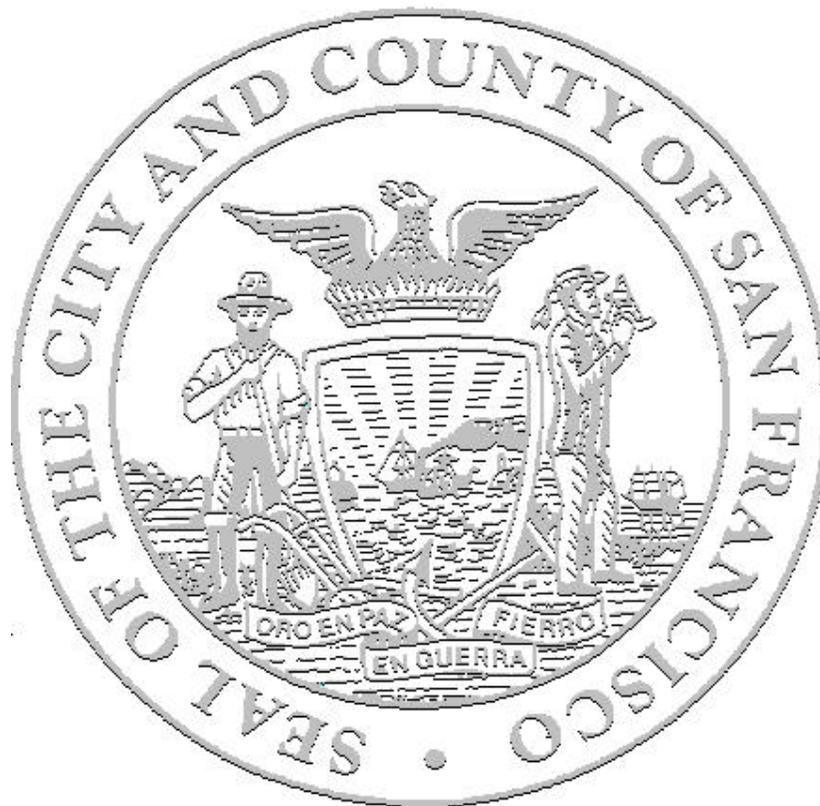


OCCUPATIONAL BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN



San Francisco Department Of Public Health
Population Health and Prevention Division
and Central Administration Division

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OCCUPATIONAL BLOODBORNE PATHOGEN
EXPOSURE CONTROL PLAN

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Occupational Bloodborne Pathogen Exposure Control Plan

PURPOSE

The Department of Public Health (DPH) Population Health and Prevention Division (PHP) and Central Administration Division (CA) are committed to providing a safe and healthful work environment. In pursuit of this endeavor, the Bloodborne Pathogen (BBP) Exposure Control Plan (ECP) intends to minimize or eliminate employee risks for an occupational exposure to transmissible bloodborne pathogens. Bloodborne pathogens are defined as *pathogenic microorganisms that are present in human blood or other body fluids and 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)**.

Primary prevention of an Occupational BBP exposure may be accomplished by:

- Establishing effective infection control guidelines, policies, and procedures
- Educating employees
- Utilizing appropriate, administrative, work practice, and engineering controls
- Evaluating and selecting needleless systems and sharps devices with Engineered Sharps Injury Protection (e.s.i.p.)
- Providing and ensuring use of appropriate personal protective equipment (PPE)
- Facilitating hygienic working conditions
- Utilizing appropriate vaccines

Secondary prevention for an Occupational BBP exposure will be provided by ensuring availability of immediate post-exposure medical management, follow-up, and counseling.

REGULATORY COMPLIANCE

The Occupational Bloodborne Pathogen Exposure Control Plan (the Plan) is written in accordance with the following regulations:

- Occupational Safety and Health Administration (OSHA) (29 CFR 1910.1030) “Occupational Exposure to Bloodborne Pathogens” standard
- California Department of Industrial Relations, Division of Occupational Safety and Health (Cal-OSHA) revised comparable standard, General Industry Safety Orders, Title 8, California Code Of Regulations, Section 5193
- Title 8, Sections 3203 and 1509.2, Injury and Illness Prevention Program
- California Medical Waste Management Act, Chapter 6.1, Health and Safety Code

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SCOPE AND APPLICATION

PHP and CA's, Bloodborne Pathogens Exposure Control Plan applies to all employees assigned to these Divisions who, as a result of the performance of their normal job duties, are reasonably expected to be exposed to human blood, body fluids, or other potentially infectious materials. All policy references to "employee" shall denote employees of these Divisions.

The risk of infection with BBP is dependent on the likelihood of exposure to blood and other potentially infectious materials wherever that exposure occurs. Any exposure incident may result in infection and subsequent illness. This hazard affects employees in many industries and is not dependent on the type of facility in which an employee works. Therefore, by focusing on "exposure potential" rather than occupation or industry segment, this policy hopes to protect all identified employees at risk regardless of job titles or places of employment.

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

The ECP is a key document to assist in implementing and ensuring compliance with regulations, thereby protecting employees. The ECP includes:

- **Exposure Determination** - To establish a system for identifying employees, job classifications, tasks and procedures with potential for BBP exposure
- **Employer/Employee Compliance** - To provide a mechanism whereby the employer/employees comply with administrative, engineering, and work practice controls, PPE, and housekeeping guidelines, as well as substitution of Safer Needle Devices with the ultimate goal of a needleless system to reduce exposure risks
- **Hepatitis B Vaccination** - To make available the Hepatitis B vaccination series, and post vaccine testing to all employees who have the potential for occupational exposure or who have experienced an exposure incident
- **Post-Exposure Evaluation and Follow-up** - To ensure exposed employees are provided with immediate access to a confidential medical evaluation. This includes:
 1. Providing exposure documentation (e.g., recorded on Sharps Injury Log and required Workers' Compensation forms)
 2. Identification and testing of source individuals
 3. Post exposure prophylaxis when medically indicated
 4. Counseling
 5. Evaluation of reported illnesses

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- **Risk Communication.** - To establish a system for communicating BBP hazard information to employees through use of signs and labels, documenting initial and annual BBP training, and encouraging employees to inform management of perceived infectious disease risks/hazards without fear of reprisal
- **Recordkeeping** - To ensure that the required initial and annual BBP training is documented and records are kept for 3 years and that all medical records are maintained for the duration of employment plus thirty years
- **Investigation and Evaluation of Circumstances Surrounding Exposure Incidents** - To develop specific procedures for evaluating the causes/circumstances involved with each exposure incident and to determine successful measures and corrective actions aimed at preventing recurrence of BBP exposures

DEFINITIONS

For the purposes of clarity **Appendix A** contains a complete list of BBP standard definitions and Abbreviations.

PROGRAM ADMINISTRATION - ROLES AND RESPONSIBILITIES

DIRECTOR OF HEALTH

The Director of Public Health is responsible for ensuring, to the best of his/her authority and ability, that there are adequate resources available for implementing and maintaining the Bloodborne Pathogen Exposure Control Plan.

This includes, but is not limited to, the following:

- Requiring compliance, enforcement, and adherence to all aspects of the ECP
- Addressing and resolving operational issues related to implementation of the ECP, which includes:
 1. Personnel
 2. Personal Protective Equipment
 3. Engineering controls, including funding to purchase safer needle devices
 4. Mandatory attendance at BBP ECP training
 5. Hepatitis B antibody testing and vaccine, and availability of a comprehensive post-exposure medical management and follow-up program

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Ensuring that managers' and supervisors' performance appraisal process reflects that employees under their supervision will be required to comply with all aspects of the BBP ECP, as outlined, and that accountability is expected, and disciplinary action taken for non-compliance, as appropriate.

PHP/CO MANAGERS AND SUPERVISORS

Managers and supervisors are responsible for ensuring that:

- **Exposure Determination** - Employees with potential for occupational exposure to bloodborne pathogens will be identified at time of hire and prior to assignment in an area, or to any procedure, which may place them at risk for occupational BBP exposure. Employees currently recognized to have such potential exposure are tabulated in Appendix C.
- **Training** - Employees are not engaged in, or be assigned to, any task or activity with potential occupational exposure to blood and body fluids for which they are not qualified or adequately trained.

Employees in their unit/section are provided with, and attend, documented initial BBP training at hire, annual BBP training, and/or training before any work assignment with potential for a BBP exposure. This includes training whenever a new procedure or equipment/device is introduced into any PHP/CA unit.

Each employee's proficiency with every new safety medical device, needleless system, or needle with e.s.i.p. that is used on the job, is documented in a training file, and re-training is accomplished in a timely manner.

Employees receive training on infectious disease policies, procedures, and work tasks or equipment, which is unique and specific to their unit/department, and may not be specifically addressed in the BBP ECP.

Employees must be advised on methods to obtain safer medical devices, needles with e.s.i.p. and needleless systems within the PHP system and the mechanism for requesting additional training.

- **Hepatitis B Vaccine** - Employees are provided information with regards to the efficacy and the availability of Hepatitis B vaccination, both at time of hire and annually.

Employees are offered the Hepatitis B vaccination prior to hire or placement in an exposed job classification.

If the HBV vaccination and/or declination occurs at a site, other than the San Francisco General Hospital Medical Center (SFGHMC) OHS Clinic, the manager is responsible for completing and forwarding a copy of the vaccination records or declination to the employee's

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occupational medical record at SFGHMC OHS Clinic. A copy of the SFGHMC OHS Clinic Hepatitis B Vaccine Consent/Declension form is provided as **Appendix B**.

Annual planning and budgeting includes budgeting for employee vaccines to ensure compliance with this plan.

- **Policies and Procedures** - Specific unit/departmental written policies and procedures are developed and maintained to eliminate or minimize employees' exposure to bloodborne pathogens.

Written work practices are continuously reviewed and updated for potential occupational exposure to blood or other potentially infectious materials whenever they are introduced. Changes are implemented in unit procedures, as appropriate.

Employees are provided with a clean and sanitary work environment that meets or exceeds infection control standards as outlined by the PHP Infection Control Committee.

- **Enforcement and Compliance** - Employees under their supervision comply with written work practices, are provided with, and wear, appropriate PPE as outlined in written unit/department specific procedures and manuals, and comply with current PHP Infection Control procedures.

Employees are evaluated on their performance & proper use of safer medical devices, as well as their compliance to infectious disease policies and procedures as part of the employee performance appraisal process. Employees will be provided with, and expected to attend, any necessary re-training on safer needle devices with e.s.i.p. or needleless systems. Non-compliance must be documented and disciplinary actions taken as appropriate. Incorporate employee compliance into the performance appraisal process.

Ongoing review of the proper use and effectiveness of new safer medical devices is conducted through the SFGH Safer Devices Committee and the PHP Infection Control Committee to minimize and/or eliminate employees' potential for infectious disease exposure

PPE and other medical devices (e.g., sharps disposal containers, gloves, and face shields) that are required to implement work practice controls, as outlined in unit/department specific procedures' manuals, are made available in appropriate sizes.

Annual planning and budgeting includes budgeting for safer medical devices and needles with e.s.i.p. The SFGH Safer Needle Device Committee and PHP Infection Control Committee will recommend specific safer medical devices and needles with e.s.i.p. with the ultimate goal of providing a needleless system to reduce needle sticks and other "sharps" injuries that cause BBP exposures.

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- **Communication of Hazards (Labels)** - Employees are protected from occupational exposure to blood and body fluids by affixing the biohazard label to containers of regulated waste, refrigerators, or freezers used for storage of blood or blood products, and on any containers used to store, transport or ship blood or other potentially infectious materials to other outside facilities.
- **Recordkeeping** - Ensuring timely completion and forwarding of all required OSH/Workers' Compensation forms, including a "Blood Or Body Fluid Exposure Report" form for pre-designated employees, to the OSH Section, and investigation of each occupational BBP exposure incident or "near miss".

Maintaining copies of employee hepatitis B vaccination records, including the "SFGH OHS Clinic Hepatitis B Vaccine Consent/Declension form & the "Blood Or Body Fluid Exposure Report" form, if completed on site, Workers' Compensation records, and annual BBP training records. An electronic, or hard copy, of the employee hepatitis B vaccination records, including the "SFGH OHS Clinic Hepatitis B Vaccine Consent/Declension form must be forwarded to the SFGH OHS Clinic for centralized recordkeeping purposes. A copy of the "Blood Or Body Fluid Exposure Report" form must be forwarded to the SFGH.

DPH PHP/CA EMPLOYEES

All employees shall:

- Be responsible and accountable for compliance with the BBP ECP, including following safe work practices and appropriate Body Substance Precautions (BSP) as outlined in the PHP/CA BBP ECP and site specific policies and procedure manuals.
- Accept the HBV vaccine, or decline it in writing, and adhere to the recommended schedule for administration of the HBV vaccine and testing, if needed, after completion of the series.
- Attend, and participate in, the required initial and annual update BBP ECP training and/or any unit specific training(s).
- Use only safety devices, sharps, and /or needleless systems approved by the SFGH Safer Needle Device Committee and the PHP Infection Control Committee, and for which they have received documented training.
- Immediately report all occupational BBP exposures and "near misses" to their supervisor/manager immediately, and assist with completion of the required paperwork.
- As an option, contact the PEP/Needlestick Hotline (415) 469-4411, which is available 24 hours per day, 7 days per week, and report all bloodborne pathogen exposures to the

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Hotline clinician. This includes human blood and body fluid splashes to the face, skin, or mucous membranes, needle sticks or other “sharps” injuries.

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DPH PHP INFECTION CONTROL COMMITTEE

DPH PHP Infection Control Committee (ICC) members shall:

- Review, update and approve the existing PHP Exposure Control Plan annually.
- Ensure the BBP ECP meets the specific requirements of PHP and CA Divisions' employees and is reflective of recent legislative changes.
- The ECP Plan shall continue to reflect:
 1. New and/or modified tasks and procedures which affect occupational bloodborne pathogen exposures.
 2. New and revised employee positions with potential for occupational exposure.
 3. Findings from aggregate data on exposure incidents, which occurred since the previous date and recommendations.
- Collaborate with, and/or have membership on, the SFGH Safer Devices Committee to identify, evaluate, and select engineering controls, such as sharps, safety needles, and safer medical devices, such as needleless IV systems for use by PHP/CO employees for specific procedures.
- Review, discuss, and make recommendations to the Health Director from quarterly BBP Exposure reports and sharps injuries generated as a collaborative effort by:
 1. PHP Occupational Safety and Health Section, which generates all DPH OSHA 200 Logs
 2. SFGH Environmental Safety and Health Section, which maintains the Sharps Injury Log
- Annually review BBP PHP/CA engineering and work practice controls and BBP training materials to ensure that training materials and content/curricula is current.

SFGH OCCUPATIONAL HEALTH SERVICES CLINIC

The Medical Director of the San Francisco General Hospital Occupational Health Services Clinic, or his/her designated staff shall:

- Provide HBV vaccine to PHP employees, when requested by PHP managers/supervisors.
- Follow-up on all referred occupational exposures reported to them from clinicians staffing the twenty-four (24) hour Needlestick Hotline.
- Assure that all OHS Health Care Providers, assigned to provide medical post-exposure prophylaxis and follow-up services for occupational BBP exposures to PHP employees, shall

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strictly adhere to SFGH written infectious disease protocols for HIV, HBV, HCV and recommendations for post exposure prophylaxis.

- Assist employees who have sustained a BBP exposure with completion of the required “Sharps Injury Log” form including – the identification, if known, of the sharps device, by name and brand, that was involved in the exposure incident. This Log shall be made available within 5 working days upon request from the Chair of the PHP/CO Infection Control Committee, or any entity with a “need to know” for Workers’ Compensation.
- Ensure that employees receive written instructions to report the BBP exposure to their immediate supervisor, if they have not done so, and complete all required Workers’ Compensation forms.
- Notify the Medical Director, SFGH Occupational Health Services Clinic, and Chair, PHP Infection Control Committee, both verbally and in writing, when more than one exposure incident using the same sharps device, and/or performing the same procedure, has occurred at a single PHP work site for investigation and prevention purposes.
- Notify the Medical Director, Environmental Health & Safety when a PHP employee exposure incident results in a diagnosis of HIV, HBV, or HCV seroconversion to record this event on the OSHA 200 Log as and “injury needlestick” with no personal identifiers.

UCSF DEPARTMENT OF EPIDEMIOLOGY AND PREVENTION INTERVENTIONS CENTER (PEPLINE/NEEDLESTICK HOTLINE SERVICES)

Although not the primary purpose of the “PEPLine/Needlestick Hotline”, the UCSF Department of Epidemiology and Prevention Interventions Center (EPI-Center) provides Needlestick Hotline Services at 469-4411 to all DPH employees. These services include, but are not limited to:

- Immediate evaluation of all potential bloodborne pathogen exposures
- Referral for immediate Post Exposure Prophylaxis (PEP) and/or to the SFGH Emergency Department (ED) for immediate treatment, if appropriate
- Referral to the SFGH Occupational Health Services Clinic for baseline testing and follow-up care by appointment. Post-exposure medical management is provided in accordance with Post Exposure Management protocols for HIV, HBV, HCV in the SFGH Infection Control Manual
- Directing employees to report all BBP exposures, including those considered to be “near misses” or “no exposure”, to his/her supervisor, and to complete the required Workers’ Compensation forms and to participate in all investigations related to the incident
- Completing a BBP encounter form for Hotline calls for employees who have sustained an occupational BBP exposure incident and require further follow-up. The information from these encounter forms is forwarded to the SFGH OHS Clinic.

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DPH CHN BLOODBORNE PATHOGEN SAFETY DEVICES COMMITTEE

The DPH CHN Bloodborne Pathogen Safety Devices Committee is responsible for identifying, evaluating, and selecting engineering controls, including, but not limited to, sharps containers, safer medical devices, such as the needleless IV systems and safer needle devices, referred to as “engineered sharps injury protection” (e.s.i.p.). The Chair, PHP Infection Control shall be a member of this committee with ad hoc representation from the PHP Division to evaluate the appropriateness and use of safer medical devices at PHP work sites.

PHP members of the DPH CHN Bloodborne Pathogen Safety Devices Committee shall review BBP exposure surveillance data from the Sharps Injury Logs, provided by the Director, CHN Environmental Safety and Health Program, and make recommendations for their product evaluation process to replace existing needles with safer needle devices or a needleless system.

DPH PHP OCCUPATIONAL SAFETY AND HEALTH SECTION

The Director of the DPH PHP Occupational Safety and Health Section, or designated staff shall:

- Receive the Employee’s Claim for Workers’ Compensation Benefits, (DWC Form 1), Employer’s Report of Illness/Injury (Form 2), and Supervisor’s Incident Investigation Report (SIIR) from PHP/CA managers and supervisors, and forward these forms to the Workers’ Compensation claims administrator (currently FIRM Solutions, Inc.).
- Generate and maintain OSHA 200 Logs for all PHP/CA work sites and forward copies of the OSHA 200 Logs on a monthly basis to designated PHP/CA Facility Safety Coordinators, as defined in **Appendix A**.
- Ensure that information obtained from the Medical Director, Environmental Health & Safety regarding an exposure incident resulting in a diagnosis of HIV, HBV, or HCV seroconversion is recorded on the OSHA 200 Log as “injury needlestick” without personal identifiers.
- Update the current written DPH BBP ECP to reflect re-organizational changes within PHP/CA Division(s) and changes in the Cal-OSHA BBP regulation.
- Attend and participate in scheduled PHP/CA Infection Control Committee meetings, as appropriate.
- Develop and maintain curricula and lesson plans, and provide the initial BBP training classes for all employees enrolled in the BBP ECP Program.
- Make available periodic initial BBP training classes for all new employees.
- Maintain records of all initial BBP training provided to employees as required by regulation.

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DPH CHN ENVIRONMENTAL HEALTH AND SAFETY PROGRAM

The Director, CHN Environmental Health & Safety Program shall ensure completion and maintenance of the Department of Public Health Sharps Injury Log, which is compiled from exposure surveillance data collected on “Blood or Body Fluid Exposure Report” forms.

The Director, as Co-Chair, SFGH Safer Needle Device Committee, shall ensure that exposure surveillance data from this log is reviewed and analyzed by the SFGH Safe Devices Committee and the PHP Infection Control Committee on an ongoing basis to make recommendations for changes in current work practices, use of new safer needle devices, and/or changes to a completely needleless system, if appropriate.

DPH PHP FACILITIES MANAGEMENT DEPARTMENT

The General Services Manager, PHP Facilities Management, shall ensure that all PHP facilities, for which they provide services and have jurisdiction over, are maintained in a clean and sanitary condition.

A written, cleaning schedule for all DPH PHP/CA facilities shall be developed and maintained by Facilities Management. Facilities Management will maintain specific cleaning procedures, as well as information about the cleaning agents used throughout the facilities, and adhere to current Regulated Waste (Biohazardous and Sharps) requirements for processing and disposing of medical/sharps wastes.

Be responsible for proper handling, containment, and disposal of biological (medical) waste, including sharps containers, at all serviced PHP facilities.

DPH PLANT SERVICES

The Director, DPH CHN Plant Services, shall ensure that Housekeeping Services, including Regulated Waste and Sharps Management, is addressed in all contracts for non-DPH owned facilities which will be used by PHP employees.

DPH HUMAN RESOURCES DEPARTMENT

On an annual basis, the Director, DPH Human Resources Department shall provide a list of all new PHP job classifications, which have been created to the Director, PHP OSH Section.

NON-CCSF PERSONNEL ASSIGNED TO DPH WORK SITES

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Non-City and County of San Francisco personnel assigned to work at PHP sites, may include, but is not limited to, employees of UCSF, contract workers, volunteers, and student affiliates.

- **Non CCSF Personnel Responsibilities** - Non-CCSF personnel, such as “contract workers, are “employed” by & actually work for, the “contractor,” who is considered their “employer”. Contract workers provide “services” to DPH at a variety of our work sites. As such, the “contractor” is obligated to comply with the following provisions of the BBP standard under the multi-employer work site regulations:
 1. Provision of general bloodborne pathogens training to their employees
 2. Provision of Hepatitis B vaccination and post vaccine antibody testing to their employees
 3. Making available an immediate post-exposure medical evaluation and follow-up for any occupational BBP exposures which may occur at “host employer sites”, which is the term given to Department of Public Health work sites
 4. Providing training for contract employees regarding their responsibilities for reporting any occupational BBP exposures or any other Workers’ Compensation injuries
 5. Providing a recordkeeping system for all contract employees’ who sustain occupational BBP exposures to include:
 - a. Incident documentation and investigation records
 - b. BBP training and medical records maintenance per current regulatory requirements
 - c. Generic training provisions with respect to contractors when they work at our “host employer sites”
 - d. Complying with their primary employer’s existing personnel policies and procedures relative to reporting and investigating employee work-related injury and illnesses and Workers’ Compensation benefits
- **DPH-PHP Responsibilities To Non CCSF Personnel** - DPH PHP, as the “host site” receiving contract services, has a shared responsibility with the “contractor” for assuring that their employees are protected from workplace hazards.

DPH PHP staff will provide the following:

1. Site specific infectious disease training for non-CCSF personnel working in PHP/CA work locations
2. Appropriate Personal Protective Equipment and other safety devices, training on specific equipment/devices, and will require their use by contract employees

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3. Administrative and environmental controls (e.g., appropriate sharps container placement; providing clean environmental work sites)
- **Workers' Compensation Coverage for Non-DPH Personnel** - Non-DPH PHP personnel (e.g., contractors) working at DPH PHP sites are excluded from Department of Public Health Workers' Compensation coverage, except as specified by an official contract, or an existing Memorandum of Understanding (MOU), which has specific language between the respective entity and the Department of Public Health. Language such as listed below should be included in all PHP contracts.

“In order to minimize potential liability in contracting with vendors, City Departments should clearly state in contract specifications that contractors are responsible for site conditions, equipment, and health and safety of their employees, and all other persons that work on or visit the job site. City departments should not attempt to interfere with, or exercise any control over, the contractors' compliance with its health and safety obligations, including safety and health conditions on the work site.”

EMPLOYEE EXPOSURE DETERMINATION

INITIAL QUESTIONNAIRE TO DETERMINE POTENTIAL FOR OCCUPATIONAL EXPOSURE

Initially all PHP/CA employees were provided with an opportunity to self disclose their potential risk for occupational exposure to bloodborne pathogens by completing a “PHP Employee Questionnaire to Determine Potential For Occupational Exposure To Bloodborne Pathogens” form.

Completed questionnaires were forwarded to, and reviewed by PHP OSH Section staff, and categorized according to their potential for BBP exposure in the following categories:

- **Category I** – A list of PHP/CA employees by job classification, who routinely perform tasks which place them at risk for occupational exposure to BBP
- **Category II** – A list of PHP/CA employees by job classification, whose daily tasks entail no exposure to BBP, but who may be called upon to perform an unplanned Category I task(s) which may place them at risk for occupational exposure to BBP
- **Category III** – A list of PHP/CA employees by job classification, who do not perform tasks which have any potential for occupational exposure to BBP

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List of Tasks and Procedures - The questionnaire also provided a means of identifying and formulating a list of tasks and procedures, or groups of closely related tasks and procedures, in which occupational exposure may occur and that may be performed by Category I and Category II job classifications.

IDENTIFICATION OF NEW EMPLOYEES WITH BBP EXPOSURE

Managers and supervisors are responsible for identifying all of their employees with potential for occupational exposure to bloodborne pathogens at time of hire, and prior to assignment in an area, or to any procedure, which may place them at risk for occupational BBP exposure. Managers will contact the PHP OSH section to schedule the employee's initial BBP training and will offer the employee HBV vaccine, if appropriate.

A complete listing of all PHP employees who have been classified as having the potential for occupational exposure to blood and other human body fluids is listed in **Appendix C**.

METHODS OF IMPLEMENTATION AND CONTROL

UNIVERSAL PRECAUTIONS

All PHP/CA employees at a minimum will utilize universal precautions, which is a method of infection control whereby all human blood and only certain body substances are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Body Substance Precautions (BSP) - In actuality, PHP/CA employees use BSP, a stricter method of infection control, which incorporates Universal Precautions but goes further to include all human blood and all human body fluids. PHP employees use barriers such as gloves, protective clothing and protective shields whenever an employee touches, or may be splashed, by any body substance from a client, regardless of the client's diagnosis.

BSP improves on the traditional systems because they protect workers during the period before the client's diagnosis is known, and is based on the knowledge of disease transmission and the prevention of disease transmission. Since the BSP method considers all patient and laboratory specimens as potentially infected, it provides protection from not only known infected cases, but the unrecognized cases as well, and therefore, protects clients and employees alike.

EXPOSURE CONTROL PLAN

All employees covered by the bloodborne pathogens standard shall receive an explanation of the PHP ECP during their initial training session provided by OSH Section staff. It will be reviewed again during annual

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refresher training provided by managers/supervisors, or their designees. All employees will have an opportunity to review this plan at any time during their work shifts by contacting their manager/supervisor.

Review and Update OF Exposure Control Plan - The Chair, and members of the PHP Infectious Disease Committee (PHP ICC), are responsible for reviewing and updating the BBP ECP annually, or more frequently if necessary, to reflect:

- New or modified tasks or procedures, which affect occupational exposure
- New or revised employee positions with occupational exposure, and to review and respond to information indicating that the Exposure Control Plan is deficient in any area, and to review and evaluate exposure incidents which occurred since the previous update

SHARPS INJURY LOG/ “BLOOD OR BODY FLUID EXPOSURE REPORT” FORM

Every exposure incident involving a sharp must be recorded on an individual “Blood or Body Fluid Exposure Report” form, provided in **Appendix D**, within 14 working days of the date the incident is reported to the employer. The SFGH OHS Clinic, located in Building 9, provides and assists all employees with completion of this form during the initial Clinic visit.

Pre-designated employees, who seek medical treatment with a healthcare provider other than the SFGH OHS Clinic, must complete a “Blood Or Body Fluid Exposure Report” form within 14 working days of the date they report the incident to their supervisor/manager. Managers and/or supervisors will provide this form to the injured employee, and ensure that it is completed and returned to:

**Director
Community Health Network Environmental Health and Safety Dept.
SFGH Environmental Safety and Health Program
Building 30, Room 3204
1001 Potrero Avenue, SF, CA 94110.**

The following information is collected by the “Blood Or Body Fluid Exposure Report” form:

- Date and time of the exposure incident
- Type and brand of sharp involved in the exposure incident
- Job classification of the exposed employee
- Department or work area where the exposure incident occurred
- The procedure that the exposed employee was performing at the time of the incident
- How the incident occurred
- The body part involved in the exposure incident

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- If the sharp had e.s.i.p., whether the mechanism was activated, and whether the injury occurred before the protective mechanism was activated, during the activation, or after the activation of the mechanism, if applicable
- If the sharp had no e.s.i.p., the injured employee's opinion as to whether and how such a mechanism could have prevented the injury
- The employee's opinion about whether any other engineering, administrative or work practice controls could have prevented the injury

Data from each form is placed in a database by the CHN EH&S Department and is compiled to form the "Sharps Injury Log" for the Department of Public Health. The data from this log is reviewed and analyzed by the SFGH Safe Devices Committee and the PHP Infection Control Committee to make recommendations for changes in current work practices, use of new safer needle devices, and/or changes to a completely needleless system, if appropriate.

ENGINEERING CONTROLS

Engineering controls are physical measures taken to isolate or remove hazards from the workplace and thereby minimize or eliminate employee risk from occupational bloodborne pathogen exposure. Engineering controls implemented for prevention of bloodborne pathogen exposure shall be examined and updated at least annually to ensure effectiveness by the PHP Infection Control Committee.

Specific engineering controls shall be developed and recommended by PHP representatives from the SFGH Safe Device Committee in collaboration with the DPH PHP Infection Control Committee.

Other engineering controls may include use of plastic bags, splashguards, resuscitation masks, and bio-safety cabinets.

Where occupational exposure remains after institution of these controls, work practice controls and PPE appropriate for the task shall be provided and used.

WORK PRACTICE CONTROLS

All managers and supervisors are responsible for identifying specific tasks with potential for occupational exposure to BBP, and developing and implementing written, site specific, work practice controls to prevent or minimize those exposures.

Work practice controls are a means of reducing 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).

Work practice controls may include modifications of work procedures that shall potentially reduce or eliminate the likelihood of occupational exposure to blood or other potentially infectious materials. These controls shall be evaluated and updated on a regular basis, at least annually, to ensure their effectiveness. The following procedures are required at all PHP work sites and by all employees:

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- **Hand washing** – All Divisions shall provide their employees with hand washing facilities that are readily accessible.
 1. Employees shall wash their hands as soon as possible after the removal of gloves and/or other Personal Protective Equipment discussed below.
 2. Employees shall wash their hands and any other exposed skin area with soap and water as soon as possible following contact of such body areas with any human blood or body fluid.
 3. If soap and water are not readily available for employees in the field or during an internal disaster, antiseptic towels or cleaning agents will be provided by managers/supervisors. Employees shall then wash their hands with soap and water as soon as it is feasible.

- **Broken glassware** - Broken glassware that may be contaminated with human blood and other body substances shall not be directly handled with a gloved or bare hand. It shall be handled by mechanical means, such as using tongs, or a dustpan and a broom. Contaminated broken glass shall be placed in a puncture-resistant container and disposed of as bio-hazardous waste.

Teeth or bone fragments extracted during surgery, shall be considered as sharps, and handled as such, for disposal purposes by being placed into a sharps disposal container. Large bone pieces shall be handled in a manner to minimize accidental cutting and be placed into a labeled biohazard box lined with a red plastic bag.

- **Sharps Disposal Containers** - Sharps disposal containers shall be closable, puncture resistant, leak proof on sides and bottom, and designed for storage and disposal of used sharps. Such containers must be labeled with the universal biohazard symbol. Containers must be easily accessible to employees, replaced frequently enough to prevent overfilling, and be placed conveniently at the point of use where sharps use can reasonably be anticipated. Reusable sharps containers shall not be opened, emptied, or cleaned manually or in any other manner, which would expose employees to risk of percutaneous injury.

Sharps containers, when three-quarters filled, shall have their tops securely closed so that no spillage occurs and be disposed of as bio-hazardous waste.

DPH Facilities Management Services shall be responsible for appropriate disposal of sharps disposal containers, as well as other types of bio-hazardous or medical waste generated at PHP work sites through existing DPH Medical Waste Disposal contracts.

- **Prohibited Activities in Work Area** - Eating, drinking, smoking, applying cosmetics and lip balm, and handling contact lenses in any work areas where there is a reasonable likelihood of occupational exposure to BBP is strictly prohibited. Employees shall remove all potentially

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contaminated PPE, wash their hands and exit the work area prior to the consumption of any food after handling blood and other potentially infectious materials.

Food and drink shall not be kept in freezers, refrigerators, shelves, cabinets, or on countertops or bench tops where blood or potentially infectious materials are present.

- **Performance of Procedures involving Occupational Exposure Potential** - Any procedure that could potentially generate aerosols or other inhalation hazards, shall be performed in a manner that shall minimize transmission of pathogens.
 1. Instruments or devices that enter tissues or the vascular system of any patient or through which blood flows shall be sterilized or receive high-level disinfecting.
 2. Medical devices or instruments that require disinfecting or sterilization must be thoroughly cleaned before exposed to a germicide and the manufacturer's instructions for the use of that germicide shall be followed.
 3. Mouth pipetting of blood or other potentially infectious materials is prohibited.
- **Specimen Handling and Transport** - Body Substance Precautions (BSP) must be practiced in obtaining, transporting, and handling **ALL** fluid or tissue specimens within all DPH PHP/CA facilities, including the Microbiology Laboratory. Therefore, it is unnecessary to use special labels.

Specimen containers for transport or shipping outside of PHP/CA facilities, shall be packed according to the DPH Public Health Infection Control Manual Messenger Service's Infection Control Policies and Procedures. The outside transport containers must be labeled with the universal biohazard symbol prior to transport.

All specimens of blood or other potentially infectious materials shall be placed in a primary container and a secondary see-through plastic bag (zip lock type bags), which contain any leakage during the collection, handling, processing, storage, transport, or shipping. This containment also permits employee to see broken and/or leaking containers.

Exception: Within each PHP facility, blood specimens in vacutainer tubes may be transported in phlebotomy trays and/or carts without a secondary container.

Standard cleaning, disinfecting, and sterilization procedures currently recommended for HIV, Hepatitis B, Hepatitis C, and other transmissible bloodborne pathogens in a variety of health care settings are adequate to clean, disinfect, or sterilize instruments, devices, or other items contaminated with body substances.

- **Equipment Transport, Cleaning, and Service** - Any equipment which is contaminated with blood and other potentially infectious materials shall be examined and decontaminated as necessary **PRIOR** to transport unless the user can demonstrate that decontamination of such

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equipment or parts of such equipment is not feasible. Equipment or areas of equipment that cannot be decontaminated shall be labeled with the universal biohazard symbol.

The individual sending contaminated equipment shall ensure that information regarding contamination is conveyed to the receiving workers, servicing representatives, and any other affected personnel prior to transport, so that adequate precautions can be taken.

- **Environmental Cleaning & Disinfection** - Although microorganisms are a normal contaminant of walls, floors, and other surfaces, these environmental surfaces rarely are associated with transmission of infections to personnel. Therefore, extraordinary attempts to disinfect or sterilize these environmental surfaces are rarely indicated. However, routine cleaning and removal of soil is recommended. Cleaning schedules and methods vary according to the area being cleaned, type of surface to be cleaned, and the type of soil present.

As mentioned in the DPH PHP Facilities Management Section, each PHP facility shall have written schedules for cleaning and disinfecting medical equipment, supplies, materials, and environmental surfaces. Checklists are recommended for accountability purposes.

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PERSONAL PROTECTIVE EQUIPMENT

Personal Protective Equipment (PPE) is specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts, and blouses) not intended to function as protection against a hazard are not considered to be PPE. PPE is considered “appropriate” only if it does not permit blood or other potentially infectious materials (OPIM) to pass through employees’ underlying garments to reach the skin, eyes, mouth or other mucous membranes under normal conditions of use.

The nature of the job and the degree of potential exposure will determine the type of PPE needed. Common equipment for protection against bloodborne pathogens exposures, includes, but is not limited to, gloves (in appropriate sizes), eye goggles, face shields, masks, resuscitation bags, pocket masks, other ventilation devices, and clothing and booties, which are impermeable to human blood and other body fluids. Uniforms or lab coats, which do not meet the definition of PPE, are not acceptable as personal protective equipment.

- **General Provisions**

1. Employees, who have potential for occupational exposure to human blood and body fluids, shall receive appropriate PPE, be expected to wear it, and be trained to use it.
2. PPE shall be provided without cost to the employee, and in appropriate size ranges.
3. Some examples of PPE provided to PHP/CA employees are: gloves, gowns or aprons, booties, which are impervious to blood and other body fluids, face shields, safety goggles, glasses with solid side shields, or chin-length face shields, mouthpieces, resuscitation bags or other ventilation devices.
4. PPE shall be removed prior to leaving the work area.
5. Used PPE shall be placed in a designated container or location for storage, cleaning, or decontamination.
6. Cleaning, disposal, repair and replacement of PPE shall be provided at no cost to the worker.

- **Gloves**

Gloves shall be worn whenever contact with blood or other body substances are anticipated. Unless otherwise stated, “gloves” refers to disposable, latex, vinyl, or single-use gloves. Hypoallergenic gloves, powder free gloves, glove liners, and similar alternatives must be readily available & accessible at no cost to employees who have documented allergy to the gloves usually supplied to their area.

Employees who experience difficulty using any gloves shall report the difficulty to their supervisor immediately and be referred to the SFGH OHS Clinic for further evaluation.

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Gloves shall be:

1. Replaced as soon as possible if they are torn, or otherwise rendered ineffective.
 2. Removed as soon as possible after contamination with blood or other body fluids, taking care to avoid skin contact with the exterior surface.
 3. Utility gloves (for non-patient care use only) may be decontaminated for re-use if the integrity of the glove has not been compromised. They shall be discarded if they are peeling, cracked, or exhibit any sign of deterioration which would compromise adequate barrier protection.
 4. When wearing gloves, employees shall:
 5. Avoid handling personal items, such as pens, that could become soiled or contaminated.
 6. Avoid hand to mouth contact while wearing gloves.
- **Masks** - Masks, in combination with eye protection devices, such as goggles or glasses with solid side shields, **OR** chin length face shields, shall be worn whenever there is potential for splash, spray, spatter, or droplets of blood or other body fluids to the eyes, nose, or mouth.
 - **Gowns, Aprons, or other Similar Coverings** - Gowns, aprons, or other similar coverings shall be worn when there is potential exposure of blood or body substances to clothing or skin. The appropriate type of outer garment shall be based on the task and degree of exposure anticipated. Contaminated coverings shall be changed as soon as practical.
 - **Surgical Caps or Hoods and/or Boots** - Surgical caps or hoods and/or boots shall be worn in situations where gross contamination of skin and clothing is anticipated, such as in surgical areas.
 - **Resuscitative Devices** - All PHP employees who are expected to perform cardiopulmonary resuscitation (CPR) as a requirement of their position and/or their profession shall have resuscitative devices readily accessible, be trained in their use and use them and be able to decontaminate them, if appropriate.

SAFETY NEEDLE DEVICES AND NEEDLELESS SYSTEMS

All Divisions under this policy are committed to use of needleless systems and sharps devices with engineered sharps injury protection (e.s.i.p.) for the following reasons:

- Continuing high number of needle sticks and other sharps injuries in health care settings

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- Recognition of Hepatitis C as a bloodborne pathogen of serious concern
- Emerging technologies for needleless systems, and needles and other sharps devices with engineered sharps injury protection (e.s.i.p.).

Safety medical devices and equipment may include, but is not limited to, the following:

- Needleless heparin lock systems
- Needleless IV “piggyback” systems
- Self-sheathing syringes
- Hinged re-cappers for needles
- Retracting needles
- Self retracting lancets
- Self-sheathing winged steel needles
- Safety domes for direct-draw blood cultures
- Self-sheathing IV catheter stylets, which mechanically prevent or minimize the risk of needlesticks, lacerations, or other exposure incidents

Needleless IV systems shall be used for:

- Withdrawal of body fluids after initial venous or arterial access is established
- Administration of medications and/or other fluids that are to be administered into the bloodstream
- All procedures involving the potential for an exposure incident for which a needleless system is available as an alternative to the use of needle devices

Exceptions to this include market unavailability and /or when it is determined that such a system may jeopardize patient safety or the success of the procedure.

Safety needle devices shall be used if needleless systems or sharps devices with e.s.i.p. are not available for the following:

- Withdrawal of body fluids
- Accessing a vein or artery
- Administration of medications and fluids
- Any other procedure involving potential for a sharps injury exposure incident.

Exceptions to this include:

- **Market availability** – Demonstration that no needleless systems or sharps devices with e.s.i.p. are available in the marketplace for their procedure

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- **Patient safety and comfort** - Demonstrated by a licensed healthcare professional, directly involved with a patient's care who determines that available needleless systems or sharps devices with e.s.i.p. would compromise the patient's care or safety
- **Effectiveness** - Demonstration that available needleless systems or sharps devices with e.s.i.p. is not more effective in preventing exposure incidents than the standard device being used at DPH PHP/CA.
- **Performance Data** - Demonstration that sufficient information is not available on the safety performance of needleless systems or sharps devices with e.s.i.p., which are currently available in the market place, and the employer is actively evaluating such devices

The Medical Director, Environmental and Occupational Safety and Health Sections, and other PHP staff members shall be represented on the SFGH Safer Device Committee to evaluate available needleless systems or sharps devices with e.s.i.p. for use within their specific areas.

The ICP shall focus its efforts through:

- Evaluating records of sharps injuries involving PHP employees covered by this policy
- Interviewing PHP employees to address areas where the frequency and consequences of exposure are greatest
- Evaluating and selecting devices for the highest risk areas and highest risk procedures
- Documenting and monitoring the outcomes of new safer needle devices

Vendors and alternative vendors/suppliers who carry selected needleless systems or sharps devices with e.s.i.p. shall be chosen to ensure availability of the safety devices.

Contaminated Needles and Sharps - Contaminated needles and other sharps shall be disposed of immediately, or as soon as possible, after their use in appropriate containers until properly disposed of as medical waste. Contaminated needles and other contaminated sharps shall not be sheared or purposely broken. Recapping, bending, or removal of contaminated needles is allowed only when the medical procedure requires it and no alternative is feasible. If such action is required, it must be performed by the use of a mechanical device, or a one-handed technique.

Reusable Sharps - Reusable sharps, such as large bore needles, scalpels, saws, etc. which become contaminated with human blood and other body substances, shall be placed in special containers until properly reprocessed. These containers shall be:

- Puncture resistant
- Labeled with the "Biohazard" symbol
- Leak proof on the sides and bottom
- Not stored or processed in a manner that requires workers to reach by hand into the container

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- Decontaminated and/or sterilized before re-use.

HOUSEKEEPING

General

While extraordinary attempts to disinfect or sterilize environmental surfaces, such as walls or floors are not usually indicated, routine cleaning & removal of soils is required at all PHP works sites.

Employees located in DPH owned facilities are provided housekeeping and regulated waste handling services through the DPH PHP Facilities Management Services Department. Each PHP work site shall develop, implement & maintain specific written work practices and schedules for cleaning & disinfecting equipment, supplies and any reusable containers, such as trash cans, bins or pails at each work site.

Employees located in non - DPH owned facilities, do not fall under the jurisdiction of the DPH PHP Facilities Management Services Department for janitorial and regulated waste handling services. Managers must ensure that their housing contracts, administered by the Manager, DPH Plant Services, include specific housekeeping requirements which meets, or exceeds, DPH Housekeeping policies.

Work surfaces, which have become contaminated with human blood and other body fluids, must be cleaned and disinfected immediately after completion of the procedure to ensure that employees do not become exposed to blood or OPIM that remain on the surface.

Regulated Waste

Regulated waste, as defined in **Appendix A**, must be handled in accordance with all Federal, State & local regulations, namely the California Medical Waste Act, Chapter 6.1, Health & Safety Code. DPH PHP Administration maintains Medical Waste contracts with a State licensed Medical Waste Company for transport and disposal of sharps and other medical waste generated at PHP work sites.

Laundry

- Contaminated laundry, which is moist with blood or other potentially infectious materials, shall be placed in plastic, leak-proof bags at the location where it was used
- Contaminated laundry shall be placed and transported in plastic bags and handled according to BSP
- Employees who have contact with contaminated laundry shall wear protective gowns, gloves, face shields and other appropriate PPE

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COMMUNICATION OF HAZARDS

WARNING LABELS/BIOHAZARD SIGNS

- Warning labels incorporating the universal biohazard symbol and the word, "biohazard," shall be printed on, or affixed to, containers of regulated waste, refrigerators, and freezers containing blood or other potentially infectious materials, or any other containers used to store, transport or ship blood or other potentially infectious materials outside of any PHP/Co/A facility.
- Labels shall be affixed to contaminated equipment and/or equipment containers.
- Containers of blood, blood products, or blood components that are labeled as to their contents and that have been released for transfusion or other clinical use, are exempted from labeling requirements.
- The labels shall be fluorescent orange or orange-red with lettering or symbols in a contrasting color.
- Labels shall be affixed as securely as possible to the container, preferably by adhesive, or by wire, string or other method that prevents their loss or unintentional removal.
- Red bags or red containers may be substituted for labels except for sharps containers or regulated waste red bags. Bags used to contain regulated waste shall be color-coded red and shall be labeled with the Biohazard sign.

Laboratories shall have a sign posted at the entrance to each laboratory, which shall:

- Incorporate the universal biohazard symbol
- List any special requirements for entering the area
- List the name and telephone number of the laboratory director or other responsible person

These signs shall be fluorescent orange or orange-red with contrasting color.

TRAINING

DPH PHP OSH Section staff shall provide initial training to all employees who are at risk for occupational exposure to blood and body fluids. Managers and supervisors, or their designees shall provide annual and site specific training. Materials presented shall be appropriate in content and vocabulary to the educational level, literacy, and language background of the participants. This training shall be provided at no cost to the employee and during work hours.

- Bloodborne pathogen training will be given as follows:
 1. At the time of initial assignment to tasks where occupational exposure may occur

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2. At least annually after the initial training
 3. Whenever modification of current tasks may affect the potential occupational exposure to blood and body fluids
- Training of personnel who are not CCSF employees, such as UCSF personnel, contract workers, registry personnel, student affiliates, and the primary employer must provide volunteers,, unless otherwise specified in writing between PHP and the outside agency. Site specific training, PPE, and environmental records (i.e. sharps containers placement) will be provided by DPH PHP managers and supervisors or their designees.
 - The DPH PHP/CA training program shall include, but is not limited to the following elements:
 1. **Copy and Text of Standard** - Provision of an accessible copy of the regulatory text of the Cal-OSHA "Occupational Exposure to bloodborne pathogens" 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 Bloodborne Pathogen Exposure Control Plan** - An explanation of the PHP BBP Exposure Control Plan and its availability to each employee
 5. **Risk Identification** - An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
 6. **Methods of Compliance** - An explanation of the use and limitations of methods that may prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment
 7. **Decontamination and Disposal** – Information regarding the requirements for regular cleaning and maintenance schedules to remove soil, disinfect medical equipment, supplies, materials, and environmental surfaces to prevent transmission of infectious diseases
 8. **Personal Protective Equipment** - Information on the selection and maintenance of PPE including types, proper use, location, removal, handling, decontamination and disposal
 9. **Hepatitis B Vaccination** - Information on the Hepatitis B vaccine, including information on its safety, efficacy, method of administration, the benefits of being vaccinated, the mechanism for assuring PHP/CA employees are immunized at no cost

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10. **Emergency Needlestick Hotline** - Information on the appropriate actions to take and the person(s) to contact after sustaining an exposure incident involving blood or other potentially infectious materials
11. **BBP Exposure Incident** - Explaining 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 procedures for recording the incident on the Sharps Injury Log
12. **Post-Exposure Evaluation and Follow-Up** - Information on the post-exposure medical evaluation and follow-up that DPH PHP/CA is required to provide for any employee who has sustained a BBP exposure incident
13. **Signs and Labels** - An explanation of the requirements for using and posting biohazard signs and labels
14. **Written Post Test** – A written post test for employees to complete with answers provided following the test
15. **Interactive Training** - There must be an opportunity for interactive questions and answers with the person(s) conducting the training
16. **Trainer Qualifications** – The person(s) conducting the training must be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

Annual Training

Manager/supervisors, or their designees, shall provide annual Bloodborne Pathogen training to their staff within one year of their previous training. The training shall consist of, but not be limited to, the following:

“A review of the most current DPH PHP Bloodborne Pathogens Exposure Control Plan, & any specific training or any changes, such as new engineering, administrative or work practice controls, modification of tasks or procedures, or institution of new tasks or procedures which affect the employee’s occupational exposure to blood and other body fluids.”

HEPATITIS B VACCINATION

A safe and effective vaccine is available to protect workers from becoming infected with the Hepatitis B Virus. The vaccine is generally well tolerated and has not been associated with serious side effects. Immunization requires three injections of the vaccine into the muscle of the upper arm (deltoid) over a six-month period. If Hepatitis B antibodies are not developed an additional series of Hepatitis B vaccine may be given.

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- The Hepatitis B vaccine shall be offered to all workers who are at risk of occupational exposure to transmissible bloodborne pathogens, and within 10 working days of hire or reassignment to a job or tasks that place the worker at risk of exposure to blood and body fluids. The Hepatitis B Vaccine shall be offered:
 1. At no cost to the worker
 2. Made available at reasonable times during normal work hours and at an accessible location
 3. Administered by or under supervision of a licensed physician or by another licensed health care professional
 4. Provided according to current recommendations of the U.S. Public Health Service. There is no current recommendation for booster doses. In the future should booster doses be recommended, they should be administered as described in 1, 2, and 3 above.
 5. The following exemptions exist:
 - a. The worker has previously completed the vaccine series
 - b. Antibody testing has revealed that the worker is immune
 - c. The vaccine is contraindicated for medical reasons
- Managers and supervisors will be responsible for scheduling employees for the Hepatitis B vaccine through SFGH Occupational Health Service Clinic. If the vaccination is obtained at a location other than OHS, a copy of the vaccination record shall be forwarded to OHS to maintain in the employee's health record.
- Pre-screening before receiving the Hepatitis B vaccine series is not mandatory, although it may be offered to employees in the PHP/CA Divisions.
- Post-vaccine antibody titers may be provided, if clinically indicated, 6-8 weeks after the completion of the vaccine.
- If the employee initially declines the Hepatitis B vaccine series, but at a later date decides to accept it, then the vaccination shall be provided to the employee at that time, and at no cost to the employee.
- Any employee who declines the Hepatitis B vaccination shall sign the declination statement provided by the SFGH OHS Clinic. This declination will be kept in the Employee Health record at the SFGH OHS Clinic.

POST-EXPOSURE MEDICAL MANAGEMENT

REPORTING A BBP EXPOSURE INCIDENT

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Step One - All exposure incidents and “near misses”, as defined in Appendix A, must be reported to the immediate supervisor. An investigation will be conducted and the findings documented in the “Supervisor’s Incident Investigation Report” (SIIR) form, which is one of the three required forms listed below. This includes identification of any causal factors, and implementation of corrective actions.

The DPH OSH/Workers’ Compensation forms packet includes the following three forms:

- **Employee’s Claim for Workers’ Compensation Benefits, Department of Workers’ Compensation (DWC-1)** – This form must be provided to the employee within 24 hours of notification of an exposure incident. If the employee is not at work, the supervisor/manager must mail a copy to the employee at the employee’s home address by certified mail, if possible. The injured employee must complete their portion of the form and be provided with their appropriate copies as noted on the bottom of the form.
- **Employer’s Report Of Occupational Injury Illness (Form 5020/Form 2)** - The supervisor/manager completes this form and describes to the best of their knowledge of the employee’s exposure incident as related by the employee. This may include any pertinent information, such as the name and Brand of the device involved in the exposure incident, if appropriate, any employee training/experience handling that device, or any other type of information impacting this incident, such as the presence of other personnel who may have been involved in the exposure incident.
- **Supervisor’s Incident Investigation Report (SIIR)** – The supervisor/manager ensures that a thorough investigation of the bloodborne pathogens exposure incident is completed to include corrective actions and timelines for those actions. Near miss incidents should be reviewed carefully to ensure that the cause of the “near miss” does not occur again resulting as a true bloodborne pathogens exposure incident to the same or another employee.

Completed forms shall be faxed to the OSH staff at 554-2562 or 554-2570 and the hard copies sent via interoffice mail to the DPH OSH Program Industrial Injury Investigator at 101 Grove Street, Room 217, San Francisco, Ca 94102.

Employees who have pre-designated their own health care provider for all work-related illnesses or injuries may procure their own post-exposure evaluation and follow-up care according to the provisions of Workers’ Compensation.

Sharps Injury Log – Supervisors are responsible for providing and ensuring the employee completes a “Blood Or Body Fluid Exposure” form, Appendix E, within 14 days of having received knowledge of the exposure incident. The completed form shall be sent to the Director, CHN Environmental Safety and Health Department, SFGH Building 30, Room 3204, 1001 Potrero Avenue, San Francisco, CA 94110.

Step Two - In the event of an exposure incident, the involved employee must call the **PEP/Needlestick Hotline** at (415) 469-4411 as soon as possible and report the exposure to the PEP/Needlestick Hotline on-call clinician. The PEP/Needlestick Hotline is available 24 hours/day, 7 days a week. The

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PEP/Needlestick Hotline staff will advise the employee to report the specifics of the incident to the Manager/Supervisor, including those incidents considered “non-exposures or near misses”.

The PEP/Needlestick Hotline on-call clinician will request the name of the exposed employee, their work location, telephone number, and a history of the exposure event. If the PEP/Needlestick Hotline on-call clinician agrees that the exposure poses a possible risk for the transmission of bloodborne pathogens, Post-Exposure Prophylaxis (PEP) will be initiated, as medically indicated. The employee’s supervisor is responsible for providing and/or completing the Workers’ Compensation Forms.

The PEP/Needlestick Hotline on-call clinician may advise the exposed employee to report directly to the SFGHMC pharmacy and/or Emergency Department (ED), as appropriate, for immediate Post-Exposure Prophylaxis (PEP).

The PEP/Needlestick Hotline on-call clinician contacts and informs the Occupational Health Service (OHS) Clinic Health Care Provider.

Testing of the source individual, if known, will be accomplished through a coordinated effort of the OHS Clinic health care provider and the exposed employee’s supervisor or manager.

Results of the source individual’s testing shall be made available to the exposed employee by the Health Care Provider at the SFGH OHS Clinic. The employee shall be informed of the laws/regulations regarding the privacy rights for disclosure of the identity and infectious status of the source individual.

Step Three - The exposed employee will report to the Workers’ Compensation Section of the **SFGH Occupational Health Services Clinic** located at SFGH in Bldg. 9, 2nd floor, Room 200.

The SFGH OHS Clinic Health Care Provider will:

- Discuss the circumstances of the exposure and identify and discuss changes in work practice or technique, if any, that may be warranted to prevent accidents in the future with both the employee and the supervisor/manager
- Provide risk assessment of the specific exposure and provide information about infection risk for HIV, HBV, and HCV
- Discuss the risk and benefits of the recommended treatment plan
- Obtain and order the appropriate laboratory tests with the employee’s consent. HIV pre-test counseling is provided prior to obtaining consent to HIV serological testing.
- Laboratory specimens will be sent to the clinical lab with a coded number system without any personal identifiers. If the employee elects to have blood drawn but not to consent for HIV testing, the serum sample shall be stored for at least 90 days. If, within that 90 days the employee chooses to have the baseline sample tested, such testing shall be completed as soon as feasible.
- Complete the “Doctor’s First Report of Injury” form

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- Document the circumstances of the BBP exposure, treatment given, in the employee's Workers' Compensation medical record
- Assist the employee with completion of an "Blood or Body Fluid Exposure Report" form for all BBP exposure incidents involving a "sharp"
- Forward each form to the Director, CHN Environmental Health and Safety Department for compilation into a their Sharps Injury Log data base

If the employee refuses treatment, document all relevant information given to the employee, including the potential consequences of declining to follow the recommended course of action.

When laboratory test results become available, the SFGH OHS Services Clinic Health Care Provider informs the employee of the test results and evaluates the need for the employee to continue the any further Post exposure Prophylaxis (PEP). This decision is based on the exposed employee's test results and the source patient's bloodborne infection status, if available (e.g., if the source patient was HIV+ or HCV positive). The SFGH OHS Services Clinic Health Care Provider will arrange to continue follow-up care.

The evaluating SFGH OHS Services Clinic Health Care Provider shall ensure that the following information is documented for the exposed employee:

- Documentation of the route(s) of exposure and circumstances under which exposure occurred.
- Results of the source individual's blood testing for HIV, HCV and HBV, if available, or documentation that testing was not done due to lack of consent or other reasons, such as source unknown.
- Medical records information relevant to the appropriate treatment of the employee including vaccination status.

Healthcare Professionals Written Opinion - The evaluating SFGH OHS Services Clinic Health Care Provider shall provide the employer with a written opinion within 15 days of the completion of the evaluation.

- The written opinion for Hepatitis B vaccination shall be limited to whether the vaccine is indicated, and if the employee has received such vaccination.
- The written opinion for post-exposure evaluation and follow-up shall be limited to the following information:
 1. The employee has been informed of the results of the evaluation
 2. The worker has been told about any medical conditions resulting from the exposure, which require further evaluation or treatment
- Other findings or diagnoses shall remain confidential and shall not be included in the written report.

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RECORDKEEPING

- **Medical Records** - The SFGH OHS Clinic shall establish and maintain an accurate medical record for each employee with occupational exposure. This record shall include:
 1. Name and social security number of the employee
 2. A copy of the worker's Hepatitis B vaccination status including the dates of all Hepatitis B vaccinations, results of anti-body testing and post-vaccination testing, and any other information pertinent to the worker's ability to receive the vaccination
 3. A copy of all results of examinations, medical testing, evaluation and follow-up of exposure incidents and
 4. A copy of the OHS Health Care Providers written opinion as required following an exposure incident.

SFGH OHS Clinic shall ensure that the employee records are kept confidential and are not disclosed or reported without the worker's express written consent to any person within or outside the workplace except as required by this Standard and by law.

SFGH OHS Clinic shall maintain the records for at least the duration of employment plus 30 years in accordance with this Standard.

- **Training Records** - Training records shall include the following information:
 1. Dates of the training sessions
 2. Contents or a summary of the training sessions
 3. Names and qualifications of the persons conducting the training
 4. Names and job titles of all employees attending the training sessions
 5. Results of post test

Initial BBP PHP employee training records shall be retained by the DPH PHP OSH Section for three (3) years from the date of training. Annual training records shall be maintained by individual managers/supervisors at their work sites

- **Injury and Illness Records**
 1. **OSHA 200 Log** - All PHP exposure incidents shall be recorded as an “injury” on the “OSHA 200-Log and Summary of Occupational Injuries and Illnesses” and shall be maintained for 5 years in accordance with Federal OSHA record keeping requirements.

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When an exposure incident results in a diagnosis of HIV, HBV, or HCV seroconversion, the serological status of the employee will be recorded on the Cal/OSHA 200 log, but as an injury “needlestick” with no personal identifiers.

2. **Sharps Injury Log** - The Director, CHN Occupational and Environmental Health and Safety shall maintain the Sharps Injury Log” in a database for a period of five years from the date on which the exposure incident occurred. PHP/CA employee data from these logs will be distributed to members of the SFGH Sharps Needle Device Committee and the Chair, PHP Infection Control Committee monthly for review, discussion and action.
- **Hepatitis B Vaccination Records and Declinations** - Records recording either the administration of the Hepatitis B vaccine and/or confirmatory serology or the declination of the offer of the vaccine shall be placed in the employee’s medial record at the SFGHMC Occupational Health Clinic.

If vaccination and/or declination occurs at a site other than OHS, the manager/supervisor is responsible for obtaining and forwarding a copy of the vaccination records or declination to the employee’s occupational medical record. The manager/supervisor should keep a copy of the records.

RECORD ACCESS AND AVAILABILITY

Managers and supervisors shall ensure that all required records of the BBP standard will be maintained and shall be made available upon request to the Cal-OSHA Chief and NIOSH for examination and copying.

Employee training records shall be provided upon request to employees and their, representatives, JCAHO, California State licensing inspectors, and Cal-OSHA and to NIOSH.

Employee medical records shall be provided upon request for examination and copying to the worker, worker representatives, anyone having written consent of the worker, the Cal-OSHA Chief, and NIOSH.

The Sharps Injury Log shall be provided upon request for examination and copying to employees and/or their representatives, Cal-OSHA, Chief the California Department of Health Service, and NIOSH and to NIOSH by the Director, Community Health Network Health and Safety Department.

TRANSFER OF RECORDS

DPH PHP/CA Division staff shall comply with all requirements which involve transfer of records under the BBP standard.

If the DPH PHP/CA Division staff cease to do business, and there is no successor employer to receive and retain the records for the prescribed period, Division Directors, or their designees, shall notify the National

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Institute of Occupational Safety and Health (NIOSH), at least three months prior to their disposal, and transmit them to the NIOSH, if required by the NIOSH to do so, within that three month period.