

VICTORIA COUNTY – BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN:
(629-2921)

16. May 29, 2001. Joyce Dean, Human Resource Director introduced committee members present: DiAnna Harris, Anne Riggs, Laura Wilde and Dylan Hill and then Doris Wuensche of Citizen's Medical Center who assisted in the development of the plan. Ms. Dean reminded the Court of the requirement to adopt and implement a Bloodborne Pathogens Exposure Control Plan of which part will be voluntary immunizations for our employees that have been determined to be at risk for bloodborne pathogens for Hepatitis B. Ms. Dean referenced her memo containing information as to the facility used, requirement of training, and annual training for those most at risk along with the provision, at no cost, of Hepatitis B vaccinations with an estimated cost of \$20,000.00.

The Court questioned costs and other aspects of the program. Ms. Dean continued explaining the series of shots required and the coordination of training, reporting and scheduling of training in house. Ms. Dean covered all the risk groups as listed in her memo. Commissioner Hammack asked if we could offer the program to the volunteer fire departments with ambulance services. Ms. Dean and Mr. Teague, Fire Marshal had discussed the issue and estimated about 8 to 10 people. Ms. Doris Wuensche, R. N. CIC of Citizen's Medical Center detailed the shot timeline. Motion by John J. Hammack and seconded by Chris Rivera, the Commissioners' Court adopted the County of Victoria Bloodborne Pathogens Exposure Control Plan effective immediately. Motion adopted. Judge Walker thanked Ms. Wuensche for all her work and also thanked the committee members.



County of Victoria

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Joyce Dean
Human Resources Director

MEMORANDUM

TO: Helen R. Walker, County Judge
& Victoria County Commissioners

FROM: Joyce Dean, Human Resources Director

DATE: May 11, 2001

RE: County of Victoria Bloodborne Pathogens Plan

Pursuant to recent discussions, attached for review and authorization is a County of Victoria Bloodborne Pathogens Exposure Control Plan. As you are aware, the development and implementation of this policy are mandatory per Chapter 81, Health and Safety Code. The plan attached was developed utilizing the recommended model plan from the Texas Department of Health.

Please also be aware of the following:

- Due to the requirements, the plan was developed by County staff most likely to be involved in an incident to include:

Anne Riggs, R.N., Health Department
DiAnna Harris, R.N. Health Department
Dylan Hill, Nurse Supervisor, Sheriff's Office
Laura Wilde, Chief Clerk, Human Resources

In addition, Doris Wuensche, R.N. CIC, Citizen's Medical Center, also assisted in the development of this plan.

- Also, attached for review is a proposal submitted by Regional Medical Laboratories. In the event of an exposure incident, a laboratory must be available on an on-call basis. The Regional Medical Laboratories is coordinating efforts with Citizen's Medical Center and are experienced in handling bloodborne pathogens incidents.
 - The County is required to educate and train it's employees on this plan. This training must be provided prior to assignment to an at risk assignment. As a result, it will
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be necessary for all new employees to attend orientation prior to reporting to their department for work. If authorized, I will notify those departments of this requirement and work to coordinate the orientation process as smoothly and effectively as possible.

- The County is also required to provide annual training to all employees in at risk categories. Previously, we have been contracting with Healthwise to provide this service. However, Ms. Wuensche has agreed to provide a Train the Trainer course for the nurses identified above, allowing for training to be conducted in-house.
- The County is required to provide at no cost to at-risk employees Hepatitis B vaccinations. Based on the number of employees in those categories, I estimate we will need approximately \$20,000, to cover this cost. The Health department will be ordering the vaccination and will provide it to the County at their cost. In addition, once training has been completed for all employees, a schedule will be developed for employees who choose to be vaccinated.

I would like to note, the committee identified above, has worked diligently to provide a plan that will ensure compliance and provide the least amount of inconvenience to the departments. The committee will be available during Commissioners' Court should any questions need to be addressed.

I appreciate the Court's consideration of this plan. Should you have any questions, please feel free to let me know.

Attachment

**COUNTY OF VICTORIA
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN
CHAPTER 81, HEALTH AND SAFETY CODE
SUBCHAPTER H
MINIMUM STANDARD**

This exposure control plan (plan) is adopted as the minimum standard to implement the Bloodborne Pathogens Exposure Control Plan required in Health and Safety Code, §81.304.

APPLICABILITY

These minimum standards apply to a governmental unit that employs employees who: provide services in a public or private facility providing health care related services, including a home health care organization; or otherwise have a risk of exposure to blood or other material potentially containing bloodborne pathogens in connection with exposure to sharps. The Texas Department of Health (department) may, in accordance with rules adopted by the Texas Board of Health, waive the application of Health and Safety Code, Chapter 81, Subchapter H, to a rural county if the department finds that the application of the subchapter to the county would be burdensome. A waiver granted under this §96.501 expires December 31, 2001. "Rural County" is a county that: (1) has a population of 50,000 or less; or (2) has a population of more than 50,000 but: (A) does not have located within the county a general or special hospital licensed under Health and Safety Code, Chapter 241, with more than 100 beds; and (B) was not, based on the 1990 federal census, completely included within an area designated as urbanized by the Bureau of the Census of the United States Department of Commerce.

REVIEW

The County of Victoria will review annually the exposure control plan, update when necessary, and document when accomplished.

**COUNTY OF VICTORIA
BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

Date of Authorization: May 29th, 2001

In accordance with Health and Safety Code, Chapter 81, Subchapter H, and analogous to OSHA Bloodborne Pathogens Standard, the following exposure control plan exists:

1. EXPOSURE DETERMINATION

The County of Victoria (County) has classified by Job Classifications all employee in three Exposure Risk Groups. The exposure determination is made without regard to the use of personal protective equipment. This exposure determination is required to list all job classifications in which employees have occupational exposure, regardless of frequency.

- 1.) **Exposure Risk Group I:** If no protective equipment were used, all employees with these Job Classifications could be reasonably anticipated to have direct skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials during the performance of their duties.
- 2.) **Exposure Risk Group II:** If no protective equipment were used, **some of the employees** with these Job Classifications could be reasonably anticipated to have direct skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials during the performance of their duties.
- 3.) **Exposure Risk Group III: None of the employees** with these Job Classifications could be reasonably anticipated to have direct skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials during the performance of their duties.

Exposure Risk Group I

Clinical Nursing Staff including: Nurses, Public Health Technicians,
Community Service Aid, and Prevention Counselor
Correction/Detention Personnel
Patrol Deputy
Constable
Operations/AARF Specialist
Dental Assistant
Probation Officers

Exposure Risk Group II

Building Maintenance
Road and Bridge Personnel
Fire Marshal
Courtesy Station Attendant
Sanitation Inspectors
Parks Maintenance
Airport Maintenance Specialist

Exposure Risk Group III

Clerical
Administrative
Data Processing
Dietary Staff

For more information about your risk exposure contact the Human Resources Director at 578.0752.

2. IMPLEMENTATION SCHEDULE AND METHODOLOGY

All aspects of the plan are in effect as of _____, 2001

3. METHODS FOR PREVENTING EXPOSURE

All employees who belong in the Exposure Risk Group I, and all employees who belong in Exposure Risk Group II who perform tasks or procedures which expose them to blood and body fluids, even occasionally, as part of their duties as an employee, are considered "at risk", and must follow these methods for preventing exposure to bloodborne infections.

Universal Precautions

Universal precautions are observed to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material are considered infectious regardless of the perceived status of the source individual (living or dead).

Engineering Controls

Engineering and work practice controls are used to eliminate or minimize exposure to employees. Where occupational exposure remains after institution of these controls, personal protective equipment is used. Examples include safety design devices, sharps containers, needleless systems, sharps with engineered sharps injury protection for employees, passing instruments in a neutral zone, etc.

Supervisors and workers examine and maintain engineering and work practice controls within the work center on a regular schedule.

Handwashing

Handwashing facilities are also available to the employees who incur exposure to blood or other potentially infectious materials. The County's plan requires that these facilities be readily accessible after incurring exposure.

If handwashing facilities are not feasible, the County will provide either an antiseptic cleanser in conjunction with a clean cloth/paper towels, antiseptic towelettes or waterless disinfectant. If these alternatives are used, then the hands are to be washed with soap and running water as soon as feasible.

After removal of personal protective gloves, employees wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water. If employees incur exposure to their skin or mucous membranes, then those areas are washed with soap and water or flushed with water as appropriate as soon as feasible following contact.

Needles

Contaminated needles and other contaminated sharps are not bent, recapped, removed, sheared, or purposely broken. The County's plan allows an exception to this if no alternative is feasible and the action is required by a specific medical procedure. If such action is required, then the recapping or removal of the needle must be done by the use of a device or a one-handed technique.

Contaminated Sharps Discarding and Containment

Contaminated sharps are discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leakproof on sides and bottom, and biohazard labeled or color-coded.

During use, containers for contaminated sharps are easily accessible to personnel; located as close as is feasible to the immediate area where sharps are being used or can be reasonably anticipated to be found (e.g., laundries); maintained upright throughout use; are not allowed to overfill; and replaced routinely by clinical personnel.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or

lip balm, smoke, or handle contact lenses. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter/bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited. All procedures are conducted in a manner to minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Collection of Specimens

Specimens of blood or other potentially infectious materials are placed in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. The container used for this purpose is labeled with a biohazard label or color-coded unless universal precautions are used throughout the procedure and the specimens and containers remain in the facility. Specimens of blood and other potentially infectious body substances or fluids are usually collected within a hospital, doctor's office, clinic, or laboratory setting. Labeling of these specimens should be done according to the department's specimen collection procedure. This procedure should address placing the specimen in a container, which prevents leakage during the collection, handling, processing, storage, transport, or shipping of the specimens. In facilities where specimen containers are sent to other facilities and/or universal precautions are not used throughout the procedure, a biohazard or color-coded label should be affixed to the outside of the container.

If outside contamination of the primary container occurs, the primary container is placed within a secondary container, which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen. The secondary container is labeled with a biohazard label or color-coded. Any specimen, which could puncture a primary container, is placed within a secondary container, which is puncture proof.

Contaminated Equipment

Equipment which may become contaminated with blood or other potentially infectious materials is examined prior to servicing or shipping and decontaminated as necessary unless the decontamination of the equipment is not feasible. Departments will place a biohazard label on all portions of contaminated equipment that remain to inform employees, service representatives, and/or the manufacturer, as appropriate.

Personal Protective Equipment

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All personal protective equipment used is provided without cost to employees. Personal protective equipment is chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of the time which the protective equipment is used. Examples of personal protective equipment include gloves, eyewear with side shields, gowns, lab coats, aprons, shoe covers, face shields, and masks. All personal protective equipment is fluid resistant.

All personal protective equipment is cleaned, laundered, and disposed of by the County at no cost to employees. All repairs and replacements are made by the County at no cost to employees.

All garments which are penetrated by blood are removed immediately or as soon as feasible and placed in the appropriate container. All personal protective equipment is removed prior to leaving the work area and placed in the designated receptacle.

Gloves are worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes. Latex sensitive employees are provided with suitable alternative personal protective equipment.

Disposable gloves are not to be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised.

Utility gloves are discarded if they are cracked, peeling, torn, punctured, exhibit other signs of deterioration, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles, glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Surgical caps or hoods and/or fluid resistant shoe covers or boots are worn in instances when gross contamination can reasonably be anticipated.

The use of Personal Protective Equipment is not optional, but is **MANDATORY**.

Housekeeping

The County shall ensure that the worksite is maintained in a clean and sanitary condition. The department shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, the type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

All contaminated work surfaces are decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, and at the end of the work shift.

Protective coverings (e.g., plastic wrap, aluminum foil, etc.) used to cover equipment and environmental surfaces are removed and replaced as soon as feasible when they become contaminated or at the end of the work shift. All bins, pails, cans, and similar receptacles are inspected and decontaminated on a regularly scheduled basis.

Any broken glassware which may be contaminated is not picked up directly with the hands.

Regulated Waste Disposal

All contaminated sharps are discarded as soon as feasible in sharps containers located as close to the point of use as feasible in each work area.

Regulated waste other than sharps is placed in appropriate containers that are closable, leak resistant, labeled with a biohazard label or color-coded, and closed prior to removal. If outside contamination of the regulated waste container occurs, it is placed in a second container that is also closable, leak proof, labeled with a biohazard label or color-coded, and closed prior to removal.

All regulated waste is properly disposed of in accordance with federal, state, county, and local requirements.

Laundry Procedures

Although soiled linen may be contaminated with pathogenic microorganisms, the risk of disease transmission is negligible if it is handled, transported, and laundered in a manner that avoids transfer of microorganisms to patients, personnel, and environments. Rather than rigid rules and regulations, hygienic and common sense storage and processing of clean and soiled linen is recommended. The methods for

handling, transporting, and laundering of soiled linen are determined by the departments written policy and any applicable regulations.

Laundry is done on premises at the Sheriff's Office and Juvenile Detention Center. Commercial washers and dryer with proper chemicals are provided.

Hepatitis B Vaccine

All employees in Exposure Risk Group I and Exposure Risk Group II have been identified as having occupational exposure to blood or other potentially infectious materials are offered the hepatitis B vaccine, at no cost to the employee, under the supervision of a licensed physician or licensed healthcare professional. The vaccine is offered after bloodborne pathogens training and within 10 working days of their initial assignment to work unless the employee has previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or that the vaccine is contraindicated for medical reasons.

Any of the above reasons must be documented in the employees medical record.

Employees receive the vaccine, by appointment, at the City/County Health Department located at 2805 N. Navarro. The appointment will be coordinated and scheduled by Human Resources.

Employees who decline the Hepatitis B vaccine sign a declination statement (See appendix A of this exposure control plan).

Employees who initially decline the vaccine but who later elect to receive it may then have the vaccine provided at no cost.

4. POST EXPOSURE EVALUATION AND FOLLOWUP

When the employee incurs an exposure incident, the employee reports to the immediate supervisor who will direct the employee to the Emergency Room of the Citizen's Medical Center. An employee, 1st Report of Injury Form should be completed and sent immediately to the Human Resources Director.

When such an exposure incident occurs, it is the responsibility of the County to take the following steps:

1. Obtain consent, then obtain and test the exposed employees blood as soon as possible to determine the employee's baseline HBV immunity, HIV, HCV and RPR status.

2. If the employee consents to baseline blood collection, but does not consent at the time for HIV serologic testing, the blood sample will 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 possible.
3. Identification and documentation of the source individual, unless the County can establish that identification is infeasible or prohibited by state or local law. After obtaining consent, unless law allows testing without consent, the blood of the source individual should be tested for HIV/HBV infectivity, unless the County can establish that testing of the source is infeasible or prohibited by state or local law.
4. If the source refuses testing, and the source's blood is already drawn and available for testing, it will be tested and the results documented.

Test the source's blood as soon as possible in order to document HBV, HIC, HCV and RPR infectivity.

If the source individual is already known to be infected with HBV or HIV, testing for the source individual's known HBV or HIV status does not need to be repeated.
5. The results of testing of the source individual are made available to the exposed employee with the employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
6. The employee is offered post exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
7. The employee is given appropriate counseling concerning infection status, results and interpretations of tests, and precautions to take during the period after the exposure incident. The employee is informed about what potential illnesses can develop and to seek early medical evaluation and subsequent treatment.
8. The Human Resources Director is designated to assure that the policy outlined here is effectively carried out and maintains records related to this policy.

When such an exposure incident occurs, it is the responsibility of the Employee to take the following steps:

1. Complete an Incident Report Form that documents the route of exposure and the circumstances under which the exposure incident occurred. The report is forwarded to the Human Resources Department.
2. Keep the information about the results of the source individuals HBV and HIV status confidential. State and local law may allow the employee to be prosecuted if he/she releases information to any other person, including family members or fellow employees.

Interaction with Healthcare Professionals

A written opinion is obtained from the healthcare professional who evaluates employees of the County after an exposure incident. In order for the healthcare professional to adequately evaluate the employee, the healthcare professional is provided with:

1. a copy of the County's exposure control plan;
2. a description of the exposed employee's duties as they relate to the exposure incident;
3. documentation of the route(s) of exposure and circumstances under which the exposure occurred;
4. results of the source individual's blood tests (if available); and,
5. medical records relevant to the appropriate treatment of the employee.

Written opinions are obtained from the healthcare professional in the following instances:

1. when the employee is sent to obtain the Hepatitis B vaccine, or
2. whenever the employee is sent to a healthcare professional following an exposure incident.

Healthcare professionals are instructed to limit their written opinions to:

1. whether the Hepatitis B vaccine is indicated;
2. whether the employee has received the vaccine;

3. the evaluation following an exposure incident;
4. whether the employee has been informed of the results of the evaluation;
5. whether the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment (all other findings or diagnosis shall remain confidential and shall not be included in the written report); and,
6. whether the healthcare professional's written opinion is provided to the employee within 15 days of completion of the evaluation.

Use of Biohazard Labels

The department will have a procedure that determines when biohazard-warning labels are to be affixed to containers or placed in color-coded bags. The procedure should include the types of materials that should be labeled as biohazard material. These materials may include but are not limited to, regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.

5. TRAINING

Training for all employees is conducted prior to initial assignment to tasks where occupational exposure may occur. All newly hired employees must watch an introductory videotape concerning the regulations contained within this exposure control plan, before being released to go to work. This is documented during the orientation checklist provided by Human Resources.

All at risk employees covered by this plan will also receive annual refresher training. This training is to be conducted within one year of the employee's previous training.

Training for employees is conducted by a person knowledgeable in the subject matter and includes an explanation of the following:

1. Chapter 96. Bloodborne Pathogen Control;
2. OSHA Bloodborne Pathogen Final Rule;
3. epidemiology and symptomatology of bloodborne diseases;
4. modes of transmission of bloodborne pathogens;
5. The County's exposure control plan (i.e., points of the plan, lines of responsibility, how the plan will be implemented, where to access plan, etc.);
6. procedures which might cause exposure to blood or other potentially infectious materials at this facility;

7. control methods which are used at the department to control exposure to blood or other potentially infectious materials;
8. personal protective equipment available in each department (types, use, location, etc.);
9. hepatitis B vaccine program at the County
10. procedures to follow in an emergency involving blood or other potentially infectious materials;
11. procedures to follow if an exposure incident occurs, to include U.S. Public Health Service Post Exposure Prophylaxis Guidelines;
12. post exposure evaluation and follow up;
13. signs and labels used at the County; and,
14. an opportunity to ask questions with the individual conducting the training.

In addition to self-instructional programs, all employees in all risk groups shall also attend general orientation that includes:

1. An explanation of the signs and labels and/or color coding required by OSHA, as well which items are labeled with orange biohazard labels. If Universal Precautions are used in handling specimens or laundry, then describe a way to recognize specimen containers and soiled laundry that should be treated as possible contaminated. This will include a discussion of infectious waste handling, including BFI boxes, blue linen bags, green bags for contaminated items being returned, and specimen bags labeled with the biohazard symbol.
2. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
3. An opportunity for interactive questions and answers with the person conducting the training session.

These interactive program(s) will be taught by a person knowledgeable about the OSHA Bloodborne Pathogens Standard and methods to prevent occupational exposures in the setting or workplace where these employees work.

6. RECORDKEEPING

Medical Records

The Human Resources Department will create and maintain a medical record on every employee.

- A. The name and social security number of the employee.

- B. For employees in risk groups I and II a copy of the employees hepatitis B status including the dates of all the hepatitis B vaccinations and any medical records to the employee's ability to receive this vaccination.

The staff designated at the City/County Health Department will also create separate exposure report files when employees sustain blood/body fluid exposures. Such records will contain:

1. Information relative to the employee's hepatitis B Immunity status.
 2. The documentation of communication with the employee about suggested follow-up procedures that occur when the employee reports a possible exposure to blood or other potentially infectious materials.
 3. A copy of all the results of examinations, medical testing, and follow-up procedures that occur when the employee reports a possible exposure to blood or other potentially infectious materials.
 4. A copy of the orders received from the Employee Health Physician is also included.
- C. The County's medical record of exposure incidents on each employee will be kept confidential. It will not be discussed or reported without the employees express written consent to any person within or outside the County, except as required by law.
1. These records will be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, or their designated representative.
- D. The County's medical record on each employee will be maintained for at least 30 years after the employee retires or leaves the County
- E. Employee exposure records will be partly maintained in hard copy, and partly maintained in secured computerized employee health records.

Reporting

- A. Beginning the effective date of this plan, all sharps injuries will be reported to the local Health Department, as required by law. Exposures involving other modes of exposures besides sharps will not be reported. See

Appendix 3 for reporting form. The Human Resources Director for the County is designated as the reporting officer for the County.

- B. Information concerning each contaminated sharps injury shall be recorded in an electronics sharps injury log, in accordance with Texas Health and Safety Code, Chapter 81, Subchapter H. The following information will be recorded in the sharps injury log:
1. Name and address of department where injury occurred;
 2. Name and phone number of reporting officer;
 3. Date and time of injury;
 4. Age and sex of injured employee;
 5. Type and brand of sharp involved;
 6. Original intended use of sharp;
 7. Whether the injury occurred before, during, or after the sharp was used for its original intended purpose;
 8. Whether the exposure was during or after the sharp was used;
 9. Whether the device had engineered sharps injury protection, and if yes, was the protective mechanism activated and did the exposure incident occur before, during, or after activation;
 - 10.
 11. Whether the injured person has completed a hepatitis B vaccination series;
 12. Whether a sharps container was readily available for disposal of the sharp;
 13. Whether the injured person received training on the exposure control plan during the 12 months prior to the incident;
 14. The involved body part;
 15. The job classification of the injured person;
 16. The employment status of the injured person;
 17. The location/department/agency and work area where the sharps injury occurred; and
 18. A listing of the implemented needleless systems and sharps with engineered sharps injury protection for employee available within the organization.

Training Records

All employees in all risks groups I and II of the County are required to attend bloodborne pathogen and exposure control plan training annually, which is documented as outlined below:

- A. OSHA requires the County to keep training records on every employee who belongs in Exposure Risk Group I and II. These records will include:

1. The dates of the training sessions;
2. The contents and summary of the training session;
3. The names and qualifications of persons conducting the training;
4. The names and job classifications of all persons attending the training sessions.

Training sessions are stored in each individual departments records and in the master files for mandatory training in the Human Resources Department.

- B. The County's training records are not confidential, and will be maintained for three (3) years from the date on which training occurred.
- C. Training records will be made available upon request to the Assistant Secretary of Labor for Occupational Safety and Health, the Director of the National Institute for Occupational Safety and Health, or their designated representative.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself.

I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature _____ Date _____

Post-Exposure Guidelines For Bloodborne Pathogens

1. If you are exposed to blood or body fluids on your skin immediately wash with soap and water. If you are exposed to blood or body fluids in your eyes, nose, or mouth immediately flush with water.
 2. Notify your supervisor as soon as exposure occurs. This should not be delayed.
 3. You will be offered the opportunity to seek medical attention if you feel you need additional care immediately following exposure. You have the option of seeking further medical attention from your private physician) or the Emergency Room at Citizens Medical Center.
 4. If the exposure was nonaccidental, that is, the source individual exposed you on purpose (biting, spitting, throwing body fluids), a nurse will assess the risk of exposure and if high risk, (as in a needle stick from a **known** HIV infected person) you will be offered treatment under the HIV prophylaxis protocol through Citizens Medical Center Pharmacy. These medications have their own risks and limitations.
 5. An Employee 1st Report of Injury Form will be completed by you and your supervisor. All information about the source individual, if known, is to be kept strictly confidential. you may be prosecuted if you release information to any other person, including your fellow employees or family members.
 6. If a nurse is not needed to assess your exposure and the source is not known, you should report to the Victoria City-County Health Department on the first working day following your exposure for counseling and testing.
 7. You will be asked to give signed consent for baseline blood testing for Hepatitis B, Hepatitis C, HIV and RPR status. Baseline means to do a test immediately to see if you already have these diseases.
 8. If you do not wish to have baseline blood testing performed you can refuse. You will be counseled about your options.
 9. If you do not wish your blood to be tested for HIV, the sample will be preserved for at least 90 days, during which time you can change your mind.
 10. Necessary medical treatment will be decided by the supervising physician, according to the U.S. Public Health Service recommendations. If you consent, follow-up testing will be done at 12 weeks, and 6 months.
 11. Counseling will be offered when your results come in, at the health department, regardless of results. Results will not be given over the phone.
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APPENDIX C

HIV Risk Screening Tool

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Name _____ Date _____	
Yes (Y) or No (n) Circle appropriate statements in multiple questions	
	Have you ever been told you have or might have HIV and/ or Hepatitis B/C?
	Do you think you have HIV and/ or Hepatitis B/C?
	Have you ever used injectable drugs? Have you ever shared needles?
	Have you had many sexual partners? Male? Female? Both?
	Have had unprotected sex most of the time? Some of the time? Never?
	Have any of your partners revealed that they are HIV positive?
	Have any of your partners had multiple partners or relationships with bisexual or homosexual partners?
	How often is drug or alcohol use a part of your sexual life? Always? Sometimes? Never?
	Have you ever given sex in exchange for drugs or money?
	Have you ever given drugs or money in exchange for sex?
	Have you ever had a sexually transmitted disease?
	Have you ever been incarcerated before?
	Have you ever been a victim of sexual assault? Were you tested at least 6 months after the assault?
	Have you ever had a blood transfusion, or any other contact with another persons blood? Explain, if necessary on back of page.

APPENDIX D ASSESSMENT TOOL

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	Yes	No
1. The exposure control plan is located in each work center		
2. Employees at occupational risk for bloodborne pathogens exposure are identified		
3. Employees comply with universal precautions when performing duties		
4. Employees appropriately use engineering controls in the work center		
5. Employees employ safe work practices in performance of duties		
6. Handwashing facilities are readily accessible in the work centers		
7. Employees regularly wash their hands, especially after glove removal		
8. Employees deposit contaminated sharps in biohazard containers immediately after use		
9. Employees change filled biohazard containers when full		
10. Employees do not eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses in the work area		
11. Food and beverages are not kept in close proximity to blood or bodily fluids		
12. Employees do not mouth pipette/suction blood or bodily fluids		
13. Employees place specimens in leak resistant containers after collection		
14. Employees place specimens in biohazard leakproof containers for shipment		
15. Employees properly decontaminate equipment before servicing or shipping for repairs or place a biohazard label to inform others the equipment remains contaminated		
16. Employees wear the designated fluid resistant personal protective equipment/attire for the task at hand		
17. Employees place the contaminated personal protective equipment in the appropriate receptacles		
18. Employees maintain a clean environment at all times		
19. Employees use an EPA approved germicide properly to decontaminate and clean the facility and equipment		
20. Employees know the safe procedure for contaminated, broken glass clean up		
21. Employees demonstrate knowledge of the agency's policies regarding disposal and transport of regulated waste by placing regular waste, special waste, and/or biohazard waste in appropriate containers and transporting the waste according to policy		
22. Employees place wet laundry in leak resistant bags or containers and transport used laundry in biohazard leakproof containers		
23. Each employee knows his documented hepatitis B vaccine status		
24. Employees know where and to whom to report exposure incidents		
25. An employee occupational exposure protocol is practiced in accordance with U.S. Public Health Service		
26. Employees are oriented and receive annual training to the exposure control plan		
27. Recording and reporting occupational exposures are conducted in accordance with OSHA's Bloodborne Pathogens Standard		
28. Medical and training records are maintained in accordance with OSHA's Bloodborne Pathogens Standard		

RML

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May 1, 2001

Victoria County
Human Resource Department
115 N. Bridge Rm. 213
Victoria, TX 77901

Attn: Joyce Dean

Dear Joyce Dean,

Thank you for requesting a proposal. As to our phone conversation, on June 1, 2001 Regional Medical Laboratory will have 24 hour stat HIV testing available. All hepatitis test will be performed on routine test schedule.

Both the source and the employee are to be drawn, the source tested stat, and the employee's blood will be held up to 90 days or until we receive orders to test the employee. The results of the stat HIV test will be available within 4 hours of the blood reaching RML. Upon availability of a HIV kit, that could be ran on site, RML will be happy to provide the kits to you at our cost.

Test Prices:

Stat HIV	\$80.00
Stat Hepatitis B Surface Antigen	\$80.00
Routine HIV	\$35.00
Routine Hepatitis A,B,C profile	\$65.80

Thank you for your time and if you have any questions, please call.

Sincerely,


Alan Berryhill, MT (ASCP)
Lab Manager

REGIONAL MEDICAL LABORATORY • 2710 HOSPITAL DRIVE

P. O. BOX 3784 • VICTORIA, TEXAS 77903 • (361) 575-0636 • 1-800-333-9107 Leonard P. Glez M.D., F.C.A.P., Director