectious material shall be performed in such a manner as to minimize splashing, spraying, and aerosolization of these substances.
- a. Departments shall ensure worksites are maintained in a clean and sanitary condition. Each department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

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- b. All equipment and environmental/working surfaces shall be cleaned and decontaminated (using appropriate protective gear) after contact with blood or other potentially infectious materials.
- Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
 - 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 work-shift if they may have become contaminated during the shift.
 - 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 shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
 - 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 brush and dust pan, tongs, or forceps.
 - Reusable sharps contaminated with blood or other potentially infectious materials 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. Regulated Waste

- a. Contaminated Sharps Discarding and Containment Standard.
- Closable containers.
 - Puncture resistant containers.
 - Containers which are leak proof on sides and bottom.
 - Labeled or color-coded.
- b. During use, containers for contaminated sharps shall be:
- 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).
 - Maintained upright throughout use.
 - Replaced routinely and not be allowed to overfill.
- c. When moving containers of contaminated sharps from the area of use, the containers shall be:
- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - Placed in a secondary container if leakage is possible. The second container shall be: closable; constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded in accordance with this program.

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- d. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- e. Other Regulated Waste Containment:
 - Regulated waste shall be placed in containers which are: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded in accordance with this program; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
 - If outside contamination of the regulated waste container occurs, it shall be placed in a second container. The second container shall be: closable; constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping; labeled or color-coded in accordance with this program; and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Please note: Disposal of all regulated waste shall be in accordance with the State Of California, Medical Waste Management Act, California Health and Safety Code.

5. Laundry

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 this program. When a facility 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 soak-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.
- d. Departments shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.
- e. When a facility ships contaminated laundry, they must place such laundry in bags or containers which are labeled or color-coded in accordance with this program.

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APPENDIX A

**SAMPLE
EXPOSURE CONTROL PLAN**

Department/Division: _____ Preparation Date: _____

In accordance with the Mendocino County Bloodborne Pathogens Program, the following exposure control plan has been developed:

A. PURPOSE

The purpose of this exposure control plan is to:

1. Eliminate or minimize employee occupational exposure to blood or certain other body fluids.
2. Conform to the elements set forth in the Mendocino County Bloodborne Pathogens Program.
3. Comply with requirements of Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193 (As Amended).

B. EXPOSURE DETERMINATION

The State of California requires employers to perform an exposure determination assessing which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination must be made without regard to the use of personal protective equipment (i.e. under most circumstances, employees are considered to have occupational exposure even if they wear personal protective equipment when in contact with blood or body fluids). This exposure determination must list all job classifications in which employees may reasonably be anticipated to incur occupational exposure, regardless of frequency. This list does not include job classifications in which employees may suffer incidental occupational exposure to blood or body fluids that are neither reasonably nor routinely expected. At (name of department or location) the following job classifications are in this category:

List job classifications: _____

In addition, determining exposure requires a listing of job classifications in which some employees may have occupational exposure. Since not all employees in these categories would be expected to incur exposure to blood or other potentially infectious materials, the procedures that might cause these employees to have occupational exposure are also required to be listed. The purpose is to clearly understand which employees in these categories are considered to have occupational exposure. The job classifications and associated tasks for these categories are as follows:

Job Classification

Task/Procedure

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C. IMPLEMENTATION METHODOLOGY

1. Compliance Methods

Universal precautions will be observed at (name of department or location) in order to prevent hazardous contact with blood or other potentially infectious materials. All blood or body fluid will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls are utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment must be utilized. At (name of department or location) the following engineering controls are utilized: (list controls, such as sharps containers, biosafety cabinets, prohibited work practices, required work practices, etc.)

The above controls are examined and maintained or replaced on a regular schedule. The schedule for reviewing the effectiveness of the controls is as follows: (list schedule such as daily, once/week, etc. as well as list who has the responsibility to review the effectiveness of individual controls, such as the supervisor for each department, etc.)

Hand washing facilities are available to employees who may be exposed to blood or other potentially infectious materials. These facilities are readily accessible in all work places at (name of department or location). If handwashing facilities are not available (such as may be the case in field exposures), employees must use either an antiseptic cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes. If these alternatives are used, hands are to be washed with soap and running water as soon as feasible.

_____ (insert name of position/person, e.g. supervisors) shall ensure that after the removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

2. Contaminated Needles and Sharps

Contaminated needles and other contaminated sharps shall not be sheared or purposely broken. Recapping, bending or removal of contaminated needles is permitted only when a medical procedure requires it and no alternative is feasible. If such action is required, then it must be done by the use of a mechanical device or a one-handed technique. At (name of department or location) bending, recapping or

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removal is only permitted for the following procedures: (List each procedure and also list the mechanical device to be used or alternately if one-handed technique will be used.)

3. Containers For Reusable Sharps
Contaminated sharps that are reusable are to be placed immediately after use into appropriate containers. At (name of department or location) containers for reusable sharps are puncture resistant, labeled with a biohazard label and are leak proof. (List here where reusable sharps containers are located, who has responsibility for removing sharps from containers, manner of removal and how often the containers will be checked to remove the sharps.)

4. Work Area Restrictions
In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops where blood or other potentially infectious materials are, have been, or may be, present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures must be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials. Methods which are employed at (name of department or location) to accomplish this are: (List methods, such as covers on centrifuges, usage of dental dams if appropriate, collection of evidence methods, control of suspects, etc.).

5. Specimens
Specimens of blood or other potentially infectious materials are to be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping of the specimens.

The container used for this purpose will be properly labeled or color coded and closed prior to storage transport or shipping.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container. Secondary containers shall meet all requirements for primary containers.

6. Contaminated Equipment

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_____ (insert name of position/person) is responsible for ensuring that equipment which has become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping. Such contaminated equipment is to be decontaminated as necessary, unless decontamination is not feasible.

7. Needleless Systems, Needle Devices and Non-Needle Sharps

Needleless Systems Shall be Used For:

- Withdrawal of body fluids after initial venous or arterial access is established;
- Administration of medications of fluids; and
- Any other procedures involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices.

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

- Withdrawal of body fluids;
- Accessing a vein or artery; and
- Administration of medications or fluids.

The following are exceptions to Needleless Systems:

- 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 judgment, 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 Title 8 Subsection 5193 (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.

8. Personal Protective Equipment

a. PPE Provision

_____ (insert name of position/person) is responsible for ensuring that the following provisions are met.

All personal protective equipment used at (name of department or location) is provided without cost to employees. Personal protective equipment is chosen based upon anticipated exposure to blood or other potentially infectious materials. Protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which protective equipment will be used. (Indicate how clothing will be provided to employees,

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e.g. who has responsibility for distribution. List which procedures require protective clothing and the type of protection required.)

b. PPE Use
_____ (insert name of position/person/supervisor) is responsible to ensure that employees have access to appropriate PPE.

c. PPE Accessibility
_____ (insert name of position/person) is responsible to ensure that PPE are the appropriate size is readily accessible at the work site or is issued without cost to employees. Hypo-allergenic gloves, glove liners, powderless gloves, or other similar alternatives are available to those employees who are allergic to gloves normally provided.

d. PPE Cleaning, Laundering and Disposal
Personal protective equipment will be cleaned, laundered and/or disposed of by (name department) at no cost to the employees. Necessary repairs and replacements are made at no cost to employees.

All protective garments which are penetrated by blood shall be removed immediately or as soon as feasible. All PPE will be removed and placed in appropriate container prior to leaving the work area.

e. Gloves
Gloves are to be worn where it can be reasonably anticipated that employees will have hand contact with blood, or other potentially infectious materials, when performing vascular access procedures, and when handling or touching contaminated items or surfaces.

Disposable gloves used at (name of department or location) are not to be washed or decontaminated for re-use and are to be replaced when they become contaminated, if they are torn/punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the gloves is not compromised. Utility gloves are to 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.

f. Eye and Face Protection
Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray splatter, or droplets of blood or other potentially infectious materials are generated and eye, nose, or mouth contamination can be reasonably anticipated. Personal eye glasses do not provide a sufficient level of protection. If eye glasses are worn, goggles which completely cover the glasses must also be worn to prevent exposure through the eyes. Situations at (name of department or location) which would require such protection are as follows:

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- g. **Additional Protection**
Additional protective clothing (such as lab coats, gowns, aprons, clinic jackets, or similar outer garments) shall be worn in instances when gross contamination can be reasonably anticipated. The following situations require that such protective clothing be utilized:
-
-

8. **Housekeeping**
Decontamination will be accomplished by utilizing the following materials: (List the materials which will be utilized, such as bleach solutions or EPA registered germicides).
-
-

This facility is cleaned and decontaminated according to the following schedule: (List and schedule):

AREA	SCHEDULE	PROCEDURE AND CLEANING/SANITIZING
_____	_____	_____
_____	_____	_____

All contaminated work surfaces are to be decontaminated after completion of procedures and immediately after any spill of blood or other potentially infectious materials, as well as the end of the work shift if the surface has become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles which may be contaminated are inspected and decontaminated on a regularly scheduled basis (list frequency _____ and by position/person _____).

Broken glassware which may be contaminated is not to be picked up directly with hands. A mechanical means (brush, dust pan, tongs or forceps) shall be used.

Reusable sharps contaminated with blood or other potentially infectious materials shall not be stored or discarded in a manner that requires employees to reach by hand into containers where sharps have been placed.

9. **Regulated Waste Disposal**
- a. **Disposable Sharps**
Contaminated sharps are to be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom and properly labeled.

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During use, containers for contaminated sharps are to be easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be anticipated to be found.

Sharps containers are to be maintained upright throughout use, replaced routinely, and are not to be allowed to overfill.

When moving containers of contaminated sharps from the area of use, the containers are to be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

The sharps container shall be placed in a secondary container if leakage of the primary container is a possibility. The second container shall be closeable, constructed to contain all contents and prevent leakage during handling, storage and transport, or shipping. The second container shall be properly labeled to identify its contents.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which will expose employees to the risk of percutaneous injury.

b. Other Regulated Waste

Other regulated waste shall be placed in containers which are closeable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping.

A waste bag or container must be labeled and color coded, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

Please Note: Disposal of all regulated waste shall be in accordance with applicable State and local regulations and must be hauled by a licensed Waste Hauler.

10. Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible and with a minimum of agitation. Such laundry will be placed and transported in appropriate or color coded container. Such laundry will not be sorted or rinsed in the area of use.

Laundry at this facility will be cleaned at _____.

11. Hepatitis B Vaccine And Post-Exposure Evaluation And Follow-Up

a. General

The (insert department name) makes available Hepatitis B vaccine and vaccination series to all employees who have occupational exposure, and post exposure follow-up to employees who have had an exposure incident.

(Insert position/person) _____ shall ensure that all medical evaluations and procedures including the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis are:

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- Made available at no cost to employees.
- Made available at a reasonable time and place.
- Performed by or under the supervision of a licensed physician or by/under the supervision of another licensed healthcare professional.
- Provided according to the recommendations of the U.S. Public Health Service.

All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

b. Hepatitis B Vaccination

_____ (insert name of position/person) is in charge of the Hepatitis B vaccination. (Where appropriate: We contract with _____ to provide service/or Public Health.)

Hepatitis B vaccination shall be made available after an employee has received training in occupational exposure (see information and training) 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.

Participation in a pre-screening program is not a prerequisite for receiving Hepatitis B vaccination.

If an employee initially declines Hepatitis B vaccination, but at a later date, while still covered under this program decides to accept vaccination (at no cost to the employee), the vaccination shall then be made available.

All employees who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal.

c. Post Exposure Evaluation and Follow-up

All exposure incidents shall be reported, investigated, and documented. When an employee incurs an exposure incident, it shall be reported immediately to (list who has responsibility for investigation of exposure incidents)

_____.

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

- Documentation of the route of exposure, and the circumstances under which the exposure incident occurred.
- Identification and documentation of the source individual, unless it can be established that identification is impossible or prohibited by State or local law.
- The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine Bloodborne Pathogens infectivity.
- 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.

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- Results of the source individual's testing is made available to the exposed employee. Employees are informed of applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. Such results are only given an exposed employee by the evaluating health care professional.

Collection and testing of blood for HBV, HCV and HIV serological status is to comply with the following:

- The exposed employee's blood shall be collected as soon as possible and tested, with employee consent, for HBV and HCV immediately.
- An employee will be offered the option of having a blood sample tested for HIV serological status.

All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up.

d. Information Provided to the Healthcare Professional

The (insert name of position/person) _____ shall ensure that the healthcare professional responsible for evaluating an employee after an exposure incident is provided a copy of the "Accident Report". This will be accomplished by having the exposed employee hand carry a single copy to the healthcare professional.

e. Healthcare Professional's Written Opinion

The (insert name of position/person) _____ 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.

The healthcare professionals written opinion for HBV vaccination and post exposure follow-up shall be limited to the following information:

- Whether vaccination is indicated for employee and if employee has received such vaccination.
- A statement that the employee has been informed of the results of the evaluation.
- A statement that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

Please Note: All other findings or diagnosis shall remain confidential and shall not be included in the written opinion.

12. Labels And Signs

_____ (insert name of position/person) shall ensure that biohazard labels are 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.

The label will include a universal biohazard symbol and the legend BIOHAZARD. In case of regulated waste, the word BIOHAZARDOUS WASTE may be substituted for the BIOHAZARD legend. The label shall be fluorescent orange or orange-red.

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Regulated waste bags or containers are also to be labelled.

Blood products that have been released for transfusion or other clinical use are exempted from labelling requirements.

13. Information And Training

_____ (insert name of position/person) will ensure that training is provided to employees at the time of initial assignment to tasks where occupational exposure may occur, and that it shall be repeated within twelve months of the previous training. The Risk Management Division provides training annually. Training will be interactive and cover the following elements:

- a. An accessible copy of the Title 8, General Industry Safety Orders, Section 5193, and an explanation of its contents.
- b. A discussion of the epidemiology and symptoms of bloodborne diseases.
- c. An explanation of the modes of transmission of bloodborne pathogens.
- d. Explanation of the _____ (insert department name) Bloodborne Pathogen Exposure Control Plan (this program), and a method for obtaining a copy.
- e. Review of tasks that may involve exposure.
- f. An explanation of the use and limitations of methods to reduce exposure, for example: engineering controls, work practices and personal protective equipment.
- g. Information on the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment.
- h. An explanation of the basis of selection of personal protective equipment.
- i. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- j. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and medical follow-up.
- k. Information on the evaluation and follow-up required after an exposure incident.
- l. An explanation of the signs, labels, and color-coding systems.

14. Recordkeeping

a. Medical Records

The Mendocino County Risk Manager is responsible for maintaining medical records related to occupational exposure as indicated below. These records will be kept in the Risk Management Division.

Medical records shall be maintained in accordance with Title 8, California Code of Regulations, Section 3204 (As Amended). These records shall be kept confidential, and not disclosed without employee's written consent and review of all requests for records by Mendocino County Counsel, and must be maintained for at least the duration of employment plus 30 years. The records shall include the following:

- The name and social security number of the employee.
- Copy of the employee's HBV vaccination status, including the dates of vaccination and ability to receive vaccination.
- A copy of all results of examination, medical testing, and follow-up procedures.

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- A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure.
- A confidential copy of the healthcare professional written opinion.

b. Training Records

_____ (insert name of position/person) is responsible for maintaining the following training records. These records will be kept (insert location _____).

Training records shall be maintained for five years from the date of training. The following information shall be documented:

- The dates of the training sessions.
- An outline describing the material presented.
- The names and qualifications of persons conducting the training.
- The names and job titles of all persons attending the training sessions.

c. Availability

Employee records shall be made available to the employee or to his/her designated representative for examination and copying upon request in accordance with Title 8, California Code of Regulations, General Industry Safety Orders, Section 3204 (As Amended).

All employee records shall be made available to the Chief of the Division of Occupational Safety and Health (DOSH) and the National Institute for Occupational Safety and Health (NIOSH).

15. Evaluation And Review

_____ (insert name of position/person) is responsible for annually reviewing this program, and its effectiveness, and for updating this program as needed.

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APPENDIX B

EXPOSURE INCIDENT ACTION PROCEDURE

A. EMPLOYEE

1. Performs immediate field decontamination procedures in the event of a specific exposure incident.
2. Reports a specific exposure incident to responsible supervisor as soon as possible following incident—in no event to exceed end of work day of incident.
3. Reports source individual's name and HIV/HBV and HCV status to supervisor if known.
4. Personally meets with responsible supervisor prior to end of work shift to provide incident detail for supervisory reporting process.
5. Reports to selected medical professional for medical evaluation/follow-up as referred by supervisor within 24 hours of exposure incident. Returns to medical professional for all necessary follow-up testing.
6. Delivers one (1) copy of the supervisor prepared report "Accident Report", County's Form to medical evaluator to which referred.
7. Attends initial and annual training as scheduled by supervisor and Risk Management.
8. Signs Vaccination Declination or reports to selected medical professional as referred by supervisor in a timely manner for Hepatitis B immunization series if needed.
9. Signs consent forms for blood draws, testing and release of medical information which are prerequisite for County paid medical evaluation/follow-up.

B. SUPERVISOR

1. Provide employee authorization for Hepatitis B vaccine series, upon request from employee for immunization. If work related, provided employee with a Workers' Compensation form.
2. Prepares "Accident Report", Form, according to instructions on report form. Provides one copy to employee for delivery to medical evaluation provider. Sends second copy in sealed envelope to the Risk Management Division following all instructions for mailing outlined on form.
3. Sends all three copies of "Accident Report", Form, according to department distribution instructions, after assuring all copies are legible.
4. Upon employee report of an exposure incident, completes "Accident Report" form, and refers employee to specific medical provider.
5. Assure that all employee time spent at medical evaluation/follow-up as a result of a documented exposure incident and time spent in connection with Hepatitis B and Hepatitis C immunization is coded for payroll purposes (sickleave industrial).

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6. Assists employee in identifying source individual and assures that appropriate requests are initiated to determine the HIV/HBV/HCV status of source individual, or establish that such status is legally or other wise unobtainable.

C. MEDICAL CLINIC/EVALUATOR

1. Provide employee services in connection with authorization for Hepatitis B immunization series.
2. Track employee immunization to assure completion of Hepatitis B immunization series.
3. Provide Mendocino County with documentation of Hepatitis B immunization—one copy to referring department and one copy to the Risk Management Division, 841 Low Gap Road, Ukiah, California 95482.
4. Provide employee with medical evaluation/follow-up upon authorization appropriate to exposure documentation provided by “Accident Report”, County’s form.
5. Obtain employee consent to draw blood.
6. Obtain employee consent to provide copies of all medical reports and test results to the Risk Management Division.
7. Obtain consent for employee testing for Hepatitis B and Hepatitis C.
8. Obtain consent, of forthcoming, from employee for HIV testing or consent for blood to be drawn and sample to be retained for 90 days in the event employee consents to or desires HIV testing at a future date.
9. If employee refuses HBV/HCV blood sample/testing or HIV blood draw for 90 day retention, discontinue medical evaluation/follow-up procedure, evaluation/follow-up at employee personal expense.
10. Contact individual named on exposure documentation (“Accident Report”) for source individual information.
11. Contact employee in a timely manner with all results of HIV, HBV and HCV testing.
12. If requested by employee, provide employee with copy of form “Accident Report”.
13. Provide confidential copies of all medical reports and test reports to the Risk Management Division. All reports are to be sent in a sealed envelope marked “Medically Sensitive and Confidential Information—to be opened by Addressee only”, to the Risk Management Division, 841 Low Gap Road, Ukiah, California 95482.
14. Provide referring department with a copy of the physician’s written opinion.
15. Provide employee with exposure education and counseling appropriate to the nature and extent of exposure and source individual’s known or suspected HIV/HBV/HCV status.

D. DEPARTMENT HEAD

1. Assure that all levels of management and supervision are instructed as to County policy relative to implementation of County safety procedures.

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2. Assure that department training includes modules for employees on initial Bloodborne Pathogen training with annual follow-up as well as a management/supervisor initial and annual follow-up module on Mendocino County Bloodborne Pathogen Program implementation.
- E. INDIVIDUAL DEPARTMENT FISCAL STAFF
1. Submit all medical services invoices to the Risk Management Division.
- F. INDIVIDUAL DEPARTMENT ADMINISTRATIVE STAFF
1. If an exposure incident involves a sworn law enforcement employee, complete California Department of Health Services Report, Form #DHS 8479 (3/93).
 2. Assure that each department operating location has a supply of forms necessary for effective implementation of the County Bloodborne Pathogen Program. These include the following:
 - a. Accident Report form.
 - b. Hepatitis B Vaccine Authorization.
 - c. Hepatitis B Vaccination Declination Form.
 3. Establish internal controls to assure that reporting procedures mandated upon the department by State, Federal or other County Agencies, but not covered or required by the County Bloodborne Pathogen Program, are completed.
 4. Establish internal controls and procedures to assure that exposure source individuals are tested, for HIV/HBV/HCV infectivity, unless testing is prohibited by law.
 5. Maintain payroll cost documentation for administrative cost and officer hours paid in connection with law enforcement HIV testing sufficient to recover costs under SB90 provisions.
 6. Complete information required on form "Accident Report", and route copies to the Risk Management Division per distribution instructions on form.
- G. RISK MANAGEMENT DIVISION
1. Provide consultation and training to all Mendocino County departments necessary for implementation of Bloodborne Pathogens Program.
 2. Receive all reports of exposure incidents for inclusion into the Risk Management Division data base and OSHA 200 logs. Audit all reports to assure accuracy.
 3. Monitor all medical evaluation/follow-up treatment to assure that care is provided non-adversarily and according to established guidelines.
 4. Maintain cost documentation with regard to law enforcement HIV testing sufficient to recover costs under SB90 provisions.

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APPENDIX C

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APPENDIX D

EXPOSURE INCIDENT MEDICAL EVALUATION/FOLLOW-UP PROCEDURE

The following procedures are established to protect the health of Mendocino County employees who may suffer an Exposure Incident as defined in Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193, Paragraph (b) (As amended).

As required by Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193, Paragraph (f) 3(B) 4 (As amended), the medical evaluation/follow-up protocol defined below is in accordance with current recommendations of the U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control.

Prerequisites for participation in this medical evaluation/follow-up procedure by County employees are as follows:

1. The employee must have suffered a documented Exposure Incident as defined in Title 8, as referenced above.
2. The exposed employee may consent or decline to a blood test for Hepatitis B Virus or Hepatitis C Virus on the first visit for medical evaluation/follow-up.
3. With regard to potential HIV exposure, the exposed employee may, on the first visit, consent to provide a blood specimen for 90-day retention in the event HIV testing becomes necessary. HIV testing of this sample shall not be completed without additional consent from the employee.
4. The employee must consent to providing the Mendocino County Risk Management Division with copies of all medical reports and test results for thirty year retention as required by Title 8, Section 5193 (As amended).

Mendocino County employees who do not consent to all four conditions above, shall be provided medical evaluation/follow-up at County expense and may seek the medical evaluation.

A. WOUND TREATMENT

1. If puncture/laceration wound is apparent:
 - a. Cleanse area thoroughly.
 - b. Apply topical treatments as deemed necessary.
 - c. Dress wound as appropriate.
 - d. If bleeding persists contact Job Care at 463-7334 or proceed to the Emergency Room.
2. Review Tetanus immunization status:
 - a. If employee has received tetanus immunization within last five years, no further vaccination is necessary.
 - b. If employee has not had tetanus immunization within last five years, administer 0.5cc IM.

B. EMPLOYEE CONSENT

1. Obtain employee consent for HBV/HCV blood draw and testing.
2. Obtain employee consent for HIV blood draw for 90 day retention.

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3. Request employee consent for HIV testing of blood sample.
4. Obtain employee consent to provide copies of all medical reports and test results to the Mendocino County Risk Management Division.

C. HEPATITIS B PROPHYLAXIS POST-EXPOSURE

1. If source individual HBV status is known or unknown to be HBsAg (+):
 - a. If employee is unvaccinated for HBV:
 - Administer HBIG X 1 dose immediately.
 - Initiate Hepatitis B vaccination series following six month dosing protocol.
 - If employee refuses vaccine series: have employee sign "Statement of Declination" form and offer second HBIG dose one month after first dose.
 - b. If employee vaccinated for HBV:
 - Complete tests for anti-HBs on employee: if inadequate antibody response, administer HBIG X 1 dose immediately and administer Hepatitis B vaccine booster dose. If adequate antibody response, no further Hepatitis B treatment needed.
2. If source individual HBV status is known to be HBsAg (-):
 - a. If employee unvaccinated for HBV:
 - Initiate Hepatitis B vaccination series following 6 month dosing protocol.
 - If employee refuses vaccine series, obtain signed Statement of Declination.
 - b. If employee vaccinated for HBV and knows to be (+) titer:
 - No further Hepatitis B treatment needed.
3. If unknown source individual or source status unable to be determined:
 - a. If employee unvaccinated for HBV:
 - Initiate Hepatitis B vaccination series following 6 month dosing protocol.
 - b. If employee vaccinated for HBV:
 - Complete testing for anti-HBs on employee: if employee anti-HBs (+) no further Hepatitis B treatment needed and if employee anti-HBs (-) administer Hepatitis B vaccine booster dose.

D. HEPATITIS C POST-EXPOSURE

1. Sound hygienic practices including Universal Precautions should be emphasized. Employees should be educated on the risks of exposure to individuals with Hepatitis C and emphasize universal precautions regarding contact with potentially infectious material.
2. In the acute phase of hepatitis C, detection of anti-HCV seroconversion may occur as early as 1 month or as late as 1 year after initial exposure. This window period may lead to false negative tests so the anti-HCV test should be repeated between 3, 6 and 12 months if initially negative.
3. The anti-HCV test is a qualitative assay (ELISA) for antibody to a non-structural component of the hepatitis C virus (HCV). The presence of anti-HCV in serum and plasma indicates exposure to hepatitis C virus, past or present infection, or possible carrier state.

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4. The reliability of test results is high among individual with signs, symptoms, or epidemiological risk factors for chronic infection. The potential for false positive reactions exists in populations with no known risk factors such as volunteer blood donors.
5. The branched DNA amplification (b-DNA) assay and reverse transcriptase polymerase chain reaction (RT-PCR) assay are two tests that may be used to confirm the diagnosis and presence of viremia after the ELISA and RIBA assays for anti-HCV antibody are reported positive. These assays are useful in the ongoing medical management of HCV positive individuals who are treated with alpha interferon since the loss of HCV is a strong predictor of sustained beneficial response. The ELISA and RIBA assays are useful in the ongoing medical management of HCV positive individuals who are treated with interferon alpha since loss of HCV is a strong predictor of sustained beneficial response.
6. Individuals at risk for HCV include IV drug users, transfusion recipients (especially chronically transfused individuals), persons with intimate or sexual exposure to an HCV infected person, persons with multiple sexual partners, health care workers with exposure to blood, and hemodialysis patients.
7. The reverse transcriptase, polymerase chain reaction (RT-PCR) or recombinant immunoblot assay for antibody to HCV (RIBA) confirmatory test should be ordered when the ELISA test is positive for Anti-HCV antibody to improve the specificity.

Post-Exposure Evaluation and Management for HBV, HCV and HIV.

- a. Individuals who have had a blood or body fluid exposure should get follow-up within 2 hours of exposure.
- b. Administration of Immune Globulin (IG) prophylaxis is not currently recommended for employees exposed to potentially infectious.
- c. The physician, midlevel or their designee who sees the individual with the PIM exposure will:
 - (1) Evaluate the details of the exposure and provide a written opinion to the individual regarding the following:
 - (a) Whether a medically significant percutaneous or mucosal exposure to blood and/or body fluid has occurred.
 - (b) Whether any medical condition has resulted from the exposure incident, which requires further evaluation or treatment.
 - (2) If possible, obtain the source's name, social security number, address, work and home telephone number, the name and phone number of the source's physician.
 - (3) Contact the source's physician to ascertain the sources' HCV, HBV or HIV status or make arrangements for testing the source if the HCV, HBV or HIV status is unknown.
 - (4) Obtain results of any previous HCV, HBV or HIV and LFT testing in the exposed individual, if any.
 - (5) Order hepatitis C serology.
 - (6) Refer all HCV, HBV or HIV positive converters for further evaluation and treatment.
- d. The physician will do the following for HCV sero-converters:

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- (1) Adhere to the algorithm at the end of this chapter to evaluate people with a positive anti-HCV test.
- (2) Discuss the possibility of a false positive test and identify possible causes.
- (3) Provide the individual with an HCV information sheet, review the natural history of HCV infection, and differentiate from HIV.
- (4) Explain the HCV transmission modes, and the risk of transmission through each mode.
- (5) Instruct the individual how to reduce the risk of transmission to another person (such as by not sharing a razor blade or toothbrush that might have blood on it).
- (6) Advise the recipient to inform long-term sexual partners. The individual must be counseled about the risk of transmission and need for barrier protection.
- (7) Counsel the individual against blood and organ donation.
- (8) Counsel the individual about the need to avoid alcohol and other hepatotoxins since this tends to increase viral replication and inflammatory activity including fibrosis.
- (9) Schedule the individual for follow-up and repeat HCV and LFT tests at the recommended interval per the protocol to screen for liver disease and assess whether the individual will benefit from treatment.
- (10) Counsel the individual regarding the need for hepatitis A vaccination.

E. HIV POST-EXPOSURE MONITORING

Post exposure treatment should start 4-36 hours after exposure occurs.

1. Source individual known HIV (+) or high risk:
 - a. Request written consent for HIV antibody testing on employee:
 - If employee refuses HIV antibody testing: prepare documentation declining testing for employee's signature.
 - b. Complete HIV antibody testing on employee:
 - If employee tests HIV (+): refer employee for evaluation, treatment, and counseling.
 - If employee tests HIV (-): repeat HIV antibody testing on employee at 3 months, 6 months, and 1 year. Provide counseling to employee regarding associated risk of exposure and seroconversion, psychological impact of exposure, safe sexual practices during 1 year testing period, avoidance of pregnancy during testing period and abstaining from blood donations during testing period. Review signs and symptoms of HIV seroconversion with employee and instruct employee to return to office if the following signs or symptoms occur within 8-12 weeks following exposure:

Lymphadenopathy	Rash
Headache	Night sweats
Diarrhea	Arthralgias
Malaise	Fever
Myalgias	Chills
2. Source individual known HIV (-):
 - a. Offer employee baseline HIV antibody testing.
 - b. If employee declines testing, prepare documentation declining testing for employee signature.

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3. Source individual known--HIV status unknown:
 - a. Determine whether source individual HIV antibody testing is or will be accomplished and obtain results.
 - b. If source tests HIV (-): repeat HIV antibody testing on source at 3 months, 6 months, and 1 year.
 - c. Obtain consent for employee HIV antibody testing as outlined in III A.1 above.
 - d. Complete tests for employee HIV antibody.
 - e. If employee tests HIV (+) on baseline:
 - Refer employee for evaluation, treatment, and counseling.
 - f. If source individual tests HIV (-):
 - No further HIV action required.
 - g. If source individual tests HIV (+):
 - Follow guidelines as outlined in III A. above.
 - h. If source individual refuses HIV antibody testing:
 - Follow guidelines as outlined in III A. above.

4. Unknown source individual:
 - a. Follow guidelines as outlined in III A.

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APPENDIX E

HEPATITIS B VACCINE DECLINATION FORM

Employee Name _____

Hepatitis B Vaccine:

I understand that due to my occupational exposure to blood or other potentially infectious material that 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 other potentially infectious material and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

I have been informed of the risks and benefits of the vaccine and disease, and have had a chance to ask questions which were answered by my satisfaction.

Employee Signature

Date

Health Department Representative Signature

Date

Hepatitis B Immune Globulin:

I understand that due to my occupational exposure to blood or other potential infectious materials Hepatitis B Immune Globulin (HBIG) has been recommended. I have been informed of the benefits and risks of HBIG and the disease, have had a chance to ask questions which were answered to my satisfaction, and decline to receive the HBIG at this time. I understand that by declining HBIG, I continue to be at greater risk of acquiring Hepatitis B, a serious disease.

Employee Signature

Date

Health Department Representative Signature

Date

APPENDIX F

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HEPATITIS B VACCINE AUTHORIZATION

TO: _____ Address: _____
_____, _____ has
(Name of employee) (Job title)

requested immunization against Hepatitis B.

In providing service, please track this employee to assure the full series is completed. If after the employee has been reminded, he or she fails to proceed with the series, please contact the individual below authorizing this immunization.

Upon completion of the immunization series, please provide documentation of completion to the Risk Management Division, 841 Low Gap Road, Ukiah CA 95482.

Signed by: _____ Department: _____

Title: _____ Telephone #: _____

Date: _____

Distribution: Copy—Treating Facility
Copy--Departmental File
Copy--Risk Management Division

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APPENDIX G

CODE OF SAFE WORK PRACTICES

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

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

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I have read and understand the preceding safe work practices. I am aware that in addition to increasing the risk and possibility of serious illness, a serious and willful failure to comply with these work rules could result in a significant reduction in my benefits, pursuant to Labor Code Section 4551 (As amended), should an occupational illness result from such failure.

Signature: _____ Date: _____

Print name: _____ SSN: _____

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**APPENDIX H
MENDOCINO COUNTY
SAFETY ORIENTATION CHECKLIST**

Distribution: Original—Departmental File/Department Safety Representative
Copy--Risk Management Division

(This Checklist is to be completed by the Supervisor and New Employee within ten working days of employment)

DATE: _____

EMPLOYEE'S NAME: _____

DEPARTMENT/DIVISION: _____

HIRE DATE: _____

JOB CLASSIFICATION: _____

New employees are to be instructed in health and safety procedures as part of their orientation. Instruction is to be completed within the first week of employment. Mark subject as instruction is completed.

- | | | |
|-----|---|-------|
| 1. | Mendocino County Safety Manual | _____ |
| | * Injury and Illness Prevention Program | |
| | * Emergency Action Plan | |
| | * Bloodborne Pathogens Program | |
| | * Hearing Conservation Plan | |
| | * Fire Prevention Plan | |
| | * Lockout Tagout Policy | |
| | * Airport Policy | |
| 2. | Discuss General Safety Rules | _____ |
| 3. | Explanation of Safety Rules for Specific Jobs | _____ |
| 4. | General Discussion of Safety Devices | _____ |
| 5. | Personal Protective Equipment | _____ |
| 6. | Proper Lifting Techniques | _____ |
| 8. | Reporting Injuries | _____ |
| 9. | Hazardous Materials | _____ |
| 10. | First Aid and Qualified Personnel | _____ |
| 11. | Reporting Unsafe Conditions | _____ |
| 12. | Job Conduct | _____ |
| 13. | Storage of Materials | _____ |
| 14. | Safety Suggestions | _____ |
| 15. | Additional Training Unique to Department | _____ |

I have received instructions and understand the above checked health and safety procedures.

Employee's Signature: _____ Date: _____

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APPENDIX I

LABELING REQUIREMENTS

Item: _____	No Label Needed		Biohazard Label		Red Base/ Container
Regulated waste bags	X		and	X	
Sharps containers			X		
Refrigerator/Freezer holding blood or other potentially infectious material			X		
Containers used for storage, transport or shipping of blood or other potentially infectious materials	X		or	X	
Blood/blood products for clinical use	X				
Individual specimen containers of blood or other potentially infectious materials remaining in facility	X	or	X	or	X
Contaminated equipment needing service (e.g. dialysis equipment; suction apparatus)			X		
Specimens and regulated waste shipped from the primary facility to another facility for service or disposal			X		
Contaminated personal clothing	X	or	X	or	X
Contaminated laundry sent to another facility that does not use Universal Precautions			X	or	X

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APPENDIX J

INSERT BIOHAZARD SIGN