County of Inyo
Bloodborne Pathogen
Exposure Control Plan

Updated October 2021

In the event of an occupational exposure:

FLUSH, WASH, and REPORT.

See "Three Steps" (Exhibit G)

TABLE OF CONTENTS

I. PURPOSE

The County of Inyo provides a safe and healthful workplace. This Bloodborne Pathogens (BBP) Exposure Control Plan (ECP) documents the tools, training, and procedures provided to protect County employees from occupational exposure to bloodborne pathogens and to help employees respond should an exposure or infection occur. It discusses how we protect employees from health hazards related to occupational exposure to bloodborne pathogens, including Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV). It also explains the appropriate treatment and counseling we provide for employees exposed to bloodborne pathogens. This document fully complies with all relevant regulation, including Title IIX (8), California Code of Regulations, section 5193. For simplicity throughout this document, "BBP" is used to refer to bloodborne pathogens as well as other potentially infectious material (OPIM).

II. GENERAL RESPONSIBILITIES

Both the County (the employer) and its employees play roles in maintaining a safe work environment and minimizing the risk of BBP exposures. These roles can overlap, but the nature of the responsibility can differ. The following general guidelines distinguish the responsibilities.

Employee Responsibilities:

- Complete training/orientation as required
- Follow exposure control plan and universal precautions
- Use safe work practices, obey engineering controls, and use PPE correctly
- Obtain HBV vaccine or sign the declination form
- Report exposure incidents to supervisor and one of the contacts on the title page immediately
- Pursue follow-up care after an exposure
- Practice proper housekeeping
- Report any unsafe conditions to supervisor

Employer Responsibilities:

- Conduct training/orientations as required
- Maintain this document and make it available to employees
- Provide appropriate PPE, safe work practices, and engineering controls
- Provide HBV vaccination and provide declination form
- Follow-up with employee after a potentially infectious incident
- Ensure worksites are maintained in clean and sanitary conditions
- Record and keep records of exposure incidents (sharp injury log)
- Label potentially infectious containers

III. RESPONSIBILITIES FOR SPECIFIC EMPLOYEES

In addition to general employee responsibilities, the Risk Manager, Department Heads, and Designated Employees have additional and specific responsibilities.

- Risk Manager: Risk Manager oversees overall implementation, administration, and review. Risk Manager also serves as County liaison with regulatory officials.

- Department Heads: Each Department Head is responsible for bloodborne pathogen exposure control of employees in their department. Department Heads take the initiative to involve employees on devising ways to increase employee safety.

- Designated Employees: Department Heads of the following departments designate one employee ("Designated Employee") to be responsible for BBP ECP execution and implementation for their department: Health and Human Services, Public Works, Sheriff/Jail, Probation, Environmental Health, Solid Waste, Parks, and Public Guardian. A Designated Employee:
    1. Immediately notifies Supervising Nurse, Health Officer, or Risk Manager in the event of an employee blood borne pathogen exposure
    2. Keeps current on exposure controls and required training
    3. Ensures employees get the training and vaccinations required, especially including new employees and employees whose job tasks have changed
    4. Complies with County policy regarding records security and records retention
    5. Oversees and seeks continuous improvements in blood borne pathogen work practice controls
    6. Seeks to eliminate the use of needle devices where safe and effective alternatives are available
    7. Acquires and stocks adequate levels of personal protective equipment.

IV. PLAN AVAILABILITY AND REVIEW

The BBP ECP is available to employees at any time on the Inyo County website **https://www.inyocounty.us/risk/bbpc.** Employees are provided a copy during employee orientation. Employees required to achieve annual BBP training (See Exhibit B - "Jobs and Tasks with Potential Occupational Exposure to BPPs") are provided a copy during annual training. A copy is also available during normal office hours from the offices of Department Heads, Deputy Directors, Superintendents, and Foremen of the following departments: Health and Human Services, Public Works, Sheriff/Jail, Probation, Environmental Health, Solid Waste, Parks, and Public Guardian. Copies are also available at Sheriff Substations, Tecopa Community Center, Senior Centers, Juvenile Detention Facility, Bishop Sunland Landfill, and Personnel offices.

The Risk Manager reviews and updates this document annually in cooperation with the Safety Committee, the Health Officer, and the Supervising Nurse. The plan may also be reviewed when new or modified tasks and procedures are implemented, when existing filled positions are revised (if the revision may result in new or modified potential exposures), when new functional positions are established that may involve potential exposures, and upon employee request or suggestion. In accordance with the document retention policy, only the current version of the ECP is maintained.

V. EXPOSURE DETERMINATION

"Jobs and Tasks with Potential Occupational Exposure to BPPs" (Exhibit B) provides a list of tasks and job titles with potential occupational exposure to BBPs. Each Designated Employee is responsible for contacting Risk Manager should any revision be recommended. The Risk Manager will research and review with the Safety Committee prior to adoption of any substantial revision.

VI. METHODS OF COMPLIANCE

Minimizing the risk of exposure and infection involves following universal precautions, appropriate engineering controls, safe work practices, personal protective equipment (PPE) requirements, and appropriate disposal and disinfection housekeeping procedures. By rigorously complying with these methods, employees eliminate or minimize their exposures to blood borne pathogens. These five are explained in the following.

Universal Precautions: The County practices and trains employees on universal precautions. All human blood and certain human bodily fluids (collectively known as potentially infectious materials) are treated as if they are known to be infectious for HIV, HCV, HBV, and other BBPs. Typically relevant human bodily fluids include, but are not limited to, vomit, vaginal secretions, semen, and stool. Spit is generally not a BBP unless it is likely to include blood due to recent cuts in the face or mouth. If unsure whether an exposure could be infectious, always assume it to be infectious.

Engineering Controls: Engineering controls help to eliminate or reduce the likelihood of exposure by providing cleaning, maintenance, and other equipment that is designed to prevent contact with potentially infectious materials. Engineering controls made available to at-risk employees include:

- Sharps disposal containers (puncture-resistant, labeled, and leak proof)
- Safer medical devices (such as sharps with engineered sharps injury protections and needleless systems)
- Self-sheathing needles, where possible
- Facilities for hand washing and personal sanitation
- Safer specimen containers (puncture-resistant, labeled, and leak proof)

Each Department Head is responsible for the maintenance and repair of engineering controls and consults with the Risk Manager on access and suitability of engineering controls.

Work Practice Controls: Safe work practices are used to increase the safety or processes. Controls in use depend on the tasks performed. Department Heads are responsible for departmental enforcement of safe work practices. Examples of work practice controls may include:

- Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens

- Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present
- Mouth pipetting/suctioning of blood or other infectious materials is prohibited
- Wash hands with soap and water after removal of gloves or other PPE
- Wash hands and any other exposed skin with soap and water, and flush exposed mucous membranes with water, after contact with BBP
- Contaminated needles and other contaminated sharps are not bent, recapped or removed unless it can be demonstrated that there is no feasible alternative or the action is required by specific medical procedure. In the two situations above, the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique
- Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use
- Specimens of blood or other potentially infectious materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage
- If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage
- If a specimen can puncture its primary container, then a secondary container must be puncture-resistant as well
- Equipment which becomes contaminated is examined prior to servicing or shipping and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible)
- An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated equipment, and identifying the contaminated portions
- Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

Personal Protective Equipment (PPE): When used correctly, PPE does not permit blood or other potentially infectious material to pass through. The County provides such equipment and training on its use at no cost to employees. The appropriate type of PPE to use varies with the task and degree of potential exposure, so check with your supervisor on selection, use, and maintenance. PPE may include gloves, gowns, goggles/eye protection, N95 or surgical masks/face shields, mouth guards, resuscitation bags, pocket masks, and other ventilation devices. Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are or may be allergic to gloves provided for other users.

Each Department Heads is responsible for ensuring that appropriate personal protective equipment is readily available and properly maintained for tasks and procedures their employees may perform. Training is discussed in a later section.

Required PPE Maintenance Practices are as follows:

- All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness
- Reusable personal protective equipment is cleaned, laundered, and decontaminated as needed
- Single-use personal protective equipment (equipment that cannot be decontaminated) is safety discarded.

Required PPE Use Practices are as follows:

- Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible
- All personal protective equipment is removed prior to leaving a work area
- Gloves are worn whenever employees anticipate hand contact with potentially infectious materials, and when handling or touching contaminated items or surfaces
- Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier"
- Disposable (single use) gloves shall not be washed or decontaminated for reuse
- Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of
- Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or spray may generate droplets of infectious materials
- Protective clothing (such as gowns and aprons) shall be worn whenever potential exposure to the body is anticipated.

Housekeeping (Disposal and Disinfection): Maintenance of work areas in clean and sanitary conditions is a critical part in minimizing risk of exposure. HIV may not survive long outside the human body, but HBV can survive for at least seven days on environmental surfaces, and HCV may be able to survive up to four days; therefore, disinfection and disposal are the keys to reducing the risks of BBP exposures. For purposes of BBP exposure controls, basic housekeeping includes:

- Decontaminating work surfaces
- Removing and replacing protective coverings that have become contaminated (plastic wrap, foil, etc.)
- Inspecting and decontaminating containers that may be reused
- Using proper equipment to clean up spills
- Safely disposing of sharps.

To be most effective, surfaces must be cleaned prior to disinfection. Cleaners are products that remove soil, dirt, dust, organic matter, and germs. Cleaners work by washing the surface to lift dirt and germs off surfaces so they can be rinsed away with water. Disinfectants, on the other hands, are chemical products that destroy or inactivate germs and prevent them from growing. Disinfectants have no effect on dirt, soil, or dust. Employees must were proper gloves and other PPE as specified by Safety Data Sheets (SDS) when using chemicals. (See Inyo County Hazardous Materials Management Plan.)

Janitorial/cleaning staff practices are as follows:

- All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials
- All procedures involving BBP shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances
- All equipment and surfaces are cleaned and decontaminated after the completion of medical procedures
- Cleaning and decontamination occur immediately (or as soon as feasible) when surfaces are overtly contaminated and after any spill of blood or infectious material
- At the end of work shift if the surface may have been contaminated during that shift, the surface will be cleaned and decontaminated
- Protective covering 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 work shift if they may have become contaminated during shift
- All pails, bins, and other receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials are routinely inspected, cleaned and decontaminated on a regularly scheduled basis and are decontaminated immediately, or as soon as feasible, upon visible contamination
- Potentially contaminated broken glassware shall be picked up using mechanical means (dustpan and brush, tongs, forceps, etc.) and NOT BY unprotected hands
- Contaminated reusable sharps are stored in containers that do not require hand processing.

Handling of regulated waste (waste that contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid) requires the following:

- Discarded or bagged in containers that are: closable, puncture-resistant (as needed), leak proof (as needed), and labeled in red with the appropriate biohazard warning label
- Containers placed close to the sources of the waste
- Containers kept upright, routinely replaced, and not allowed to overfill
- Contaminated laundry (soiled with blood or OPIM) is handled as little as possible, not sorted or rinsed where it is used, and is placed and transported in appropriately labeled or color-coded containers.
- Appropriate PPE is used when handling contaminated laundry
- When moving/transporting regulated waste containers, they must be kept closed and enclosed within a secondary container (if necessary).

VII. CLEANING SCHEDULE

The following areas are cleaned and disinfected with bleach or similar disinfectant daily: Juvenile Detention Facility (when detainees are present), Health Clinics, Progress House, Jail, and restrooms in libraries, museums, and county office buildings. Restrooms and related facilities at parks and campgrounds are cleaned and disinfected with a sufficient disinfectant every other day. This schedule is subject to change during pandemics.

The following employees are responsible for setting cleaning and decontamination schedules for the listed locations and for ensuring compliance with those schedules:

- Solid Waste Superintendent – all solid waste facilities
- Parks Manager – all facilities at County-maintained parks and campgrounds
- Buildings and Maintenance Supervisor – all other County maintained buildings.

Department Heads are responsible for coordinating with the Buildings and Maintenance Supervisor as needed to ensure compliance with proper and timely housekeeping.

VIII. HEPATITIS B VACCINATION PROGRAM

Exposure incidents can occur even with adherence to all exposure prevention practices. Hepatitis B vaccination is the best way to prevent contracting Hepatitis B.

To protect employees as much as possible from the possibility of Hepatitis B infection, a vaccination program has been implemented. This program is available, at no cost, to all employees who have probable occupational exposure to bloodborne pathogens. As part of their bloodborne pathogens training, employees receive information regarding Hepatitis B vaccination, including its safety and effectiveness. All employees are made aware of the vaccination program during bloodborne pathogens training.

The Risk Manager and Health Officer are responsible for setting up and operating the vaccination program. Department Heads are responsible for ensuring that employees within their Department who have probable occupational exposure to Bloodborne pathogens have received the Hepatitis vaccination within ten (10) working days of initial assignment. Vaccinations are performed under the supervision of a licensed physician or other health care professional. Employees who decline to take part in the vaccination program must sign the "Vaccination Declination Form" (Exhibit "C").

Any unvaccinated employee involved in an exposure incident shall be entitled to receive, at no cost, the Hepatitis B vaccination series. This shall be made available as soon as possible but in no event later than twenty-four hours after the exposure incident.

IX. POST-EXPOSURE EVALUATION AND FOLLOW-UP

Exposure incidents can occur even with adherence to all exposure prevention practices. Adherence to procedures for post-exposure evaluation and follow-up helps when exposures occur.

An exposure incident is defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with a BBP that results from the performance of an employee's duties.

In the event of an exposure to possible infection by blood or other body fluid (especially involving a needle stick or sharps injury), immediately follow these steps without delay:

1. Wash needle sticks and cuts with soap and water
2. Flush splashes to the nose, mouth, or skin with water
3. Irrigate eyes with clean water or saline
4. Report incident to supervisor and call the Injury Hotline at 877.215.7285
5. The exposed employee shall receive medical consultation and treatment (if required) as expeditiously as possible from the County supervising nurse or Health Officer.

Supervisor will notify the Department Head or Designated Employee (who notifies the Risk Manager or Health Officer) and gather the following information from the exposed employee: description of the tasks being performed when the exposure incident occurred; source of transmission; port of entry; PPE utilized; and medical treatment obtained.

Exposed employee works with supervisor to complete Exposure Incident Reporting and Investigation form (Exhibit "D") and submits promptly to Risk Manager. If exposure resulted from a sharp (object that penetrates the skin or any other part of the body, including, but not limited to: needle devices, lancets, broken glass and broken capillary tubes), the supervisor must complete the one-page Sharps Injury Log (Exhibit "E") within fourteen days from the date the incident was reported and submit to Risk Manager.

Next, the Risk Manager or Health Officer or other designated licensed healthcare provider investigates every employee exposure incident. Such investigations are initiated within 24 hours after an incident occurs, and they are documented with Exposure Incident Reporting and Investigation form (Exhibit "D").

In order to make sure employees receive the best and most timely treatment if an exposure to bloodborne pathogens occurs, the County has set up a comprehensive post-exposure evaluation and follow-up process. The process for Post-Exposure Prophylaxis (Exhibit "F") will be used to verify that all steps in the process have been completed. The Health Officer or other designated licensed healthcare provider or his/her designee shall oversee this process.

After the Incident Report is evaluated, written recommendations are made for avoiding similar incidents in the future. The County recognizes that the information involved in this process must remain confidential and will do everything possible to protect the privacy of the people involved.

Post-Exposure Documentation and Testing: The exposed employee shall provide the County with the following confidential information: Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred; and identification of the source individual (unless infeasible or prohibited by law).

The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the

County shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available shall be tested and the results documented. Results of the source individual's testing shall be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. The exposed employee shall receive information related to the significance of the source individual's laboratory results and its implications.

The County's designee shall collect and test the blood of the exposed employee for HBV, HCV, and HIV status after consent is obtained.

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

After consultation and assessment of the employee's risk exposure, an appointment will be made for the employee with a qualified healthcare professional to discuss the employee's medical status. If it is determined that post exposure prophylaxis is recommended, employees will meet with the County's Health Officer as soon as possible. Employees have the option to consult with his/her private physician. The post exposure checklist shall be utilized. The Health Officer or other designated licensed healthcare provider will be available to consult with the healthcare professional on an as needed basis.

Information provided to the Healthcare Professional: To assist the healthcare professional, a number of documents will be forwarded including the following:

1) Copy of the Bloodborne Pathogens Standard
2) A description of the exposure incident
3) A description of the exposed employee's duties as they relate to the exposure incident
4) The exposed employee's relevant medical records
5) Results of the source individual's blood testing, if available
6) Other pertinent information.

Healthcare Professional Written Opinion: After the consultation, the healthcare professional shall provide the Health Officer or other designated licensed healthcare provider with a written opinion evaluating the exposed employee's situation. A copy of this opinion shall be given to the exposed employee. The written opinion shall contain only the following information: Confirmation that the employee has been informed of the results of the evaluation; and confirmation that the employee has been told about any medical conditions resulting from the incident which requires further evaluation or treatment.

With regard to the Hepatitis B vaccination, the opinion shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination. All other findings or diagnoses will remain confidential and will not be included in the written report.

X. RECORD KEEPING

The Health Officer or other designated licensed healthcare provider is responsible for setting up and maintaining medical records related to every reported exposed incident. Such records may be paper or electronic, and they must include:

- Name of employee
- Copy of employee's Hepatitis B Vaccination status with dates of vaccinations
- Medical records relative to employee's ability to receive vaccination
- Copies of the results of the examinations, medical testing and ongoing follow-up procedures which take place as a result of an employee's exposure
- Copy of the information provided to the consulting healthcare professional as a result of any exposure
- Copy of any information provided to the healthcare professional.

As with all information in these areas, the County will keep the information in these medical records confidential. We will not disclose or report this information to anyone without the employee's written consent (except as required by law). Medical records shall be retained for the duration of employment plus 30 years.

Each Department Head, in collaboration with the Risk Manager, is responsible for maintenance of records regarding employee training to facilitate and document employee training. Training records containing the following information are maintained for three years: dates of all training sessions; contents/summary of the training sessions; names and job titles of the instructors (if applicable); and names and job titles of employees attending the training sessions. Target Solutions maintains this information if the training was completed online.

These training records are available for examination and copy to our employees and their representatives, as well as OSHA and its representatives. These records shall be maintained for three (3) years from the date of training.

The Risk Manager maintains a summary Sharps Injury Log in a manner that protects the confidentiality of injured employees. The log contains the following: type and brand of device involved in incident, department or work area where incident occurred, and an explanation of the incident.

XI. LABELS AND SIGNS

Containers with BBP must be properly labeled to help prevent accidental infection. Such containers must either be labeled with the standard biohazard label (shown) **or** the container must be red in color. The label must have lettering in contrast to a florescent orange or orange-red background. See 1910.1030(g).

Designated Employees are responsible for ensuring implementation of labeling protocols within their department. The following must be labeled: Containers of regulated waste; bags containing contaminated laundry; refrigerators and freezers containing BBP; sharps disposal containers; and other containers used to store, transport or ship BBP. In addition, any part of a piece of equipment that may be contaminated must also be labeled as such so the operator/user can use appropriate safeguards.

XII. INFORMATION AND TRAINING

Well-informed and educated employees are keys to eliminating or minimizing BBP exposure. Employees with potential for exposure shall attend and complete training at the time of the initial work assignment, annually, and whenever changes affect the potential for exposure (new job, new tasks, etc.).

Department Heads or their Designated Employees are responsible for compliance with the training requirements. The relevant training is typically administered by the Risk Manager via Target Solutions, an online educational portal. Other methods may include Classroom type atmosphere with personal instruction, videotape programs, and manuals.

Topics covered in the training program include, but are not limited to:

- The Bloodborne Pathogens Standard
- The epidemiology and symptoms of bloodborne diseases
- The modes of transmission of bloodborne pathogens
- The BBP ECP and where to obtain a copy
- Appropriate methods for recognizing tasks and other activities that may involve exposure to BBP
- A review of the use and limitations of methods that will prevent or reduce exposure, including: engineering controls, work practice controls, and personal protective equipment
- Selections and use of personal protective equipment including: types available, proper use, location within the facility, removal, handling, decontamination, and disposal
- Visual warning of biohazard within our facility including labels, signs and "color-coded" containers
- Information on the Hepatitis B Vaccine, including efficacy, safety, method of administration, and benefits of vaccination
- Actions to take and persons to contact in an emergency involving BBP
- Procedures to follow if an exposure incident occurs, including incident reporting
- Information on the post-exposure evaluation and follow-up, including medical consultation that our facility will provide
- Explanation of the signs and labels and/or color-coding for containers used for storage or transport of BBP.

EXHIBIT A: CONCERNS, RECOMMENDATIONS, AND FEEDBACK
REGARDING THE INYO COUNTY BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

In the interest of providing a safe and healthful work environment, all Inyo County employees are encouraged to bring any concerns about exposure to bloodborne pathogens or other potentially infectious material, or about the Inyo County Bloodborne Pathogens Exposure Control Plan, to their supervisor, labor representative, or Risk Management. This form may be used to do so. Labor representatives are encouraged to bring these forms to the Joint Labor/Management Safety Committee for review and recommendation. An employee expressing a concern may elect to remain anonymous.

CONCERN:

_____

_____

_____

_____

_____

_____

_____

RECOMMENDATION

_____

_____

_____

_____

_____

_____

Employee Name:_____ Title:_____

(You may elect to remain anonymous.)

Employee Signature:_____ Date:_____

RETURN COMPLETED FORM TO SUPERVISOR, RISK MANAGEMENT, OR UNION REP

EMPLOYEE – PLEASE DO NOT WRITE BELOW THIS LINE

Name of Department Head or Supervisor (Print): _____

Signature: _____ Date Received:_____

EXHIBIT B: JOBS AND TASKS WITH POTENTIAL OCCUPATIONAL EXPOSURE
TO BLOODBORNE PATHOGENS AND OTHER POTENTIALLY INFECTIOUS MATERIALS
ANNUAL BBP TRAINING MAY BE REQUIRED

Inyo County employees assigned to any of the following tasks are considered to have potential occupational exposure to bloodborne pathogens and must complete annual training on how to protect themselves: attending to ill or injured persons; administering injections; using or having contact with needles or syringes; collecting/handling specimens of bodily fluids; checking hemoglobin levels; cleaning of restrooms/bedding/clothing/buildings/exam rooms/places with ill or injured persons; cleaning up bodily fluids; conducting arrests/searches; engaging in physical contact with or transporting potentially combative/ill/injured persons; administering first aid/CPR; conducting investigations of crime/accident scenes; handling belongings of deceased persons; working in a kitchen; traversing/inspecting disposal sites or body art facilities; handling trash/debris; or providing personal care services not otherwise listed. Such employees hold any of the following countywide job titles:

Environmental Health (EH): EH Deputy Director, EH Specialist, EH Specialist Trainee, Hazardous Materials Manager /Sr.

Health and Human Services (HHS): Addictions Counselor, Food Cook / Supervisor, Health Officer, HHS Deputy Director Public Health, HHS Specialist I/II/III/IV, Human Services Supervisor (CPS), Manager Progress House, Nurse Practitioner, Prevention Specialist, Program Services Specialist I/II/III (whose duties include Homemaker or Personal Care), Psychiatrist, Public Health Nurse, Registered Dietician, Registered Nurse Behavioral Health, Registered Nurse, Residential Caregiver, Social Worker I/II/III/IV / Aide / Supervisor, Supervising Nurse, Supervising Public Health Nurse, WIC Manager (a unique subclass of Prevention Program Manager).

PAPG: Public Administrator/Guardian, Public Administrator/Guardian Deputy.

Probation Department: Chief Probation Officer, Deputy Chief Probation Officer, Deputy Probation Officer I/II/III, Rehabilitation Specialist I/II/Sr, Probation Services Coordinator.

Public Works Department: Building Inspector /Sr, Building Main Worker I/II/III/IV, Building Maint Water Supervisor, Buildings & Grounds Worker, Custodian I/II, Equip Operator, Gate Attendant, Heavy Equip Mech/Oper, Heavy Equip Mechanic, Heavy Equipment Operator, Int Wst Mgt Superintendent, Lead Equip Operator, Park Helper / Attendant, Park Manager, Park Specialist, Road Maintenance Crew Supervisor, Road Maintenance Worker I/II, Road Shop Supervisor.

Sheriff / Jail: Undersheriff, Lieutenant, Sergeant, Corporal, Investigator, Deputy Sheriff, Reserve Deputy Sheriff, Correctional Officer, Evidence Technician, Food Cook.

Department Head or designee may exempt an employee from the annual training requirement if the employee will not be assigned any tasks with potential exposure to bloodborne pathogens for the next 12 months. If a job title or task should be added or removed, please contact Risk Management.

EXHIBIT C: HEPATITIS B VACCINE DECLINATION
MANDATORY FOR EMPLOYEES LISTED IN EXHIBIT B IF DECLINING THE VACCINE

In accordance with 8CCR5193, Inyo County employees who decline to accept the hepatitis B vaccination, as offered freely by Inyo County, shall sign the following statement as required by 8CCR5193(f)(2)(D), with authority from CA Labor Code and CA Health and Safety Code:

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

Employee Name: _____Title: _____

Employee Signature: _____Date: _____

EMPLOYEE – PLEASE DO NOT WRITE BELOW THIS LINE

Supervisor (Print): _____
Signature: _____ Date: _____

RETURN COMPLETED FORM TO RISK MANAGEMENT

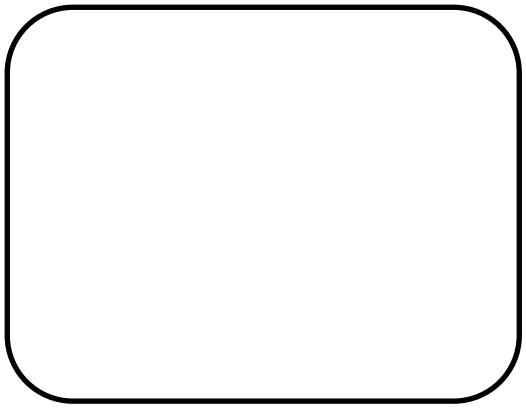

EXHIBIT D:
EXPOSURE INCIDENT REPORTING AND INVESTIGATION FORM

EXPOSED EMPLOYEE MUST CONTACT ONE OF THE FOLLOWING PRIOR TO END OF WORK SHIFT: SUPERVISING NURSE ANITA RICHARDSON (760) 873-3412 OR (760) 937-8567; DR. JAMES RICHARDSON, (760) 873-3331 OR (760) 920-0433; OR RISK MANAGER (760) 872-2908.

1. Date of Incident: _____
2. Time of Incident: _____
3. Location: _____
4. Potentially infectious materials involved: _____
5. Type: _____
6. Source: _____
7. Circumstances (work being performed, etc.): _____

_____

_____

8. Cause (accident, equipment malfunction, etc.): _____

_____

_____

_____

9. Personal protective equipment (PPE) used/worn at time of exposure: _____

_____

_____

10. Response Actions taken (decontamination, clean-up, reporting, etc.): _____

_____

_____

_____

11. Recommendations for avoiding repetition: _____

_____

_____

_____

12. Additional Comments: _____

_____

_____

_____

Name of person completing this form (print): _____
Signature: _____ Date:_____

RETURN FORM TO RISK MANAGEMENT

EXHIBIT E: SHARPS INJURY LOG
COMPLETE LOG FOR EACH EMPLOYEE EXPOSURE INCIDENT INVOLVING A SHARP

1. Date of Incident: _____ Time of Incident:_____
2. Location: _____
3. Job Classification_____

4. Procedure _____
[Examples: Venous blood draw, arterial blood draw, injection through skin, start of an IV, set up heparin lock, heparin/saline flush, cutting, suturing, unknown, or other.]

5. How did exposure occur? _____
[Examples: During use of sharp, between steps of a multistep procedure, after use and before disposal of sharp, while putting sharp into disposal container, sharp left in inappropriate place, picking up debris, unknown, or other.]

6. Body Part/s: _____
   _____ [Examples: finger, thumb, hand, arm, face/head, torso, leg]

7. Sharp Involved (type, brand, model): _____
   a. Did device have an engineered sharps injury protection?_____
   b. Was the protection mechanism activated? _____
   c. Did the exposure incident occur before, during, or after activation? _____

8. EXPOSED EMPLOYEE: If the sharp had no engineered sharps injury protection, do you think that such a mechanism could have prevented the injury? _____ (YES, NO, or N/A)
   EXPLAIN: _____
   _____
   _____
   _____

9. EXPOSED EMPLOYEE: In your opinion, could an engineering or work practice control could have prevented the injury? _____ (YES, NO)
   EXPLAIN/DESCRIBE:_____
   _____
   _____
   _____

Name of person completing this form (print): _____
Signature: _____ Date:_____

NOTE: Other versions also acceptable.
RETURN COMPLETED FORM TO RISK MANAGEMENT

EXHIBIT F: POST EXPOSURE PROPHYLAXIS (PEP) – six pages
FOR USE REGARDING EMPLOYEES EXPOSED TO HEPATITIS B, HEPATITIS C, OR HIV

Transmission rates in occupational exposures (positive source):

- HIV: needle sticks 0.3%, mucous membranes 0.09%, nonintact skin - unknown but estimated to be less than mucous membrane exposure.
- HBV: needle sticks 6-30%
- HCV: needle sticks 1.8%

Hepatitis C

In the absence of PEP for Hepatitis C exposure, recommendations are intended to achieve early identification of chronic Hepatitis C disease after exposure and refer for early treatment options. For individuals exposed to Hepatitis C positive sources:

a. Perform baseline testing for anti-HCV and ALT activity.
b. Perform follow-up testing for anti-HCV and ALT activity in 4-6 months.
c. If earlier diagnosis of Hepatitis C infection is desired, test for HCV RNA at 4-6 weeks.
d. Confirm all anti-HCV results reported positive by enzyme immunoassay using supplemental anti-HCV testing.
e. When Hepatitis C infection is identified, the person should be referred to a specialist for follow-up care.
f. Immunoglobulin and antiretrovirals are not recommended for exposures to Hepatitis C positive blood.

Hepatitis B

For detailed PEP information see Table 3 *Recommended Post exposure Prophylaxis for Exposure to Hepatitis B Virus (next page).*

1. If the exposed person is known to have had adequate response to the Hepatitis B vaccine in the past (anti-HBS $\geq$10mIU/ml), the anti-HBs level does not need to be tested and no PEP is needed.
2. If the anti-HBs was never tested after receiving the Hepatitis B vaccine series and there is reason to believe the exposure presents a risk for Hepatitis B transmission, the anti-HBs level of the exposed can be tested.
3. Start the Hepatitis B vaccine series immediately if exposed individual has not been previously vaccinated.
4. Hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG) are not contraindicated in pregnant or lactating women.
5. When HBIG is indicated it should be given ASAP after exposure, although it can be given up to 7 days after exposure.
6. For exposed individuals in the process of receiving the Hepatitis B vaccine series, HBIG should be given ASAP and the Hepatitis B vaccine series schedule should continue.
7. A second dose of HBIG a month later is only needed if the exposed person is a known non-responder to the Hepatitis B vaccine and the source patient is HBsAg positive.
8. If the exposed person has had prior HBV infection, he/she is considered immune and requires no PEP.

TABLE 3: Recommended Postexpousre Prophylaxis for Percutaneous Exposure to Hepatitis B Virus[1]

Vaccination and antibody status of exposed person		Treatment when source is:		
		HBsAg[2] positive	HBsAg negative	Not tested or infection status unknown
Unvaccinated		HBIG[3] X 1; Initiate hepatitis B series	Initiate hepatitis B series	Initiate hepatitis B vaccine series
Previously Vaccinated	Known Responder[4]	No treatment	No treatment	No treatment
	Known non-responder, no revaccination series	HBIG X 1 and initiate revaccination	No treatment; consider revaccination for future protection	If known high-risk source, treat as if source were HBsAg positive.
	Known non-responder to initial and revaccination series	HBIG X 2 - second dose one month after the first	No treatment	If known high-risk source, treat as if source were HBsAg positive.
	Antibody response unknown	Test exposed person for anti-HBs[5] -If adequate[6], no treatment -If inadequate[6], HBIG X 1 **and** vaccine booster dose[7]	No testing, no treatment	Test exposed person for anti-HBs[5] -If adequate[6], no treatment -If inadequate[6], vaccine booster dose[7]

1 Postexposure recommendations apply ≤7 days after exposure

2 Hepatitis B surface antigen

3 Hepatitis B immune globulin (0.06 mL/kg administered intramuscularly)

4 Person with anti-HBs antibody level of >10mIU/mL

5 Antibody to hepatitis B surface antigen

6 Adequate response is anti-HBs >10mIU/mL; inadequate response is anti-HBs <10mIU/mL

7 The person should be evaluated for antibody response after the vaccine booster dose. For persons who received HBIG, anti HBs testing should be done when passively acquired antibody HBIG is no longer detectable (eg, 4-6 mo); if they did not receive HBIG, anti-HBs testing should be done 1-2 months after the vaccine booster dose. If anti-HBs is inadequate (<10mIU/mL) after the vaccine booster dose, 2 additional doses should be administered to complete a 3-dose reimmunization series.

https://www.health.state.mn.us/diseases/hepatitis/b/hcp/postexprec.pdf

HIV

For detailed PEP see Table 4 *Recommended HIV Postexposure Prophylaxis for Percutaneous Injuries*, Table 5 *Recommended HIV Postexposure Prophylaxis for Mucous Membrane Exposures and Nonintact Skin Exposures*, and *Appendix C Basic and Expanded HIV Postexposure Prophylaxis Regimens.*

1. Exposed EMPLOYEE should be informed that:
   a. Most occupational exposures to HIV do not result in HIV transmission. Medication toxicity should be carefully considered when deciding to start PEP.
   b. Prophylaxis is not indicated or justified for exposures with negligible risk.
   c. Limited knowledge is available regarding toxicity of prophylaxis in pregnancy.
   d. An individual can decline all prophylactic medications.
2. Considerations for prescribing PEP
   a. Toxic medications have caused serious liver toxicity. Consider transmission risk vs. toxicity risk. Also consider individual risks: pregnancy, current breast feeding, renal disease, liver disease etc.
   b. HIV transmission rates in occupational exposures
   c. PEP should be started ASAP. The basic regimen, Combivir, is available in the hospital pharmacy. It is possible to start PEP and then discontinue or change the medications prescribed once the source patient's HIV status is determined.
   d. Regardless of the PEP regimen selected, medications are to be taken for 4 weeks; if tolerated.
   e. If unsure of which PEP regimen to begin with, start with the basic. A change can always be made later when more information regarding the source is available.
   f. Don't stagger PEP medications- give the full regimen as ordered. Staggering medications can lead to resistance.

3. PEP Medications

   The **National Clinicians Post-Exposure Prophylaxis Hotline** (PEP line) offers treating clinicians up-to-the-minute advice on managing occupational exposures to HIV, Hepatitis, and other blood-borne pathogens. It is available 24 hours per day, seven days per week. *See available handout.*

   The phone number is 888-HIV-4911 (888-448-4911)

   a. The basic regimen, Zidovudine 600mg QD and Lamivudine 150mg BID will be available in the Mammoth Hospital Pharmacy as a single tablet (Combivir). The basic regimen, Combivir is to be taken twice daily for one month. This is the most common regimen for PEP.
   b. For additional PEP regimens, please see policy *Basic and Expanded HIV Postexposure Prophylaxis Regimens* on the intranet > Employee Health Manual > Body Fluid Exposure.
   c. If another regimen besides Combivir is prescribed, call Vons or Rite-Aid for medication availability.
   d. When Vons or Rite-Aid are closed or don't have needed medications available, Dwayne's pharmacy or Northern Inyo Hospital Pharmacy can be contacted for medication availability.
   e. No pharmacy can guarantee immediate availability of PEP medications but the basic regimen can be started immediately and then when other medications become available, the prescription can be changed.

4. Follow-up care of individuals receiving HIV PEP
    a. Possible drug toxicity should be monitored by testing at baseline and again at 2 weeks after starting PEP. Tests should include at minimum: CBC, renal and hepatic function tests. In addition, any individual on a protease inhibitor should be evaluated for hyperglycemia and those on IDV should be monitored for crystalluria, hematuria, hemolytic anemia, and hepatitis.
    b. Reevaluation of the exposed person should be considered within 72 hours post exposure, especially as additional information about the exposure or source person becomes available.
    c. Inform patient that they need to report any side effects from PEP medications immediately as a dose adjustment or discontinuation of the drug may be required.
    d. If any toxicity is noted, modification of the regimen should be considered after expert consultation; further diagnostic studies may be indicated.

5. Testing of exposed EMPLOYEE
    a. EMPLOYEEs exposed to HIV should be evaluated within hours (rather than days) after their exposure and should be tested for HIV at baseline (i.e., to establish infection status at the time of exposure).
    b. If the source person is seronegative for HIV, baseline testing or further follow-up of the exposed person normally is not necessary. Follow-up serologic testing (see 5c below) will be made available to all EMPLOYEES who are concerned that they might have been occupationally infected with HIV.
    c. EMPLOYEEs exposed to HIV should be tested for HIV at baseline, 6 weeks, 12 weeks, and 6 months. The provider may also recommend another test at 1 year.
    d. If the exposed individual does not want test results at the time of the exposure, the blood sample may be preserved for 90 days. The employee may also elect to take the HIV antibody test at another test center (ex. Health Department).
    e. Advise exposed employee to seek medical evaluation for any illness compatible with an acute retroviral syndrome.
    f. Inform the exposed individual that the Health Officer or other designated licensed healthcare provider will receive all test results and provide follow-up counseling to the exposed individual.
    g. California HIV Confidentiality Laws will be discussed with the exposed individuals, and all staff involved with testing and counseling will adhere to confidentiality laws.

EXHIBIT F REFERENCES:

- 2001 CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf
- 2005 CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis; and Notice to Readers: Updated Information Regarding Antiretroviral Agents Used as HIV Post exposure Prophylaxis for Occupational HIV Exposures

TABLE 4. Recommended HIV postexposure prophylaxis for percutaneous injuries

Exposure type	Infection status of source				
	HIV-Positive Class 1[1]	**HIV-Positive Class 2[1]**	**Source of unknown HIV status[2]**	**Unknown source[3]**	**HIV-Negative**
Less severe[4]	Recommend basic 2-drug PEP	Recommend expanded ≥3-drug PEP	Generally no PEP warranted; however, consider basic 2-drug PEP[5] for source with HIV risk factors[6]	Generally, no PEP warranted; however, consider basic 2-drug PEP[5] in settings in which exposure to HIV-infected persons is likely	No PEP warranted
More Severe[7]	Recommend expanded 3-drug PEP	Recommend expanded ≥3-drug PEP	Generally no PEP warranted; however, consider basic 2-drug PEP[5] for source with HIV risk factors[6]	Generally, no PEP warranted; however, consider basic 2-drug PEP[5] in settings in which exposure to HIV-infected persons is likely	No PEP warranted

1. HIV-positive, class 1 - asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-positive, Class 2 - sypmtomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

2. Source of unknow HIV status (e.g., deceased source person with no samples available for HIV testing).

3. Unknown source (e.g., a needle from a sharps disposal container).

4. Less severe (e.g., solid needle or superficial injury).

5. The designation "consider PEP" indicates that PEP is optional and should be based on an indidualized decision between the exposed person and the treating clinician.

6. If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.

7. More severe (e.g., large-bore hollow needle, deep puncture, visible blood on device, or needle used in patient's artery or vein).

TABLE 5. Recommended HIV postexposure prophylaxis for mucous membrane exposures and noncontact skin[1] exposures

Exposure type	Infection status of source				
	HIV-Positive Class 1[2]	**HIV-Positive Class 2[2]**	**Source of unknown HIV status[3]**	**Unknown source[4]**	**HIV-Negative**
Small volume[5]	Consider basic 2-drug PEP[6]	Recommend basic 2-drug PEP	Generally no PEP warranted; however, consider basic 2-drug PEP[6] for source with HIV risk factors[7]	Generally no PEP warranted; however, consider basic 2-drug PEP[6] in settings where exposure to HIV-infected persons is likely	No PEP warranted
Large volume[8]	Recommend basic 2-drug PEP	Recommend expanded ≥3-drug PEP	Generally no PEP warranted; however, consider basic 2-drug PEP[6] for source with HIV risk factors[7]	Generally no PEP warranted; however, consider basic 2-drug PEP[6] in settings where exposure to HIV-infected persons is likely	No PEP warranted

1. For skin exposures, follow-up is indicated only if there is evidence of compromised skin integrity (e.g., dermatitus, abrasion, or open wound).

2. HIV-Positive, Class 1 - asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-Positive, Class 2 - symptomatic HIV infection, AIDS, acute seroconversion , or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

3. Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).

4. Unknown source (e.g., splash from inappropriately disposed blood).

5. Small volume (i.e., a few drops).

6. The designation "consider PEP" indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.

7. If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.

8. Large volume (i.e., major blood splash).

THREE STEPS TO A Bloodborne Pathogen Exposure

Got a needle stick or other sharps injury?

Exposed to blood or other potentially infectious material?

STEP 1: FLUSH

- Flush splashes to nose, mouth, and skin with water
- Irrigate eyes with clean water or saline.

STEP 2: WASH

- Wash needle sticks and cuts thoroughly with soap and water.

STEP 3: REPORT

- Immediately report the incident to your supervisor. Call the Injury Hotline, or have supervisor call the Hotline at 877.215.7285. Let's make sure you get the care you may need and the required paperwork completed.

Our Bloodborne Pathogen Exposure Control Plan is available at: www.inyocounty.us/risk/bbpc.

SUPERVISOR RESPONSIBILITY INCLUDES:

A. Contact one of the following ASAP (Call until you reach one of us)

- Supervising Nurse Anita Richardson @ 760.873.6533 or 760.937.8567
- Health Officer Dr. James Richardson @ 760.873.7868 or 760.920.0433
- Risk Manager Aaron Holmberg @ 760.872.2908 or 760.937.7378

B. Complete and submit Exhibit D and, if applicable, Exhibit E.