



IMPERIAL COUNTY BEHAVIORAL  
HEALTH SERVICES

**EXPOSURE CONTROL PLAN**

Prepared by:  
OSHA Disaster Response Committee  
February 2019



# OSHA DISASTER RESPONSE COMMITTEE MEMBERS

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## **INTRODUCTION**

Imperial County Behavioral Health Services (ICBHS) is dedicated to providing a safe environment for our staff, visitors, and for clients receiving services at any of our facilities located throughout the Imperial County.

Imperial County Behavioral Health Services has created an Exposure Control Plan (ECP) which is intended to supplement the County's Injury and Illness Prevention Program. The plan is in accordance with OSHA's Bloodborne Pathogens standard, 29 CFR 1910.1030 and Title 8, CCR, Section 5193. The purpose of this written plan is to eliminate or minimize employee occupational exposure to blood or OPIM. One of the key aspects of our ECP is the use of engineering and work practice controls to prevent or minimize employee exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

## **SCOPE**

Protection is particularly targeted toward employee exposed to agents or occupational situations that could cause accidental transmission of any bloodborne infectious disease in general and both HIV and HBV in particular.

## ADMINISTRATION

The OSHA Compliance Coordinator, or designated by the ICBHS Director, is responsible for the implementation of the ECP. The OSHA Compliance Coordinator will maintain, review and update the ECP at least annually, and whenever necessary, to reflect new or modified tasks or procedures which affect occupational exposure. The OSHA Compliance Coordinator has the primary authority role in advising and assisting managers and supervisors in executing their responsibilities. The OSHA Compliance Coordinator or designee has the role in assisting with advising and assisting managers and supervisors.

OSHA Compliance Coordinator  
**Sarah Moore**  
Behavioral Health Manager  
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OSHA Compliance Coordinator Designee  
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It is the responsibility of the OSHA Compliance Coordinator to:

- The plan is reviewed and updated at least annually and whenever
- necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure
- All new recommendations or changes are effectively implemented
- All medical actions required are performed and that OSHA records are maintained
- Availability of training as required
- Availability of the ECP to employees, OSHA and NIOSH representatives
- Provide, maintain and ensure an adequate supply of all required personal protective equipment (PPE), engineering controls, labels and waste bags as required by the standard
- Proper recordkeeping for each employee with occupational exposure

## RESPONSIBILITIES

The responsibilities identified in the ECP are:

Managers are responsible for:

- Familiarizing themselves with the exposure control plan and ensure its effective implementation
- Giving maximum support to all programs and committees whose function is to promote safety and health
- Reviewing exposure incident reports to ensure that proper reports are completed and appropriate action is taken to prevent repetition
- Being aware of all safety considerations when introducing a new process, procedure, machine or material to the workplace.

Supervisors are responsible for:

- Ensuring that potentially exposed employees under their supervision receive initial training at the time of initial assignment and at least annually thereafter
- Ensuring that employees are provided engineering control when possible, use safe work practices, and use appropriate personal protective equipment
- Ensuring that adequate supplies of equipment are available in the appropriate sizes
- Assuring the use of universal precautions when dealing with human blood and other body fluids and all other appropriate measures for a specimen
- Investigating occupational exposure incidents and completing all applicable forms including the Supervisor's Accident Investigation Report
- Referring employees for appropriate medical assessment and follow-up in accordance with these procedures

Employees are responsible for:

- Observing universal precautions at all times
- Using, cleaning, and storing personal protective equipment (PPE) appropriately
- Decontaminating equipment, including vehicles, after contact with blood or other potentially infectious materials
- Reporting any actual or suspected occupational exposure incidents to their supervisor as soon as possible
- Completing all applicable forms for occupational exposure incidents
- Attending required exposure control training(s)
- Following all procedures pertaining to post-exposure testing and follow-up

## EXPOSURE CONTROL PLAN

The ECP is a key element in the protection of our employees. This document will assist our department in ensuring compliance with the OSHA standard. The Exposure Control Plan includes the following elements:

- Determination of employee exposure
- The schedule and implementation of various methods of exposure control, including:
  - Universal precautions
  - Engineering and work practice controls

- Personal protective equipment
- Housekeeping
- Hepatitis B vaccination
- Post-exposure evaluation and follow-up
- Communicating potential hazards
- Recordkeeping
- Evaluation of incidents
- Annual review of new medical devices and procedures involving employees
- Establishing a Sharps Injury Log

Employees covered by the bloodborne pathogens standard receive an explanation of the ECP during their initial training session. It is also reviewed in their annual update training. All employees have an opportunity to review this plan at any time during their work shifts. If requested, ICBHS will provide an employee with a copy of the ECP free of charge within 15 days of the request. Receipt of the ECP will be documented on the Exposure Control Plan Receipt Confirmation (00-116). The ICBHS OSHA Compliance Coordinator shall ensure that a copy of this form is kept on file for audit purposes

The ECP is reviewed and updated at least annually and whenever necessary to:

- Reflect new or modified tasks and procedures which affect occupational exposure
- Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
- Document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection
- Include new or revised employee positions with occupational exposure
- Review and evaluate the exposure incidents which occurred since the previous update
- Review and respond to information indicating the Exposure Control Plan is deficient in any area

ICBHS solicits input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls annually. The Evaluation Form for Safety Needle/Syringe Devices form (00-111) is used to evaluate safety needle/syringe devices. .

In addition, employees contribute to the review and update of the plan by:

- Participating as members of committees (i.e., product evaluation and selection, purchasing of equipment)
- Attending meetings to discuss safety and health issues and improvements
- Reporting issues or potential problems to supervisors
- Providing ideas, recommendations or suggestions
- Filling out reports, questionnaires, or other documents

Our ECP is made available upon request, for examination and copying, to the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, the Assistant Secretary of Labor, Chief of Cal/OSHA and the or their designated representatives.

## EXPOSURE DETERMINATION

ICBHS performs an exposure determination concerning employees with occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment (PPE). This exposure determination contains the following:

- A list of all job classification in which all employees in those job classifications have occupational exposure
- A list of job classification in which some employees have occupational exposure
- A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP. The job classifications where all employees have occupational exposure are:

<b>Job Classification</b>	<b>Department/Location</b>
Access and Benefits Worker	All clinics and Crisis Referral Desk
Administrative Secretary	All clinics and Crisis Referral Desk
Behavioral Health Manager	All clinics and Crisis Referral Desk
Clinical Psychologist I, II	All clinics and Crisis Referral Desk
Deputy Director	All clinics and Crisis Referral Desk
Licensed Vocational Nurse I, II, III	All clinics and Crisis Referral Desk
Licensed Psychiatric Technician I, II, III	All clinics and Crisis Referral Desk
Mental Health Rehabilitation Specialist I, II, III	All clinics and Crisis Referral Desk
Mental Health Rehabilitation Technician I, II, III	All clinics and Crisis Referral Desk
Mental Health Worker I, II, III	All clinics and Crisis Referral Desk
Mental Health Counselor I, II	All clinics and Crisis Referral Desk
Medical Records Assistant	Crisis Referral Desk
Nurse Supervisor	Crisis Referral Desk
Office Assistant I, II, III	Crisis Referral Desk
Office Supervisor	All clinics and Crisis Referral Desk
Office Technician	Crisis Referral Desk
Program Supervisor I, II, III	All clinics and Crisis Referral Desk
Psychiatric Social Worker I, II, III	All clinics and Crisis Referral Desk
Registered Nurse	All clinics and Crisis Referral Desk
Senior Behavioral Health Manager	All clinics and Crisis Referral Desk
Staff Psychiatrist	All clinics and Crisis Referral Desk
Substance Abuse Counselor I, II, III	All clinics and Crisis Referral Desk
Supervising Mental Health Worker	All clinics and Crisis Referral Desk
Supervising Psychiatric Social Worker	All clinics and Crisis Referral Desk
Supervising Clinical Psychologist	All clinics and Crisis Referral Desk

Job classification where **some** employees have occupational exposure is listed below. The only individuals who have occupational exposure in the job classifications listed below are those who perform the tasks/procedures noted:

<b>Job Classification</b>	<b>Task/Procedures in These Jobs That Have Occupational Exposure</b>
Administrative Analyst I, II, III	Direct client contact activities
Community Service Worker I, II	Direct client contact activities
Medical Records Assistant	Direct client contact activities
Office Technician	Direct client contact activities
Office Assistant I, II, III	Direct client contact activities

This list will be updated annually at minimum, unless changes occur during the year in which case the plan shall be updated at that time.

**METHODS OF COMPLIANCE**

**Universal Precautions**

Imperial County Behavioral Health Services practices universal precautions. Universal precautions are intended to prevent transmission of infection as well as decrease risk of exposure. According to the concept of universal precautions, all human blood and bodily fluids as if they are known to be infectious for HBV, HCV, HIV, and other bloodborne pathogens. Examples of body fluids include, but are not limited to, saliva, feces, vomitus and urine. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.

**Engineering and Work Practice Controls**

One of the key aspects of our ECP is the use of engineering and work practice controls to prevent or minimize employee exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

The OSHA Compliance Coordinator, or designee, shall work with managers and supervisors to review tasks and procedures performed in our facilities where engineering controls can be implemented or updated. Supervisors shall examine, on a regular basis, engineering control equipment for proper function and needed repair or replacement to ensure effectiveness.

**Engineering Controls**

The term “Engineering Controls” refers to controls such as sharps disposal containers, self-sheathing needles, and sharps with engineered sharps injury protection and needleless systems that isolate or remove the bloodborne pathogens hazards from the workplace. Engineering controls used at ICBHS to minimize employee exposure include, but are not limited to:

**Containers for Special Medical Waste**

Special medical waste such as used disposable containers, gloves, etc., must be kept in closed containers that can hold all contents without leakage during handling, storage, and transport. Waste containers must be clearly labeled with the biohazard symbol, indicating that they contain biohazard waste. Containers are to be inspected daily.



**Sharps Containers**

Sharps containers are leak-proof, puncture-resistant, labeled with the universal biohazard symbol or color-coded and closable. Sharps include syringes, needles, cover slips, and broken glass that may be contaminated with infectious materials. Sharps containers are located at all ICBHS clinics providing injections to clients.

Sharps containers must be easily accessible to employees and located as close as feasible to the immediate area where sharps are used. Sharps containers shall be maintained upright throughout use, replaced routinely, and not be allowed to overfill when removing sharps from the area of use.

**Self-Sheathing Syringes**

ICBHS is currently using self-sheathing syringes, which retract after use, to prevent the possibility of staff receiving a needlestick.

**Labels**

Warning labels must be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM; and other containers used to store, transport or ship blood or other potentially infectious materials. The only exception is the use of red bags or red containers which may be substituted for labels.

The warning label must contain the word "Biohazard", along with the universal biohazard symbol, and must be printed in fluorescent orange or an orange-red color with lettering or symbols in a contrasting color.

**Work Practice Controls**

In addition to engineering controls, ICBHS encourages safe work practice controls to help eliminate or minimize the risk of exposure to bloodborne pathogens.

**Hand washing**

ICBHS staff has access to hand washing facilities, soap, and paper towels at each clinic location providing injections to clients. In the event soap and running water are not available, ICBHS shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.

Employees shall wash their hands:

- Immediately or as soon as feasible after removal of gloves or other personal protective equipment
- Prior to contact with a client, as well as after providing services to the client
- Immediately after any incident where it is felt that contamination may have occurred
- Prior to and after taking a break or leaving for lunch, etc.
- As soon as possible after use of the waterless hand disinfectant agent.

**Additional Precautions**

- All procedures involving blood or potentially infectious materials shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
- All ICBHS medical equipment expired or contaminated medication samples, soiled laundry, or cleaning chemical shall be clearly identified with a label.

**Prohibited Practices**

ICBHS prohibits the following actions and practices:

- Shearing or breaking of contaminated needles and other sharps
- Bending, recapping, or removal of contaminated sharps from devices except when:
- The procedure is performed using a mechanical device or a one-handed technique
- It can be demonstrated that there is no feasible alternative or that a specific medical procedure requires such action
- Storing or processing of sharps contaminated with blood and OPIM in a way that requires employee's hands to reach into contaminated sharps containers
- Reusing disposable sharps
- Picking up broken glassware that may be contaminated by hand
- Reaching inside sharps containers before proper decontamination or reprocessing
- Opening, emptying, or cleaning of sharps containers manually or in a manner that would expose employees to the risk of a sharps injury
- Mouth pipetting/suctioning of blood or other potentially infectious material
- Eating, drinking, smoking, or applying cosmetics or lip balm, or handle contact lenses while working in a clinical setting where there is a reasonable likelihood of occupational exposure
- Storing food and drink in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potential infectious materials are present.

**Personal Protective Equipment (PPE)**

ICBHS provides, at no cost to the employee, the personal protective equipment (PPE) they need to protect themselves when exposure to blood or OPIM remain after engineering and work practice controls have been established. The type of PPE available includes, but is not limited to:

- Gloves
- Face masks
- Face shields
- Gowns
- Lab coats

ICBHS shall also repair, replace, clean and dispose of PPE at no cost to the employee. ICBHS shall repair or replace PPE as needed to maintain its effectiveness.

To make sure that this equipment is used as effectively as possible, all employees using PPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other PPE.
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or OPIM, and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured or contaminated, or if the ability to function as a barrier is compromised.
- Remove any garment that has been penetrated by blood or OPIM immediately or as soon as feasible, in such a way as to avoid contact with the outer surface.
  - Never wash or decontaminate disposable gloves for reuse
  - Wear appropriate face and eye protection when splashes, spray, spatters, or droplets of blood or OPIM pose a hazard to the eye, nose or mouth.
  - All PPE shall be removed before leaving the work area. A work area is generally considered to be an area where work involving occupational exposure occurs or where contamination of surfaces may occur.
  - When PPE is removed, it shall be placed in an appropriately designated container for storage, washing, decontamination, or disposal.

Supervisor shall ensure that appropriate PPE, in appropriate sizes is readily accessible at the work site, or issued to employees. Protective equipment is considered appropriate only if it does not permit blood or OPIM to pass through or reach the individual's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use for the duration of time which the protective equipment will be used. Supervisors are also responsible to ensure that the employee receive training on the proper use of the PPE. The receipt of PPE and training information received is documented on the Individual Employee Personal Protective Equipment and/or Training Information Documentation Form (00-112). A sample of this form is included as Attachment D.

The supervisor shall ensure that any employee rendering aid use appropriate PPE unless the supervisor can show that the employee temporarily and briefly declined to use PPE when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or would have posed and increased hazard to the safety of the worker or co-worker(s). When the employee makes this judgment to decline the use of PPE, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future. Employees are encouraged to report all such instances without fear of reprisal.

#### Gloves

Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin or when handling or touching contaminated items or surfaces.

Hypoallergenic gloves, glove liners, powder less gloves or similar alternatives

Must be provided for employees who are allergic to the gloves that are normally provided.

Disposal (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated, or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Disposal (single use) gloves shall not be washed or decontaminated for re-use. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

#### Masks, Eye Protection, and Face Shields

Masks in combination with eye protection devices, such as goggles 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.

### **D. Housekeeping**

Maintaining the department's facilities in a clean and sanitary condition at all times is an important part of our ECP.

#### Routine Cleaning

ICBHS shall ensure that all its facilities are maintained in a clean and sanitary condition at all times. ICBHS shall ensure that appropriate methods of decontamination are utilized (when decontamination is needed, daily cleaning is needed, etc.). The cleaning methods shall be effective and based on the location within the facility, the type of surface needing to be cleaned (walls, carpet, tile, and etc.), as well as the type of contamination present (vomit, blood, semen, and etc.), and the tasks or procedures being performed in the area. All equipment and environmental and work surfaces shall be cleaned and decontaminated after contact with blood or OPIM .

#### Contaminated Work Surfaces

Contaminated work surfaces must be cleaned and decontaminated with an appropriate disinfectant immediately, or as soon as feasible, when surfaces become overtly contaminated, there is a spill of blood or OPIM.

#### Broken Glass

Recommended mechanical means of cleanup include use of a brush and dust pan, stiff paper, tongs, or forceps. Utensils must be cleaned and decontaminated immediately after use. The contaminated glass should be discarded into a sharps container.

### **E. Regulated Waste**

The Bloodborne Pathogens Standard uses the term "regulated waste" to refer to the following categories of waste which require special handling at a minimum; (1) liquid or semi-liquid blood or OPIM; (2) items contaminated with blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed; (3) items that are caked with dried blood or

OPIM and are capable of releasing these materials during handling; (4) contaminated sharps; and (5) pathological and microbiological wastes containing blood or OPIM.

#### Disposal of Sharps Containers

Contaminated sharps are discarded immediately in containers that are:

- Closable
- Puncture resistant
- Leak-proof on sides and bottom
- Labeled or color-coded

When moving containers of contaminated sharps from the area of use for the purpose of disposal, the containers are:

- Closed immediately prior to removal or replacement to prevent spillage during handling
- Placed in a second container if leakage is possible. The second container shall be closable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping and labeled with a biohazard label or color-coded.

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

Other regulated waste is placed in containers, which are:

- Closable
- Constructed to contain all contents and prevent leakage during handling, storage, transport
- Labeled or color coded
- Closed prior to removal to prevent spillage of contents during handling, storage, transport, or shipping

The standard requires that fluorescent orange-red warning labels containing the biohazard symbol and the word BIOHAZARD be attached to containers of regulated waste. These labels are not required when red bags or red containers are used.

#### Laundry

Contaminated laundry means laundry which has been soiled with blood or potentially infectious materials or may contain sharps. Contaminated laundry shall be handled as little as possible, with minimal agitation. Contaminated laundry shall be bagged at the location where it was used and shall not be sorted or rinsed in the location of use. Other requirements include:

- All contaminated laundry shall be placed in the appropriate colored bags (or appropriately labeled bags) and stored in a room marked as "Biohazard Materials". Red bags or red containers may be substituted for labels (per Code of Federal Regulations, Title 29, Section 1910.1030 (E)).

- All contaminated laundry shall be clearly labeled and placed in separate receptacles depending on the type of contamination.
- Wet contaminated laundry must be placed in leak proof, labeled or color-coded containers before transporting.
- Employees who have contact with contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

The above controls will be examined and maintained on a regular basis. The effectiveness of the controls will be reviewed annually and updated as needed.

### **VIII. HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP**

ICBHS recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program and developed procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

#### **A. Hepatitis B Vaccination**

The hepatitis B vaccine and vaccination series is available at no cost to all ICBHS employees who have occupational exposure to blood or OPIM, and post-exposure evaluation and follow-up to all employees' who had an exposure incident, per CFR, Title 29, Section 1910.1030 (f).

ICBHS will provide training to employees on hepatitis B vaccinations including information on its efficacy, benefits, safety, method of administration, and availability.

ICBHS must pay for the hepatitis B vaccination for employees whose job duties require them to render first aid. Only those designated first-aid providers who provide first aid as a primary duty must be provided pre-exposure vaccination.

ICBHS is not required to pay for the vaccination for employees whose job duties do not include first aid but may choose to render first aid as a "good Samaritan." Furthermore, ICBHS is not required to offer the pre-exposure hepatitis B vaccination to employees who administer first aid as a collateral duty to their routine assignments.

The hepatitis B vaccination series is available after initial employee training and within ten (10) working days of initial assignment to work to all employees identified in the exposure determination section of this plan. The vaccination program consists of a series of three inoculations over a six-month period. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the complete hepatitis B vaccination series; 2) antibody testing shows the employee to have sufficient immunity; medical evaluations shows that vaccination is contraindicated. Employees may decline the hepatitis B vaccination. Employees who initially decline the hepatitis B vaccination may request and obtain the vaccination at a later date at no cost. All employees offered the vaccination must complete a Hepatitis B Vaccination Declaration (00-113). The completed form on which the employee accepts, waives or declines the vaccination will be kept in the employee's medical file. A sample of this form is included as Attachment E.

ICBHS employees who are risk of exposure shall be provided with a bloodborne pathogens training upon hire, prior to being exposed to bloodborne pathogens and hazardous materials and/or substances.

Thereafter, this training shall be provided to the ICBHS employees' annually, or whenever the internal practices and/or procedural processes are changed.

B. Post-Exposure Investigation, Evaluation and Follow-up

All exposure incidents shall be reported and documented. When an employee incurs an exposure incident, it shall be reported immediately to his or her supervisor, who shall report it to Human Resources immediately, document it on a Supervisor's Accident Report within twenty-four hours and notify the ICBHS OSHA Compliance Coordinator.

After an exposure incident is reported, ICBHS makes immediately available to an exposed employee a confidential medical evaluation and follow-up. Follow-up includes post-exposure prophylaxis (when medically indicated), appropriate counseling concerning precautions to take during the period after the exposure incident and information on what potential illness to be alert for and to report any related experiences to appropriate personnel, if appropriate.

Following the initial first aid (clean the wound, flush eyes or other mucous membranes, etc.), the following will be performed by the employee and ICBHS:

The exposed employee shall provide:

- Documentation regarding routes of exposure and the circumstances related to the incident
- Identification of the source individuals, unless it can be established that identification is infeasible or prohibited by state or local law

ICBHS shall:

- Unless already known to be infected, obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's healthcare provider.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual
- Collect and test the blood of the exposed employee's as soon as feasible for HIV, HCV and HIV status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days to allow the employee to decide if the blood should be tested for HIV serological status. If the employee elects to have the baseline sample tested during this waiting period, the testing will be performed as soon as possible.
- Employees are offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.

Employees have the right to refuse any post-exposure evaluation and follow-up. However, the employee must be properly informed of the benefits of the vaccine and post-exposure evaluation through training,

The OSHA Compliance Coordinator will review the circumstances of the

exposure incident and complete the Bloodborne Pathogen Exposure Incident Report Form (00-114). This report shall be forwarded to the ICBHS Human Resources. The ICBHS Human Resources staff shall file the report in the employee's medical file. A sample of this form is included as Attachment F.

## **IX. INTERACTION WITH HEALTHCARE PROFESSIONALS**

### **A. Information provided to the Healthcare Professional**

The healthcare professional responsible for the employee's Hepatitis B vaccination is provided with the following:

- A copy of 29 CFR 1910.1030, "Blood Pathogens"
- A written description of the exposed employee's job duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individuals blood testing, if available;
- All medical records relevant to the appropriate treatment of the employee including vaccination status.

### **B. Healthcare Professional's Written Opinion**

The Imperial County Department of Human Resources and Risk Management shall obtain a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the medical evaluation. A copy of this written opinion is provided to the employee involved in the exposure incident.

The healthcare professional's written opinion is limited to:

- Whether the hepatitis B vaccination is indicated for an employee and if the employee has received such vaccinations
- Post exposure and follow-up (i.e., informing the employee about the results of the evaluation and any medical conditions resulting from exposure to blood or OPIM requiring further evaluation or treatment)

All other findings or diagnosis will remain confidential and shall not be included in the written report.

All medical evaluation and procedures, the Hepatitis B vaccine and vaccination series and post exposure follow-up, including prophylaxis, and laboratory test are available at no cost to the employee. They are made available to employee during working hours, performed by or under the supervision of a licensed physician or other licensed healthcare professional, and provided according to the recommendations of the U.S. Public Health Service.

## **X. INFORMATION AND TRAINING**

Having well informed and educated employee is important when attempting to eliminate or minimize exposure to bloodborne pathogens. Because of this, all



employees, including part-time and temporary employees with occupational exposure (or possible occupational exposure), participate in a training program that is provided at no cost during working hours. Trainers are knowledgeable in the subject matter covered by the training program, as it relates to the workplace. All employees have an opportunity for interactive questions and answers with the person(s) conducting the training.

### Training Program Elements

The ICBHS training program includes, at a minimum, the following elements:

- An explanation of the contents of the OSHA Bloodborne Pathogens Standard and how to obtain a copy
- An explanation of our Exposure Control Plan and how to obtain a written copy
- A general explanation of the epidemiology and symptoms of bloodborne diseases
- An explanation of the mode of transmission of bloodborne pathogens
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM, including what constitutes an exposure incident
  - An explanation of the use and limitations of methods that will prevent or reduce exposures, including engineering, administrative, or work practice controls, and personal protective equipment (PPE)
    - Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE
    - The basis of selection of personal protective equipment
    - Information on the Hepatitis B vaccination, including its efficacy, safety,

methods of administration, benefits and the fact that it is offered to employees free of charge

- Appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials
- Procedures to follow if an exposure incident occurs, including:
  - Method of reporting the incident
  - Medical evaluation and follow-up that will be made available
  - Procedure for recording the incident in the sharps injury log
- Post-exposure evaluation and follow-up that will be made available to employees
- Signs, labels and color coding system required by the standard and used at this facility

The person conducting the trainings is required to be knowledgeable in the subject matter covered by the elements in the training program and be familiar with how the topics apply to the workplace that the training will address. The trainer must demonstrate expertise in the area of occupational hazards of bloodborne pathogens. Examples of healthcare professionals who could conduct training on bloodborne pathogens include infection control practitioners, nurse practitioners, and registered nurses. Non-healthcare professionals may conduct trainings, provided that they can demonstrate evidence of specialized training in the area of bloodborne pathogens.

## Frequency of Training

The training shall be provided at the time of the employee's initial assignment to tasks where occupational exposure may take place, and at least annually thereafter. In the event of a change in the laws or regulations, or if ICBHS changes its internal practices and /or procedural process, training shall be provided at that time to update employees on all relevant changes.

## XI. RECORDKEEPING

ICBHS establishes and maintains an accurate record of each employee with occupational exposure, including training records and a sharps injury log, if applicable. The Imperial County Department of Human Resource and Risk Management establishes and maintains employee medical records. Medical records are kept confidential and are maintained for at least the duration of the individual's employment plus thirty years. Medical records are provided to the employee and person(s) having written consent of the employee. Medical records are kept for 30 years and are available from the Imperial County Department of Human Resource and Risk Management, 934 Main Street, CA, 92243.

### Training Records

To facilitate the training of our employees, as well as to document the training process, the ICBHS Staff Development Unit is responsible for maintaining employee training records. Training records shall include:

- Date of the training sessions
- Contents or a summary of the training session
- Name(s) and qualifications of person(s) conducting the training
- Name and job titles of all persons attending the training sessions

Training records shall be maintained for at least three (3) years. ICBHS shall ensure that all records required to be maintained by this section shall be made available upon request to the appropriate regulatory agency. A copy of the OSHA Training Roster (00-110) is included as Attachment G.

### Sharps Injury Log

ICBHS maintains a Sharps Injury Log (00-115) to record each exposure incident involving a contaminated sharp. The information in the Sharps Injury Log shall be recorded and maintained in a manner as to protect the confidentiality of the injured person. The information recorded includes the following information, if known and reasonably available:

- Date and time of the exposure incident
- Type and brand of sharp involved in the incident
- A description of the exposure incident which shall include:
  - Job classification of the exposed employee
  - Department or work area where the exposure incident occurred

- The procedure that the exposed employee was performing at the time of the incident
  - An explanation of how the incident occurred
  - The body part involved in the exposure incident
  - If the sharp had engineered sharps injury protection, whether the mechanism was activated
    - If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how much a mechanism could have prevented the injury; and
    - The employee's opinion about whether any engineering, administrative or work practice could have prevented the injury

Each exposure incident shall be recorded on the Sharps Injury Log within 14 working days of the date the incident is reported and forwarded to the OSHS Compliance Coordinator. The log is reviewed at least annually as part of the annual evaluation of the program and is maintained for at least five years

following the end of the calendar year that they cover. A sample of the Sharps Injury Log is included as Attachment H.

### **Availability of Records**

The records noted below are provided upon request to the following employees and agencies for examination and copying:

- Training records are provided to the employee or the employee's representative within 15 working days.
- Sharps Injury Log is provided to the Department of Health and Human Services, our employees, and their representative(s).
- All records required to be maintained are made available for examination and copying upon request to the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health and Human Services, and the Assistant Secretary of Labor for the Occupational Safety and Health administration, or their designated representatives upon request.

### **Transfer of Records**

If ICBHS ceases to do business and there is no successor employer to receive and retain records for the prescribed periods, ICBHS will:

- Notify NIOSH at least three months prior to their disposal; and
- Transmit the records to NIOSH, if required by NIOSH to do so, within the three-month period.

### **Access to Employee Exposure Records**

All records are established, maintained on-site, made available to employees, and transferred in accord with 8 CCR 3204, "Access to Exposure and Medical Records."

## Forms

ICBHS shall comply with the County of Imperial's requirements regarding reporting an on-the-job exposure incident and/or accident, as well as OSHA's guidelines. The following forms shall also be utilized in the recordkeeping and reporting of all exposure to bloodborne pathogens. Please refer to the Injury and Illness Prevention Program:

### Employee's Claim for Workers' Compensation Benefits (DWC1)

After the employee informs his or her immediate supervisor of the incident, he or she will be required to report to the ICBHS human resources clerical staff (unless the situation requires immediate medical attention). The employee shall complete numbers one through eight on this form. ICBHS clerical staff shall complete numbers nine through eighteen. This form must be completed within (and submitted to the main Human Resources and Risk Management Department) twenty-four hours of the incident.

### Employee' Safety Suggestion Form (00-105)

This form shall be available to all ICBHS staff to complete if they feel there is a safety hazard (or potential hazard) at their worksite, or any ICBHS worksite. This form can be hand-delivered, faxed, mailed, or sent via inter-office mail (anonymously – if the employee chooses) to the ICBHS OSHA Compliance Coordinator.

### Employer's Report of Occupational Injury or Illness (SCIF e3067)

The ICBHS human resources clerical staff shall complete this form based upon the answers obtained from the employee. Once completed this form is signed by the Director of ICBHS (or his or her designee) and forwarded to the main Human Resources and Risk Management Department. The Human Resources and Risk Management Department shall forward the form to the Risk Management Services currently providing services for employees working for Imperial County.

### OSHA 300, 300A, and 301

The aforementioned forms are required by OSHA. The forms are as follows: the log Work-Related Injuries and Illness (OSHA form 300), the Summary of Work-Related Injuries and Illness (OSHA form 300A), and the Injury and Illness Incident Report (OSHA form 301). These forms shall be completed and forwarded to the main Human Resources and Risk Management Department.

### Required PPE Form

This form shall be completed by the ICBHS OSHA Compliance Coordinator, or designee in order to make sure employees are provided with the Personal Protective Equipment (PPE) necessary for safety. The form shall be updated as needed. Additionally, a copy of this form shall be kept on file by the ICBHS OSHA Compliance Coordinator, or designee for audit purposes.

### Sharps Injury Log (00-115)

ICBHS maintains a Sharps Injury Log to record percutaneous injuries from contaminated sharps. The information shall be recorded and maintained in such a manner as to protect the confidentiality of the injured employee. The log shall contain, at a minimum:

- The type and brand device involved in the incident
- The department or work area where the exposure incident occurred
- An explanation of the incident

### Supervisor's Accident Investigation Report (County Form)

The immediate supervisor of the employee reporting the occupational exposure shall be required to complete this form. This form describes the occurrence, analysis of what this happened, and what could possibly be done to prevent such an occurrence from happening in the future. Once completed, by the immediate supervisor, the form is returned the ICBHS Human Resources staff to obtain the signature of the Director of ICBHS (or his or her designee). Once his or her signature is obtained the form is forwarded to the main Human Resources and Risk Management Department and a copy is forwarded to the OSHA Coordinator.

Unsafe Practices Notification Form (00-106)

This form is to be completed by the ICBHS employee's immediate supervisor in the event the employee is not following the safety and health guidelines established by ICBHS. This form is then forwarded to the Human Resources staff (to place in the employee's file), as well as to the ICBHS OSHA Compliance Coordinator.