

# Bloodborne Pathogens Exposure Control Plan

## 1016.1 PURPOSE AND SCOPE

This policy is intended to provide guidelines for Department Members to assist in minimizing the risk of contracting and/or spreading bloodborne pathogens and to minimize the incidence of injury and illness.

### 1016.1.1 DEFINITIONS

The following definitions shall apply to this Bloodborne Pathogens Exposure Control Plan:

**Blood:** human blood, human blood components, and products made from human blood.

**Bloodborne Pathogens:** pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

**Contaminated:** the presence or the reasonably anticipated presence of blood or other potentially infectious materials on a surface or in or on an item.

**Decontamination:** 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. Decontamination includes procedures regulated by Health and Safety Code Section 118275.

**Engineering Controls:** controls (e.g., sharps disposal containers, needle-less systems and sharps with engineered sharps injury protection) that isolate or remove the bloodborne pathogens hazard from the workplace.

**Exposure Incident:** a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of a Member's duties.

**HBV:** hepatitis B virus.

**HCV:** hepatitis C virus.

**HIV:** human immunodeficiency virus.

**Occupational Exposure:** reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of a Member's duties.

**OPIM:** other potentially infectious materials.

### Other Potentially Infectious Materials:

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 other body fluid that is visibly contaminated with blood such

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

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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); and
3. Any 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 humans or experimental animals;
  - (b) Blood, organs, or other tissues from experimental animals; or
  - (c) Culture medium or other solutions

**Parenteral Contact:** piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

**Personal Protective Equipment:** specialized clothing or equipment worn or used by a Member 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:** waste that is any of the following:

1. Liquid or semiliquid blood or OPIM;
2. Contaminated items that:
  - (a) Contain liquid or semiliquid blood, or are caked with dried blood or OPIM; and
  - (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 Health and Safety Code Sections 117600 through 118360.

**Sharp:** any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills, and burs.

**Sharps Injury:** any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needle sticks.

**Sharps Injury Log:** a written or electronic record satisfying the requirements of 5193 subsection (c)(2).

**Source Individual:** any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the Member. Examples include, but are not limited to, hospital and clinical patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

## *Bloodborne Pathogens Exposure Control Plan*

---

**Universal Precautions:** an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

**Work Practice Controls:** controls that reduce the likelihood of exposure by defining the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique and use of patient handling techniques).

### **1016.2 CONTACT WITH BLOOD OR BODY FLUIDS**

All Department Members who may be involved in providing emergency medical care, or who come in contact with another person's blood or body fluids (e.g., during an altercation or while attending to any injured person), shall follow the procedures and guidelines in this policy. Department supervisors are responsible for exposure control in their respective areas. They shall work directly with affected Members to ensure that the proper exposure control procedures are followed.

Occupational exposure to bloodborne disease is possible when another person's infected blood, certain body fluids, or other potentially infectious materials **enter a Member's bloodstream through a break in the skin or a splash to the mucous membranes** during the performance of his or her duties. This type of contact with blood and body fluids may transmit infection of the Hepatitis B virus (HBV), Hepatitis C virus (HCV) and/or Human Immunodeficiency Virus (HIV).

#### **Blood and body fluids linked to transmission of HBV, HCV, and HIV:**

1. Blood
2. Semen
3. Vaginal secretions (including menstrual discharge)
4. Amniotic fluid
5. Cerebrospinal fluid, Synovial (joint) fluid
6. Pleural (chest) fluid, Peritoneal (abdomen) fluid
7. Pericardial (heart) fluid

**Unless visible blood is present, the following body fluids are not linked to transmission of HBV, HCV, and HIV:**

1. Feces
2. Nasal secretions
3. Saliva Sputum (lung/mucous)
4. Tears
5. Urine
6. Vomit

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

---

Under circumstances where differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials. All blood shall be considered infectious, regardless of the perceived status of the source individual.

### **Other Potentially Infectious Materials (OPIM) include:**

1. Any unfixed tissue or organ (other than intact skin) from a human (living or dead)
2. Cell, tissue, or organ cultures
3. Culture medium or other solutions

#### 1016.2.1 UNIVERSAL PRECAUTIONS

Universal Precautions is an approach to infection control where you treat all blood and body fluids as if they are known to be infected with a bloodborne disease. Always use personal protective equipment (PPE) and other infection control practices when you come in contact with blood or body fluids.

In addition to using PPE, infection control practices for universal precautions include covering cuts, open sores, and abrasions on skin with a bandage, and decontaminating skin, mucous membranes, equipment, clothing, and the worksite as applicable.

#### 1016.2.2 UNIVERSAL PRECAUTIONS

Personal protective equipment is the last line of defense against bloodborne pathogens.

Members shall use appropriate personal protective equipment (PPE) when performing tasks involving reasonably anticipated contact with blood or body fluids. Appropriate PPE for any task should be chosen based on the likelihood of exposure to blood or body fluids (including the possibility of spilling, splashing, spraying, or soaking).

The only exception to the requirement above shall be those rare and extraordinary occasions when, in the professional judgment of the Member, wearing the required PPE would have prevented delivery of health or public safety services or would have posed an increased hazard to the Member or coworkers. If an exposure incident occurred in such a situation, the circumstances must be investigated and documented to determine whether such occurrences can be prevented in the future. Document the findings on the Supervisor's Investigation of Member's Injury or Illness form and on form CDPH 8459. Members should report all such instances to their Supervisor without fear of reprisal (per Cal/OSHA regulation 3203).

#### GLOVES

1. Gloves shall be worn when hand contact with blood, body fluids, mucous membranes, non-intact skin; or contaminated items or surfaces can be reasonably anticipated.
2. Members with known minor skin defects (e.g. cuts, abrasions, burns, etc.) shall cover the areas with a bandage, in addition to using gloves.
3. If disposable gloves are torn, punctured, contaminated, or when their ability as a barrier is compromised, they shall be replaced as soon as feasible.

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

---

### MASKS, EYE PROTECTION, FACE SHIELDS

1. Face and eye protection shall be used whenever splashes, sprays, spatters, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

### PROTECTIVE OUTER GARMENTS

1. Appropriate protective outer garments shall be worn in occupational situations where there is a reasonably anticipated risk of exposure to blood or OPIM. Examples of protective outer garments include coveralls, gowns, aprons, and/or lab coats.

### SURGICAL CAPS/HOODS AND SHOE COVERS

1. Surgical caps/hoods and/or shoe covers shall be worn in instances when gross contamination can reasonably be anticipated.

#### 1016.2.3 PERSONAL PROTECTIVE EQUIPMENT

If someone else's blood or other potentially infectious materials contact a Member's skin, the Member shall immediately wash the exposed body part(s) with soap and warm water as soon as practicable. If hand washing facilities are not readily available, an antiseptic towelette or hand cleaner shall be used. Then, as soon as feasible, hands shall be washed with soap and warm water (Antiseptic wipes are available in first aid kits). If large areas of the Member's skin are contaminated, the Member shall shower as soon as possible, using warm water and soap.

Contaminated non-intact skin (e.g., injured skin or open wound) shall also be dressed or bandaged, as needed. Medical treatment is required; contact a Workers' Compensation Treatment Facility and follow the procedures in section 1016.4.

#### 1016.2.4 IMMUNIZATIONS

The Orange County Health Care Agency (HCA)/Employee Health Services provides services for Hepatitis B vaccination. HCA has received justification that Members in job classifications listed in sections 1016.6 may have occupational exposure to a communicable disease, and shall be offered the Hepatitis B vaccination free of charge.

Per HCA/Employee Health Services, designated First Aid responders who respond only as a collateral duty, and who are not public safety personnel, will only be vaccinated after response to an incident where blood/OPIM is present (unless their job classification is listed in sections 1016.6).

#### 1016.2.5 WORK PRACTICES

Whenever contact with blood, body fluid, or OPIM is reasonably anticipated, all Members shall use the appropriate barrier precautions to prevent exposure to non-intact skin or mucous membranes.

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

---

Members shall bandage open wounds, cuts, or rashes on hands and arms to avoid direct contact with blood or OPIM. Bandages should be changed if they become wet or soiled.

Disposable gloves shall be worn on all medical emergency responses and as soon as conditions permit when a suspect or inmate displays combative or threatening behavior and/or when blood or OPIM is present. Disposable gloves shall also be worn when cleaning or handling items or surfaces soiled with blood or other body fluids. Care should be taken to avoid touching other items (e.g., pens, books, surfaces, and personal items, etc.) while wearing the disposable gloves in a potentially contaminated environment.

Any personal protective equipment that becomes punctured, torn, or loses its integrity, shall be removed as soon as feasible. The Member shall wash up with soap and warm water and replace the personal protective equipment if the job has not been completed. If this situation resulted in blood or OPIM exposure to non-intact skin or mucous membranes, follow sections 1016.4 through 1016.4.2.

When removing personal protective equipment (PPE), gloves shall be the last item of PPE removed. Members shall wash their hands immediately (on scene if possible), or as soon as possible following the removal of potentially contaminated gloves. Soap and warm water shall be used to wash hands, paying particular attention to the fingernails. When hand washing facilities are not readily available, waterless antiseptic hand cleanser in conjunction with clean paper towels or antiseptic towelettes shall be used. Then, hands shall be washed with soap and running water as soon as feasible.

All procedures involving blood or OPIM shall be done in a way to minimize splashing, spraying, or otherwise generating droplets of those materials.

Eating, drinking, smoking, applying lip balm, and handling contact lenses shall be prohibited in areas where there is a reasonable likelihood of occupational exposure to blood or OPIM.

Use a protective barrier or a CPR mask ("pocket mask" with a one way valve) when performing mouth to mouth resuscitation.

Wear gloves when conducting searches, and do not search blindly by reaching where you cannot see.

Additional policies and procedures may be included in (but not limited to) the following:

1. Custody and Court Operations Manual (CCOM): 1710, 1808, 2100, 2108, 2110, 2400, 2402, 2404, and 3000.
2. Field Operations Manual: Section 5, Section 23, and Section 44.
3. Training Bulletins: 07-02, 10-08, and 10-10.
4. Department Postings: Exposure to Bodily Fluids/Revised Procedures, and Work Related Hospitalizations and Serious Injuries and Illnesses.

# Orange County Sheriff-Coroner Department

## Orange County SD Policy Manual

### *Bloodborne Pathogens Exposure Control Plan*

---

#### **1016.3 DISPOSAL AND DECONTAMINATION**

Most items contaminated with blood, body fluids, or OPIM do NOT qualify for biohazard disposal. In general, anything that can be cleaned, should be cleaned. This includes but is not limited to surfaces, jail bed mats, and riot gear. Follow the manufacturer's instructions.

For cleaning and decontamination, use a germicide effective against HIV and Hepatitis B or a bleach solution (e.g., 1:10 concentration, one part bleach to 10 parts water). Follow the manufacturer's instructions for the product used including recommended saturation times. The Environmental Protection Agency's (EPA) lists of products effective against HIV and Hepatitis B can be found on the intranet, under Knowledge Center/Safety. Bleach solutions shall be dated when mixed and shall not be used more than 24 hours after mixing.

**If contaminated items (such as paper towels and disposable gloves) will not release liquid or semiliquid blood, caked/dried blood, or OPIM when handled or compressed, they may be disposed of in the regular trash.**

Whenever possible, disposable items shall be used to contain and cleanup blood or OPIM. To allow for disposing of clean-up materials into the regular trash, use a large number of paper towels (or other disposable materials) so that fluid blood, caked/dried blood, or OPIM will not be released from any of the materials when they are handled or compressed.

##### 1016.3.1 USE OF WASTE CONTAINERS

Biohazard waste capable of releasing fluid blood, caked/dried blood, or OPIM when handled or compressed shall be disposed of in either a red biohazard bag or a leakproof bag with an affixed biohazard label; then, the bag shall be placed into an appropriately marked biohazard waste container. Some options for use of biohazard containers may include the onscene fire response vehicle, the hospital, or Correctional Medical Services, with their approval.

Note: If using a leakproof bag (such as a trash can liner) in lieu of a red biohazard bag, a biohazard label must be affixed. See section 1016.3.2 for details on container labels.

*If contaminated items (such as paper towels and disposable gloves) will **not** release liquid or semiliquid blood, caked/dried blood, or OPIM when handled or compressed, the items may be disposed of in the regular trash.*

For details on sharps, see section 1016.3.3.

##### 1016.3.2 DECONTAMINATION OF SKIN AND MUCOUS MEMBRANES

Container labels shall include either the symbol/graphic for biohazard or an inscription to indicate BIOHAZARDOUS WASTE or SHARPS WASTE. Labels shall be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color. Labels shall either be an integral part of the container or shall be affixed as close as feasible to the container by string, wire, adhesive, or other method that prevents their loss or unintentional removal.

# Orange County Sheriff-Coroner Department

## Orange County SD Policy Manual

### *Bloodborne Pathogens Exposure Control Plan*

---

#### 1016.3.3 SHARPS AND ITEMS THAT CUT OR PUNCTURE

All sharps and objects that cut or puncture (e.g., broken glass, razors, syringes, knives or any other item that could pose a risk) shall be treated cautiously to avoid cutting, stabbing, or puncturing yourself or any other person. Use a device such as a broom and a dustpan or tongs to clean up the object or debris. If the object must be hand held, protective gloves must be worn. If a sharp contains known or suspected blood or OPIM, the object is to be treated as contaminated.

Use established procedures for handling, packaging, and sealing sharps that will be booked as evidence. Comply with OCSD's General Evidence Packaging Guidelines. Unless required for evidentiary reasons related to evidence preservation, Members are not to recap sharps. If recapping is necessary, a one-handed method shall be employed to avoid a finger prick. Disposal of sharps, when applicable (such as when not being booked as evidence), shall be into an appropriately labeled, rigid, puncture-proof, leak-proof on the sides and bottom, and portable, biohazard sharps container. Biohazard sharps containers shall be easily accessible to personnel and located as close as feasible to the immediate area where sharps are used or can be reasonably anticipated to be found. The containers shall also be maintained upright throughout use, where feasible and replaced as necessary to avoid overfilling.

Supervisors shall document injuries caused by a sharp (needle, razor, scalpel, etc.), on a Sharps Injury Log (Form F042-24.1362), which is available on the Intranet under Knowledge Center/Forms and/or Knowledge Center/Safety. Supervisors shall retain the original, and pony mail a copy to OCSD/SAFE Division/Safety within 14 days of the exposure.

#### 1016.3.4 DISPOSABLE PROTECTIVE EQUIPMENT

Disposable gloves shall not be washed or decontaminated for reuse. Used, disposable gloves can be disposed of in a regular trash can - **provided** they will **not** release liquid or semi-liquid blood, caked/dried blood, or body fluids when handled or compressed. If gloves are saturated with blood or body fluids, use paper towels to absorb the excess before removing gloves.

#### 1016.3.5 DECONTAMINATION OF PERSONAL PROTECTIVE EQUIPMENT

After using any reusable personal protective equipment, it shall be washed or disinfected (see section 1016.3) and stored appropriately. Contaminated reusable personal protective equipment that must be transported prior to cleaning shall be placed into a biohazard waste bag or leak-proof bag with an affixed biohazard label. If the personal protective equipment is non-reusable (e.g., disposable gloves), it shall be discarded as described in section 1016.3.4.

Utility gloves may be decontaminated for reuse if the integrity 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.

#### 1016.3.6 DECONTAMINATION OF NON-DISPOSABLE EQUIPMENT

Contaminated non-disposable equipment (e.g., flashlight, gun, baton, portable radio) shall be decontaminated as soon as possible, using products described under section 1016.3. Large



# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

---

particles of contaminants such as, vomit, feces, etc. should first be removed and disposed of (use a disposable towel or other means to prevent direct contact).

Porous surfaces such as nylon bags and straps shall be brushed and scrubbed with a detergent and hot water, laundered, and allowed to dry. Non-porous surfaces (e.g., plastic or metal) shall be brushed and scrubbed with detergent and hot water, sprayed with a bleach solution or approved germicide, rinsed, and allowed to dry. Delicate equipment should be brushed and scrubbed very carefully using a minimal amount of an approved germicide (See section 1016.3). While cleaning equipment, pay close attention to handles, controls, corners, and tight spots.

### 1016.3.7 DECONTAMINATION OF LAUNDRY

Personal protective equipment shall be used to prevent contact with laundry contaminated with blood or Other Potentially Infectious Materials (OPIM).

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

Laundry contaminated with blood or OPIM shall be handled as little as possible, with a minimum of agitation.

#### **Inmate Laundry:**

Follow procedures in the Custody and Court Operations Manual (CCOM) and/or all other Departmental or facility-specific laundry policies.

#### **Member Uniforms or Clothing:**

As quickly after the exposure as practicable, gloves shall be used to remove uniforms or clothing contaminated with another person's visible blood or OPIM in the line of duty. Garments shall be placed in a leak-proof bag, labeled as biohazard, and taken for cleaning using the procedures below. Use either a red, biohazard bag or affix a biohazard label to a leak-proof bag, such as a trash can liner.

Removal of the contaminated uniform or clothing should be done at the work location. The only exception to this should be Members in special assignments who respond from home to an incident. However, in all instances, all of the other steps in the paragraph above and those below, should still be followed.

Members shall notify their supervisor of the garments contaminated with another person's visible blood or OPIM, and obtain approval for department-paid cleaning.

Note: Department-paid cleaning only applies to garments contaminated with another person's visible blood or OPIM. **Garments containing mucous, saliva, vomit, urine, feces, or tears do not qualify unless visible blood is present.** These body fluids are not linked to transmission of HBV, HCV, or HIV unless visible blood is present. Dirt or grease, etc., also do not qualify for Department-paid cleaning.

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

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The uniform or other clothing contaminated with another person's blood or OPIM should be taken to the nearest dry cleaning drop-off closet in the Department. A cleaning ticket must be completed. In the event that the Member has to initially pay for the cleaning at the time of the drop-off, reimbursement shall be provided, based on their supervisor's prior approval, as outlined above.

### **Extensive Contamination:**

For uniforms that are so extensively contaminated with another person's blood or OPIM that the Member would not feel comfortable wearing it even after it was laundered, the Member should seek their supervisor's permission for biohazard disposal and uniform replacement. If the Member has already used their maximum uniform exchange allowance for the year, additional approvals from the Member's Chain of Command may be needed for uniform replacement.

Garments extensively contaminated with blood should be bio-hazard bagged and taken to the Coroner's Office for biohazard disposal. Any Member handling the biohazard bag shall wear personal protective equipment (PPE).

### **1016.3.8 DECONTAMINATION OF VEHICLES**

Contaminated vehicles and components such as the seats, radios, and doors shall be washed with soap and warm water and disinfected with a germicide effective against HIV and Hepatitis B (see section 1016.3) as soon as feasible and prior to reuse. For gross contamination and/or if fluids have seeped into areas that would require dismantling or removal of parts, contact a supervisor to determine the course of action.

### **1016.3.9 DECONTAMINATION OF WORKSITE**

All worksites shall be maintained in a clean and sanitary condition.

Equipment and work surfaces contaminated with blood or OPIM shall be cleaned and decontaminated immediately or as soon as feasible but no later than the end of the shift when:

1. Surfaces become overtly contaminated;
2. There is a spill of blood or OPIM;
3. Procedures are completed (autopsies, forensic blood examination, etc.);
4. At the end of the work shift, if the surfaces have become contaminated since the last cleaning.

See section 1016.3 regarding decontamination products.

### **1016.4 POST-EXPOSURE REPORTING AND FOLLOW-UP**

In actual or suspected exposure incidents, proper documentation and follow up action must occur by following the procedures in sections 1016.4.1 and 1016.4.2.

### **Exposure incident**

# Orange County Sheriff-Coroner Department

## Orange County SD Policy Manual

### *Bloodborne Pathogens Exposure Control Plan*

---

An exposure incident means a specific eye, mouth, mucous membrane, non-intact skin, or parenteral (piercing mucous membrane or skin) contact with blood or OPIM that results from the performance of occupational duties. See section 1016.2 for additional information about exposure incidents. The Orange County Health Care Agency (HCA) provides services for Hepatitis B vaccination. Workers' Compensation Treatment Facilities provide post exposure evaluation and follow-up.

#### 1016.4.1 MEMBER RESPONSIBILITY TO REPORT EXPOSURE

In order to provide appropriate and timely treatment, all Members shall complete the following steps after an exposure incident:

1. Immediately clean/wash the exposed area and obtain first aid, as needed.
2. Report the exposure incident to your supervisor.
3. Complete Form (CDPH 8459) California Department of Public Health Report of Request and Decision for HIV Testing (available on the Intranet, under Knowledge Center/Forms or Knowledge Center/Safety).
  - (a) Complete fields 1-10 and the "Date Report was Filed" field; and, sign the "Signature of Person Reporting Incident" field. The bottom of the form should be left blank, for completion by the County of Orange Health Care Agency (HCA).
  - (b) Fax the completed Form CDPH 8459 to [REDACTED] (Employee Health) **before the end of your shift.**
4. Immediately call or visit a Worker's Compensation Treatment Facility to discuss the exposure incident and determine if testing and/or treatment is needed.
  - (a) It is important to seek medical treatment within 2 hours of the exposure.
  - (b) For details on what constitutes an exposure incident, see sections 1016.2 and 1016.4.

#### 1016.4.2 SUPERVISOR REPORTING REQUIREMENTS

Supervisors shall take the following steps when a Member reports an exposure incident:

1. Complete the required forms from the Employee Injury and Illness Packet (available on the intranet, under Knowledge Center/Forms.).
2. Provide the Member with the following documents:
  - (a) Form (CDPH 8459) California Department of Public Health Report of Request and Decision for HIV Testing. This form must be completed by the Member and faxed before the end of his or her shift. Obtain the form from the Intranet, under Knowledge Center/Forms or Knowledge Center/Safety.
  - (b) Applicable forms from the Employee Injury and Illness Packet.
3. Fax completed forms to Sheriff's Workers' Compensation at [REDACTED].
4. For all exposure incidents involving a sharp (needle, scalpel, etc.), complete a Sharps Injury Log [Form F042-24.1362] (available on the Intranet, under Knowledge Center/

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

---

Forms and/or Knowledge Center/Safety). Retain the original, and pony mail a copy to OCSD/SAFE Division/Safety within 14 days of the exposure.

5. If the exposure incident involves a deceased source individual, contact the Coroner's Office to verify if they will receive the body and be able to obtain a blood sample for source testing. Contact can be made in person at the scene, or by calling the Coroner's office/Investigations Unit at [REDACTED]. A request for disease testing must be made prior to the autopsy.
  - (a) If the Coroner's office will not receive the body, investigate where the body will be taken, as well as contact information for relatives of the deceased. Provide this information to Employee Health Services on form CDPH 8459 so they can work toward obtaining consent for disease testing.
  - (b) The Orange County Health Care Agency/Employee Health Services (EHS) is responsible for providing the results of the source testing to the Member. To ensure that EHS is aware of the request for source testing, the Member must complete and submit the CDPH 8459 (Report of Request and Decision for HIV Testing) as instructed under "Employee Responsibility to Report Exposure".

### 1016.4.3 RECORDKEEPING AND CONFIDENTIALITY OF REPORTS

The Orange County Health Care Agency (HCA)/Employee Health Services shall ensure that medical records related to exposure incidents are maintained and kept confidential in accordance with Cal/OSHA Regulation 5193.

### **1016.5 COMMUNICATION**

Access to the Exposure Control Plan shall be accessible in accordance with Title 8, Section 3204(e). A complete copy of the Bloodborne Pathogens regulation (Title 8, Section 5193) and a copy of this Exposure Control Plan are available on the Intranet, under Knowledge Center/Safety.

#### 1016.5.1 TRAINING CONTENT

Bloodborne Pathogens training shall contain, at a minimum, the elements required under Title 8, Section 5193(g)(2)(G).

1. Copy and Explanation of Standard (Title 8, Section 5193). An accessible copy of the regulatory text of this standard and an explanation of its contents;
2. Epidemiology and Symptoms. A general explanation of the epidemiology and symptoms of bloodborne diseases;
3. Modes of Transmission. An explanation of the modes of transmission of bloodborne pathogens;
4. Employer's Exposure Control Plan. An explanation of the employer's exposure control plan and the means by which the Member can obtain a copy of the written plan;
5. Risk Identification. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM;

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

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6. **Methods of Compliance.** An explanation of the use and limitations of methods that shall prevent or reduce exposure including appropriate engineering controls, administrative or work practice controls and personal protective equipment;
7. **Decontamination and Disposal.** Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment;
8. **Personal Protective Equipment.** An explanation of the basis for selection of personal protective equipment;
9. **Hepatitis B Vaccination.** 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 vaccination shall be offered free of charge (see section 1016.6 for affected Members);
10. **Emergency.** Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM;
11. **Exposure Incident.** An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident, the medical follow-up that will be made available and the procedure for recording the incident on the Sharps Injury Log;
12. **Post Exposure Evaluation and Follow-Up.** Information on the post exposure evaluation and follow up required following an exposure incident;
13. **Signs and Labels.** An explanation of the signs and labels and/or color coding required;
14. **Interactive Questions and Answers.** An opportunity for interactive questions and answers with the person conducting the training session.

### 1016.5.2 TRAINING DOCUMENTATION

Training for each Member shall be documented on the County of Orange Documentation of Training for Occupational Exposure to Bloodborne Pathogens form F042-24.1373 (R07/10). Forms can be obtained through a supply order or printed from the Intranet, under Knowledge Center/Safety.

Members in job classifications not listed in 1016.6 may still attend the Bloodborne Pathogens training. However, they will not be eligible to receive the Hepatitis vaccine free of charge from HCA/ Employee Services. One example of this is Supervisors who oversee Members with occupational exposure to blood or OPIM, but do not have occupational exposure themselves. Members who are not eligible for free vaccination from HCA should decline the vaccination on the County of Orange Documentation of Training for Occupational Exposure to Bloodborne Pathogens form.

A training roster shall also be completed and collected, and a copy shall be forwarded to OCSD/ SAFE Division/Safety. As required by Cal/OSHA, it shall include the name and qualifications of the instructor such as, attended HCA's Bloodborne Pathogens Train-the-Trainer Class on mm/dd/yyyy. A copy of the recommended training roster is available on the Intranet, under Knowledge Center/Safety.

During Bloodborne Pathogens training, Members shall be polled for their feedback regarding the procedures performed by them in their respective work areas. The recommended form for

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

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collecting this feedback is available on the Intranet, under Knowledge Center/Safety (Titled: BBP Class Employee Survey) or on the reference DVD provided by HCA to staff who attended the Bloodborne Pathogens Train-the-trainer course (Titled: BBP Exp Control Plan Review and Update Survey). Feedback provided shall be forwarded to OCSA/SAFE Division/Safety, and it shall be used to review and update the Exposure Control Plan, if needed. A method for obtaining Member feedback is required per Title 8, Section 5193(c)(1)(B)(8).

### 1016.5.3 REQUIREMENTS FOR TRAINERS

Instructors are required to attend an initial Bloodborne Pathogens Train-the-Trainer course, presented by the Orange County Health Care Agency; then, attend annual update classes. If an instructor does not attend an annual update class, he or she shall be required to retake the initial course for new trainers.

### 1016.6 EXPOSURE DETERMINATION

The California Occupational Safety and Health Administration (Cal/OSHA) requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or Other Potentially Infectious Materials (OPIM). The exposure determination is made without regard to the use of personal protective equipment.

#### **Exposure Categories:**

The Orange County Health Care Agency (HCA)/Employee Health Services has received justification that Members in the following exposure categories are eligible to receive the Hepatitis B vaccine free of charge. To propose additional Job Classifications for consideration for free Hepatitis B vaccination eligibility, Commanders should submit a memo to HCA/Employee Health Services, listing the job classifications being submitted for consideration for Hepatitis B vaccination eligibility, justifying specific routine tasks or procedures associated with a reasonably anticipated risk of occupational exposure to blood or OPIM, and providing detailed examples of the occupational exposure scenarios. A copy of this memo should also be submitted to S.A.F.E. Division/Safety.

- The following is a list of job classifications in which **ALL** Members in those job classifications have a reasonably anticipated risk of occupational exposure to blood or OPIM:

Correctional Services Assistant
Deputy Coroner
Deputy Sheriff I & II
Forensic Assistant I & II
Investigator
Senior Deputy Coroner
Sergeant

# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

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Sheriff's Special Officer I, II, & III
Supervising Forensic Assistant
Supervisor, Forensic Operations

- The following is a list of job classifications in which **SOME** Members have a reasonably anticipated risk of occupational exposure to blood or OPIM, along with a list of tasks and procedures or groups of closely related tasks and procedures in which occupational exposure may occur:

<b>Job Classification</b>	<b>Task/Procedure</b>
Air Conditioning Mechanic	Working in the jails or Coroner's Office
Correctional Services Tech	Supervising decontamination
Facilities Mechanic	Working in the jails or Coroner's Office
Forensic Scientist I, II, & III	Process body, body parts, or body tissues
Forensic Specialist	Process body, body parts, or body tissues
Forensic Technician	Process body, body parts, or body tissues
Legal Property Tech	Process body, body parts, or body tissues
Senior Legal Property Tech	Process body, body parts, or body tissues
Senior Forensic Assistant	Process body, body parts, or body tissues
Senior Forensic Scientist	Process body, body parts, or body tissues
Plumber	Working in the jails or Coroner's Office

<b>Job Classification</b>	<b>Task/Procedure</b>
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# Orange County Sheriff-Coroner Department

Orange County SD Policy Manual

## *Bloodborne Pathogens Exposure Control Plan*

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<b>All Job Classifications in Inmate Services Division:</b> Administrative Manager I, II, & III, Accounting Office Supervisor, Accounting Specialist, Accounting Technician, Associate Librarian, Chief Cook, Correctional Program Supervisor I & II, Correctional Program Technician, Correctional Service Technician, Education Assistant, Education Services Coordinator, Information Processing Specialist, Information Processing Technician, Library Assistant, Office Assistant, Office Supervisor, Office Technician, Public Health Nutritionist II, Senior Head Cook, Senior Institutional Cook, Senior Storekeeper, Staff Specialist, Storekeeper II, Vocational Instructor, Warehouse Worker II, III, & IV	Contact with Inmates
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