

CHAPTER ONE HUNDRED
INFECTIOUS DISEASE CONTROL POLICY

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I. PURPOSE

The purpose of this directive is to establish guidelines for infectious diseases. Further, the purpose of this policy is to provide officers with the necessary information to increase their safety on the job. This policy was written in accordance with the universal precautions for preventing the spread of infectious disease in the work place developed by the National Center for Disease Control. the procedures and guidelines in this policy should be followed when handling any potentially infectious material.

II. DISCUSSION

It is the policy of the Monroe County Sheriff's Office to provide training and equipment as necessary to ensure the safety of it's members as it pertains to the prevention of exposure to infectious diseases while working in all areas of the office. The Monroe county Sheriff's Office and it's members shall adhere to all federal and state laws and local ordinances, legal opinions, and regulations pertaining to infectious diseases. This directive shall apply too all Monroe county Sheriff's Office members.

III. GLOSSARY OF TERMS

A. Definitions

1. Blood - human blood, human blood components, and products made from human blood.
2. Bloodborne pathogens - pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B. Virus (HBV) and human immunodeficiency virus (HIV).
3. Clinic Laboratory - a medical workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
4. Contaminated - the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
5. Contaminated Laundry - laundry, which has been soiled with blood or other potentially infectious materials or may contain sharps.
6. Contaminated Sharps - any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
7. Decontamination - the use of physical or chemical means to remove, inactivate or destroy bloodborne pathogens on a surface or item rendering the surface or item safe for handling, use or disposal.
8. Director - the Director of the National Institute for Occupational Safety and health, U.S. Department of health and Human Services or designated representative.
9. Engineering Controls - controls that isolate or remove the infectious hazard from the work place (i.e., sharps disposal containers, on-way valve masks for CPR, containers for the securing of syringes).
10. Exposure Incident - a specific contact with blood or other potentially infectious material that occurred during the normal performance of a member's duties (to the eye, mouth, any mucous membrane, non-intact skin, etc.).

11. Hand Washing Facilities - a facility providing an adequate supply of running potable water, liquid soap, and single use towels or hot air drying machines.
12. Licensed Healthcare Professional - a person whose legally permitted scope of practice allows him or her to independently perform the activities related to Hepatitis B. Vaccination and post-exposure evaluation and follow-up.
13. HBV - hepatitis B virus.
14. HIV - human immunodeficiency virus.
15. Occupational Exposure - reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of a member's duties.
16. Other Potentially Infectious Materials -
 - a. The following human body fluids:
 - 1) Semen, vaginal secretions, 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, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
 - b. Any unfixed tissue or other (other than intact skin) from a human (living or dead).
 - c. HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions and blood, organs or other tissues from experimental animals infected with HIV or HBV.
17. Parenteral - piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
18. Personal Protective Equipment - specialized clothing or equipment worn by a member for protection against a hazard. General work clothes (i.e., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard, are not considered to be personal protective equipment.
19. Production Facility - a facility engaged in industrial-scale, large-volume or high concentration production of HIV or HBV.
20. Regulated Waste - liquid or semi-liquid blood or other potentially infectious material in a liquid or semi-liquid state if compressed, items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling, contaminated sharps, and pathological and microbiological wastes containing blood or other potentially infectious materials.
21. Research Laboratory - laboratory producing or using research laboratory scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
22. Source Individual - any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to a member. Examples include, but are not limited to, prisoners, inmates in correctional facilities, hospital and clinic patients, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains, and individuals who donate or sell blood or blood components.

23. Sterilize - the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.
24. Universal Precautions - an approach to infection control in which all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
25. Work Practice Controls - controls that reduce the likelihood of exposure by altering the manner in which a task is performed (i.e., prohibiting recapping of needles by a two-handed technique).

IV. POLICY AND PROCEDURES

A. Policy Statement

1. In recognition of the special hazards associated with risk of exposure to and transmission of bloodborne pathogens, including but not limited to, HIV (human immunodeficiency virus) and HBV (hepatitis B virus), the following special policies and procedures are adopted for all work entailing such risk by the Monroe County Sheriff's Office.
2. For the purposes of this policy, the following classes of members shall be considered as performing tasks entailing reasonably anticipated exposure to blood or other potentially infectious material:
 - a. Sworn Sheriff Deputies
 - b. Sworn Detention Deputies
 - c. Crime Laboratory Members
 - d. Evidence and Property Members
 - e. Medical Staff Members

B. Infection Control Representative(s)

1. An Infection Control Representative or Representatives will be designated as responsible for the implementation of these policies and procedures. For the purpose of this policy, the commander of the Bureau of Administration or his/her designee will be designated as the responsible party for implementation of this policy.

C. Exposure Control Plan

1. In conjunction with use of these policies and procedures, an exposure control plan will be implemented to minimize or eliminate exposure to bloodborne pathogens. In this regard, area supervisors are encouraged to develop area specific control plans, which can be incorporated into this policy as addendums.

D. Universal Precautions

1. **ALL** blood and body fluids will be treated as infectious. Universal precautions will be used in all non-emergency work activities with any potential for exposure to blood or other body fluids.

E. Engineering and Work Practice Controls

1. Engineering and work practice controls shall be used to eliminate or minimize member exposure. Where occupational exposure remains after institution of these controls, personal protective equipment

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

2. Hand Washing

- a.** Hand Washing facilities, which are readily accessible to members shall be provided. When provision of hand washing facilities is not immediately feasible, either an appropriate antiseptic hand cleanser in conjunction with clean cloth or paper towels or antiseptic towelettes will be provided. When antiseptic hand cleansers or towelettes are used, hands shall be washed with liquid soap and running water as soon as feasible.
- b.** Members shall wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment. Members shall wash their hands and any other skin with liquid soap and water or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

3. Handling of Sharps

- a.** Contaminated needles and other contaminated sharps shall not be bent, recapped or removed. Shearing or breaking of contaminated needles is prohibited. Contaminated needles and other contaminated sharps shall not be recapped or removed unless no alternative is feasible or such action is required by a specific medical procedure which must be documented and approved by an Infection Control Representative prior to the use of such procedures. Recapping or needle removal or collection of sharps shall be accomplished by a mechanical device or one-handed technique; no shearing or breaking of contaminated needles will be performed.
- b.** Contaminated reusable sharps shall be placed in appropriate containers (puncture resistant, leakproof on sides and bottom, Bio-Hazard labeled) and SHALL NOT be stored or processed in a manner that requires members to reach by hand into the containers where these sharps have been placed.

4. Personal Habits and Food and Drink

- a.** Eating, drinking, smoking, application of cosmetics or lip balm, and handling contact lenses are prohibited in work areas with reasonable likelihood of occupational exposure to bloodborne pathogens.
- b.** Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on counter tops or bench tops where blood or other potentially infectious materials are present.

All members will ensure that all cuts, abrasions, scratches or breaks in the skin are properly covered or bandaged before the start of work, and throughout the entire work day.

5. Specific Work Practices

- a.** All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances. Mouth pipetting of blood or other potentially infectious materials is prohibited. No objects should be placed in the mouth. The nose, mouth, and eyes should not be touched during or after contact with any individual until property hand washing procedures have been followed. special care and precautions shall be taken at any time a member may have open cuts or sores or dermatitis that may compromise the barrier protection provided by skin. Specimens of blood or other potentially infectious materials shall be placed in a container, which prevents leakage during collection, handling, processing, storage, transport or shipping.

- b. The minimum number of members required shall be involved with any procedure entailing exposure to bloodborne pathogens and exposure time should be minimized.
- c. The Sheriff's office complies with Occupational Safety and Health Administration ("OSHA") articles concerning exposure of its members to the presence of infectious diseases or biohazardous materials.

6. Storage and Transport of Blood or Other Infectious Body Fluids

- a. The container for storage, transport or shipping (including freezers and refrigerators used for storage of blood or other potentially infectious materials) shall be Bio-Hazard labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels (EXCEPT for containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use) and closed prior to being stored, transported or shipped.
- b. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping and is labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.
- c. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

7. Biohazardous Evidence

- a. Members will impound blood or body fluid stained property only in sufficient material quantities as may be needed for trial evidence; otherwise this type of property should be released to a responsible party at the scene.
- b. All aspirates and miscellaneous body fluids will be submitted directly to the Headquarters' Property Room during normal working hours.
 - 1) Liquid samples will be submitted in glass tubes.
 - 2) Each glass tube will be enclosed in a crushproof container.
 - 3) All samples from a single case will be sealed in a paper evidence bag.
 - 4) Biohazardous labels will be affixed to both sides of the evidence bag. The top two copies of the property receipt will have a biohazardous label attached.
 - 5) All evidence that may have been exposed to blood or a body fluid shall be turned over to the crime scene member who will remove the evidence to a secure area to dry the item if possible. If no such area is available, the crime scene member will transport the evidence personally to the headquarters' property Section, so that the item may be property dried.
 - 6) Currency and other valuables contaminated by blood or other biological fluids will be counted / inventoried while wearing rubber / latex gloves and other appropriate protection. The contaminated items will be sealed in a paper bag and transported personally to Headquarters' Property Section by the crime scene member.

8. Equipment Contaminated by Blood or Other Infectious Body Fluids

- a. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary unless unfeasible. If unfeasible, the reasons for inability to decontaminate the equipment shall be documented by a designated Infection Control Representative and those portions that have not been decontaminated shall be labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive, or other method preventing loss or unintentional removal or in red bags substituted for labels. Further, a designated Infection Control Representative shall ensure that this information is conveyed to all affected members, the servicing representative or the manufacturer, as appropriate, prior to handling, servicing or shipping so that appropriate precautions shall be taken.

9. Personal Protective Equipment

- a. All members performing tasks entailing reasonable anticipated exposure to blood or other potentially infectious materials will be provided and are required to use appropriate personal protective equipment, such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks or other ventilation devices. Such equipment shall be repaired or replaced as needed to maintain its effectiveness at no cost to the member. Personal protection equipment will be considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the member's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
- b. Under rare and extraordinary circumstances when it is in the member's professional judgement that in the specific instance use of protective clothing and equipment would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker, the member shall document these circumstances and inform a designated Infection Control Representative, who shall investigate the circumstances and determine whether changes can be instituted to prevent such occurrences in the future. The Infection Control Representative shall document all such occurrences.
- c. Appropriate personal protective equipment in the appropriate sizes shall be readily accessible at the worksite or issued to members. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives shall be readily accessible to those members who are allergic to the glove normally provided.
- d. Any garment penetrated by blood or other potentially infectious materials, shall be removed immediately or as soon as feasible. All personal protective equipment shall be removed prior to leaving the work area. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
- e. Gloves shall be worn when it can be reasonably anticipated that the member may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin and when performing vascular access procedures.
- f. Disposable (single use) gloves, such as surgical or examination gloves and utility gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised and shall not be washed or decontaminated for re-use.
- g. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields or chin-length face shields, shall be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.

- h.** Protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets or similar outer garments shall be worn in situations with reasonably anticipated exposure to blood or other potentially infectious materials. The type and characteristics will depend upon the task and degree of exposure anticipated.
- i.** Members who are reasonably anticipated to be exposed or may have clothing exposed, will maintain a spare uniform / jumpsuit or change of clothing. This will minimize personal risk and down time for decontamination. This change will be readily accessible, but not at risk for exposure.

10. Cleaning and Disinfection

- a.** The worksite shall be maintained in a clean and sanitary condition. The specific written schedules for cleaning and methods of decontamination outlined in the cleaning schedule shall be followed.
- b.** All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
- c.** Contaminated work surfaces shall be decontaminated with an appropriate disinfectant immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials and at the end of the work shift if the surface may have been contaminated since the least cleaning.
- d.** Protective coverings, such as plastic wrap, aluminum foil or imperviously-backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.
- e.** All bins, pails, cans, and similar receptacles intended for re-use which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and decontaminated according to the cleaning schedule and decontaminated immediately or as soon as feasible upon visible contamination.
- f.** Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dustpan, tongs or forceps.
- g.** Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires members to reach by hand into the containers where these sharps have been placed.
- h.** Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.
- i.** During use, containers for contaminated sharps shall be easily accessible to members and location as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found, maintained upright throughout use, and replaced routinely and not be allowed to overfill.
- j.** When moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping and placed in a secondary container if leakage is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport or shipping, and orange-red labels with lettering or symbols in a contrasting color affixed

as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.

- k.** Reusable containers shall not be opened, emptied or cleaned manually or in any other manner which would expose members to the risk of percutaneous injury.

11. Medical Waste

- a.** Medical waste shall be considered any liquid or semi-liquid blood or other potentially infectious materials, dried blood or other potentially infectious materials in any form. This includes any items which may have such materials on them in any form with the exception of reusable equipment, instruments or personal protective clothing and equipment which undergoes property decontamination procedures.
- b.** Medical waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- c.** If outside contamination of such containers occurs, it shall be placed in a second container. The second container shall be closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping, and labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels. This container shall be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.
- d.** Disposal of all sharps and medical waste shall be in accordance with applicable regulations of the United States, this state, and local ordinances.

12. Laundry Practices

- a.** Contaminated laundry shall be handled as little as possible with a minimum of agitation and shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use. Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels. Universal precautions shall be used in the handling of all soiled laundry.
- b.** Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through or leakage of fluids to the exterior.
- c.** All members who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.
- d.** Laundry shipped off-site shall be placed in containers which are labeled or color-coded with fluorescent orange or orange-red labels with lettering or symbols in a contrasting color affixed as close as feasible to the container by string, wire, adhesive or other method preventing loss or unintentional removal or in red bags substituted for labels.

F. Hepatitis B Vaccination

1. Hepatitis B vaccine and vaccination series shall be made available to all members with reasonably anticipated exposure to blood or other potentially infectious materials. The vaccination series will be given by the Human Resources Division via the Office's notification of physical program or during the orientation phase for all new hires or transfers at no cost to the member, at a reasonable time and place, and performed by or under the care of a licensed physician or under the supervision of another licensed healthcare professional. These shall be provided according to recommendations of the U.S. Public health service current at the time these evaluations and procedures take place. All laboratory tests are conducted by an accredited laboratory at no cost to the member.
2. The Training and Human Resources Division will work together to ensure that the Hepatitis B vaccination shall be made available after the member has received the Bloodborne pathogens Education Program, and within 10 working days of initial assignment to duties with reasonably anticipated exposure to blood or other potentially infectious materials, unless the member has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the member is immune or the vaccine is contraindicated for medical reasons. pre-screening is available to, but not required of, such members and is provided at no cost. If members initially declining the Hepatitis B vaccination, but at a later date decide to accept the vaccination, the Hepatitis B vaccination shall be made available according to the provision of this policy at that time.
3. All members who decline to accept Hepatitis b vaccination offered by the Monroe County Sheriff's Office, shall sign the Hepatitis B Vaccination Refusal Form.
4. Routine booster dose(s) of Hepatitis B vaccine as recommended by the U.S. Public Health Service shall be made available to members who at the time such recommendations are applicable have reasonably anticipated exposure to blood or other potentially infectious materials, at no cost to the members. The booster dose(s) shall be made available to the member at a reasonable time and place, and performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.

G. Post-Exposure Evaluation and Follow-Up

1. After an exposure incident, a confidential medical evaluation and follow-up shall be made immediately available to the exposed member including:
 - a. Notice of injury form, supervisor's report, and offense report and/or supporting documents.
 - b. Documentation of the route(s) of exposure and the circumstances under which the exposure incident occurred.
 - c. Identification and documentation of the source individual (unless it can be established that identification is in-feasible or prohibited by state or local law).
2. All medical evaluations and procedures performed as part of post-exposure evaluation and follow-up, including prophylaxis, are:
 - a. Provide at no cost to the member.
 - b. Made available to the member at a reasonable time and place.
 - c. Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional.

- d. Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place. all laboratory tests are conducted by an accredited laboratory at no cost to the member.
3. The healthcare professional responsible for the member's hepatitis B vaccination shall be provided the Post-Exposure Assessment Package. This package includes a copy of the bloodborne Pathogens Rule, a description of the exposed member's duties as they relate to the exposure incident, documentation of the route(s) of exposure and circumstances under which exposure occurred, results of the source individual's blood testing, if available, and all medical records relevant to the appropriate treatment of the member including vaccination status which are the member's responsibility to maintain.
4. A copy of the evaluating healthcare professional's written opinion shall be obtained and provided to the member with 15 days of the completion of the evaluation. The healthcare professional's opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for a member and if the member has received such vaccination. The healthcare professional's written opinion for post-exposure evaluation and follow-up shall be limited to documenting that the member has been informed of the results of the evaluation and that the member has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be include din the written report.
5. Based upon the recommendation of the healthcare professional providing the post-exposure evaluation, the source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV and HIV infectivity. If consent is NOT obtained, it shall be established 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. When the source individual is already known to be infected with HBV and HIV, testing for the source individual's known HBV or HIV status need not be repeated.
6. Based upon the recommendation of the healthcare professional providing the post-exposure evaluation, the exposed member's blood shall be collected as soon as feasible and tested after consent is obtained. If the member consents to baseline blood collections, but does not give consent at the time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days of the exposure incident, the member elects to have the baseline sample tested, such testing shall be done as soon as feasible.
7. Post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service, shall be given by or under the supervision of the licensed physician or other licensed healthcare professional performing the post-exposure medical evaluation of the exposed member.
8. Counseling and evaluation of reported illnesses shall be provided to the exposed member by the licensed physician or other licensed healthcare professional performing the post-exposure medical evaluation of the exposed member as needed and indicated.

H. Bio-Hazard Labeling

1. Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious material, and other containers used to store, transport or ship blood or other potentially infectious materials, except that red bags or red containers may be substituted for labels. Containers of blood, blood components or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from these labeling requirements. Individual containers of blood or other potentially infectious materials that are placed in

a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement.

2. Labels shall include the following legend:



and shall be fluorescent orange or orange-red or predominantly so, with letter or symbol in a contrasting color. Labels are required to be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal. Such labels are required for contaminated equipment and shall also state which portion of the equipment remains contaminated.

I. Education and Training

1. All members with reasonably anticipated exposure to blood or other potentially infectious materials shall participate in the Division of Training's Bloodborne Pathogens Education Program at no cost to the member and during working hours. This shall occur at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter.

Additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the member's occupational exposure shall be provided which may be limited to addressing the new exposures created.

J. Recordkeeping

1. An accurate medical record for each member with occupational exposure, in accordance with 29 CFR 1910.20, shall be maintained. This record shall include the name and social security number of the member, a copy of the member's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the member's ability to receive vaccination, a copy of all results of examinations, medical testing and follow-up procedures required as part of any post-exposure medical evaluation including the member's copy of the health care professional's written opinion, and a copy of the information provided to the healthcare professional as part of that evaluation.
2. Member's medical records will be kept confidential and not disclosed or reported without the member's express written consent to any person within our outside the workplace except as required by this section or as may be required by law. Such records shall be maintained in the Human Resources Division's medical files for at least the duration of employment plus 50 years in accordance with 29 CFR and Florida State law.
3. Training records shall be maintained and shall include the dates of the training sessions, contents or a summary of the training sessions, the names and qualifications of persons conducting the training, and the names and job titles of all persons attending the training sessions. Training records shall be maintained for 50 years from the date the member separates from the office.
4. All member's medical records or training records shall be made available upon request to the assistant secretary and the Director of the Occupational Safety and Health Administration (OSHA) for examination and copying.

5. Member's training records shall be provided upon request for examination and copying to the member, to member's representatives, and to the Director or assistant secretary in accordance with 29 CFR 1920.20 and Florida state Law.
6. Member's medical records shall be provided upon request for examination and copying to the subject member, to anyone having written consent of the subject member, and to the Director or the assistant secretary in accordance with 29 CFR 1910.20 and Florida State Law.
7. Requirements involving transfer of records set forth in 29 CFR 1910.20 and Florida State law (h) shall be followed.
8. The Director shall be notified at least three months prior if cessation of business occurs and there is no successor employer to receive and retain the records for the prescribed period. Such records shall be transmitted to the Director, if requested by the Director to do so, within that three month period.

K. Member's Responsibilities

1. In addition to specific responsibilities outlined above, members performing tasks with reasonably anticipated exposure to blood or other potentially infectious materials are required to inform a designated Infection Control Representative if proper protective clothing and equipment is unavailable or appears inadequate to provide appropriate protection from such exposure. members are required to report to a designated Infection Control Representative any incidents or observations suggesting inadequate use of personal protective clothing and equipment or other control measure by any member.
2. Members are REQUIRED to follow the requirements of these policies and procedures, including all work practice requirements. The use of universal precautions and the use of specific engineering control and protective equipment outlined is MANDATORY.
3. Members that do not follow these requirements are subject to disciplinary action up to and including discharge.

L. Exposure Threat to Bloodborne Pathogens

1. Level I
 - a. No exposure to bloodborne pathogens.
 - b. No personal protective equipment is necessary.
2. Level II
 - a. Limited exposure short period of time (zero to five minutes) to a small amount of a bloodborne pathogen (less than 3 ml).
 - 1) Latex gloves necessary.
 - 2) Safety glasses with safety slide shields necessary.
3. Level III
 - a. Exposure for brief period of time (five minutes to 30 minutes) to relatively small amounts (more than one pint) of blood and or body fluids both liquid and dried.

- 1) Double latex gloves necessary.
- 2) Full face shield necessary.
- 3) Face mask necessary.
- 4) Full long sleeve jumpsuit / disposable full body coverall necessary.
- 5) Disposable boot / foot covers necessary.
- 6) Disposable head covering necessary.

V. Contaminated Uniforms

- A.** From this date forward officers who determine that their uniform and/or civilian attire has been contaminated as a result of coming into contact with bloodborne pathogens will do the following:
1. Remove the contaminated uniform and/or civilian attire items(s) carefully to avoid additional contact with the contaminating material.
 2. The contaminated uniform and/or civilian attire item(s) is to be placed in one of the office's supplied biohazardous material bags and sealed. The officer should put his/her name on the outside of the bag, and place the bag in their respective property / evidence room.
 3. This bag(s) is to be transported to the main detention laundry facility within 72 hours by personnel in the Property / Evidence Section.
 4. Upon delivery at the main detention facility, the uniform and/or civilian attire item(s) will be processed by specially trained staff in accordance with the procedures set forth in the Office's exposure control plan. Items, which require dry cleaning, will be forwarded to a dry cleaning service.
 5. After processing the uniform and/or civilian attire item(s) will be dried, folded, separated, and placed in a white plastic bag(s) and returned to the officer to whom they belong.

W. Annual Review

1. The Exposure Control Coordinator is required to conduct an annual review of the exposure control plan with consideration for updating procedures designed to eliminate or minimize occupational exposure.
2. The annual review will be forwarded to the Undersheriff for review and assignment for implementation of changes as necessary.
3. A copy will be sent to Professional Standards.

VI FORMS

**PROGRAM MANAGEMENT:
INFECTION CONTROL
REPRESENTATIVE(S)**

FORM 3A

Infection Control Representative(s)

The following individual(s) has (have) been designated as Infection Control Representative(s) to be responsible for the implementation and management of the Infection Control Program.

NAME	DATE
Risk Manager - Notifications	May 13, 1993
Training Director - Training	February 28, 1994
Human Resources Director - Medical Records	February 28, 1994
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**EXPOSURE CONTROL PLAN
SCHEDULE AND METHODS OF IMPLEMENTATION**

FORM 4A

Schedule of Implementation

	Rule (DATE)	Planned (DATE)	Actual (DATE)	By (INITIALS)
Exposure Determination	05/05/92	_____	_____	_____
Information / Training	06/04/92	_____	_____	_____
Recordkeeping	06/04/92	_____	_____	_____
Methods of Compliance	_____	_____	_____	_____
Universal Precautions	07/06/92	_____	_____	_____
Engineering / Work Practice Controls	07/06/92	_____	_____	_____
Personal Protective Equipment	07/06/92	_____	_____	_____
Medical Waste	07/06/92	_____	_____	_____
Housekeeping / Laundry	07/06/92	_____	_____	_____
HBV Vaccinations	07/06/92	_____	_____	_____
Post-Exposure Evaluation & Follow-Up	07/06/92	_____	_____	_____
Labels & Signs	07/06/92	_____	_____	_____

Method of Implementation

According to the schedule established, the section-by-section procedures described in the Bloodborne pathogens Compliance Package will be followed. These are described in the Implementation Procedures segment in each section.

**DESCRIPTIONS OF WORK ACTIVITIES
ENTAILING EXPOSURE TO
BLOODBORNE PATHOGENS**

FORM 6A

The work tasks and activities identified on this form should be used to classify members into the categories required by Form 6b: JOB CLASSIFICATIONS IN WHICH ALL MEMBERS HAVE EXPOSURE and Form 6c: JOB CLASSIFICATIONS IN WHICH SOME MEMBERS HAVE EXPOSURE AND LIST OF TASKS AND PROCEDURES IN WHICH EXPOSURE OCCURS.

Exposure Definition: work tasks and activities should be listed which **necessarily and routinely involve reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material (including semen, vaginal secretions, 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, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids)**. This **EXCLUDES** incidental exposures that may take place on the job and that are neither reasonably nor routinely expected and that the worker is not required to incur in the normal course of employment. Determination is made without regard to personal protective clothing and equipment used to protect a member from exposure.

1. Blood drawing, injection administration or establishment of intravenous lines.
2. Participation in invasive procedures of any type including, but not limited to, surgery, needle biopsy, endoscopy, colonoscopy, sigmoidoscopy, colposcopy, cystoscopy, arthroscopy, and laparoscopy.
3. Emergency and rescue activity involving provision of first-aid or CPR.
4. Dental work involving contact with mucous membranes, saliva or other blood or body fluids or with materials that have been contaminated with these including but not limited to dental or oral surgery, tooth extraction, orthodontic or endodontic work, teeth cleaning, filing or repair.
5. Patient care activities involving contact with blood or body fluids or with materials that have been contaminated with these.

**DESCRIPTIONS OF WORK ACTIVITIES
ENTAILING EXPOSURE TO
BLOODBORNE PATHOGENS**

Form 6A
Page 2

6. Housekeeping, laundry, maintenance activities involving the handling of medical waste or the cleaning or decontamination of surfaces or equipment contaminated with blood or other potentially infectious materials.

7. Handling of blood, body fluids, tissue or organs.

8. Other activities (describe) _____

9. Other activities (describe) _____

10. Other activities (describe) _____

11. Other activities (describe) _____

12. Other activities (describe) _____

13. Other activities (describe) _____

14. Other activities (describe) _____

15. Other activities (describe) _____

16. Other activities (describe) _____

By my signature below, I acknowledge that I have received information and training regarding:

1. Transmission of bloodborne pathogens.
2. Methods for recognizing activities with exposure to bloodborne pathogens.
3. Explanation of methods to prevent or reduce exposure including engineering.
4. Controls, work practice controls, protective equipment.
5. The types, use, location, handling, decontamination, and disposal of protective equipment.
6. Hepatitis B. vaccination.
7. Appropriate procedures for exposure incidents.
8. Labeling of Bio-Hazards
9. Methods for the disposal of medical waste.

I have received an explanation of the OSHA standard 1910.1030 Bloodborne Pathogens Rule and my employer's Exposure Control Plan and have been informed as to how I may obtain a written copy of these.

The training session was conducted by: _____

Qualifications of individual conducting training session: _____

NAME	JOB TITLE	TRAINING DATE	SIGNATURE
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

These records shall be maintained for at least 50 years from the date when the member separates from the office and shall be made available upon request for examination and copying to members, member's representatives, and the director or assistant secretary in accordance with 29 CFR 1910.20 and Florida State Law.

**DOCUMENTATION OF FOLLOW-UP EDUCATION RELATED TO
CHANGES IN EXPOSURE OR WORK PRACTICES**

FORM 7B

The following changes in possible exposure, work practices or procedures have occurred since the last documented exposed member's training session:

The following members are potentially affected by these changes and have been provided education and training regarding how these changes may affect exposure to bloodborne pathogens.

Summary of contents of training session:

By my signature below, I acknowledge that:

I have received additional training regarding ways the above listed changes will affect my occupational exposure to bloodborne pathogens and the ways to prevent or reduce exposure.

The training session was conducted by: _____

Qualifications of individual conducting training session:

NAME	JOB TITLE	TRAINING DATE	SIGNATURE
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

These records shall be maintained for at least 50 years from the date when the member separates from the office and shall be made available upon request for examination and copying to members, member's representatives, and the director or assistant secretary in accordance with 29 CFR 1910.20 and Florida State Law.

DOCUMENTATION OF ANNUAL EDUCATION

FORM 7C

By my signature below, I acknowledge that I have received information and training regarding:

- 1. Transmission of bloodborne pathogens.
- 2. Methods for recognizing activities with exposure to bloodborne pathogens.
- 3. Explanation of methods to prevent or reduce exposure including engineering.
- 4. Controls, work practice controls, protective equipment.
- 5. The types, use location, handling, decontamination, and disposal of protective equipment.
- 6. Hepatitis B vaccination
- 7. Appropriate procedures for exposure incidents.
- 8. Labeling of Bio-Hazards
- 9. Methods for the disposal of medical waste.
- 10. Changes in exposures or exposure control methods.

The training session was conducted by: _____

Qualifications of individual conducting training sessions:

NAME	JOB TITLE	TRAINING DATE	SIGNATURE
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____
_____	_____	____/____/____	_____

These records shall be maintained for at least 50 years from the date when the member separates from the office and shall be made available upon request for examination and copying to members, member's representatives, and the director or assistant secretary in accordance with 29 CFR 1910.20 and Florida State Law.

HEPATITIS B VACCINATION REFUSAL

FORM 8B

NAME: _____

SS#: _____ - _____ - _____

THE FOLLOWING **MUST** BE SIGNED BY THE MEMBER IF HEPATITIS B VACCINATION IS REFUSED.

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

Signature

_____/_____/_____
Date

BIO-HAZARD CLEANING SCHEDULE

FORM 10A

MONTH: _____ YEAR: _____

WORK AREA: _____

SURFACE/
ITEM: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

DATE/TIME: _____

SPECIAL COMMENTS: _____

ENGINEERING CONTROLS

FORM 11B

Reviewer: _____ Date: ____/____/____

Work area(s) evaluated:

ENGINEERING CONTROLS _____ Not Needed _____ Needed

	Needed		Available	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
	Sharps Containers (Puncture Resistant / Labeled / Leakproof)	___	___	___
Medical Waste Containers (Labeled / Leakproof)	___	___	___	___
Handwashing Facilities (with antiseptic soap)	___	___	___	___
Storage/Transport Containers (labeled)	___	___	___	___

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Other (specify: _____) — — — —

Other (specify: _____) — — — —

COMMENTS: _____

PROTECTIVE EQUIPMENT

FORM 11C

Reviewer: _____ Date: ____/____/____

Work area(s) evaluated:

ENGINEERING CONTROLS _____ Not Needed _____ Needed

	Needed		Available	
	<u>Yes</u>	<u>No</u>	<u>Yes</u>	<u>No</u>
	Gloves (including hypo-allergenic gloves)	___	___	___
Protective Eyewear (safety glasses / eyeshields)	___	___	___	___
Lab Coats/Gowns/aprons (fluid-proof as needed)	___	___	___	___
Head/foot coverings	___	___	___	___
Mouth pieces / resuscitation bags / pocket mask / other ventilation devices) other ventilation devices	___	___	___	___
Other (specify: _____)	___	___	___	___
Other (specify: _____)	___	___	___	___

APPROPRIATE SIZES MUST BE AVAILABLE FOR EACH TYPE OF PROTECTIVE EQUIPMENT

COMMENTS: _____

WORK PRACTICES

FORM 11D

Reviewer: _____ Date: ____ / ____ / ____

Work area(s) evaluated:

_____	_____
_____	_____
_____	_____
_____	_____

USE OF ENGINEERING CONTROLS: Sharps containers, medical waste containers, storage and transport containers, splash guards, self-sheathing needles, etc.

USE OF PROTECTIVE EQUIPMENT: Gloves, eye wear, fluid-proof outerwear, face-shields, resuscitation or ventilation devices, etc., as appropriate.

WORK PRACTICES: Universal precautions, personal habits, food and drink, hand-washing, sharps handling (use and disposal and decontamination), minimizing splashing and spraying of infectious materials, use of transport and storage containers, medical waste disposal procedures, minimizing personnel in exposure activities, removal and decontamination of exposed protective equipment, **NO** mouth pipetting, etc.

MEDICAL WASTE HANDLING & DISPOSAL: Required containers with lids, double-bagging as necessary, sharps disposal and decontamination, glove and other protective equipment use, etc.

LABELING: Containers, Medical Waste containers, exposed equipment, etc.

HOUSEKEEPING & LAUNDRY: Clean and sanitary conditions maintained, exposed work surfaces and equipment cleaned and labeled, cleaning schedule used and followed. protective coverings removed and replaced as soon as feasible and at end of work shift, cleaning of bins and other receptacles, spill clean-up procedures followed, exposed or contaminated laundry handled with a minimum of agitation, placed in leakproof labeled containers, etc.

COMMENTS (note individual members and practices): _____

HOUSEKEEPING & LAUNDRY

FORM 11E

Reviewer: _____ Date: ____/____/____

Work area(s) evaluated:

WORK SURFACES EXPOSED/CONTAMINATED: _____ No _____ Yes

EQUIPMENT EXPOSED/CONTAMINATED: _____ No _____ Yes

LAUNDRY EXPOSED/CONTAMINATED: _____ No _____ Yes

_____ Appropriate decontamination procedures followed

_____ Clean & sanitary conditions maintained

_____ Exposed work Surfaces & equipment cleaned & labeled

_____ Cleaning schedule used & followed

_____ Protective coverings removed & replaced as soon as feasible & at end of work shift

_____ Cleaning of bins & other receptacles

_____ Spill clean-up procedures followed

_____ Exposed/Contaminated laundry:

_____ handled with minimum of agitation

_____ placed in leakproof containers and doubled bagged as necessary

_____ gloves and other protective equipment used as necessary

_____ Bio-Hazard labeled

COMMENTS (note individual members & practices): _____

BIO-HAZARD LABELING

FORM 11F

Reviewer: _____ Date: ____/____/____

Work area(s) evaluated:

_____	_____
_____	_____
_____	_____
_____	_____

Assessment is performed to determine items, containers, equipment, protective equipment or other materials that may be reasonably anticipated to contain or be contaminated by blood or other potentially infectious materials.

Items requiring bio-hazard labeling:

- _____ None
- _____ Specimen containers _____ Medical Waster containers
- _____ Equipment used for invasive procedures _____ Instruments used for invasive procedures
- _____ Sharps containers _____ Refrigerators & freezers for storage of blood or other infectious materials
- _____ Contaminated laundry
- _____ Other (specify): _____
- _____ Other (specify): _____
- _____ All identified items & materials requiring Bio-Hazard Labeling are appropriate labeled

COMMENTS: _____

MEDICAL WASTE

FORM 11G

Reviewer: _____ Date: ____ / ____ / ____

Applicable state and local definitions and requirements for medical waste.

Work area(s) evaluated:

_____	_____
_____	_____
_____	_____
_____	_____

Containers:

- _____ closable _____ leakproof _____ Bio-Hazard labeled
- _____ closed prior to handling, storage, transport, shipping
- _____ second container used if primary container externally contaminated
- _____ puncture resistant sharps containers with above characteristics

COMMENTS: _____

PROGRAM AUDIT RESULTS

FORM 11H

Audit Date: _____

Performed by (Print/signature): _____

Changes indicated in policies & procedures, engineering and work practice controls, target areas for education or members' actions identified by audit (note specific work areas or members):

Actions taken as a result of above (document with date):

**BLOODBORNE PATHOGEN
EXPOSURE INCIDENT INVESTIGATION**

FORM 12A

ORGANIZATION: _____

Member's Name: _____

SS#: _____ - _____ - _____

Occurrence date: ____ / ____ / ____

Reported date: ____ / ____ / ____

Description circumstances exposure incident (include route(s) of exposure):

Description of the member's duties as they relate to the exposure incident:

The following contributed to the exposure incident:

_____ failure to follow prescribed work practice procedures

_____ lack of control by engineering or work practice controls

_____ other

Describe: _____

Describe corrective or disciplinary action(s) taken (including education, member's actions, implementation of new or additional engineering or work practice controls):

Infection Control Representative (signature)

Date

**INFORMATION TO THE HEALTHCARE
PROFESSIONAL PROVIDING EVALUATION FOR
BLOODBORNE PATHOGEN EXPOSURE INCIDENT**

FORM 12B

TO: Physicians or other healthcare professionals evaluating members exposed to blood or other potentially infectious materials.

EXPOSED MEMBER: _____ SS#: _____ - _____ - _____

EMPLOYER CONTACT: _____ TITLE: _____

ORGANIZATION: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

TELEPHONE NUMBER: (_____) _____ - _____

Enclosed you will find documents related to regulatory requirements regarding required evaluation, follow-up, and testing for individuals that may have been exposed to blood or other potentially infectious materials through an exposure incident during work activity. You should have the following documents:

- FORM 12C BLOODBORNE PATHOGEN EXPOSURE INITIAL MEDICAL EVALUATION
- FORM 12D BLOODBORNE PATHOGEN EXPOSURE MEDICAL FOLLOW-UP
- A copy of 29 CFR 1910.1030 Bloodborne Pathogens Rule
- Copies of relevant available medical records for the exposed member

Please follow the Post-Exposure Evaluation and Follow-up Guidelines described in the attached and fill out the **FORM 12C BLOODBORNE PATHOGEN EXPOSURE INITIAL MEDICAL EVALUATION** - the completed original should be returned according to the above and a copy should be given to the patient. If medical follow-up is indicated, please use the FORM 12D BLOODBORNE PATHOGEN EXPOSURE MEDICAL FOLLOW-UP for all follow-up visits.

Your report(s) should be limited to your opinion as to whether Hepatitis B vaccination is indicated, if the member has received such vaccination, documenting that the members has been informed of results of the evaluation, and documenting that the member has been told about medical conditions resulting from exposure to blood or other infectious materials which require further evaluation or treatment. All other findings or diagnoses shall remain confidential and shall not be included in the written report. Please consider indicated evaluation, treatment, and follow-up modalities and offer these to the exposed member according to the most recent recommendations from the U.S. Public health Service or CDC. The DCD telephone number is (404) 639-3311.

**BLOODBORNE PATHOGEN EXPOSURE
INITIAL MEDICAL EVALUATION**

FORM 12C

ORGANIZATION: _____

Member's Name: _____

SS#: _____ - _____ - _____

Occurrence date: _____ / _____ / _____ Reported date: _____ / _____ / _____

Description circumstances exposure incident (include route(s) of exposure):

Description of the member's duties as they relate to the exposure incident:

The following information should be determined and documented and provided to the exposed individual **UNLESS PROHIBITED BY STATE OR LOCAL LAW or unless it is infeasible to do so. If the information is given to the exposed individual, applicable state or local laws regarding the confidentiality of such information should also be described.**

Applicable state or local law(s) regarding identification and testing of source individuals AND feasibility of such identification and testing:

Name of **source individual**: _____

_____ Unknown

Status of **source individual**, if known or tested:

HbSag: _____

HIV: _____

**BLOODBORNE PATHOGEN EXPOSURE
INITIAL MEDICAL EVALUATION**

FORM 12C
Page 2

ORGANIZATION: _____

Member's Name: _____

Exposed Member:

Previous HBV vaccination: ___ Yes ___ No - If yes, give dates of doses:

Dose 1: ____ / ____ / ____ Dose 2: ____ / ____ / ____ Dose 3: ____ / ____ / ____

Other information: _____

Antigen or antibody testing results of exposed member:

HIV: _____ HBV: _____

HEALTHCARE PROFESSIONAL RECOMMENDATIONS

Healthcare professional Examination Date: ____ / ____ / ____

Indicated Administered

____ / ____ / ____ ____ / ____ / ____ Hepatitis B vaccination

This patient has been informed of the results of medical evaluation and told of any medical conditions, which result from exposure to blood or other potentially infectious materials, which require further evaluation or treatment. A copy of this document has been provided to the patient.

Follow-up required: ___ Yes ___ No - If yes, give date of next visit: ____ / ____ / ____

Healthcare Professional (name/signature) ____ / ____ / ____
Date

These records shall be maintained in a confidential medical file for the duration of the member's employment plus 50 years and will not be disclosed or reported to any person within or outside the workplace except as required by 1910.1030 or applicable law. The member's medical records will be provided upon request for examination or copying to the member or to anyone having written consent of the member, and to the director or assistant secretary in accordance with 29 CFR 1910.20.

**BLOODBORNE PATHOGEN EXPOSURE
MEDICAL FOLLOW-UP**

FORM 12D

ORGANIZATION: _____

Member's Name: _____

SS#: _____ - _____ - _____

HEALTHCARE PROFESSIONAL RECOMMENDATIONS

Healthcare professional Examination Date: _____ / _____ / _____

Recommended

Administered

_____ / _____ / _____ _____ / _____ / _____ Hepatitis B vaccination

This patient has been informed of the results of medical evaluation and told of any medical conditions which result from exposure to blood or other potentially infectious materials which required further evaluation or treatment. A copy of this document has been provided to the patient.

Follow-up required: ___ Yes ___ No - If yes, give date of next visit: _____ / _____ / _____

Healthcare Professional (Name/Signature)

_____ / _____ / _____
Date

These records shall be maintained in a confidential medical file for the duration of the member's employment plus 50 years and will not be disclosed or reported to any person within or outside the workplace except as required by 1910.1030 or applicable law. The member's medical records will be provided upon request for examination or copying to the member or to anyone having written consent of the member, and to the director or assistant secretary in accordance with 29 CFR 1910.20.

**CERTIFICATION OF
CONTRACTOR COMPLIANCE**

FORM 13A

This is to certify that _____ has implemented an Infection Control program in compliance with 1910.1030 (Bloodborne Pathogens Rule) including all members working as contact employees to _____.

Print Name/Signature

_____/_____/_____
Date

Title

EXPOSURE INCIDENT FORM

1. IDENTIFICATION

- (Member:)
- 1. SSN _____
- 2. Department _____
- 3. Police/Rescue Report Number _____
- _____
- _____
- _____

2. EXPOSURE

- 1. Name _____
- 1. Date _____
- 2. Time _____
- 3. Body parts Exposed _____
- _____
- _____
- _____

3. IDENTIFICATION

- (Source If Known:)
- 1. Name _____
- 2. SSN _____
- 3. DOB: _____ 4. Sex: _____
- 5. Address: _____
- _____
- 6. Phone: _____
- 7. Transported To: _____

4. TYPE OF EXPOSURE

- 1. ___ No contact with blood or body fluid
- 2. ___ Needle stick from:
 - 1. ___ Recapping
 - b. ___ Injection
- 3. ___ Drawing Blood
 - d. ___ Starting IV
- 5. ___ In trash
 - f. ___ In linen
- 7. ___ Full needlebox
 - h. ___ Other: _____

- 10. ___ Exhaled air
- 11. ___ Other: _____
- _____
- _____

- 3. ___ Bitten by: _____
- 4. ___ Puncture by: _____
- 5. ___ Laceration (cut) by: _____
- 6. ___ Abrasion (rub or Grinding by): _____
- 7. ___ Splash to
 - 1. ___ Skin-no break in skin
 - b. ___ Skin-broken (explain): _____
 - _____
 - _____
 - _____

- 3. ___ Mouth
- d. ___ Eye
- 5. ___ Ear
- f. ___ Nose
- 7. ___ Other: _____
- _____
- _____

- 8. ___ Inhalation _____

E. TYPE OF FLUID

- 1. ___ Blood
- 2. ___ Saliva
- 3. ___ Vomitus
- 4. ___ Mucus
- 5. ___ Semen
- 6. ___ Urine
- 7. ___ Feces
- 8. ___ Sweat
- 9. ___ Tears

6. AMOUNT OF EXPOSURE

- 1. ___ Less than one drop
- 2. ___ One drop to one teaspoon
- 3. ___ Over one teaspoon
- 4. ___ Unknown

7. INFECTIOUS RISK
(Believed To Be Present)

- 1. ___ HIV
- 2. ___ Hepatitis
 - a. ___ Type A
 - b. ___ Type B
 - 3. ___ Type C
 - d. ___ Type Unknown
- 3. ___ Syphilis
- 4. ___ Gonorrhea
- 5. ___ Tuberculosis (TB)
- 6. ___ Meningitis
- 7. ___ Other: _____
- 8. ___ Unknown

8. PRE-EXPOSURE PROTECTION

Brief Description of Incident: _____

- 1. ___ Gloves
- 2. ___ Mask
- 3. ___ Eye protection
- 4. ___ Resuscitation mask
- 5. ___ None of the above

1. POST-EXPOSURE PRECAUTIONS

- 1. Washed exposed area after contact
 - 1. ___ with disinfectant
 - b. ___ with soap
 - 3. ___ with other: _____
 - _____
 - _____
- 2. Other: _____

