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Pinal County Blood Borne Pathogen
Exposure Control Plan

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I. Blood borne Pathogen Exposure Control Plan

A. Introduction and Scope

The Occupational Safety and Health Administration (OSHA) BBP Standard 29 Code of Federal Regulations (CFR) §1910.1030 was established to eliminate or minimize occupational exposure to human immunodeficiency virus (HIV), hepatitis B virus (HBV) and other BBP. The standard was revised on July 1, 2003.

Exposure to blood and other potentially infectious materials (OPIM) that may contain BBP (such as HIV, hepatitis C virus (HCV), and HBV) places employees at risk for infection. The OSHA BBP Standard requires employers to institute a program of engineering and work practice controls, personal protective clothing and equipment, informational training, hepatitis B vaccination, post-exposure evaluation and follow-up, signs and label programs, and other provisions for those employees who may be reasonably anticipated to come into contact with blood or OPIM during the performance of their work duties. The direct website link for the complete regulatory text of the OSHA BBP Standard is: http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

It is the goal of Pinal County to adequately protect its employees from the risk of transmission of communicable diseases. Therefore, Pinal County employees who may reasonably be expected to come into contact with blood or OPIM during the performance of their work duties will be required to participate in the Blood borne Pathogen Exposure Control Plan (BBP ECP) by which they are offered hepatitis B vaccine, receive annual training in the BBP ECP, and are offered post exposure medical care and counseling.

Pinal County employees who may reasonably be expected to come into contact with blood or OPIM in the performance of their work duties are concentrated in Health and Human Services, Sheriff's Office, Detention, Courts, and Probationary Departments. Risk Management will take the lead in administering the BBP ECP as described below.

B. Responsibilities for Program Administration

Process to respond to a possible BBP exposure incident

When an employee has a potential BBP exposure, the immediate Supervisor (or departmental designee) of the exposed employee, working together with the Risk Manager or designee will ensure that all medical actions required by the BBP ECP are performed. If the immediate supervisor of the employee is not available, the next supervisor up the employee's chain of command is responsible for the role of the immediate supervisor, continuing up the chain of command within the employee's department until a supervisor is reached.

Source of Personal Protective Equipment (PPE) for employees

Each Department Director will be responsible for determining and requesting the amount of PPE needed for their employees and ensure that adequate supplies of the needed PPE and all necessary PPE in the appropriate sizes, engineering controls (e.g., sharps containers), labels, and red bags are available to their employees.

Each Department will be responsible to order and maintain the supplies of PPE and equipment as required by the OSHA BBP Standard for their employees.

Responsibilities

Risk Management has overall responsibility for the development and implementation of the BBP ECP for Pinal County. Specific responsibilities are outlined in Appendix B.

Departmental Directors have overall responsibility for providing the necessary support to adequately protect employees from occupational exposures to BBP and to achieve regulatory compliance with OSHA Standards. Specific responsibilities are outlined in Appendix B.

Supervisors have overall responsibility for ensuring that employees that have experienced a potential BBP exposure follow the post-exposure procedures as set out by the BBP ECP and that the appropriate paperwork is completed and set to Risk Management. Specific responsibilities are outlined in Appendix B.

Human Resources has the overall responsibility for maintaining medical and training records for employees who may be at risk for occupational exposure to BBP. Specific responsibilities are outlined in Appendix B.

Employees whose job duties or activities may put them at reasonable risk for occupational exposure to blood or OPIM have the overall responsibility to comply with the procedures and work practices outline in the BBP ECP and within their respective departments. Specific responsibilities are outlined in Appendix B.

Pinal County Public Health Services District (PCPHSD) has the overall responsibility to provide Hepatitis B vaccinations and information to employees and volunteers covered by this policy. Specific responsibilities are outlined in Appendix B. in accordance with the BBP ECP.

C. Identifying Occupational Risk for BBP Exposure

Directors shall identify employees and volunteers that may be reasonably expected to come into contact with blood or OPIM in the performance of their work duties. Employees who may reasonably be expected to come into contact with blood or OPIM in the performance of their work duties are concentrated in Health and Human Services, Sheriff's Office, Detention, Courts, Probationary, and Custodial Departments.

Positions that may have occupational BBP exposure

1. Accreditation Manager
2. Adult Probation Director
3. Asst Director of Public Health for Clinical Services
4. Asst Director of Public Health for Nutrition Services
5. Asst Director of Public Health for Operations
6. Asst Director of Public Health for Public Health Protection
7. BDPR Planning and Readiness Coordinator
8. Behavioral Health Coordinator
9. Bio-Defense Preparedness and Response (BDPR) Administrator
10. Cadet Officer

11. Captain
12. Captain, (R)
13. Case Management Supervisor
14. Case Management Coordinator
15. Case Manager I
16. Case Manager II
17. Case Manager III
18. Certified Nurses Aide
19. Chief Deputy Sheriff, Jail
20. CHN Supervisor
21. Communicable Disease Administrator
22. Communicable Disease Investigator
23. Community Health Nursing Director
24. Community Nutrition Worker I
25. Community Nutrition Worker II
26. Community Nutrition Worker III
27. Community Nutrition Worker Supervisor
28. Constable
29. Corporal
30. Corporal (RT)
31. Correctional Health Director
32. Correctional Health LPN
33. Correctional Health Nurse
34. Correctional Health Nursing Supervisor
35. Court Security Coordinator
36. Court Security Officer
37. Deputy Director Adult Probation
38. Deputy Director of Public Health for Strategic Planning and Implementation
39. Deputy Sheriff
40. Deputy Sheriff (RT)
41. Detention Aide
42. Detention Investigator
43. Detention Officer
44. Detention Officer (PT)
45. Detention Officer IV
46. Detention Officer V
47. Detention Officer/Captain
48. Detention Officer/Corporal
49. Detention Officer/Lieutenant
50. Detention Officer/Sergeant
51. Detention Nurse Practitioner
52. Detention Paralegal
53. Detention Psychiatric Nurse Practitioner
54. Detention Security Officer
55. Direct Support Workers
56. Diversion Officer

57. Epidemiologist
58. Evidence Technician
59. Forensic Interviewer
60. Health Care Administrator
61. Home Care Assistant
62. Home Health RN
63. Home Health RN Supervisor
64. Identification Technician
65. Investigator
66. Investigator (RT)
67. Jail Health Director
68. Juvenile Detention Case Manager
69. Juvenile Detention Officer
70. Juvenile Detention Officer II
71. Juvenile Detention Officer III
72. Juvenile Detention Program Manager
73. Licensed Practical Nurse I
74. Licensed Practical Nurse II
75. Licensed Practical Nurse III
76. Lieutenant
77. Manager of Case Management Services
78. Manager of Clinical Practices
79. Medical Office Assistant
80. Medical Examiner (Chief)
81. Medical Examiner
82. Medico-Legal Investigator
83. Mobile Health Unit Operator
84. Nurse Practitioner
85. Nutritionist
86. Nutrition Supervisor
87. Polygraph Examiner
88. Public Health Clinic Operations Manager
89. Public Health Director
90. Public Health Training and Volunteer Mgmt Coordinator
91. Public Fiduciary
92. Quality/Utilization Management Nurse
93. Registered Nurse I
94. Registered Nurse II
95. Registered Nurse III
96. Respiratory Therapist – Home Health
97. Search and Rescue Coordinator
98. Sergeant
99. Sergeant (RT)
100. Sr. Forensic Interviewer
101. Victims Rights Technician

102. Volunteers that work within any Pinal County Department and have been identified as having risk for BBP exposures as part of their job duties.

Tasks and Procedures in Which Occupational BBP Exposure May Occur

1. Autopsy
2. Phlebotomy
3. Tuberculin skin testing
4. Administering immunizations
5. Collection of cervical or urethral swabs to be tested for STD
6. Collection of tissue, vesicle fluid, or other potentially infectious material to be tested
7. Physical restraint or mitigation of disruptive physical incidents with criminal suspects, detainees, inmates, or persons on probation.
8. Accident mitigation
9. Rescue procedures
10. Respiratory therapy or procedures
11. Crime scene investigation
12. Evidence processing
13. Client home care procedures
14. Finger sticks (for testing iron levels in blood)

Directors shall ensure identification of employees who need Hepatitis B vaccination assessment and BBP ECP training. Directors shall ensure notification of Human Resources so that the information will be maintained in each individual's record. Employees so designated are subject to the vaccination and training provisions presented in this plan.

If a Pinal County employee whose job classification does not fall under the BBP ECP has an occupational exposure to blood or OPIM, the procedures for post exposure evaluation and follow up shall be followed, and Pinal County will offer post exposure vaccination and prophylaxis as appropriate.

D. Hepatitis B Vaccination Program

Hepatitis B virus (HBV) is a BBP for which vaccination is available. Hepatitis B vaccination currently requires a series of three doses. Employees who are in a job classification where they are at risk for BBP exposure should be instructed about HBV and offered hepatitis B vaccination. Pinal County will make the series available at no cost to all employees designated as having a work-related risk of occupational exposure to BBP.

Employees who are at risk for workplace exposure to BBP shall have their hepatitis B vaccine record or immune status assessed by the Public Health Services District. If they have had three doses of hepatitis B vaccine at appropriate intervals, Public Health will record this information and forward it to the Department and Human Resources where it will be placed in the employee's confidential medical file.

In place of a hepatitis B vaccination record, the employee may provide hepatitis B serology results to document HBV immunity. Serology results, questions of sufficient immunity, or concerns about contraindications for vaccination will be reviewed by Public Health to determine if the employee should receive further hepatitis B vaccination or be referred to their physician.

If Public Health or the referred physician determines that the employee needs additional hepatitis B vaccinations, they will inform the Department Director and Human Resources as to how many HBV vaccines the employee needs. The Department Director will ensure that the employee has scheduled the first HBV vaccination within 10 working days of initial at-risk work assignment. The employee will present the Department with a copy of the hepatitis B vaccine records. The Department will send reminders to the employee at the appropriate intervals for the remaining doses. The Department will send documentation that the employee has completed the full series to Human Resources, where the documentation will be placed in the Human Resources medical file to document completion of the full series. The Department and Human Resources will confidentially maintain these files.

Employees on chronic hemodialysis, who are immunocompromised, or who have HIV should have post vaccination serology. During the annual BBP training, the issue of post vaccination serology will be covered. Employees will be informed that if they are on chronic hemodialysis, are immunocompromised, or infected with HIV that they should discuss with their own private physician about the need to have post vaccination serology.

The healthcare professional's written opinion for Hepatitis B vaccination shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

If an employee does not wish to receive the HBV vaccinations at the time that they are initially offered to him/her, the employee must sign a Declination Form (see Appendix D). Any employee who initially declines to receive the HBV vaccinations may receive the vaccinations at any time in the future while still employed at Pinal County as long as the employee has reasonably anticipated occupational exposure to blood or OPIM at the time he/she requests to receive the vaccination.

The original signed declination form will be maintained in a confidential file in Human Resources. A copy will be maintained in a confidential file within the Department.

For non-responders: Persons who are non-responders should be considered susceptible to HBV and should be counseled regarding precautions to prevent HBV infection and the need to obtain Hepatitis B Immune Globulin (HBIG) prophylaxis for any known or probable parenteral exposure to hepatitis B surface antigen (HBsAg)-positive blood. It is also possible that non-responders are persons who are HBsAg positive. Testing should be considered. Persons found to be HBsAg positive should be counseled and medically evaluated.

E. Information and Training

Risk Management shall make this plan available to employees via the Pinal County intranet. The training program shall be provided at no cost to the employees during working hours. Training will be provided at the time of initial assignment to tasks where occupational exposure may take place and at least annually thereafter. Annual training for all employees shall be provided by Departments within one year of the employee's previous training and when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposures created. Materials appropriate in content and vocabulary to educational level, literacy, and language of employees shall be used.

The Pinal County form to document employee BBP ECP training is in Appendix E. Departments may collaborate with Risk Management to facilitate training to appropriate employees. The person conducting the training shall be knowledgeable in the subject matter as it relates to the workplace that the training will address. Employees being trained shall have an opportunity for interactive questions and answers with the person conducting the training session.

Such training shall include at least:

1. An accessible copy of the regulatory texts of the blood borne pathogen standards and an explanation of their contents;
2. A general explanation of the epidemiology and symptoms of blood borne diseases;
3. An explanation of the modes of transmission of BBP;
4. An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan;
5. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;
6. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment;
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. An explanation of the basis for selection of personal protective equipment;
9. Information on the HBV vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and vaccination will be offered free of charge to the employee;
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
11. An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
12. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident;
13. An explanation of the signs and labels and/or color-coding required by 29 CFR §1910.1030.

F. Post-Exposure Evaluation and Follow-up

If an exposure incident occurs, a confidential post-exposure medical evaluation of reported illnesses, counseling, and follow up, including post-exposure prophylaxis as recommended by the U.S. Public Health Service (Appendix F), shall be made available at no cost to the employee.

An exposure incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM that result from the performance of an employee's duties. Employees should report the exposure incidents to their Supervisor immediately. However, reporting should not delay the seeking of medical evaluation.

Prophylaxis to prevent HIV and/or HBV infection is most effective if started immediately or as soon as possible after the exposure. Counseling and evaluation of reported potential exposure to BBP may be sought from the nearest hospital emergency room, the employee's personal healthcare provider, or a contract occupational medicine clinic. The Supervisor will help facilitate prompt medical evaluation of the employee. A checklist to facilitate all steps of this process can be found in Appendix G.

The post-exposure evaluation of the exposed employee shall include:

1. Documentation of the route of exposure and the circumstances under which the exposure incident occurred;
2. Referral for appropriate medical evaluation and care from a hospital emergency room, urgent care center, the employee's personal healthcare provider, or an occupational health clinic designated by Pinal County;
 - a. The locations of the designated occupational health clinics are listed in Appendix H.
 - b. The employee may choose to be evaluated at other than a designated occupational health clinic.
3. Identification and documentation of the HIV, HBV, and HCV serology of the source individual, unless the employer can establish that identification is not feasible or prohibited by state or local law;
 - a. The source individual will be tested for HIV, HBV, and HCV as soon as feasible after consent. Specific oral or written consent is required for HIV testing by Arizona state law (ARS 36-663: Appendix I). Consent is not required for HBV or HCV testing. If the employee is working in conjunction with a Local Health Department (LHD) or a facility, the LHD or facility would be expected to facilitate collection of the source individual's blood for HIV, HBV and HCV testing, as soon as feasible after consent is obtained.
 - b. If consent is not obtained, Pinal County shall establish that legally required consent cannot be obtained. If the source individual does not consent, a court order may be requested to enforce this testing. 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.
 - c. Results of the source individual's testing will be made available to the exposed employee through the exposed individual's attending physician or through Public Health as appropriate. CFR

§1910.1030(f)(3)(ii)(C) specifically requires this, and it is allowed under ARS 36-664 B.1 which states, “a state, county, or local health department or officer may disclose confidential communicable disease related information if specifically authorized or required by federal or state law.”

4. Testing for HIV, HBV, and HCV as soon as feasible after HIV consent is obtained;
5. Reasons for delays in baseline serologic testing.
 - a. If the employee consents to a baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible. [In Arizona, in order to establish occupational BBP exposure for workers' compensation, the blood must be tested within 30 days (see ARS 23-1043.02 B.3) (Appendix I).]
 - b. Baseline serology for hepatitis B does not need to be drawn if there is serologic documentation either that the employee is immune to HBV, or is infected with HBV.
 - c. Baseline serology for hepatitis C does not need to be drawn if there is serologic documentation that the employee has had previous hepatitis C infection.
 - d. Baseline documentation for HIV does not need to be drawn if there is documentation that the exposed employee has been previously infected with HIV.
6. Follow up serology should be performed as indicated for HIV, HBV, and HCV
 - a. If the source individual is not infected with a BBP, further serologic follow up of the exposed employee is not necessary
 - b. General guidelines for follow up serology when there has been a known BBP exposure
 - i. HBV convalescent serology at 6 months
 - ii. HCV convalescent serology at 4-6 months
 - iii. HIV serology at 6 weeks, 3 months, and 6 months
 - c. The attending physician will assess the results of the source individual, the baseline serology for the exposed employee, and the medical report from the evaluating facility to assist in determining the optimal timing of the follow up serology.
7. Risk Management shall ensure that the healthcare professional evaluating an employee after an exposure incident is provided the following information:
 - a. A description of the exposed employee's duties as they relate to the exposure incident.
 - b. Documentation of the route(s) of exposure and circumstances under which exposure occurred.
 - c. Results of the source individual's blood testing, if available.

- d. All medical records relevant to the appropriate treatment of the employee including vaccination status which are Pinal County's responsibility to maintain.
8. SRI form: The Supervisor shall fill out the Supervisor's Report of Industrial Injury.
 - a. The half-page turquoise blue copy will be given to the employee for the evaluating physician for documentation and contact information, as per the Pinal County Accident Reporting Policy.
 - b. The white part of the SRI form will be sent to Risk Management.
 9. Report of Significant Work Exposure to Bodily Fluids (RSWEBF) (Appendix A):
 - a. Every reported exposure incident will be evaluated as required by paragraph (f)(3)(i) of 29 CFR § 1910.1030 of the OSHA Blood borne Pathogen Standard.
 - b. The RSWEBF form prepared by a supervisor and sent to Risk Management. To obtain a copy of the Report of Significant Work Exposure to Bodily Fluids Form go to <http://pinalcountyaz.gov/departments/riskmanagement/pages/forms.aspx>

G. Record keeping

Medical Records: Employee medical records shall be kept, separate from other personnel records, in the Human Resources Department for not less than 30 years following separation for employment. Medical records include:

1. HBV vaccination status;
2. Hepatitis B Vaccine Tracking Record;
3. Report of Significant Work Exposure to Bodily Fluids (RSWEBF);
4. Declination Form for Hepatitis B vaccine;
5. Other medical documentation.

Training Records: Training records shall be maintained by the Departments for at least three years and are not confidential. Training records must include dates, contents of the training program, and trainer's name and qualifications.

Sharps Injury Log: Departments must keep a Sharps Injury Log for the recording of percutaneous injuries from contaminated sharps. A copy of the log shall be sent to Risk Management each January for each preceding calendar year. The log must be maintained in a manner that protects the privacy of employees.

OSHA Form 300: The OSHA Form 300 will be prepared, filed and retained by Risk Management for at least five years.

H. Implementation

Standard Precautions: Standard precautions shall be observed to prevent contact with blood and other potentially infectious materials. Standard precautions are methods of preventing disease by preventing transfer of blood and body fluids; e.g., semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and any body fluids that are visibly contaminated with blood. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious.

Engineering and Work Practice Controls: Engineering and work practice controls shall be used to eliminate or minimize exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.

1. Hand washing facilities that are readily accessible to employees shall be provided.
2. When provision of hand washing facilities is not feasible, departments shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
3. When antiseptic hand cleansers or towelettes are used, hands shall be washed with soap and running water as soon as feasible.
4. Employees shall wash hands or use hand cleanser immediately after removing gloves or other personal protective equipment. Employees shall wash hands and any other skin with soap and water or flush mucous membranes with water immediately after contact with blood or OPIM.
5. Where appropriate, safer medical devices such as sharps with engineered sharps injury protection, needleless systems and other safer medical devices shall be used.
6. Contaminated needles or other sharps shall not be bent, recapped or removed except by the use of mechanical devices, or by the one-handed capping technique.
7. Shearing or breaking of contaminated needles is prohibited.
8. Immediately or as soon as feasible after use, contaminated sharps shall be placed in sharps containers meeting the following specifications:
 - a. Closable;
 - b. Puncture resistant;
 - c. Leak proof on sides and bottom;
 - d. Labeled or color-coded in accordance with paragraph (g)(1)(i) of the OSHA standard;
 - e. Easily accessible to employees and located as close as is feasible to the immediate area where sharps are used or can be reasonable anticipated to be found;
 - f. Maintained upright throughout use;
 - g. Replaced routinely and not be allowed to overfill.

9. When moving containers of contaminated sharps from the area of use the containers shall be:
 - a. Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents;
 - b. Placed in a secondary container if leakage appears probable. The second container shall be closable, constructed to contain all contents and prevent leakage and labeled or color-coded according to the OSHA standard.
10. If contaminated sharps are reusable, they will be placed immediately or as soon as possible after use in appropriate containers until properly reprocessed. These containers will be:
 - a. Puncture resistant;
 - b. Labeled or color-coded in accordance with the OSHA standard;
 - c. Leak proof on the sides and bottom;
11. Reusable sharps containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
12. Eating, drinking, smoking, applying cosmetics or lip balm, or handling contact lenses is prohibited in work areas where blood or OPIM is located or where there is a reasonable likelihood of occupational exposure.
13. Food or drink will not be kept in the refrigerator, freezers, on shelves, cabinets, or on counter tops or bench tops where blood or OPIM are present.
14. All procedures involving blood or OPIM will be performed in such a manner as to minimize splashing, spattering, spraying or generation of droplets of these substances.
15. Mouth pipetting/suctioning is prohibited.
16. Specimens of blood or OPIM will be placed in leak proof containers. If such containers should leak, they will be placed in a second appropriately labeled, non-permeable container.
17. Any equipment, samples, waste, etc. will be examined before they leave the premises to make sure they are not contaminated. Labels as specified in 29 CFR §1910.1030(g) will be affixed to these materials to warn others.
18. Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the department can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
19. The shipping Department shall ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate prior to handling, servicing, or shipping so that appropriate precautions will be taken.

20. These engineering, and work practice controls will be annually reviewed and updated as new information becomes available and/or when new positions with the potential for exposure are created.

Personal Protective Equipment (PPE)

1. Pinal County shall provide, at no cost to the employee, appropriate PPE such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks, eye protection, mouthpieces, resuscitation bags, pocket masks, and other ventilation devices. PPE will be considered “appropriate” only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee’s clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the PPE will be used.
2. Each department shall ensure that employees use appropriate PPE unless 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 health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When an employee makes this judgment, the circumstances shall be investigated and documented by the department and Risk Management in order to determine whether changes should be instituted to prevent such occurrences in the future.
3. Each department shall ensure that appropriate PPE in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powder-free gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
4. Each department shall clean, launder, and dispose of PPE at no cost to the employee.
5. Each department shall repair or replace PPE as needed to maintain its effectiveness, at no cost to the employee.
6. Pinal County employees shall comply with the following:
 - a. Gloves shall be worn at work when it can be reasonably anticipated that employees may have contact with blood, OPIM, mucous membranes, and non-intact skin; when performing vascular access procedures, and when handling or touching contaminated items or surfaces.
 - b. Disposable single-use 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.
 - c. Disposable, 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 exhibits other signs of deterioration, or when their ability to function as a barrier is compromised.

- d. 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 OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
- e. Appropriate protective clothing such as gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
- f. Surgical caps or hoods and/or shoe covers shall be worn in instances when gross contamination can reasonable be anticipated (e.g. autopsies)
- g. If PPE becomes saturated or penetrated by blood or OPIM, the PPE will be removed immediately or as soon as feasible.
- h. Prior to leaving the work site, PPE will be placed in an appropriate area or storage container for laundering, storage, decontamination or disposal.

Housekeeping

1. Departments shall ensure that worksites are maintained in a clean and sanitary condition. Departments shall determine and implement appropriate written schedules for cleaning and methods of decontamination based upon the locations within the facilities, types of surfaces to be cleaned, types of soil present, and tasks or procedures being performed in the area.
2. Directors shall ensure that the following measures are in place whenever and wherever employees perform tasks involving potential exposure to blood or OPIM:
 - a. All equipment and work surfaces that have become overtly contaminated with blood or OPIM shall be cleaned and disinfected as soon as feasible, as well as at the end of the work shift if the surfaces have become contaminated since the last cleaning.
 - b. Any protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and/or surfaces shall be removed and replaced when overtly contaminated during the shift.
 - c. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.
 - d. Broken glass that may be contaminated shall not be picked up by hand but shall be swept up or picked up with tongs or forceps.
 - e. Re-usable sharps shall not be stored or processed in such a manner that requires the employee to reach by hand into the container where these sharps have been placed.

3. Contaminated sharps shall be discarded immediately or as soon as possible in containers that are closable, puncture-resistant, leak proof on sides and bottoms, and labeled or color-coded appropriately.
4. Sharps disposal containers shall be easily accessible and as close as feasible to the immediate area where sharps are used. Sharps disposal containers shall not be filled more than $\frac{3}{4}$ full.
5. Bags to be used for regulated waste shall be red or have the biohazard symbol on them; alternatively a sign or tag shall be affixed to the bag pursuant to CFR §1910.1030 (Appendix A). The bags must be closed prior to removal to prevent spillage or protrusion of contents during handling.

Disposal of Regulated Waste

“Regulated waste” is defined in Appendix K. Directors shall ensure that the following measures are in place whenever and wherever employees perform tasks involving potential exposure to blood or OPIM:

1. Contaminated sharps shall be placed in sharps containers. Sharps containers shall be located as close as feasible to the immediate area where they are used.
2. All other regulated waste shall be placed in leak-proof containers that are closeable and labeled or color-coded.
3. All other regulated waste shall be closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
4. If outside contamination of the regulated waste container occurs, it shall be placed in a second container that is closable, leak-proof, and labeled or color-coded in accordance with the OSHA Standard.
5. All regulated waste shall be disposed of in accordance with applicable city, public health department, and State Department of Environmental Quality regulations.
6. Sharps containers shall not be filled past three-fourths full.
7. Sharps containers used on Pinal County facility premises shall be taken to sharps collection sites for disposal.

Labels

Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers containing blood and OPIM; and other containers used to store, transport, or ship blood or OPIM, except as provided in the OSHA Standard, paragraph (g)(1)(i)(E), (F), and (G).

Labels required by this section shall include the legend described by OSHA Standard, paragraph (g)(1)(i)(B). These labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

Labels shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

Red bags or red containers may be used instead of labeling.

Containers of blood, blood components, or blood products that are labeled as to their contents and have been released for transfusion or other clinical use are exempted from the labeling requirements described in number two above.

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.

Labels required for contaminated equipment shall be in accordance with paragraph 1910.1030 (g)(1)(i)(H) of the OSHA standard.

Regulated waste that has been decontaminated need not be labeled or color-coded.

Laundry

Contaminated laundry shall be handled as little as possible with a minimum of agitation.

Contaminated laundry shall be bagged or containerized at the location where it was used and shall not be sorted or rinsed in the location of use.

Contaminated laundry shall be placed and transported in bags or containers labeled or color-coded in accordance with the OSHA Standard. When a facility utilizes Standard Precautions in the handling of all soiled laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Standard Precautions.

Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through of or leakage from the bag or container, the laundry shall be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Departments shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

When a facility ships contaminated laundry off-site to a second facility which does not utilize Standard Precautions in the handling of all laundry, the facility generating the contaminated laundry must place such laundry in bags or containers which are labeled or color-coded in accordance with the OSHA BBP Standard.

I. Methods of Compliance

Risk Management shall assemble a BBP ECP Committee at least annually to review the BBP ECP. The Pinal County BBP ECP Committee shall be responsible for reviewing and updating the BBP ECP annually, or more frequently if necessary, to reflect any new or modified tasks and procedures that may affect occupational exposure and to reflect new or revised positions with occupational exposure.

Risk Management, in cooperation with Departments and the BBP ECP Committee, shall identify the need for changes in engineering controls and work practices through discussions with persons whose work activities make them at risk for BBP exposures.

Audit: Risk Management shall audit departments to document BBP ECP compliance.

J. Employee Input

Risk Management shall assemble the BBP ECP Committee at least annually to review the BBP ECP. Risk Management shall solicit input yearly and as needed regarding suggestions to improve safety. This input shall be solicited from employees whose job activities put them at risk of BBP or OPIM exposure. The input shall be attached as part of the annual update of the BBP plan (Appendix J).

II. Training Format

- A. The Pinal County intranet site containing the OSHA BBP Standard (29 CFR §1910.1030) and the Pinal County BBP ECP will be provided to the employees at the time of initial training. The OSHA Standard and the BBP ECP will be explained during training. Both documents will also be kept on file by Risk Management, and will be available to employees through the county intranet.
- B. A general explanation of the epidemiology symptoms, and modes of transmission of blood borne diseases
- C. Explanation of the appropriate methods for recognizing tasks that may involve exposure to blood or OPIM and the selection of appropriate protective equipment
- D. Explanation of the use and limitations of the methods that will prevent or reduce exposure
- E. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- F. Hepatitis B Vaccine
 - 1. Risk Management will coordinate and facilitate training to employees on hepatitis B vaccinations, addressing the safety, benefits, efficacy, methods of administration, and availability.
 - 2. The hepatitis B vaccination series will be available at no cost to the employee after BBP training and will be given within 10 days of initial at risk work assignment to employees identified at reasonable risk of occupational exposure to BBP. Hepatitis B vaccination is encouraged unless:
 - a. Documentation exists that the employee has previously received the series
 - b. Antibody testing reveals that the employee is immune, or
 - c. Medical evaluation shows that vaccination is contraindicated.
 - 3. If an employee chooses to decline vaccination, the employee must sign a declination form.
 - 4. Employees who decline hepatitis B vaccination may request and obtain the vaccine at a later date at no cost if they are still employed in a Pinal County position where there could be exposure to blood or OPIM.
 - 5. Documentation of refusal of the vaccination is kept in the employee's confidential medical file in Human Resources.
 - 6. Vaccination will be provided by Public Health. Vaccination cost will be paid by Risk Management.
 - 7. If vaccination is provided somewhere other than Public Health, the employee must return documentation of their vaccination status to their departments.

8. Documentation of vaccination status will be placed in the employee's Human Resources and Department files to document full hepatitis B vaccination.
9. The hepatitis B vaccination training will include the following:
 - a. The HBV vaccine is safe, immunogenic and effective.
 - b. HBV vaccination is the most important part of any HBV control program because gloves and other protective devices cannot completely prevent puncture injuries.
 - c. It consists of three arm inoculations:
 - i. The first as soon as possible,
 - ii. The second after one month, and
 - iii. The third at six months or as the prescribing information indicates.
 - d. The employee will be encouraged to take advantage of this protection.
 - e. If the employee chooses not to receive the vaccination series, they will be required to sign a declination form.
 - f. In the future, if the employee changes their mind, they can still receive the vaccinations free of charge if they are still working in a Pinal County job position where there could be exposure to blood or OPIM.
 - g. People who are on chronic hemodialysis, who are immunocompromised, or who have HIV infection may not have an adequate response to the standard 3 doses of HBV vaccine. Employees with these medical conditions should consult with their healthcare provider to discuss the need to have blood testing after HBV vaccination to document an adequate HBV antibody response to the HBV vaccine.

G. Response to an exposure incident: The employees will be instructed in what to do if an exposure incident (defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM) occurs:

1. Immediately flood the exposed area with water, and clean any wound with soap and water or a skin cleanser if available. If an eye splash has occurred, flush the eye immediately with copious amounts of water.
2. Report the incident to the supervisor immediately.
3. Seek immediate medical evaluation. Prophylaxis against HIV infection is most effective if started IMMEDIATELY or as soon as possible after the exposure. The employee may go to a hospital emergency room, the Pinal County contracted occupational health care provider, or to the physician or clinic of his/her choice.

H. Required documentation of an exposure incident:

1. The supervisor will complete the Supervisor's Report of Industrial Injury (SRI) whether or not the employee seeks medical evaluation.

- a. If medical evaluation is sought, the employee is given the turquoise blue copy of the SRI to take with him/her to the evaluation to give to the evaluating facility for medical information and billing purposes.
 - b. The supervisor will provide the employee with a packet containing information on BBP exposure guidance and other materials for the employee to give to the medical facility.
2. The supervisor also completes the Pinal County Report of Significant Exposure to Bodily Fluids form.
3. Public Health or the attending physician will review with the employee the results of the medical evaluation and any serology reports.
4. The employee should receive a written copy of the treating health care professional's evaluation within 15 days after completion of initial evaluation, and within 15 days after completion of the final evaluation.

I. Evaluation of Potential Exposure to BBP

1. The employee should report the potential BBP exposure to his/her Supervisor immediately and provide details as to the event and the source individual.
2. Medical evaluation will be provided at no cost to the employee.
3. The employee will be offered a blood test for HIV, HBV, and HCV. If the HIV test is initially declined, the sample will be preserved for 90 days in case the employee elects to have the baseline sample tested later. [In Arizona in order to establish occupational exposure to HIV for workers' compensation, the blood must be drawn within 10 days of exposure and tested within 30 days (ARS § 23-1043.02 B.3)].
4. If indicated, post exposure prophylaxis for HIV or HBV will be provided at no cost to the employee according to the recommendations of the U.S. Public Health Service current at the time of evaluation.
5. The exposed person should provide the name and other known identifying information for the source individual to the supervisor.
6. The supervisor will work to obtain the HIV, HBV and HCV status of the source individual, where feasible, and will provide that information to the employee and the treating healthcare professional.

J. Explanation of the sign and labels and/or color-coding: Any bag or container that is red or has the biological hazard warning label on it is for regulated waste.

K. The employee will have an opportunity for interactive questions and answers during the BBP ECP training. Additional questions arising later may be addressed to the Public Health Services District Infectious Diseases and Epidemiology Section.

III. Appendices

Appendix A

REPORT OF SIGNIFICANT WORK EXPOSURE TO BODILY FLUIDS
(This is not a Claim Form)

1) Name _____
Last First M.I. Soc. Sec. No. Birth Date Phone No.

2) Address: _____
Street City State Zip

3) Employers' or Firms' Full Name: _____

4) Employers' or Firms' Address: _____ Phone No. _____

5) Date of Exposure _____ Time of Exposure _____ A.M. P.M.

6) Address or Location of Exposure: _____

7) Job Title: _____

8) State fully how exposure occurred (be specific):

9) List all persons present at the exposure that you can identify:

10) What bodily fluids were you exposed to? Blood Vaginal fluid Any other fluids containing blood Semen Surgical fluid (Describe):

11) Who did the bodily fluid come from?(Explain):

12) Are you aware of a break/rupture in the skin or mucous membrane at body location of exposure to bodily fluid and, if so, please describe:

13) Did exposure to bodily fluids take place through your a) skin or b) mucous membrane?

14) What specific part(s) of your body was exposed to bodily fluid?

15) Note: THIS REPORT MUST BE FILED WITH YOUR EMPLOYER NO LATER THAN TEN (10) CALENDAR DAYS OF YOUR WORK EXPOSURE TO BODILY FLUIDS.

OTHER REQUIRED STEPS:

A. YOU MUST HAVE BLOOD DRAWN NO LATER THAN TEN (10) CALENDAR DAYS AFTER EXPOSURE.

B. YOU MUST HAVE BLOOD TESTED FOR HIV BY ANTIBODY TESTING NO LATER THAN THIRTY (30) CALENDAR DAYS AFTER EXPOSURE AND TEST RESULTS MUST BE NEGATIVE.

C. YOU MUST BE TESTED OR DIAGNOSED AS HIV POSITIVE NO LATER THAN EIGHTEEN (18) MONTHS AFTER EXPOSURE.

D. YOU MUST FILE A WORKERS' COMP CLAIM WITH THE INDUSTRIAL COMMISSION OF ARIZONA NO LATER THAN ONE YEAR FROM THE DATE OF DIAGNOSIS OR POSITIVE BLOOD TEST IF YOU WISH TO RECEIVE BENEFITS UNDER THE WORKERS' COMPENSATION SYSTEM.

I Have Filed This Form With My Employer and Have Received a Copy of This Completed Form.

Employee Signature: _____ Date: _____

Employer: KEEP ORIGINAL (Notify Carrier)

Employee: KEEP COPY

Appendix B: Summary of Staff Responsibilities

Employees

- Comply with the procedures and work practices outlined in the BBP ECP and in their respective departments.
- Attend BBP ECP training as scheduled.
- Keep appointments for hepatitis B vaccine as scheduled and notify Supervisor that the appointment was kept.
- Notify Supervisor immediately of changes in scheduled the appointments for vaccine.
- Provide documentation of hepatitis B vaccination or serological status to Public Health as needed; or, provide a signed Hepatitis B Vaccination Declination Form
- Keep a personal record of hepatitis B vaccine status
- Report immediately to their Supervisor if there has been a potential occupational exposure to BBPs and carry out the recommended follow-up.
- Report to their supervisor procedures that could place people at risk for exposure to BBPs (such as improperly handled waste containers, refrigerators containing blood or OPIM being used for food storage, regulated waste without proper labels)
- If an employee refuses medical evaluation or treatment for a potential BBP exposure, their refusal will be documented on the Report of Significant Work Exposure to Bodily Fluids.

Risk Management

- Responsible for the overall development, implementation and compliance monitoring of the BBP ECP.
- Convene a BBP ECP Committee annually to maintain, review, and update the BBP ECP as needed to reflect changes in technology or procedures that eliminate or reduce exposure to BBPs. The BBP ECP Committee may also be convened whenever necessary to include new or modified tasks and procedures.
- Make the Pinal County BBP ECP available to employees and OSHA or NIOSH representatives.
- Review and evaluate each Exposure Incident Evaluation form to determine if the BBP ECP was being properly followed or if BBP ECP changes are needed.
- Review Sharps Injury logs provided annually each January by departments.
- Annually solicit input from non-managerial employees with job responsibilities that may put them at risk for exposure to BBPs for information regarding the identification, evaluation, and selection of effective engineering and work practice controls including safer medical devices.
- Coordinate general BBP ECP training for all employees on initial hire.
- Monitor departmental compliance for annual BBP ECP training for eligible employees.
- Upon an employee's occupational exposure to body fluids that may contain BBPs:
 - Assist the Supervisor in referring the employee for immediate medical evaluation.
 - Provide the Supervisor with appropriate forms as needed.
- Responsible for the budget providing for Hepatitis B vaccination.
- Implement a compliance monitoring program to ensure that Departments are carrying out the mandates of the OSHA BBP Standard.
- Receive reports of problems with standard precautions, engineering controls, work practices, PPE, or improper warning labels on regulated waste.
- Provide guidance regarding the BBP ECP to departments as needed.

- Keep and provide when needed the appropriate forms for documenting employee exposure to BBPs: Occupational Bloodborne Pathogen Exposure Guidelines, Supervisor Report of Industrial Injury (SRI) Forms, and Exposure Incident Evaluation Forms.
- Maintain copies of the Sharps Injury Logs for a period of 5 years

Department Directors

- Provide the necessary support to adequately protect employees from occupational exposures to blood and OPIM and to achieve regulatory compliance with OSHA requirements. All Department Directors will be responsible for ensuring that the provisions of the BBP ECP and mandates of the OSHA BBP Standard are carried out.
- Ensure identification of employees who need Hepatitis B vaccination assessment and BBP ECP training based on their job classifications as well as their job duties and activities.
- Ensure notification of new hires who have been identified as being occupationally at risk for exposure to BBPs and their supervisors of the requirement for hepatitis B vaccine evaluation and the need for the employee's initial specific or specialized BBP ECP training and annual BBP training, as well as monitoring and ensuring completion of the process. Basic general BBP training will be provided during Human Resources' new employee orientation.
- Arrange for new employees to have their hepatitis B vaccine and/or immune status evaluated by the Public Health Services District. The Public Health Services District will determine whether hepatitis B vaccine is indicated or if necessary, refer the employee to a health care provider for further evaluation.
- For employees that need hepatitis B vaccination, arrange for the first dose of hepatitis B vaccination to be started within 10 working days of initial at-risk assignment.
- If an employee declines hepatitis B vaccination, have employee sign declination letter (Appendix D)
- Ensure all employees who have been identified as being occupationally at risk for exposure to BBPs receive BBP training annually, including specific or specialized training relevant to the department.
- Maintain a database of employees Hepatitis B vaccination status.
- Ensure assistance in obtaining consent and testing of the exposure source for HIV, HBV, and HCV when an employee has had a potential BBP exposure. Assist in making these results available to the exposed employee.
- Make the written Pinal County BBP ECP available when requested to employees.
- Ensure tracking and documentation of completion of hepatitis B vaccination and BBP training and forward this information to Human Resources.
- Ensure tracking and documentation of BBP training and forward copies of this information to Human Resources.
- Ensure a Sharps Injury Log is maintained and forwarded annually in January to Risk Management.
- Ensure that the appropriate paperwork is provided to supervisors for potential BBP exposures.
- Ensure availability of a written copy of the Pinal County BBP ECP to the employees.
- Ensure that Directors and Supervisors of employees who may reasonably be expected to come into contact with blood or OPIM in the performance of their work duties should attend a BBP ECP training.

Supervisors

- Ensure that employees that have experienced a potential BBP exposure follow the post-exposure procedures as set out by the BBP ECP, including receiving immediate care to the injury site (flushing mucous membranes or washing the skin site with soap and water or alcohol-based skin cleanser) and referring the employee for immediate medical evaluation and counseling for HIV, HBV, and HCV.

- Refer potentially BBP exposed employees to the contracted occupational medicine clinic, the nearest hospital emergency room, or the employee's personal healthcare provider. If the exposure occurred outside of regular business hours or in remote areas, the employee should be referred to the nearest emergency department.
- Notify the Department Director and Risk Management of potential BBP exposures.
- Ensure the appropriate paperwork is completed and copies provided to Risk Management and Human Resources when there has been a potential BBP exposure; 1) the Supervisor's Report of Injury (SRI) form and; 2) the Report of Significant Work Exposure to Bodily Fluids (RSWEBF) form.
- Ensure a secure work environment for employees.
- Ensure that the provisions of BBP exposure control plan and OSHA mandates are carried out in each office.
- Assist the Director in determining whether employees could have occupational exposure to BBPs.
- Notify the Director and Human Resources of all employees at risk for occupational exposure to BBPs.
- Provide information to employees about the BBP ECP.
- Ensure employees who may be at occupational risk of BBP exposure receive all required initial and annual BBP training.
- Ensure that Standard Precautions and engineering work practices and controls are followed in work areas as appropriate.
- Assure that appropriate PPE and engineering controls (e.g. sharps containers and biohazard bags) are readily available for the employee to perform their tasks
- Delegate a person within their Office to ensure that proper care of sharps disposal containers and use biohazard bags are carried out.
- Ensure that red biohazard bags are used or appropriate warning labels are affixed to regulated waste or contaminated equipment that is used by the Pinal County employees that they supervise.
- As new job classifications are created, inform the Department Director that employees in the new classification may have risk for occupational BBP exposure, and need to participate in the BBP ECP.
- As employees change jobs within Pinal County, determine if there may be occupational exposure to BBP. If so, the employee needs BBP training before starting at risk activities, and needs to be offered hepatitis B vaccine within 10 days of starting an at risk work assignment.
- For a potential BBP exposure incident
- Fill out the Supervisor's Report of Industrial Injury (SRI) and refer the employee for immediate medical evaluation.
- The blue copy goes to the medical provider for the evaluating physician for documentation and contact information.
- Send the white part of the SRI form to Pinal County Risk Management.
- Notify the Risk Management Office of the incident by telephone.
- The yellow copy is retained by the supervisor.
- Fill out a RSWEBP for each potential BBP potential exposure, and send it to the Risk Management Office.

Human Resources

- Responsible for assisting Departments in identifying employees based on their job classification, and for maintaining confidential medical records and copies of training records.

- Solicit each Director for documentation of all employees who may be at risk of occupational exposure to BBPs. Note in the file of each of these employees that they may participate in at-risk job activities, so that they are evaluated for hepatitis B vaccine and receive annual BBP training.
- When an employee changes jobs within Pinal County, determine if there could be occupational exposure that requires participation in the BBP ECP. If so, initiate the same process for evaluation of hepatitis B vaccine status and BBP training as for a new hire.
- Maintain copies of documentation of BBP ECP initial and annual trainings and retain for three years.
- Maintain an accessible copy of the BBP ECP and the regulatory text of OSHA's BBP Standard.
- Maintain records confidentially of hepatitis B vaccination, hepatitis B vaccine declination and any exposure to BBPs in an employee's confidential medical file.
- Maintain the completed documentation of employees who are evaluated for potential exposure to BBPs, including the RSWEBF, in the Employee's Confidential Medical File.

Public Health

- Referral for evaluation serology or contraindications, as needed, and make recommendations regarding the need of hepatitis B vaccine in individual cases.
- Administration of Hepatitis B vaccinations.
- Assist in explaining to exposed employees the risks of exposure to HIV, HBV, and HCV.
- Counsel exposed employee to maintain confidentiality of serology results of source individual.
- Provide information about blood borne pathogens to county employees.
- Assist Risk Management with identification of disease specific training components
- Forward documentation to the appropriate departments.

Appendix C: Hepatitis B Vaccination Tracking Record

PINAL COUNTY

Hepatitis B Vaccination Tracking Record

Name of Employee/Volunteer _____

EIN. _____

For Employees/volunteers with a job where there may be occupational exposure to blood borne pathogens (BBP)						
		N/A	Done	Documenter's printed name	Documenter's signature	Date
1	Employee receives BBP training before starting at risk work assignment					
2	Public health/health provider reviews immunization history					
3	If applicable, ask for Public Health or medical provider review of antibody test or medical provider review of contraindications					
4	Recommendation for need for hepatitis B vaccination					
5	Employee offered hepatitis B vaccine within 10 days of starting at risk work assignment, if applicable*					
6	Employee sent for hepatitis B vaccine					
7	Hepatitis B vaccine #1 received					
8	Hepatitis B vaccine #2 received					
9	Hepatitis B vaccine #3 received					
10	Documentation of full hepatitis series (i.e. 3 vaccines) placed in HR records					
11	If applicable, have employee sign declination letter**					

* Hepatitis B vaccination should be made available within 10 working days of initial work assignment where there may be occupational BBP exposure, *unless one or more of the following applies:*

The employee has previously received the complete hepatitis B vaccination series (three vaccines)

Antibody testing has revealed that the employee is immune

The vaccine is contraindicated for medical reasons.

**If the employee declines a hepatitis B vaccine, the employee should sign the declination letter (Appendix D).

Additional Comments (Date and sign) _____

Appendix D: Hepatitis B Vaccination Declination Form

PINAL COUNTY HEPATITIS B VACCINATION DECLINATION

Pursuant to 29 CFR § 1910.1030(f)(2)(IV) [Blood borne Pathogens]

I understand that due to my risk of 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 myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccination, 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 series at no charge to me if I am still working in a Pinal County job position where I may have occupational exposure to blood or other potentially infectious materials.

Employee/Volunteer Name (print) _____

Department _____

Employee/Volunteer Signature _____

Date _____

Original: Employee Human Resources Medical File
Copy: Employee
Copy: Employee Department

Appendix E: Training Record

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN TRAINING RECORD

Date of training _____

Name of the trainer _____

Trainer's qualifications _____

- Summary of the Contents of the Training
- An accessible copy of the regulatory text of this standard and an explanation of its contents
- A general explanation of the epidemiology and symptoms of blood borne diseases
- An explanation of modes of transmission for blood borne pathogens
- An explanation of the employer's exposure control plan and the means by which the employee can obtain a copy of the written plan
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
- Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment
- An explanation of the basis for selection of personal protective equipment
- Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine and the vaccination will be offered free of charge to the employee
- Information on the appropriate actions to take and the persons to contact in an emergency involving blood or other potentially infectious materials
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available
- Information on the post-exposure evaluation and follow-up for HIV that the employer is required to provide for the employee following an exposure incident
- An explanation of the signs and labels and/or color coding required by paragraph 1910.1030(g)(1) of the OSHA standard
- An opportunity for interactive questions and answers with the person conducting the training session

Appendix F: Updated U.S. Public Health Service Guidelines

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis MMWR June 29, 2001, Vol 50, No. RR-11

PDF version

<http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

Word Document version

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm>

APPENDIX A. Practice Recommendations for Health-Care Facilities Implementing the U.S. Public Health Service Guidelines for Management of Occupational Exposures to Blood borne Pathogens

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a2.htm>

APPENDIX B. Management of Occupational Blood Exposures

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a3.htm>

APPENDIX C. Basic and Expanded HIV Post exposure Prophylaxis Regimens

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a4.htm>

Appendix G: Blood borne Exposure Checklist

PINAL COUNTY OCCUPATIONAL BLOODBORNE EXPOSURE CHECKLIST	
<input type="checkbox"/>	Give immediate care to exposure site as per Appendix F
<input type="checkbox"/>	Review Appendix F MMWR Management of Occupational Blood Exposures
<input type="checkbox"/>	Obtain details of potential BBP exposure incident
<input type="checkbox"/>	Document potential BBP exposure on a 'Supervisor's Report of Industrial Injury' (SRI) form.
<input type="checkbox"/>	Notify respective Director and Risk Management Office
<input type="checkbox"/>	Inform employee/volunteer about the BBP evaluation process
<input type="checkbox"/>	Tell employee/volunteer that if he/she consents to baseline blood draw, but does not want immediate testing, that the blood will be held for 90 days
<input type="checkbox"/>	Tell employee that for Workman's Compensation HIV-related claims, blood must be drawn within 10 days of exposure and tested within 30 days
<input type="checkbox"/>	Give employee the turquoise blue form from the SRI to take to medical evaluation
<input type="checkbox"/>	Provide employee with pertinent documentation to be taken to medical evaluation (e.g. hepatitis B vaccination record, serology on source individual, description of exposure)
<input type="checkbox"/>	Use Appendix F to assist in medical management
<input type="checkbox"/>	Communicate with treating health professional about the medical evaluation, requesting serological testing (HIV, HBV, HCV)
<input type="checkbox"/>	If source individual blood is known to be HCV positive, also request baseline ALT
<input type="checkbox"/>	Send white part of SRI to Risk Management
<input type="checkbox"/>	Retain yellow part of SRI in SRI booklet in Department
<input type="checkbox"/>	Blue part goes to medical provider if applicable
<input type="checkbox"/>	Fill out Exposure Incident Evaluation Form and send to Risk Management
<input type="checkbox"/>	Obtain serologic testing from source individual (HIV, HBV, HCV) where feasible
<input type="checkbox"/>	Communicate serology results of source individual to treating health care professional
<input type="checkbox"/>	Notify exposed employee/volunteer of serology results of source individual. If the results are positive, attending physician should notify exposed employee/volunteer.
<input type="checkbox"/>	Communicate serology results of source individual to Risk Manager
<input type="checkbox"/>	Obtain results of blood tests on exposed employee/volunteer (baseline serologies \pm ALT)
<input type="checkbox"/>	Send results of baseline serologies and ALT of exposed employee/volunteer to Risk Manager and send a copy to Human Resources for the confidential medical file.
<input type="checkbox"/>	Communicate results of baseline serologies to exposed employee
<input type="checkbox"/>	Obtain written medical report from treating health care professional and provide to employee/volunteer
<input type="checkbox"/>	Send written medical report to Risk Manager
<input type="checkbox"/>	As needed, send exposed employee for follow up serology for HIV
<input type="checkbox"/>	As needed, send exposed employee for follow up serology for HBV
<input type="checkbox"/>	As needed, send exposed employee for follow up serology for HCV
<input type="checkbox"/>	Obtain follow up serology results for HIV, HBV, and/or HCV
<input type="checkbox"/>	Communicate results of follow up serologies to exposed employee/volunteer
<input type="checkbox"/>	Communicate final results of BBP evaluation to Human Resources
<input type="checkbox"/>	Communicate final results of BBP evaluation to Risk Management

Additional Comments _____

Appendix H: Approved Workplace Injury Care Providers

Pinal County Approved Workplace Injury Care Providers

Florence Urgent Care Express
495 N. Pinal Parkway #106
Florence, Arizona
7:00 AM-9:00 PM M-Sat
9:00 AM-4:30 PM Sun-Holidays

Apache Junction Next Care
2080 W. Southern Ave. Ste. 201
Apache Junction, Arizona
8:00 AM-8:00 PM M-F
8:00 AM-4:00 PM Sat & Sun

Casa Grande Concentra MBI
177 W. Cottonwood Ln. STE 1.
Casa Grande, Arizona
8:00 AM to 5:00 PM M-F

Mesa Concentra MBI
1710 W. Southern Ave.
Mesa, Arizona
8:00 AM-5:00 PM M-F

Casa Grande Occupational Health Center
1676 E. McMurray Blvd.
Casa Grande, Arizona
8:30 AM-4:00 PM M-F

Tucson Concentra MBI
3402 E. Broadway Blvd.
Tucson, Arizona
8:00 AM-5:00 PM M-F

Casa Grande Next Care Urgent Care
1229 N. Trell Rd. Ste. D106
Casa Grande, Arizona
8:00 AM-8:00 PM M-F
8:00 AM-4:00 Sat & Sun

Tucson Next Care Urgent Care
6238 E. Pima St.
Tucson, Arizona
8:00 AM-8:00 PM M-F
8:00 AM-4:00 Sat & Sun

Appendix I: Human Immunodeficiency Virus; Establishing Exposure and Definition

ARS §23-1043.02. Human immunodeficiency virus; establishing exposure; definition

A. A claim for a condition, infection, disease or disability involving or related to the human immunodeficiency virus or acquired immune deficiency syndrome shall include the occurrence of a significant exposure as defined in this section and, except as provided in subsection B of this section, shall be processed and determined under the provisions of this chapter and applicable principles of law.

B. Notwithstanding any other law, an employee who satisfies the following conditions presents a prima facie claim for a condition, infection, disease or disability involving or related to the human immunodeficiency virus or acquired immune deficiency syndrome if the medical evidence shows to a reasonable degree of medical probability that the employee sustained a significant exposure within the meaning of this section:

1. The employee's regular course of employment involves handling or exposure to blood or body fluids, other than tears, saliva or perspiration, including health care providers as defined in title 36, chapter 6, article 4, forensic laboratory workers, fire fighters, law enforcement officers, emergency medical technicians, paramedics and correctional officers.

2. Within ten calendar days after a possible significant exposure which arises out of and in the course of his employment, the supervisor reports in writing to the employer the details of the exposure. The employer shall notify its insurance carrier or claims processor of the report. Failure of the employer to notify the insurance carrier is not a defense to a claim by the employee.

3. The employee has blood drawn within ten days after the possible significant exposure, the blood is tested for the human immunodeficiency virus by antibody testing within thirty days after the exposure and the test results are negative.

4. The employee is tested or diagnosed, according to clinical standards established by the centers for disease control of the United States public health service, as positive for the presence of the human immunodeficiency virus within eighteen months after the date of the possible significant exposure.

C. On presentation or showing of a prima facie claim under this section, the employer may produce specific, relevant and probative evidence to dispute the underlying facts, to contest whether the exposure was significant as defined in this section, or to establish an alternative significant exposure involving the presence of the human immunodeficiency virus.

D. A person alleged to be a source of a significant exposure shall not be compelled by subpoena or other court order to release confidential human immunodeficiency related information either by document or by oral testimony. Evidence of the alleged source's human immunodeficiency virus status may be introduced by either party if the alleged source knowingly and willingly consents to the release of that information.

E. Notwithstanding title 36, chapter 6, article 4, medical information regarding the employee obtained by a physician or surgeon is subject to the provisions of section 23-908, subsection C.

F. The commission by rule shall prescribe requirements and forms regarding employee notification of the requirements of this section and the proper documentation of a significant exposure.

G. For the purposes of this section, "significant exposure" means contact of an employee's ruptured or broken skin or mucous membrane with a person's blood or body fluids, other than tears, saliva or perspiration, of a magnitude that the centers for disease control have epidemiologically demonstrated can result in transmission of the human immunodeficiency virus. For purposes of filing a claim under this section, significant exposure does not include sexual activity or illegal drug use.

Appendix J: Employee Input

Documentation of Employee Input

Draft samples of what would be on this input sheet

Note: These are examples only and are not based on any incident or real person.

Interview of Pinal County employees who have the potential for exposure to blood borne pathogens (BBP) as part of their job. They were asked what Pinal County can do to decrease their risk of BBP exposure.

Nurse Doe: February 6, 2010:

“The best improvement was the retractable safety needle. Before we had that I had a needle stick injury for which I had to have testing. It was very scary and I was worried. It was hard to do my job because I felt so anxious. Fortunately I was lucky, and the source patient turned out to be negative for BBP. Now I don’t have to worry about that. I don’t have any other suggestion about how safety can be improved. Just use common sense, gloves, and do everything you’re supposed to.”

Assessment: Make certain that appropriate counseling is offered to employees that may have had a BBP exposure. Ensure retractable needles are available to health care employees that use needles as part of their job duties.

Officer Doe: “I was at the scene of a rollover accident on the 287. During the incident, I noted that one of the accident victims, a 14 year old girl, was bleeding heavily. I didn’t have any gloves with me, but if I hadn’t applied pressure to the victim’s wound, she would have bled to death before EMS arrived. I washed my arms and hands thoroughly immediately afterwards, but I noticed that I had an open wound on my hand where a blister had opened up. Gloves and eye protection would have been welcome to keep the blood out of my eyes and off my hands.”

Action: Officers will have gloves and eye protection available.

Appendix K: Definitions

For purposes of this document, the following shall apply:

- Blood means human blood, human blood components, and products made from human blood.
- Bloodborne Pathogens means 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), hepatitis C virus, and human immunodeficiency virus (HIV).
- Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- Contaminated Sharps means 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.
- Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
- Employee means employees or approved volunteers.
- Engineering Controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
- Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.
- Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.
- Other Potentially Infectious Materials means (1) The following human body fluids: 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; (2) Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) 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.
- Parenteral means piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts, and abrasions.
- Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
- Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials 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.
- Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
- Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

- “Standard precautions” is an approach to infection control. According to the concept of Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other bloodborne pathogens.
- Treating healthcare professional is the licensed person whose legally permitted scope of practice allows him or her to independently perform the activities required to provide hepatitis B vaccine, and post exposure prophylaxis for hepatitis B virus (HBV) exposure or human immunodeficiency virus (HIV) exposure.
- Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g. prohibiting recapping of needles by a two-handed technique).

Appendix L: Abbreviations

Anti-HBsAg	Antibody to hepatitis B surface antigen
ASL	Arizona State Public Health Laboratory
BBP	Blood borne pathogen
CDI	Communicable Disease Investigator
CFR	Code of Federal Regulations
ECHIF	Employee's Confidential Health and Immunization File
ED	Emergency Department
EIN	Employee Identification Number
ECP	Exposure Control Plan
HBsAg	Hepatitis B surface antigen
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HR	Human Resources
ICA	Industrial Commission of Arizona
OEH	Office of Environmental Health
OPIM	Other potentially infectious material
OSHA	Office of Safety and Health Administration
PPE	Personal Protective Equipment
RSWEBF	Report of Significant Work Exposure to Bodily Fluids
SRI	Supervisor's Report of Injury
STD	Sexually Transmitted Disease