



SAN MATEO COUNTY
BLOODBORNE PATHOGENS EXPOSURE
CONTROL PLAN

2014 Revision

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

1. PURPOSE

The purpose of this program is to establish the Bloodborne Pathogens Exposure Control Program, Sharps Safety Policy for San Mateo County facilities, and Medical Center. This Exposure Control Program is intended to eliminate or minimize occupational exposure to bloodborne pathogens and prevent bloodborne disease as required by OSHA Regulation 29 CFR Part 1910.1030 and Title 8 California Code of Regulations Section 5193.

Exposure to bloodborne pathogens in the workplace is a serious threat to worker safety. To combat this threat, federal and state regulations require the preparation of an exposure control program. This program demonstrates the County of San Mateo's commitment to providing a safe and healthful work environment for its employees and is a key document for implementing and ensuring compliance with the standards.

2. SCOPE

This program applies to all departments within San Mateo County, and its freestanding facilities, which have personnel whose duties include, or may include, *exposure to blood or other potentially infectious materials* (hereafter will be referred to as **OPIM**).

It is inclusive of all full-time, part-time, term and per diem County employees, and all persons who perform work for San Mateo County on a contractual, internship or volunteer basis who are routinely or potentially occupationally exposed to bloodborne pathogens.

3. RESPONSIBILITY

The County Manager has the ultimate responsibility for the assignment and utilization of resources necessary for the maintenance of an effective Exposure Control Program. These responsibilities have been delegated as specified below:

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A. Program Overview and Management:

Risk Management or their designee will manage the program.

B. Compliance with the Plan:

This responsibility is shared between department managers and employees. Department Managers will be responsible for developing specific-department programs that shall ensure that staff identified as having actual or potential occupational exposure to bloodborne pathogens will receive training on the hazards of bloodborne pathogens.

Employees must accept responsibility to comply with the safety policies described in this program, and are expected to:

- minimize all potential exposures to infectious materials or contaminated items
- take responsibility for themselves and co-workers
- avoid unsafe practices
- report unsafe conditions and exposure incidents
- appropriately label containers and samples holding potentially infectious materials
- recognize hazards in their work area, biological or otherwise
- know what precautions and protective equipment are appropriate for specific jobs
- practice good hygiene

C. Employee Education/Training Records:

Department Supervisors are responsible for assuring that the educational requirements of the standard are met, and that records are maintained for the time period specified in the instruction.

D. Vaccination Program:

Department Supervisors are responsible for ensuring employee have access to the hepatitis B vaccination. The County's designated occupational health care provider, Kaiser On the Job, can provide the vaccine and the employee is responsible for follow-up vaccination and serologic testing.

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E. Post Exposure Follow-up:

The employee and the supervisor are responsible for reporting the exposure through the Workers' Compensation process. Kaiser On the Job will provide care, treatment, counseling and record keeping. Confidential medical records pertaining to exposure incidents and follow-up will be maintained by Risk Management.

F. Personal Protective Equipment:

Individual Departments are responsible for ensuring that personal protective equipment is accessible, and in sufficient quantity and size to meet the requirements of the Standard.

G. Disposal of Biohazardous/Regulated Waste:

Departments are responsible for depositing regulated waste at one of the County-approved waste collection sites. The Director of Material Management or designee is responsible for the proper disposal of regulated waste and all pertinent instructions pertaining to regulated waste.

The Infection Control Practitioner for San Mateo Medical Center (SMMC) or designee is responsible for working with the County Risk Management to assure they are aware of all blood borne pathogen exposures in the hospital and clinics. Infection Control and Risk Management Department shall also maintain a Sharps Injury Log and **EXPOSURE TO BLOOD/OPIM WORKSHEET REPORT FORM**. This is part of the orange envelope used to report blood borne pathogen exposure and initiate follow-up treatment for the employee and source testing.

4. AUTHORITY

The County Safety Manager is assigned responsibility and authority to fully carry out the requirements of this Exposure Control Program. In instances where there is/are documentable failures to adhere to the requirements of this plan *where patients, staff or the facility are at immediate risk*, the County Safety Manager is granted authority to cause the immediate abatement of that activity through the suspension of those unhealthful procedures, tasks, or operations. All such instances will be brought to the attention of the County Manager. All other instances of inadequate compliance will be addressed through the respective chain of command.

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5. EXPOSURE CONTROL PROGRAM

A. Policy Statement

Blood and other specified body fluids from all patients are considered potentially infectious for bloodborne pathogens. Appropriate procedures must be followed to reduce the risk of exposure. This is known as [Universal Precautions](#) and will be observed by County employees at all times.

B. Procedures

All employees who routinely perform duties that place them at risk of exposure to blood or other potentially infectious materials (OPIM) will be considered at high-risk for occupational exposure and are included in this exposure control program.

1. All employees with potential occupational exposures:

- are to be trained in appropriate practices which minimize their risk of occupational exposure to blood and OPIM from all patients
- are entitled to receive the hepatitis B vaccination free of charge (to be paid for by their employer)
- are to be provided with the necessary equipment and protective barriers to reduce their risk of exposure to blood and OPIM
- are required to follow all procedures outlined in this exposure control program
- are required to report *all* exposure incidents to their immediate supervisor, to Risk Management/Worker's Compensation, to Infection Control for all hospital and clinic employees and to (Kaiser Occupational Health)
- may receive medical follow-up and treatment following any exposure incident to blood or OPIM.

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2. A Sharps Injury Log shall be maintained, which is a record of each exposure incident involving a sharp device. The information shall include:
 - Date and time of exposure
 - Type and brand of sharp involved
 - Job classification of exposed employee
 - Department where exposure occurred
 - The procedure the employee was performing
 - Body part involved. If the sharps had engineered protection
 - The employee's opinion as to whether any engineering or protective control could have prevented the injury
 - The exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident was reported
 - The information in the Sharps injury Log shall be maintained to protect the confidentiality of the injured employee

3. A Sharps safety committee, made up of employees who work with these products, shall review and evaluate sharp safety products and make recommendations to the purchasing department for selection and purchase of appropriate safer medical device products. These departments shall include but not be limited to: nursing departments, which will include on site and off site clinics, long term care, acute care, psychiatry, respiratory, laboratory, x-ray, Coroner, Family Health, Public Health, and Correctional Health.

This committee recognizes that no one medical device is appropriate in all circumstances or effective based on reasonable judgment, that will make an exposure incident involving a contaminated sharp less likely to occur in the application in which it is used. As newer, improved safety engineered products become available, reevaluation will require the committee to meet and initial an evaluation process if decided. If information only is necessary for periodic update, it shall be provided in memo format to committee members.

4. This policy will be reviewed annually and revised and updated as needed.

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C. Definitions

- **Bloodborne Pathogens** - Disease-producing microorganisms that may be or are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
- **Contaminated** - The presence or the reasonably anticipated presence of blood or other potentially infectious material on a surface or in or on an item.
- **Decontamination** - The use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use or disposal.
- **Engineering Controls** - Controls such as sharps disposal containers, needleless systems and sharps with engineered sharps injury protection that isolate or remove the bloodborne pathogens hazard from the workplace.
- **Engineered sharps injury protection** - A physical attribute built into a needle device used for withdrawing OPIM, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms, or a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.
- **Exposure Incident** - A specific eye, mouth or other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- **Occupational exposure** - A job category where skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials could be reasonably anticipated.

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- **Other Potentially Infectious Materials (OPIM)**
The following human body fluids: semen, vaginal secretion, Cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood such as saliva or vomit, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as in an emergency response. Any unfixed tissue or organ (other than intact skin) from a human (living or dead). Any of the following, if known or are reasonably like to contain or be infected with HIV, HBV, HCV:
Cell, tissue, or organ cultures from humans (or experimental animals)
Blood, organs or other tissues from experimental animals, culture medium or other solutions
- **Personal Protective Equipment (PPE)** - Specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts, lab coats, scrubs, etc.) are not intended to function as protection against a bloodborne hazard, and are *NOT* considered to be PPE.
- **Regulated/Biohazardous Waste** - Liquid or semi-liquid blood or OPIM; contaminated items that contain liquid or semi-liquid blood, or are caked with dried blood or OPIM and would release these materials when handled or compressed; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.
- **Standard (Universal) Precautions** - A collection of policies that have been designed to prevent healthcare workers from receiving accidental exposure to blood/OPIM in the work place. Based on the assumption that any person could potentially be infectious for bloodborne pathogens, it encompasses rules for hand washing, guidelines for the use of PPE and needle safety principles.

D. Exposure Determination Plan

1. The Exposure Determination Program covers all employees who may be expected to incur occupational exposure to blood or OPIM. It has been formulated without regard to *personal protective equipment (PPE)* as a way of determining each employee's relative risk of exposure to blood.

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2. All departments must review the hazards in their department and make a list of all employee job classifications that may have the potential to be exposed to blood or OPIM. These job classifications should be included in all department- specific programs.
3. Departments may work with the County Safety Manager/Risk Management for guidance on individual department program.
4. If an employee from a job classification that is not considered at risk for occupational exposure to blood or OPIM is occupationally exposed to blood or OPIM, they will receive the same follow-up opportunity, and be offered the hepatitis B vaccine series.
5. If there is any doubt as to whether an employee is covered by the Exposure Control Program that determination will be made by Risk Management.

E. Safe Work Practice Habits/Engineering Controls

The use of Universal Precautions is an integral part of this exposure control program. Universal Precautions will be practiced whenever exposure to blood or OPIM is anticipated. When differentiation between body fluid types is difficult or impossible, all OPIM will be considered potentially infectious materials.

Work practice controls/procedures have been implemented to minimize exposure to bloodborne pathogens. Each department supervisor is responsible for implementing, evaluating and monitoring compliance with work practices as part of scheduled inspections.

Minimization and elimination of exposure to blood and OPIM is the primary goal.

1. Hand washing: Hands should be washed with soap and water and dried with a paper towel. Hands are to be washed after, *the removal of gloves or other personal protective equipment* and immediately following contact or exposure to blood or OPIM, after handling any item or surface that is contaminated with blood or body fluids, after contact with mucous membranes or non-intact skin, after completion of work and before leaving the work area, after eating or using the restroom. If hand washing sinks are not readily available or in the event of an unexpected water outage, a waterless antiseptic hand cleanser and clean towels or wipes will be available for staff use.

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2. Mucous membranes and eyes will be immediately flushed with water following exposure to blood or OPIM.
3. Food and Drink: Eating, drinking, smoking, applying cosmetics, or lip balm, and handling of contact lenses is prohibited in work areas where there is a reasonable likelihood of exposure to blood or OPIM.
4. Food and drinks and oral medications are *NOT* to be stored in refrigerators, freezers, shelves, cabinets or countertops, bench tops or any other place where blood and OPIM may be present, or maintained.
5. All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets.
6. Mouth pipetting/suctioning of blood or OPIM is prohibited.
7. Specimens of blood or OPIM will be placed in containers that prevent leakage during collection, handling, processing, storage, transportation or shipping. Syringes containing blood or OPIM will not be transported with needles attached unless an engineered safety device is in place permanently shielding the needle.
8. The container for storage, transport or shipping to outside of the facility will be labeled or color-coded with the legend "**BIOHAZARD**" These labels shall be florescent orange or orange-red, with lettering and symbols in a contrasting color.
9. If outside contamination of the primary container occurs, the primary container will be placed within a second container that prevents leakage during handling, processing, storage, transport, or shipping and is properly labeled. If the specimen could puncture the primary container, the primary container will be placed within the secondary container that is also puncture-resistant.
10. Equipment that may be contaminated with blood or OPIM will be decontaminated prior to servicing or shipping. If decontamination is not feasible, a biohazard-warning (that meets the Cal/OSHA requirements) will be attached to the equipment identifying the contaminated portions. Information will be conveyed to all affected employees, servicing people and/or the manufacturer prior to handling to ensure that appropriate precautions are taken.

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F. Handling and Disposal of Sharps

All procedures involving the use of sharps in connection with patient care will be performed using the following effective patient-handling techniques and other methods designed to minimize risk of a sharps injury.

1. Recapping of sharps and needles is prohibited. If recapping is unavoidable, a device-assisted or a one-handed scoop technique must be used to avoid puncture injuries. Disposable sharps, such as needles, are not to be bent or broken after use.
2. Contaminated needles and syringes, and other sharps will be not bent, broken, recapped or otherwise manipulated and will be disposed of in rigid-walled disposable sharps containers. *EXCEPTION:* Syringes that contain radioactive pharmaceuticals that must be returned to the pharmaceutical company for disposal may be recapped using a safety device designed for this purpose or by the “one-handed” method.
3. Reusable sharps will be placed in labeled, puncture resistant, leak-proof containers for appropriate cleaning and sterilization. If reusable sharps must be cleaned on site, engineering controls should be instituted to minimize handling. Employees should never reach into containers with sharps unless the sharps have had previous high-level disinfection. Cleaning of such sharps will not require employees to reach their hands into sharps containers.
4. Disposable sharps will not be reused under any circumstances.
5. Contaminated sharps will be immediately, or as soon as possible after use, disposed of in rigid, puncture-resistant container that prevents leakage. Containers will be red in color and labeled “SHARPS WASTE” or with the international biohazard symbol and the word “BIOHAZARD.”
6. Sharps containers will be readily available and easily accessible for all situations in which sharps are used or can be anticipated to be found. Sharp containers will be maintained in the upright position and will be replaced when 3/4 full to avoid overfilling. If wall mounted, the opening should have unrestricted access to the opening of the container.
7. Sharps container seals must be leak resistant and difficult to reopen.

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8. Broken glassware that may be contaminated is not to be picked up by hand, but by mechanical means such as a brush, a dustpan, tongs, or forceps. If possible, it should be disposed of in a sharps container. Otherwise, it shall be double bagged and disposed of carefully with the Biohazardous waste.

G. Handling of specimens

1. All specimens are to be placed in leak resistant specimen containers for collection, handling, processing, storage or transport. Universal Precautions are to be used for handling all specimens. Specimen containers do not require special hazard labeling within the facility. Specimen containers sent off-site for processing will have a biohazard sign placed on the outside package.
2. All procedures are to be performed in such a manner as to reduce the risk of splashing or spraying of blood or OPIM. In the event of accidental exposure, personal clothing that has been contaminated with blood or OPIM will not be laundered by the employee. It will be cleaned, laundered or disposed of by the County.
3. It is everyone's responsibility to ensure that equipment is regularly inspected for contamination with blood or OPIM, and disinfected when necessary.
4. All equipment must be decontaminated or have a biohazard label prior to being sent out for repair.
5. Mechanical pipettes are to be available and used in the laboratory areas. Mouth pipetting is prohibited.

H. Personal Protective Equipment (PPE) / Barriers

1. Employees are required to wear County issued protective barriers when contact with blood or OPIM is likely. When there is potential for occupational exposure, the employee's department, not the employee, is required to provide at no cost to the employee, appropriate PPE such as, but not limited to gloves, gowns, facial protection and ventilation devices.

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2. PPE will be considered appropriate only if it does not permit blood or OPIM to pass through 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 the time for which the PPE will be used. The employee's department is required to assume complete.
3. Responsibility for the maintenance, repair or replacement of PPE. Employees are to be trained in the proper selection, indications, use and disposal of these protective barriers. Employee owned lab coats, scrubs or uniforms are *NOT* considered PPE.

a) Gloves:

- Disposable single-use examination gloves must be worn when there is likelihood of hand contact with blood or OPIM, when handling any item or surface soiled with body fluids, or when drawing blood. A new pair of gloves is put on just before touching mucous membranes or non-intact skin. Hands are to be washed after glove removal. Employees who are allergic to the gloves provided may request hypoallergenic gloves.
- Disposable gloves are never washed and reused.
- If utility gloves (appropriate for reuse) are utilized, they will be inspected for cracks or tears, and replaced when needed. They should be washed with an appropriately diluted disinfectant agent if they become contaminated.

b) Facial Protection:

- Masks and eyewear or face shields are required when employees perform procedures that are likely to generate splashing or spraying of blood or OPIM. The type of face protection worn should be capable of preventing droplets from touching the skin or mucous membranes of the wearer. If glasses are worn, they must have solid side shields.

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c) Gowns/Aprons:

- A cover gown is to be worn during any procedure where there is a possibility of contamination of the employees' clothing or uniform or exposed skin areas with blood or OPIM. The type of gown selected should be appropriate to the task; that is, it should prevent penetration of fluids for the duration of the task. If the cover gown or personal clothing is penetrated by blood or OPIM, it should be changed as soon as feasible. The clothing should be cut off if the employee is unable to remove it without exposing mucous membranes to blood or OPIM.
4. Employees are required to wear PPE as directed "unless the employer shows that the employee temporarily and briefly declined to use the PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that the patient or staff could have been harmed by the use of the PPE. Non-use shall be investigated and documented. The Safety Manager/Risk Management or Infection Control will determine whether changes can be instituted to prevent such occurrences in the future.
 5. All PPE will be removed prior to leaving the immediate work area and disposed of as regular waste unless it meets the criteria for biohazardous waste.

I. Housekeeping Issues

1. All environmental and working surfaces are to be cleaned and decontaminated:
 - as soon as feasible after they are contaminated with blood or OPIM
 - at the end of the workshift if the surface has become contaminated since the last cleaning
 - protective coverings will be removed when contaminated and at the end of the shift
 - all reusable bins, pails, cans, or similar receptacles intended for reuse shall be inspected and decontaminated on a regularly scheduled basis and immediately after contamination occurs
2. All areas are to be maintained in a clean and/or sanitary condition per individual departmental policy.

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J. Regulated Waste/Linen Issues

1. Waste:

- All items identified in the definition of regulated/biohazardous waste (see Attachment 1) shall be placed in containers which are closable, able to contain all contents without leakage, and labeled.
- If the primary container becomes contaminated, it will be placed into a second container meeting the same requirements for labeling and puncture resistance as the first.
- Biohazardous waste will be taken to the Department of Material Management at 222 W 39th Street, San Mateo.
- Any container where regulated waste is placed must be labeled with a biohazard sign or the words visible from 25 feet. All entrances to that area must be secured from unauthorized personnel. All entrances to areas where biohazardous waste is stored overnight must be labeled with a bilingual warning sign as specified in the California Medical Waste Management Act.

2. Linen:

- Contaminated laundry will be minimally handled and bagged at the site of use. It will not be sorted or rinsed in the facility.
- All linen will be placed and transported in high density plastic laundry bags. Bags will not be filled more than 2/3 full. If the laundry is wet and there is potential for leakage, the bag will be placed into another high density plastic bag prior to transport.
- Any personnel handling contaminated linen will utilize Universal precautions.

K. Labels & Signs

1. An accepted biohazard label with the biohazard symbol or the word biohazard or red or predominantly red color coding is to be used to identify all items and equipment that contain blood or OPIM. These include:
 - refrigerators or freezers that contain blood or OPIM
 - sharps disposal containers
 - containers used during storage, transport, shipment or disposal of blood or OPIM

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2. Labels must be affixed to the container in a visible place in a manner that precludes unintentional removal.

L. Hepatitis B Vaccine

1. All employees with occupational exposure are to be offered hepatitis B vaccination free of charge within 10 working days of employment and after the employee has had appropriate counseling about the vaccine unless:
 - the individual has previously received the complete hepatitis B vaccination series
 - antibody serologic testing has revealed that the employee is immune or already infected
 - the vaccine is contraindicated for medical reasons
 - the individual declines vaccination.
2. Contract employees must show proof of vaccination for hepatitis B or have a signed declination statement on file.
3. A licensed health care professional from (Kaiser Occupational Health) will be responsible for evaluating all occupationally exposed employees for their medical eligibility to receive hepatitis B vaccine.
4. If an employee initially declines the hepatitis B vaccination, but at a later date, while still covered under this document, decides to accept the vaccination, it shall be provided at that time. Should a booster dose(s) be recommended at a future date, such booster doses(s) shall also be provided. If the individual declines to accept vaccination when offered, they shall sign the mandatory declination statement.
5. Records of the vaccine will be as specified under section (I) Record keeping.

M. Post-Exposure Protocol

An exposure incident is any situation in which blood or OPIM comes into contact with mucous membranes in the eye or mouth or non-intact skin, or a parenteral exposure (e.g. from a needlestick or laceration) as a result of performance of duties. Each incident should be treated as a medical emergency because certain interventions that may be appropriate must be initiated promptly to be effective.

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1. Following an exposure incident, the employee should immediately receive first aid as needed.
2. **The employee must report the incident to their immediate supervisor and complete the Worker's Compensation "Employee Claim for Worker's Compensation Benefits form that work day.** Forward the form to Risk Management by faxing to 363-4864.
3. The responsibility for post-exposure follow-up of employees is as follows:
 - **(Kaiser Occupational Health), 1400 Veterans, Redwood City, (650) 299-4785** will provide coverage for all County employees for post-exposure treatment, Monday through Friday between 8:00 am and 5:00 pm. On weekends, holidays, evenings and nights all employees are to go to **(Kaiser Permanente Emergency Room), 1150 Veterans, Redwood City, (650) 299-2201.** (Kaiser Occupational Health) will provide all follow-up treatment as recommended by CDC guidelines at no cost to the employee. This will include follow-up testing for HIV, HBV and HCV and counseling as appropriate.
 - Contract personnel should contact their employer for direction regarding initial treatment and follow-up.
4. Procedures for follow-up for all San Mateo County facilities and San Mateo Medical Center
 - The employee is to inform their immediate supervisor and pick up a post-exposure **orange envelope/packet** within their department or from their immediate supervisor. The packet includes directions for completion of packet. (Attachment #2) The EXPOSURE TO BLOOD/OPIM WORKSHEET REPORT FORM (Attachment #3), documents the route of exposure and circumstances under which the incident occurred. (Attachment #4) BBFE EXPOSURE TREATMENT PLAN, documents treatment procedures to follow for all **County** employees and **Contract** employees. A map to Kaiser Permanente ER is also included in the packet,(Attachment #5) The packet contains appropriate laboratory request slips for drawing blood or sending the source to the lab for the blood draw.(Attachment #6) As of September 2008, HIV consent is no longer required of the source. Orange post-exposure packets or replacement packets can also be obtained from Infection Control for all SMMC sites and From Risk Management for all other County sites. **If there is any possibility that the source case may be HIV (+), a courtesy phone call alerting (Kaiser Occupational Health), (650) 299-4785 or (Kaiser Permanente Emergency Room), (650-299-2201) should be made.**

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- The employee's supervisor is responsible for ensuring source case follow-up. The supervisor is also responsible for ensuring completion of Workers' Compensation forms and the Exposure to Blood/OPIM Worksheet Report form. The supervisor then places OPIM WORKSHEET REPORT FORM in the orange envelope and forwards to Infection Control, Pony # HOS 316 IC for all SMMC sites and Risk Management, Pony #HRD 163 for all other County sites.

Source case follow-up for all **SMMC sites, Coroner and Correctional Health** consists of collecting blood from the source patient. Use two **Pearl top tubes** and two **Gold top tubes** with gel from the biohazard bag in the **orange envelope** to collect blood from the source patient. Place all four tubes back into the biohazard lab guard bag with the enclosed requisition slip and send to SMMC Lab only. For all **other County sites** send the source to the SMMC laboratory, Monday-Friday between the hours of 7:30 am to 3:30 pm. Complete the BBFE lab requisition and give to the source to take to the lab. Call the SMMC lab at 650-573-2688 to let them know the source will be coming for a BBFE exposure blood draw. The lab slips are marked Bloodborne Exposure with the required lab tests marked on the slips. If the source is known to be positive for HIV or Hep C check the appropriate box on the lab requisition. SMMC Lab is responsible for sending the blood to Quest Lab. Source case blood results will be available to Infection Control/Risk Management. All source bloodwork results will be sent to (Kaiser Occupational Health) for follow-up with the exposed employee.

- **After regular working hours** (defined as between 1600-0800 Monday through Friday, or on a weekend or holiday), the immediate supervisor will be responsible for ensuring that the employee is forwarded to (Kaiser Permanente ER) for evaluation and that the source individual is identified, appropriate blood work drawn, and the Exposure Worksheet Report Form is forwarded to Infection Control.
 - If source blood cannot be obtained from the source case the County Health Officer should be notified.
 - If the staff member elects not to have outside follow-up, a DECLINATION OF MEDICAL SERVICES (see Attachment# 7) must be signed and forwarded to Infection Control/Risk Management with the completed exposure worksheet.
5. Kaiser Occupational Health/Kaiser Permanente ER) is responsible for the initial evaluation of the incident, and administration or initiation of necessary treatment. If the exposure is considered not to be significant, the employee will be so informed and sent back to duty. The exposed person will be informed of the risks, precautions and follow-up procedures. Blood from the exposed person will be collected and tested, and follow-up treatment initiated as soon as possible for HBV, HCV and HIV

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after consent is obtained.

6. (Kaiser Occupational Health) shall be responsible for ensuring completion of all further follow-up of employees. This includes the 6 week, and 3, 6, and 12 month follow-up evaluations as necessary.
7. The results of the source blood testing are available through Infection Control/Risk Management and will be sent to (Kaiser Occupational Health) or the treating medical facility. The exposed staff person will be informed of applicable laws and regulations concerning the disclosure of the identity and infectious status of the source individual.
8. (Kaiser Occupational Health/Kaiser Permanente ER) shall obtain and provide the staff person with a copy of the health care provider's written opinion within 15 days of the completion of the evaluation. The health care provider's written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 - that the employee has been informed of the results of the evaluation
 - that the employee has been told about any medical conditions resulting from exposure which requires further evaluation or treatment
 - whether hepatitis B vaccination is indicated, and if the individual has received such vaccination
 - verification that the employee is (or is not) able to return to work and perform assigned duties. If not able to return to work or perform assigned duties, the medical opinion should state when this is possible and what work limitations/restrictions shall apply. All other findings or diagnoses shall remain confidential and shall not be included in the written report.
9. If the exposed employee chooses to seek post-exposure follow-up outside of (Kaiser Occupational Health/Kaiser Permanente ER), Infection Control/Risk Management will ensure that the health care provider responsible for the exposed staff member's follow-up is provided the following information:
 - a copy of this Exposure Control Program
 - a description of the exposed staff person's duties and circumstances as they relate to the exposure incident
 - results of the source individual's and exposed staff person's blood tests if available
 - all records and information/recommendations relevant to the appropriate treatment of the staff member, including vaccination status.

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K. Training Requirements:

1. All employees will participate in a training program at no cost to them and during working hours upon hire in the orientation program.
2. Training shall be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter through the training module.
3. Material appropriate in content and vocabulary to the educational level, literacy, and language of the staff shall be used.
4. The training program shall contain, at a minimum, the following elements:
 - an explanation of this exposure control program and the means by which a staff member can obtain a copy of the written plan
 - a general explanation of the epidemiology, symptoms and modes of transmission of bloodborne diseases (HBV/HCV/HIV)
 - an explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to bloodborne pathogens, and an explanation of the exposure determination worksheet and basis for selection of PPE
 - an explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practice habits and PPE
 - information on the types, proper use, location, removal, handling, decontamination, and disposal of PPE.
 - information on the hepatitis B vaccine, including information on efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccinations will be offered free of charge to employees covered under this plan
 - information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
 - an explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
 - an explanation of required signs and labels and/or color coding
 - an opportunity for interactive questions and answers with the person conducting the training session.
 - The person conducting the training shall be knowledgeable in the subject matter covered in the training program as it relates to the workplace.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

L. Record-Keeping:

1. Department Supervisors shall establish and maintain accurate training records for each employee. Records will include the name and the individual's hepatitis B vaccination status provided by Kaiser.
2. (Kaiser Occupational Health) will retain a copy of all relevant information on any exposure incident, a copy of the health care provider's written opinion as to eligibility for vaccination, and post-exposure follow up.
3. Any medical records or forms containing sensitive health status information will be deemed confidential and will not be disclosed or reported without the individual's express written consent to any persons within or outside the workplace, except as required by this plan or as required by law.
4. The County of San Mateo will maintain employee health medical records for at least duration of employment or assignment plus 30 years in accordance with OSHA 29 CFR 1910.20.
5. Department Supervisors will maintain training records which include the following information:
 - dates of initial training and annual safety module.
 - contents or a summary of training sessions
 - names and qualifications of persons conducting the training
 - names and job classifications of all persons attending the training
6. Training records shall be maintained for 3 years from the date on which the training occurred.

Revised: 10/9/2014 by Elaine Simmons, RN, COHN, Occupational Health Coordinator and Alicia Kellie, CSMC, CPSI, Safety Manager for Risk Management Division of the Human Resources Department.