

**BLOODBORNE PATHOGENS:
PREVENTIVE MEASURES AND EXPOSURE GUIDELINES**

- AUTHORITY:** Administrative Directive
California Code of Regulations, Title 8, 5193 (OSHA)
California Occupational Safety and Health Administration (Cal/OSHA) Standard
Title 29, Code of Federal Regulations, Section 1910.1030
County Executive Office, Risk Management Safety and Loss Prevention
Resource Manual Documents 102, 102.1, and 102.2
- RESCINDS:** Procedure Manual Item 1-3-308, dated 09/28/2015 (Major Revision)
- FORMS:** [Report of Occupation Injury/Illness](#) (057-8068)
[Employee Occupational Injury or Illness Reporting Packet](#)
[Employer's Report of Occupation Injury or Illness](#)
[Supervisor's Investigation of Employee's Injury or Illness](#) (F293-Formsafety.2E)
[Post Exposure to Bloodborne Pathogen-Checklist for Supervisor](#)
[Report of Request or Decision for HIV Testing](#) (CDPH 8459)
Exposure Control Plan (Attachment)
[Training & Immunization Documentation Form](#) (HCA)
- PURPOSE:** To ensure adequate education, training and protection of employees and volunteers with a potential for occupational exposure to HIV and HBV; to provide medical evaluation, treatment and follow-up after an exposure incident.

I. GENERAL INFORMATION

- A. All departmental employees and volunteers are provided with communicable disease training as soon as is reasonably possible following their hire date or activation of their volunteer status. This training deals primarily with human immune deficiency virus (HIV); hepatitis B virus (HBV); and tuberculosis (TB). Updated bloodborne pathogens/TB training is provided annually thereafter.
- B. Other potentially infectious materials (body fluids), in addition to blood, are identified. Universal precautions are both taught and observed (i.e., all blood/body fluids are treated as if known to be infected). Use of personal protective equipment (specialized clothing and equipment) is demonstrated and made available for protection against a hazard. Department-sponsored HBV inoculation is offered to occupational exposure employees and volunteers, as defined by Probation management in accordance with the work assignment and specific job requirements.
- C. Any suspected exposure or contact with blood or other potentially infectious material (i.e., to the eyes, mouth, mucous membrane, non-intact skin - cut, scrape, and puncture), must be immediately cleaned and washed, and first aid obtained. The exposure must also be reported to Employee Health.
- D. The Department's Exposure Control Plan identifies occupational exposure employees, and the schedule and methods for implementation of the Occupational

Safety and Health Administration (OSHA) bloodborne pathogens regulations (see attachment).

II. PROCEDURE

A. Preventive Measures

1. The Department has a written "Bloodborne Pathogen Exposure Control Plan," which is updated annually or as needed. The plan includes: a list of job classifications in which all employees have occupational exposure; a list of job classifications in which some employees have occupational exposure and those tasks/procedures in which occupational exposure occurs; universal precautions; engineering and work practice controls; personal protective equipment; housekeeping procedures; communication of hazards to employees; information and training; and HBV vaccination eligibility criteria.
2. Departmental trainers complete annual occupational exposure to bloodborne pathogens update training provided by the Health Care Agency (HCA) / Employee Health.

The trainer(s) provide training to new employees with occupational exposure, and annual training to current employees. Training also includes offering of HBV vaccines to eligible employees.

Trainer(s) obtain employee signatures on bloodborne pathogens training documentation form, documenting:

- a. Receipt of bloodborne pathogen training
- b. HBV vaccination status

Trainer(s) provide copies of training documentation to employee training file, and send original to the Probation Safety and Training Officer.

3. The employee will:
 - a. Attend initial and annual training provided by the Department.
 - b. Follow universal precautions and work practice procedures as follows:
 - 1) Wear protective barriers, such as gloves, masks, and eye goggles when there is potential for exposure to blood or other body fluids (e.g., urinalysis testing, skin/needle checks, body searches, rendering of first aid, blood/body fluid spills, etc.).
 - 2) Use protective masks/barrier devices when performing CPR.
 - 3) Wash hands and other skin surfaces with soap and water and germicidal or antiseptic cleaner as soon as possible after contact with blood or other body fluids.

- 4) Do not eat, drink, smoke, apply cosmetics or lip balm, or touch contact lenses in areas where you may be exposed to bloodborne pathogens.

B. On-The-Job Exposure

1. Immediately wash the site of a suspected exposure, and report the exposure to the immediate supervisor, or the next available person in the chain-of-command.

All blood and body fluids are considered potentially infectious for HIV and HBV. Body fluids with a high potential for HIV infection include blood, seminal and vaginal secretions, cerebrospinal fluids, synovial fluids, pleural fluid, peritoneal fluid, pericardial fluid, amniotic fluid and purulent discharge.

2. Refer to PMI 1-3-304 (Worker's Compensation [Employee Injuries, Accidents, Blood/Body Fluids Exposure]), for instructions on how to complete the necessary Worker's Compensation paperwork.
3. Utilize the "Post Exposure to Bloodborne Pathogen–Checklist for Supervisor" form as a guide to assist the supervisor in completion of all necessary responsibilities.

C. Responding to Incidents of Blood or Other Body Fluid Spills

1. Offices (Public, Lobby or Reception Areas)

In the event of a blood or other body fluid spill occurring in a Probation Department lobby, public or reception area, the following designated staff (in order listed) are required to respond, provide emergency first aid as needed and clean up the blood/body fluid spill (Note: Always call 911 to request emergency medical/police assistance):

- a. Bloodborne pathogens designee [Reception will maintain name of current designee(s)]
 - b. Building safety officer
 - c. Building manager (if building manager has required training)
 - d. Shift Duty Officer
 - e. Any Supervising Probation Officer (SPO) or Deputy Probation Officer (DPO) with required training
2. Offices (Within Secure Areas)

In the event of a blood or other body fluid spill occurring within secured areas of Probation Department offices and in the presence of Probation Department staff, the assigned DPO (with required training) is required to respond, provide emergency first aid as needed, and clean up the blood/body fluid spill (Note: Always call 911 to request emergency medical/police assistance.) If the assigned DPO is not available, the persons

listed in Section C.1 will be contacted to respond. The assigned DPO may request assistance from the location's bloodborne pathogens representative, safety officer, building manager (if building manager has the required training), or any other deputized staff member with the required training.

3. Institutions: In the event of a blood or other body fluid spill occurring within a Probation Department institution, the on-duty Supervising Juvenile Correctional Officer (SJCO) in the area or unit (or the Duty Officer if the SJCO is unavailable) is required to respond, provide emergency first aid as needed, and clean up the blood/body fluid spill.
4. Precautions for Cleanup of Blood or Other Body Fluids
 - a. Wear disposable gloves for the entire length of cleanup.
 - b. Pour absorbent fluid control solidifier on the spill and allow the blood or body fluid to absorb into the material.
 - c. Scoop or scrape the absorbed material into a red bio-hazard bag.
 - d. Pour or spray chemical germicide over the contaminated area and use paper towels to wipe up.
 - e. Clean any contaminated equipment with chemical germicide and paper towels.
 - f. Do not pick up potentially contaminated broken glass directly with the hands; use broom/dustpan, tongs, or forceps.

REFERENCES:

Procedures:	1-3-304	Workers' Compensation (Employee Injuries, Accidents, Blood/Body Fluid Exposure)
	1-4-124	Urinalysis, Oral Fluids, Sample Collection, Storage, Processing; Potentially Infectious Body Fluids
	2-1-002	Transportation Security
	2-1-009	Probation Search and Seizure
	3-1-013	Facility Searches
	3-1-054	Personal Searches and Control of Contraband
Policy:	G-8	Injuries and Medical Emergencies
Attachment		

V. Sanchez

APPROVED BY:



**Orange County Probation Department
1535 E. Orangewood Ave.
Anaheim, CA 92805**

Bloodborne Pathogen Exposure Control Plan

I. Purpose

The purpose of the Orange County Probation Blood Borne Pathogen Exposure Control Plan (1-3-308) is to provide education, training, and protection for program staff to eliminate or minimize employee occupational exposure to BBP or OPIM, in compliance with Cal/OSHA Bloodborne Pathogen Standard, California Code of Regulations (CCR), Title 8, Section 5193.

Diseases of concern include hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

II. Policy

Probation employees who may have occupational exposures shall be provided education and training regarding BBP personal protective equipment (PPE) and offered the HBV vaccine. Universal Precautions will be implemented and practiced to prevent contact with blood or OPIM.

All Deputy Juvenile Correctional Officers and Deputy Probation Officers are determined to have occupational risk of BBP exposure, without exception, are required to review the BBP Exposure Control Plan contained in the Probation departments procedural manual items (PMI).

III. Scope

- A. This BBP Exposure Control Plan applies to Probation employees that are determined to have occupational risk of Bloodborne pathogen exposure.
- B. The BBP Exposure Control Plan shall be accessible to employees pursuant to Title 8 CCR §3204(e).
- C. OC Probation does not provide direct patient care. This BBP Exposure Control Program does not include procedures to evaluate patient safety; including Title 8 CCR §5193(c) (1) (B) (7) and §5193(c) (1) (E).

IV. References

California Code of Regulations, General Industry Safety Orders, Title 8, Section 5193
County Safety & Loss Prevention Resource Manual Doc. 102: Bloodborne Pathogens Prevention Program- Pages 23-28
County Safety & Loss Prevention Resource Manual Doc. 102.1: Bloodborne Pathogens: Post Exposure Incident Evaluation- Pages 29-36
PMI 1-3-308- Bloodborne Pathogens: Preventative Measures and Exposure Guidelines

V. Definitions

Biological Hazard - Any viable infectious agent that presents a potential risk to human health.

Blood - Human blood, human blood components, and products made from human blood.

Bloodborne Pathogens (BBP) - Microorganisms in human blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

Contaminated Laundry - Means laundry which has been soiled with blood or other potentially infectious material (OPIM) or may contain sharps.

Employee - Any Probation employee (Regular, extra help, limited term, Part time) or volunteer.

Engineering Controls - Controlling the hazard through the removal or isolation of Bloodborne pathogens from the work area.

Exposure Incident - 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.

Medical Waste/ Infectious Waste - Blood, blood products, bodily fluids, any waste from human and animal tissues; tissue and cell cultures; human or animal body parts removed by means of surgery or autopsy.

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane, or parenteral (piercing mucous membrane or skin) contact with blood or other potentially infectious materials that may result from the performance of the employee's duties.

Other Potentially Infectious Material (OPIM)

1. Human body fluids, which includes: 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, such as saliva or vomitus; and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, such as emergency response.
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
3. Any part of the following if known or reasonably likely to contain or be infected with HIV, HBV, or HCV:
 - a. Cell, tissue, or organ cultures from human or experimental animals.
 - b. Blood, organs, or other tissues from experimental animals.
 - c. Culture medium or other solutions.

Regulated Waste- Waste that is any of the following:

1. Liquid or semi-liquid blood or OPIM.
2. Contaminated items that:
 - a. Contain liquid or semi-liquid blood, or are caked with dried blood or OPIM.
 - b. Are capable of releasing these materials when handled or compressed.
3. Contaminated sharps.
4. Pathological and microbiological wastes containing blood or OPIM.

5. Regulated waste includes "medical waste" regulated by the Health and Safety Code Sections 117600 through 118360.

VI. Procedure

Pursuant to Title 8 CCR §5193, an Exposure Control Plan contains certain elements; however, not all elements are applicable to the activities conducted by Probation employees.

This BBP Exposure Control Plan will include the following elements as applicable to the duties and responsibilities of designated employees:

- A. Exposure Determination
- B. Methods of Compliance
- C. Safety Procedures- Work Practice Controls
- D. HBV Vaccination
- E. Post-exposure Evaluation and Follow-up
- F. Communication of Hazards to Employees
- G. Information and Training
- H. General Work Practices
- I. Recordkeeping
- J. Review of the Exposure Control Program

A. Exposure Determination

The California Code of Regulations, Title 8, Section 5193 requires employers who have employees with occupational exposure to prepare an exposure determination. The Probation Safety Representative is responsible for making an exposure determination for the employees within their program whom have potential occupational exposure without regard to the use of (PPE).

The Probation Department has identified job classifications with potential risk of BBP or OPIM exposure; employees working in these classifications are required to abide by precautions and procedures in this policy. The following list of job classifications is not all-inclusive and should be used as a basis to determine BBP and OPIM risk of exposure. Special circumstances may exist, and immediate supervisors and managers are expected to determine the risk of exposure on a case-by-case basis. Further guidance may be obtained by contacting the Probation Safety and Training Officer.

- a. Job Classification

- i. Deputy Juvenile Correctional Officer I and II (DJCO)
 - ii. Senior Juvenile Correctional Officer (Sr JCO)
 - iii. Supervising Juvenile Correctional Officer (SJCO)
 - iv. Deputy Probation Officer I and II (DPO)
 - v. Senior Deputy Probation Officer (Sr DPO)
 - vi. Supervising Probation Officer (SPO)
 - vii. Chief Deputy Probation Officer
 - viii. Division Director
 - ix. Assistant Division Director
 - x. Juvenile Hall Booking Clerk
 - xi. Juvenile Hall Laundry Worker
 - xii. Juvenile Hall Food Service Worker
 - xiii. Juvenile Hall Transportation Officer
 - xiv. Collection Officer
 - xv. Receptionist
 - xvi. Clerk (Juvenile Institutions)
- b. The job classifications listed in paragraph (a) may encounter occupational exposures within the course of their normal work duties which may include:
- i. Arrest
 - ii. Search
 - iii. Transportation
 - iv. Booking
 - v. Interview
 - vi. Restraint

All Probation employees, including those identified above, should review the BBP Exposure Control Program Policy located on ProbNet.

B. Methods of Compliance

Probation employees overseeing areas in which employees are determined to have risk of exposure to BBP are responsible for ensuring that controls and procedures are in place and adhered to by employees to minimize the incidence of exposure. The probation Safety Representative or his/ her designee shall:

- a) Implement Engineering and work practice controls:
 1. Develop an effective procedure for identifying currently available engineering controls and implementation for these controls.
 2. Develop a provision for hand washing/cleaning.
 3. Develop proper procedures for disposal of contaminated sharps.
 4. Implement other specific work practice controls applicable to work environment.
- b) Establish an effective procedure to evaluate employee safety related to safety devices.
- c) Ensure Personal Protective Equipment (PPE) is properly used and in good repair. Probation Safety representatives shall ensure employee uses appropriate PPE unless the employer shows 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, co-worker, or the public. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to prevent such occurrences in the future.
 1. Gloves shall be worn when it can be reasonably anticipated the employee may have hand contact with blood, OPIM, mucous membranes and non-intact skin.
 2. Disposable (single use) rubber, latex, vinyl or nitrile 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.
 3. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
 4. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
- d) Establish a housekeeping plan:

1. Set up a written schedule and protocol for cleaning.
 2. Ensure proper decontamination measures and procedures are followed.
 3. Ensure use of appropriate disinfectants.
- e) Communication of hazards in the workplace to employees.
- f) Ensure “biohazard” labels and signs are conspicuously posted in appropriate areas.
- g) Provide information and training, which shall contain, at a minimum, the following elements:
1. Training at initial assignment (within 10 days).
 2. Annual training.
 3. Documentation of training.
- h) Develop an effective procedure for obtaining active involvement of employees in reviewing and updating the exposure control plan.
- i) Offer HBV vaccine within 10 days of initial assignment.
- j) Carry out post-exposure Incident Evaluation Treatment.

C. Safety Procedures- Work Practice Controls

Only trained personnel from Probation should handle sharps, blood or OPIM if present during an incident response.

A. Handling Contaminated Sharps

1. If contaminated sharps are encountered in the field, they shall be removed using techniques and other methods designed to minimize the risk of sharps injury. Sharps shall be placed in portable containers that are rigid, puncture resistant, leak-proof on the sides and bottom, closeable and sealable, and labeled as Biohazardous waste.

B. The following personal safety equipment/supplies will be made available to each Probation employee (free of charge) who is identified as having potential risk to BBP or OPIM exposure at no cost to the employee:

1. Disposable rubber, latex or vinyl gloves
2. Safety Glasses
3. Paper dust masks

4. Coveralls
5. Biohazard bags
6. Antiseptic hand cleaner
7. Antimicrobial Skin Wipes

C. Regulated Waste Disposal

1. Handling, storage, treatment and disposal of all regulated waste shall be in accordance with applicable federal, state and local regulations.
2. Disposal of sharps containers: when moving containers of contaminated sharps from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
3. Regulated waste not consisting of contaminated sharps shall be placed in containers, which are closeable, constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping, and labeled to identify its contents.
4. Waste bags or containers shall be labeled and color-coded, and closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
5. If a biohazard or sharps container becomes contaminated on the outside or the possibility of leakage of contents exist, it shall be placed in a secondary container. The second container shall be closable, constructed to contain all contents and prevent leakage of fluids during handling, storage, transport, or shipping, and labeled to identify its contents. The second container shall be closed immediately prior to removal to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.

D. Cleaning Contaminated Equipment

1. Equipment that may become contaminated with blood or OPIM is examined and decontaminated as necessary by Probation staff. Decontamination is not required if it is not feasible. The equipment is to be bagged or otherwise containerized, and has a readily observable warning label attached to alert others that the equipment is contaminated. The label reads "BIOHAZARD" and includes the international biohazard symbol in red. Cleaning and decontamination of the worksite is not applicable, as all inspections and investigations occur at a facility or outside location.

E. Hygiene

1. Hand Washing

- a) Hand washing facilities are readily available at all work locations.
 - b) When hand washing is not feasible, antiseptic hand cleaner or toilettes are to be used and the hands shall be washed with soap and water as soon as feasible.
 - c) Employees will wash their hands immediately or as soon as feasible after removal of gloves or other PPE.
 - d) Employees must wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM.
2. Probation employees have been instructed to handle contaminated laundry as little as possible. Protective gloves are used by all employees who have contact with contaminated laundry. Color-coded or labeled bags or containers are available to store contaminated laundry prior to cleaning and shipping off-site.

F. Personal Protective Equipment (PPE)

1. Use and availability of PPE.

- a) PPE will be based on the anticipated exposure to blood or OPIM.
- b) PPE will be considered appropriate only if it does not permit blood or OPIM to pass through or reach the employee's clothing, skin, eyes, mouth, or other mucous membranes under the normal conditions of use and for the duration of time which the protective equipment will be used.

Supervisors are responsible for ensuring the following PPE is made available at no cost to Probation employees:

1. Disposable rubber latex, vinyl or nitrile gloves
2. Safety glasses
3. Paper dust masks
4. Coveralls

The Probation Safety and Training Officer is to ensure PPE is used when appropriate except in rare circumstances when the employee using his/her professional judgment declines it temporarily because in the specific instance, its use would pose an increased hazard to the safety of the worker or a co-worker. If this instance occurs, the circumstances are to be investigated and documented in order to determine if changes can be instituted to prevent such occurrences in the future. All PPE is to be removed when contaminated and prior to

leaving the work area. Re-usable PPE is to be decontaminated when feasible (see Cleaning Contaminated Equipment section).

D. Hepatitis B Vaccine

1. The Blood Borne Pathogen Trainer shall ensure each employee is informed the HBV series is available through Employee Health Services to any Probation employee who has occupational exposure unless the employee has previously received the complete HBV vaccination series, serologic testing has revealed the employee is immune, the vaccine is contra-indicated for medical reasons, or the employee refuses the vaccine series.
2. The HBV vaccine will be:
 - a. Made available at no cost to the employee.
 - b. Made available to the employee at a reasonable time and place (after the employee has received training and within 10 working days of initial assignment).
 - c. Performed by or under the supervision of a licensed healthcare professional.
 - d. Provided according to the recommendations of the U.S. Public Health Service.
 - e. If a routine booster dose(s) of HBV vaccine is recommended by the U.S Public Health Service at a future date, such booster dose(s) shall be made available by Employee Health Services.

E. Post-exposure Evaluation and Follow-up

1. A specific incident with contact with blood or other potentially infectious material (OPIM)
2. If there is no infiltration of mucous membranes or open skin surfaces, it is not considered an exposure incident
3. Report all incidents involving blood or bodily fluids to your supervisor
 - a) After hours and on weekends and legal holidays, employees shall call their Program Manager for immediate assistance and report to their direct supervisor on the next working day.
4. If an exposure occurs, employees must:
 - a) Wash exposed area with soap and water.
 - b) Flush splashes to nose, mouth, or skin with water.
 - c) Irrigate eyes with water or saline.

- d) Report the exposure incident to the supervisor.

Note: Medical evaluation and treatment should begin as soon as possible after exposure, preferably within 24 hours, and no later than 7 days, administered by County of Orange Health Department.

Exposure Follow-up

Probation supervisors must:

- a) Refer employee and volunteer (A) to a County approved Workers' Compensation Treatment Facility (Use Attachment C: "Post Exposure to Bloodborne Pathogen Checklist for Supervisor"). Prior to sending to a Workers' Compensation Treatment Facility, the supervisor must complete a Medical Services Authorization form, provide the employee and volunteer (A) with the original, and submit a copy to the Safety and Training Officer with other injury paperwork. Refer volunteer (B) to his/her personal physician (not Workers' Compensation Treatment Facility).
- b) Provide the employee and volunteer (A) with Workers' Compensation Claim Form and Notice of Potential Eligibility (DWC1), a Pharmacy notice and "Guide to Your Workers' Compensation Medical Care" handout within 24 hours.
- c) Report exposure incidents, when Source Individual testing is required, to Employee Health Services by phone (714) 565-3780 by the next workday.
 - 1. In exposures of law enforcement personnel, if known, provide source individual name, address, date of birth, and booking number to Employee Health Services or Workers' Compensation Treatment Facility.
 - 2. In all other exposures, if requested by Employee Health, obtains, assigns or arranges for nurse to obtain consent to test, blood specimen (one serum separator tube), and disclosure authorization from source individual, and follows further instructions.
- d) Completes Employer's Report of Occupational Injury or Illness (Form 5020) and Supervisor's Investigation of Employee Injury or Illness form within one working day of the incident and transmits original to the Safety and Training Officer.

Designated Workers' Compensation Treatment Facility

- a) Evaluates and treats exposure incident.
- b) Requests testing of source individual when applicable.

- c) Upon receipt from exposed employee's supervisor when indicated, upon request of Workers' Compensation Treatment Facility, and/ or upon direction of Chief Medical Officer, processes source individual testing.
- d) Notifies the exposed employee/volunteer of the source individual's lab test results.
- e) For all exposure incidents, sends a copy of form 5020 and supervisor's investigation of Employee Injury and Illness.
- f) Exposures not accompanied by an injury, e.g. blood splash, are retained in CEO/ Risk Management should a later illness develop. Exposures accompanied by an injury, e.g. human bite or cut, are treated as Workers' Compensation Claims.

F. Communication of Hazards to Employees

Training will include signage and labeling associated with Biohazardous waste. The Probation department uses red-color-coding (red bags) and/or biohazard labels to mark all hazardous items. Hazardous items include:

- a) Sharps Containers- Biohazard label.
- b) Other regulated waste (gloves, laundry) - red bags.
- c) Containers used to transport ship or store potentially infectious materials.

G. Information and Training

All Probation employees will be provided, at no cost to the employee, occupational exposure training at the time of initial assignment and annually thereafter. The Probation Department, in collaboration with HCA, will provide training on BBP exposure, by a qualified professional, to any employee whose assigned job duties may put them at risk of an exposure to blood or other potentially infectious material.

- a) The training program will incorporate the following minimum elements:
 - i. A copy of the Cal/OSHA exposure control standard and an explanation of its content. Refer to California Code of Regulations, Title 8 Section 5193 (T8, CCR §5193) – Bloodborne Pathogens.
 - ii. A general explanation of the epidemiology and symptoms of BBP diseases.
 - iii. A copy of this BBP-ECP and an explanation of its content.
 - iv. An explanation for recognizing the tasks or activities that may involve an exposure.

- v. An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, administrative or work practices, and PPE.
 - vi. Information on the types, proper use, location, removal, handling, decontamination and disposal of PPE.
 - vii.. An explanation of the basis for selection of PPE.
 - viii. Information on the Hepatitis B vaccine that includes efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine is offered free of charge to covered employees.
 - ix. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
 - x. An explanation of the procedures to follow if an exposure incident occurs
 - xi. An explanation of the County's Post Exposure Evaluation and follow-up Policy.
 - xii. An explanation of the signs, labels, and/or color coding for Biohazardous wastes.
 - xiii. An opportunity for interactive questions and answers with the trainer.
- b) The Bloodborne Pathogen Trainer will be knowledgeable in the elements of the training program as they relate to designated Probation staff or work practices. The BBP Trainer shall ensure training to the BBP-ECP is provided to all employees at risk of occupational exposure within 10 working days of initial assignment (new hire), new assignment (continuing employee, previous assignment did not incur the risk of exposure to Bloodborne pathogens), or transfer into the program.
- c) Annually thereafter, within one year of previous training.
- d) Supervisors shall ensure absent employee's complete training requirement as soon as possible upon their return to work.

H. General Work Procedures

Probation personnel must follow these procedures for controlling exposure to BBP:

1. Supervisors must ensure their employees are trained in proper work practices, universal precautions, the use of PPE, and proper cleanup and disposal techniques.
2. Engineering controls will be examined and maintained on a regular schedule to ensure their effectiveness.

3. The Probation Department has available resuscitation equipment and other ventilation equipment to eliminate the need for direct mouth-to-mouth contact for employees whose jobs would require them to perform resuscitation.
4. Do not eat, drink, smoke, handle contact lenses or apply cosmetics in areas where exposure to BBP is possible.
5. Wear protective barriers, such as gloves, masks, and eye goggles when there is potential for exposure to blood or other body fluids e.g., urinalysis testing, skin/needle checks, body searches, rendering of first aid, blood/body fluid spill, etc.
6. Wear protective clothing whenever there is a possibility bodily fluids could splash on an employee.
7. Wear protective clothing if entering areas where there are potentially infectious materials.
8. Wash your hands as soon as possible after handling potentially infectious materials, and after removing protective clothing and equipment.
9. Remove all protective equipment when leaving the work area and if the equipment is contaminated, place it in a proper storage container for washing, decontamination or disposal.
10. Remove contaminated clothing before entering other areas of the building or before leaving the building.

I. Recordkeeping

a) Medical Records

- i. Employee Health Services is responsible for maintaining accurate medical records for each employee with occupational exposure, in accordance with Title 8 CCR §3204.
- ii. These records will be kept at Employee Health Services.
- iii. Employee Health Services shall provide the Probation Department with written documentation of compliance with the standard for individual employee on-site personnel files.
- iv. The medical record shall include the following:
 - a) The name and social security number of the employee.

1. Employee's HBV vaccination status, including the dates of all HBV vaccinations, if documentation is available, and any medical records relative to the employee's ability to receive the vaccination.
 - b) Results of examination, medical testing, and follow-up procedures.
- v. In the event an exposure incident has occurred, the medical record shall also include:
 - a) The employer's copy of the healthcare professional's written opinion.
 - b) A copy of the information provided to the healthcare professional, including a written description of the exposed employee's duties as they relate to the exposure incident, written documentation of the route of exposure and circumstances under which the exposure occurred, and the results of the source individuals blood testing, if available.
- vi. Employee Health Services shall ensure employee medical records are kept:
 - a) Confidential
 - b) Not disclosed or reported without the employee's express consent to any person within or outside the workplace.
 - c) Employee Health Services shall maintain employee medical records for at least the duration of employment plus 30 years, in accordance with Title 8 CCR §3204.

b) Training Records

The Safety and Training Officer is responsible for maintaining all covered employee training records. Records will be maintained for at least (3) years. Records will include the following minimum information:

1. The dates of each training session.
2. The contents or a summary of each training session.
3. The names and qualifications of persons conducting the training.
4. The names and job titles of all persons attending the training session.

c) Availability

- i. The County of Orange shall ensure all records be made available upon request, with applicable consent, to the Chief of the Division of Occupational Safety and Health of the California Department of Industrial Relations (Chief) or designates representative, and the Director of the National Institute for Occupational Safety and Health (NIOSH), U.S. Department of Health Services, or designated representative, for examination and copying.
- ii. Probation shall ensure all training records be provided upon request for examination and copying to employees, to employee representatives, to the Chief, and to NIOSH.
- iii. Employee Health Services and Workers Compensation facilities shall ensure employee medical records are provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and, with applicable consent, to the Chief and NIOSH.

J. Review of the Exposure Control Plan

The BBP-ECP shall be reviewed by the Probation Safety and Training Officer and updated annually and when necessary. Review and updates will include the following:

1. Ensure active participation by all affected department employees.
2. Reflect new or modified tasks and procedures which affect occupational exposure.
3. Reflect changes in technology and eliminated or reduce exposure to BBP.
4. New or revised employee positions with occupational exposure.
5. Review and evaluate exposure incidents which occurred since the previous update.
6. Review and response to information indicating the Exposure Control Plan is deficient in any area.