

# Bloodborne Pathogens Exposure Control Plan (BPECP)

## 989.1 PURPOSE AND SCOPE

The purpose is to establish and implement written policy and procedures for the prevention of exposure to bloodborne pathogens in Riverside County Probation Department juvenile facilities. This policy is in conformance with the State of California mandated regulations concerning written Bloodborne Pathogens Exposure Control Plans (BPECP). This policy applies to all juvenile facility staff.

### 989.1.1 DEFINITIONS

Definitions related to this policy include:

**Bloodborne Pathogens Exposure Control Plan (BPECP)** – The written plan to prevent occupational injuries and illnesses associated with exposure to bloodborne pathogens.

**The Standard Safety Operations Manual** – The set of written safety guidelines available online through the County Safety Division of Human Resources Department website at:

<http://safety.rc-hr.com/SafetyCenter/SafetyManual.aspx>.

**Other potentially Infectious Materials (OPIM)** – Human bodily fluids other than human blood.

## 989.2 AUTHORITY AND REFERENCES

- Board of State and Community Corrections Title 15, Article 8, § 1410;
- California Code of Regulations Title 8, §§ 3203, 3204 & 5193;
- Riverside County Standard Safety Operations Manual.

## 989.3 POLICY

The Riverside County Probation Department is committed to minimizing staff exposure to bloodborne pathogens. The health and safety of individual staff working in juvenile facilities shall be given the utmost consideration. It is the policy of the Riverside County Probation Department to provide a safe and healthy work environment for all staff and to comply with all applicable guidelines, rules and recommendations published by state regulatory agencies. The BPECP shall be in accordance with the California Code of Regulations (CCR) Title 8 Section 5193. The purpose of the BPECP is to implement components mandated to minimize or eliminate occupational exposures to bloodborne pathogens, specifically Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) as well as those who are exposed to Other Potentially Infectious Materials (OPIM). The plan shall promote the use of safer engineering controls and more effective work practices and shall be consistent with the requirements of the California Occupational Safety and Health Administration (Cal OSHA) Injury and Illness Prevention Program CCR Title 8 Section 3203. The plan shall be refined and updated as

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required. Staff potentially exposed to bloodborne pathogens shall receive training on an annual basis.

#### **989.4 ELEMENTS OF THE BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN (BPECP)**

The BPECP consists of the following elements:

- (a) Exposure determinations;
- (b) The schedule and method of implementation for each of the applicable subsections of the Bloodborne Pathogens Regulation CCR Title 8 Section 5193;
- (c) Provisions for the initial reporting of exposure incidents;
- (d) Hepatitis B vaccination series for unvaccinated staff;
- (e) Post-exposure evaluation and follow-up;
- (f) Effective procedures for evaluating the circumstances surrounding exposure incidents; and
- (g) Work practice controls.

The Hepatitis B Virus (HBV) is the major infectious bloodborne pathogen hazard that staff face on the job. Hepatitis means inflammation of the liver. Staff shall be offered the Hepatitis B vaccination series, as required by CCR Title 8. Staff shall also receive training, as outlined in CCR Title 8 Section 5193. The Hepatitis B vaccination shall be offered within 10 working days of initial assignment to all staff who have occupational exposure to bloodborne pathogens. If the staff initially declines the vaccination, but at a later date while still covered under the standard then decides to accept the vaccination, the vaccination shall be made available at that time. The names of staff who have received the Hepatitis B vaccine shall be kept on file with the Probation Department Human Resources Division.

The Human Immunodeficiency Virus (HIV) attacks the body's immune system, causing the disease known as Acquired Immune Deficiency Syndrome (AIDS).

Hepatitis C is a liver disease caused by infection with the Hepatitis C Virus (HCV), which is found in the blood of persons who have this disease. HCV may be spread through contact with contaminated blood.

All Riverside County Probation Department staff whose job involves risk of occupational exposures are required to be familiar with and adhere to the BPECP. A copy of the BPECP shall be posted in the detention control office (DCO), the maintenance office, on the safety bulletin board, in the living units and on file with the facility manager(s) and shall be readily accessible to all staff.

The BPECP shall be made available upon request, for examination and copying, to our staff, the Chief of Cal OSHA and the National Institute for Occupational Safety and Health (NIOSH) (or their respective designees) in accordance with CCR Title 8 Section 3204.

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#### **989.5 EXPOSURE DETERMINATION**

Occupational exposure as defined by the Cal OSHA is reasonably anticipated skin, eye, mucous membrane, or potential contact with blood or OPIM that may result from the performance of staff's duties. Potential contact means piercing mucous membranes or skin barrier through such events as needle sticks, human bites, cuts and abrasions. OPIM includes various contaminated human body fluids, unfixed human tissues or organs and other materials known or reasonably likely to be infected with HIV, HBV or HCV through cells, tissues, blood, organs or solutions.

Cal OSHA requires employers to perform an exposure determination concerning which staff may incur occupational exposure to blood or OPIM. The exposure determination is made without regard to the use of personal protective equipment (PPE) and staff are considered to be exposed even if they wear PPE. This exposure determination is used to list all job classifications in which staff may be expected to incur an occupational exposure.

In the following job classifications for this department normal activity may include exposure to blood or other bodily fluids:

Category I: Staff who perform tasks that result in reasonably anticipated exposure to blood or OPIM:

Supervising Probation Officer	Deputy Probation Officer I
Senior Probation Corrections Officer	Deputy Probation Officer II
Probation Corrections Officer I	Laundry Worker
Probation Corrections Officer II	Probation Assistant
Senior Probation Officer	Probation Specialist
Sewing Services Worker	Storekeeper

Category II: There are some staff who work at juvenile facilities whose job descriptions would not routinely involve exposure to blood or OPIM. However, since they work at a juvenile facility, they could perform tasks that expose them to OPIM. Staff with the following job descriptions could come in contact with OPIM during sewage clean-up activities.

Maintenance Building Mechanic	Maintenance Supervisor
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#### **989.6 SCHEDULES AND METHODS OF IMPLEMENTATION**

The Riverside County Probation Department's policy is to select appropriate and effective engineering and work practice controls to reduce or eliminate the number of exposure incidents. Engineering controls mean controls that isolate or remove the bloodborne pathogens hazard from the workplace. Work practice controls mean controls that reduce the likelihood of exposure by defining the manner in which a task is performed. Both types of controls are updated concurrently because engineering controls alone cannot provide protection to staff unless they are used with appropriate work practice controls. The department's policy is to perform all procedures involving blood or OPIM in a manner so that splashing, spraying, spattering and generation of droplets are kept at a minimum.

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The Riverside County Probation Department has developed a schedule and methods of implementation for the applicable subsections (d) through (h) of CCR Title 8 Section 5193. We have determined which subsections are applicable to the department and documented the pertinent information as follows:

- (a) Universal precautions shall be observed to prevent contact with blood or OPIM. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
- (b) The facility manager(s) shall implement, review, annually update and monitor the BPECP to ensure compliance. The facility manager(s) or designee shall have overall management responsibility to ensure that engineering controls are examined, maintained and replaced annually to ensure their effectiveness.
- (c) The facility manager(s) or designee shall evaluate and update work practice controls annually to ensure their effectiveness. The facility manager(s) or designee shall seek the participation of staff whose job duties involve occupational exposure to bloodborne pathogens and whose contributions of expertise and experience are significant. This committee, whose members include those assigned by the facility manager(s) or designee, shall meet annually to discuss these issues. To assess the effectiveness of our engineering and work practice controls, we shall use information gathered from the sharps injury log, Cal OSHA's Log 300 and staff interviews. Where occupational exposure remains after institution of these controls, PPE shall also be utilized.

The following are examples of engineering controls:

- (a) Hand washing facilities are available to staff who may be exposed to blood or OPIM. These facilities are readily accessible in all work places at Riverside County Probation Department juvenile facilities. If hand washing facilities are not available, staff shall use an antiseptic cleanser in conjunction with clean cloth or paper towels or antiseptic towelettes. If these alternatives are used, hands shall be washed with soap and running water as soon as practicable. The facility manager(s) or designee shall ensure that after the removal of personal protective gloves, staff wash their hands and any other potentially contaminated skin area immediately or as soon as practicable with soap and water.
- (b) Disposable, nitrile gloves shall be available for all staff. The utility belts assigned to supervising probation officers (SPO), senior probation corrections officers (Sr. PCO) and probation corrections officers (PCO) have a glove pouch attached in which to carry disposable gloves. In addition, disposable gloves shall be available on each living unit.
- (c) There shall be cardiopulmonary resuscitation (CPR) masks available for staff on each living unit of all juvenile facilities. Goggles and masks shall be available upon request when the potential for splash or spray of blood or OPIM to the facial area is anticipated.
- (d) Laundry contaminated with blood or OPIM shall be handled as little as possible and with a minimum of agitation. Such laundry shall be placed and transported in a yellow infectious bag to housekeeping. Disposable gloves shall be used by all staff who have contact with contaminated laundry.

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- (e) Items contaminated with blood or OPIM and which cannot be laundered shall be placed in a red infectious bag and placed in the biohazard barrel that holds potentially infectious materials. Disposable gloves shall be worn by all staff that can come in contact with biohazardous waste. Riverside County Regional Medical Center (RCRMC) contracts with Steri Cycle to pick up biohazardous waste from Riverside County juvenile facilities once a month.

Safe work practices include the following:

- (a) Sharing or breaking of contaminated needles and other contaminated sharps is prohibited.
- (b) Contaminated sharps shall not be bent, recapped or removed from devices.
- (c) Sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires staff to reach by hand into the containers that the sharps have been placed.
- (d) Disposable sharps shall not be reused.
- (e) Broken glassware, which may be contaminated, shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a broom, brush and dustpan, tongs or forceps.
- (f) The contents of sharps containers shall not be accessed unless properly reprocessed or decontaminated.
- (g) Sharps containers shall not be opened, emptied or cleaned manually or in any other manner which would expose staff to the risk of sharps injury.
- (h) Mouth palpating or suctioning of blood or OPIM is prohibited.
- (i) Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.
- (j) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or OPIM are present.
- (k) A mechanical device (Bag Valve Mask (BVM) or pocket mask with a one-way valve or micro shield mouth to mouth resuscitation barrier) shall be used for all respiratory assistance or resuscitation.

To preserve contaminated criminal evidence, it shall be collected and placed in a closed, labeled/ color-coded container to prevent leakage, such as a plastic container for transport to the evidence room. Upon receipt at the evidence room, the material shall be removed from the container and permitted to air dry. The law enforcement officer performing this task shall utilize the proper protective clothing. When the evidence is dry, it shall be placed in a proper closed specimen container and labeled Biohazardous.

Contaminated needles and sharps that are reusable shall be placed immediately after use into appropriate containers that are puncture resistant and labeled with a biohazard label that is leak

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proof. The reusable sharps containers are located in the nursing office. RCRMC contracts with Steri Cycle to pick up biohazardous waste from juvenile facilities once a month.

Specimens of blood or OPIM shall be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping of the specimens. The container used for this purpose shall be properly labeled or color-coded and closed prior to storage, transport or shipping. Any specimen which could puncture a primary container shall be placed within a secondary container which is puncture resistant. If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage and is properly labeled as containing biohazardous materials.

Equipment which may become contaminated with blood or OPIM shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless it can be demonstrated that the decontamination of such equipment is not practicable. The facility manager(s) or designee shall ensure that information pertaining to the contamination status of a piece of equipment is conveyed to all affected staff, the servicing representative and/or the manufacturer prior to handling, servicing, or shipping so that appropriate safety precautions shall be taken.

#### **989.7 PERSONAL PROTECTIVE EQUIPMENT (PPE)**

PPE is the staff's last line of defense against bloodborne pathogens. The facility manager(s) or designee is responsible for ensuring that all PPE used at juvenile facilities shall be provided at no cost to staff.

PPE is considered appropriate only if it does not permit blood or OPIM to pass through or reach the staff clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which protective equipment shall be used.

The facility manager(s) or designee shall distribute utility belts to SPO/Sr. PCO/PCO, which contain disposable gloves, for staff who come in contact with blood or OPIM. Nitrile gloves are available and shall be used during cleaning and decontamination procedures. When the potential for splash or spray of blood or OPIM in the facial area is anticipated and may occur from contact of bodily fluids, goggles and masks are available upon request during the decontamination procedure. Disposable one-piece jumpsuits are available on request whenever it is anticipated that contact (splashes to the body or gross contamination) may occur from contact of bodily fluids. The one-piece jumpsuits, goggles, masks and gloves shall be stored in a designated area accessible by staff at all times, within the housekeeping area of the facility.

The staff shall be trained regarding the use of the appropriate PPE for their job classifications and tasks/procedures they perform. Initial training about PPE shall be completed staff start a new position, when any new equipment arrives or when any new procedure is initiated.

Additional training shall be provided, when necessary, if staff take a new position or new job functions are added to their current position.

All PPE shall be visually inspected monthly for defects and repaired or replaced as needed to maintain its effectiveness.

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The facility manager(s) or designee at each facility shall be responsible for ensuring that all department work areas have appropriate PPE available to staff.

PPE shall be cleaned, laundered and/or disposed of by housekeeping at no cost to staff.

All protective garments, which are penetrated by blood, shall be removed immediately or as soon as practicable. All PPE shall be removed prior to leaving the work area or location which requires the equipment. When PPE is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves shall be used where it can be reasonably anticipated that staff shall have hand contact with blood or OPIM when handling or touching contaminated items or surfaces.

Disposable gloves shall not be washed or decontaminated for reuse and shall be replaced when they become contaminated, torn, punctured, or when their ability to function as a barrier is compromised.

Utility gloves may be decontaminated for reuse provided that the integrity of the glove is not compromised. Utility gloves shall 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.

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

Personal eye glasses do not provide a sufficient level of protection. If eye glasses are worn, goggles which completely cover the glasses shall also be worn to prevent exposure through the eyes. The following situations that would require such protection are as follows:

- (a) When a youth is spitting;
- (b) When an artery has been cut; and
- (c) When a youth is vomiting explosively.

Additional protective clothing such as lab coats, gowns, aprons, shoe covers, boots, clinic jackets or similar outer garments shall be worn in instances where gross contamination can be reasonably anticipated such as during a sewage eruption.

#### **989.8 HOUSEKEEPING AND DECONTAMINATION PROCEDURES**

The facility manager(s) or designee shall ensure that all areas of the facility are maintained in a clean and sanitary condition.

The facility manager(s) or designee shall determine and implement an appropriate written schedule for the cleaning and decontamination of areas of the facility if they become contaminated. The method of decontamination used shall depend on the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedures being performed in the area.

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Staff are responsible for ensuring that equipment or surfaces are cleaned with an appropriate disinfectant and decontaminated immediately after a spill or leakage occurs or by the end of the shift. The contaminated area shall be cleaned with a germicidal solution or a bleach/water solution diluted at a 1:10 ratio using a soft disposable cloth. The area shall then be dried off again with a plain soft disposable dry cloth.

If a garment(s) is penetrated by blood or OPIM, the garment(s) shall be removed immediately or as soon as practicable. It shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Disposable (single use) gloves shall be worn when it can be reasonable anticipated that the staff may have hand contact with blood, OPIM, mucous membranes and non-intact skin and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves shall be replaced as soon as practicable when contaminated, torn or punctured or when their ability to function as a barrier is compromised.

Disposable (single use) gloves shall not be washed or decontaminated for re-use.

Staff shall use disposable (single use) gloves when coming in direct contact with youth. Staff shall not use the same pair of gloves when dealing with more than one youth.

All contaminated work surfaces shall be decontaminated after completion of procedures and immediately after any spill of blood or OPIM. Work surfaces shall also be cleaned by the end of the shift if the surface has become contaminated since the last cleaning.

All equipment shall be cleaned and decontaminated after contact with blood or OPIM.

Protective coverings used to cover equipment and environmental surfaces shall be removed and replaced as soon as practicable when they become overtly contaminated or by the end of the shift if they may have been contaminated during the shift.

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or OPIM shall be inspected and decontaminated on a regularly scheduled basis. These items shall be cleaned and decontaminated immediately or as soon as practicable upon visible contamination.

Reusable sharps contaminated with blood or OPIM shall not be stored or discarded in a manner that requires staff to reach by hand into containers where sharps have been placed.

Contaminated sharps shall be discarded immediately or as soon as practicable in a properly labeled container that is closable, puncture resistant and leak proof on the sides and bottom.

Broken glassware which may be contaminated shall not be picked up directly with the hands. A mechanical means such as a brush or a broom and dust pan shall be used to collect and dispose of the broken glass in appropriate sharps containers.



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During use, containers for contaminated sharps shall be easily accessible to personnel and located as close as practicable to the immediate area where sharps are used or are anticipated to be found.

Sharps containers shall be maintained upright throughout use, replaced routinely and are not to be allowed to become more than three quarters full.

Contaminated sharps containers shall be closed and sealed prior to removal or replacement to prevent spillage or the protrusion of contents during handling, storage, transport or shipping.

Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which shall expose staff to the risk of percutaneous injury.

Other regulated waste shall be placed in containers which are closable, constructed to contain all contents and prevent leakage of fluids during handling, transport or shipping.

Waste products contaminated with blood or OPIM shall be disposed of in red infectious bags. The waste bag shall be tightly closed prior to removal to prevent spillage or the protrusion of the contents during handling, storage, transport or shipping.

Laundry contaminated with blood or OPIM shall be handled as little as possible and with a minimum of agitation. Such laundry shall be placed and transported in the appropriate color-coded infectious bags. Contaminated laundry shall not be sorted or rinsed in the area of use. The facility manager(s) or designee shall ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate PPE.

#### **989.9 HEPATITIS B VACCINE AND POST-EXPOSURE EVALUATION AND FOLLOW-UP**

The Riverside County Probation Department shall make the Hepatitis B vaccination series available to all staff who have occupational exposure to bloodborne pathogens. Staff with occupational exposure to blood or OPIM, whom are at risk of contracting Hepatitis B, are strongly encouraged to get vaccinated.

The Hepatitis B vaccination is made available to staff after they receive training about the vaccination and within ten working days of their initial work assignment. The vaccinations shall be made available at no cost to the staff, made available at a reasonable time and place and performed by or under the supervision of a licensed physician. The Riverside County Probation Department follows the most current recommendations of the Centers for Disease Control (CDC) and Prevention's Morbidity and Mortality Weekly Report (MMWR) for the immunization of staff.

Staff participation in a prescreening program is not a prerequisite for receiving the Hepatitis B vaccination series. The series is made available unless:

- (a) The staff previously received the complete Hepatitis B vaccination series;
- (b) Antibody testing has revealed the staff is immune; and/or
- (c) The vaccination series is contraindicated for medical reasons.

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An important component of our Hepatitis vaccination program is post-vaccination serological testing. This test is provided at no cost to our staff approximately six weeks following completion of the three-dose Hepatitis vaccination series. This is done to ensure that protective antibodies to Hepatitis B Surface Antigen have developed. In the absence of an adequate antibody response, staff are strongly encouraged to complete a second three-dose vaccine series followed by serological retesting or an evaluation for positive HbsAg. Staff who still do not have adequate antibody responses following the second three-dose vaccine series and are HbsAg negative are informed that they may be considered susceptible to HBV infection. They are counseled on the precautions needed to prevent HBV infection and the need for prophylactic administration of Hepatitis B immune globulin within 24 hours of an occupational exposure.

Our organization does not make accepting the Hepatitis B vaccination series a condition of employment. All staff who decline the Hepatitis B vaccination shall sign a waiver indicating their refusal. If a staff initially declines the vaccinations but at a later date, while still covered under this program, decides to accept the vaccinations, the vaccinations shall then be made available.

When a staff has an exposure incident (specific eye, mouth, or other mucous membrane, non-intact skin or parenteral contact with blood or OPIM that results from the performance of the staff's duties); after appropriate first aid procedures have been followed, the staff shall immediately report the incident to their immediate supervisor. The staff shall also complete an incident report in the Juvenile and Adult Management System (JAMS) prior to the end of their shift.

Occupational exposure to blood or OPIM requires timely and appropriate post-exposure intervention. Prior to the initiation of treatment with post-exposure prophylactic (PEP) drugs, Riverside County Probation Department verifies that the treatment is in accordance with the most current recommendations of the CDC and the MMWR.

The facility manager(s) or designee shall ensure that within three to four hours of an exposure incident, the exposed staff receives the following:

- (a) Confidential medical evaluations with qualified physicians;
- (b) Lab tests conducted by an accredited laboratory;
- (c) Treatment and PEP drugs when appropriate; and
- (d) Counseling.

Post exposure evaluations shall be made available at no cost to our staff and at a reasonable time and place. The evaluations shall be performed by or under the supervision of a licensed physician or another health care professional. The evaluations shall be kept current according to the recommendations of the MMWR.

Upon report of an exposure incident, the employer shall provide the healthcare provider responsible for post-exposure follow-up treatment with the following information:

- (a) A description of the exposed staff's duties as they relate to the exposed incident;
- (b) Documentation of the routes of exposure and circumstances under which the exposure occurred;

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- (c) Results of the source individual's blood testing, if available;
- (d) A copy of CCR Title 8 Section 5193;
- (e) All medical records relevant to the appropriate treatment of the exposed staff, including:
  1. Hepatitis B series vaccination status and all vaccination dates;
  2. Medical records regarding the staff's ability to receive the vaccination; and
  3. Information on whether the complete Hepatitis B vaccination series was already administered, antibody testing revealed immunity or the vaccination was contraindicated for medical reasons.

The department shall identify and document the individual who is considered the source of the infection, unless the employer can establish that identification is not practicable or prohibited by state or local law. If pre-exposure samples of blood or OPIM are available from an unidentified source individual, the department shall test those samples available for HBV, HCV and HIV infectivity.

Testing for the source individual's blood for HBV, HCV and HIV infectivity shall be performed as soon as practicable and after his/her consent is obtained. For HIV infectivity testing, our department obtains consent from the source individual in the form of a "Voluntary Informed Written Consent." If the source individual is known to be already infected with HBV, HCV or HIV, testing to determine his/her infectivity status is not repeated.

Results of the source individual's testing shall be made available to the exposed staff.

A source individual may refuse to give consent and no pre-exposure samples may be available. In such situations, the department documents that legally required consent could not be obtained and no samples are tested.

If the individual who is considered to be the source of an infection fails to give their consent (and is not required by law) and pre-exposure samples of blood or OPIM are available, then the department shall test those samples for HBV, HCV and HIV infectivity.

The healthcare provider, during the post-exposure evaluation, collects and tests the exposed staff's blood for HBV, HCV and HIV serological status as soon as practicable and after his or her consent is obtained. If the exposed staff consents to baseline blood collection but does not give consent at that time for HIV serological testing, the blood sample is preserved for at least 90 days. If the staff decides within 90 days of the exposure incident to have the baseline sample tested for HIV serological status, the testing is conducted as soon as practicable.

Additional samples of blood shall be collected and tested and the provision for PEP when medically indicated shall be made available as recommended by the U.S. Public Health Service.

To comply with CCR Title 8 Section 5193, medical information about the staff is restricted and not discussed or revealed to supervisors, personnel representatives or other health care professionals who do not require the information.

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The department shall obtain a copy of the evaluating healthcare professional's written opinion within 15 days of the completion of the medical evaluation. A copy of this written opinion is provided to the staff involved in the exposure incident. The healthcare professional's written opinion is limited to:

- (a) Whether the Hepatitis B vaccination series is indicated;
- (b) If the exposed staff has already received such vaccinations;
- (c) If post-exposure evaluation and follow-up results reveal any medical conditions resulting from the exposure to blood or OPIM requiring further evaluation or treatment; and
- (d) All other findings or diagnoses remain confidential and are not included in the written opinion.

#### **989.10 SHARPS INJURY LOG**

Our policy is to evaluate the circumstances (including the routes of exposure) under which all occupational exposure incidents occur. This evaluation is conducted as soon as possible after a report of an exposure incident is submitted. For each reported exposure incident, we gather and evaluate the following information which is maintained in the sharps injury log:

- (a) Date and time of the exposure incident;
- (b) Type and brand of sharp involved in the exposure incident;
- (c) Job classification of the exposed staff;
- (d) Department or work area where the exposure incident occurred;
- (e) The procedure that the exposed staff was performing at the time of the incident;
- (f) How the incident occurred;
- (g) The body part involved in the exposure incident;
- (h) Whether the sharp had engineered sharps injury protection and did the protective mechanism activate. If so, did the injury occur before the protective mechanism was activated, during activation or after activation of the protection device;
- (i) If the sharp had no engineered sharps injury protection device, what is the injured staff's opinion as to whether and how such a mechanism could have prevented the injury;
- (j) The staff's opinion about whether any engineering, administrative or work practice control could have prevented the injury; and
- (k) Each exposure incident shall be recorded on the sharps injury log within 14 working days of the date the incident is reported to the employer and shall be maintained in such a manner as to protect the confidentiality of the injured staff.

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#### **989.11 COMMUNICATION OF HAZARDS TO STAFF**

Warning labels are required to be affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM and other containers used to store, transport, or ship blood or OPIM.

The warning labels are either an integral part of the containers or are affixed as close as practicable to the containers by string, wire, or adhesive (or other methods) to prevent their loss or unintentional removal.

Warning labels are (1) predominantly fluorescent orange or orange-red (2) have lettering and symbols in contrasting colors and (3) have the following words:

BIOHAZARD (WITH BIOHAZARD SYMBOL)

OR

IN THE CASE OF REGULATED WASTE

BIOHAZARDOUS WASTE OR SHARPS WASTE

#### **989.12 BLOODBORNE PATHOGENS TRAINING INFORMATION**

Probation department staff, who work in juvenile facilities and have occupational exposure to bloodborne pathogens, shall participate in a training program that is provided during working hours at no cost to staff.

Bloodborne pathogens training shall be conducted on an annual basis for all potentially exposed staff.

The training materials used shall be comprehensive and conveyed in the language of our staff.

The training materials must clearly state the objectives of the training.

Trainers must be knowledgeable and qualified to answer medically related questions from staff.

All staff shall have the opportunity for interactive questions and answers with the persons conducting the training.

The bloodborne pathogens training program shall include information and explanations concerning the following subject matter:

- (a) Epidemiology, symptoms and modes of transmission of bloodborne diseases;
- (b) Exposure control plans we have implemented and how to obtain a copy of the written plan;
- (c) The appropriate methods for recognizing tasks and activities that may involve exposure to blood or OPIM;
- (d) The use and limitations of the methods that shall prevent or reduce exposures, including appropriate engineering, administrative or work practice controls and PPE;

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- (e) The basis for the selection of the most suitable type of PPE;
- (f) The types, proper use, location, removal, handling, decontamination and disposal of PPE;
- (g) Information about the Hepatitis B vaccination series, including its efficacy, safety, method of administration, benefits and the fact that the vaccination is offered to staff free of charge; and
- (h) The appropriate actions to be taken and persons to contact in case of an emergency involving blood or OPIM.

The training shall also cover the procedures to follow if an exposure incident occurs including:

- (a) Methods of reporting bloodborne pathogen exposure incidents;
- (b) Procedures for recording the incident in the sharps injury log;
- (c) Medical follow-up that shall be made available for staff;
- (d) Post-exposure evaluation and follow-up available to staff;
- (e) An explanation of the warning signs, labels and/or color coding that are used; and
- (f) A copy of CCR Title 8 Section 5193 Bloodborne Pathogens standard.

Bloodborne pathogens training is provided at the time of staff's initial assignment (to tasks in which occupational exposure may occur) and at least annually thereafter. Additional training, limited to addressing the new exposures created is provided to staff whose occupational exposure is affected by the following:

- (a) Introduction of new engineering, administrative or work practice controls;
- (b) Changes or modifications in existing tasks or procedures; and
- (c) Institution of new tasks or procedures.

#### **989.13 RECORD KEEPING**

The Riverside County Probation Department shall establish and maintain an accurate record of each staff with occupational exposure, including medical records, training records and sharps injury logs.

All original records are stored at the Riverside County Probation Department Human Resources Division. Copies of applicable records can also be stored at juvenile facilities.

#### **989.14 MEDICAL RECORDS**

Staff medical records are kept confidential and are not disclosed or reported to any person within or outside the workplace unless the subject staff has given his or her written consent.

All original medical related records are stored at the Riverside County Probation Department Human Resources Division. Copies of applicable medical records can also be stored at juvenile facilities.

Medical records might include some of the following information:

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- (a) The staff's name;
- (b) Social security number;
- (c) Hepatitis B series vaccination status;
- (d) Dates of all Hepatitis vaccinations;
- (e) Reports of serological testing;
- (f) Documentation regarding the staff's ability to receive the Hepatitis B vaccination series;
- (g) The dates the complete Hepatitis B vaccination series was given;
- (h) The date antibody testing revealed immunity;
- (i) The date the vaccination was contraindicated for medical reasons;
- (j) The results from examinations, medical testing and follow-up procedures;
- (k) Information provided to the healthcare professional following an exposure incident; and
- (l) The healthcare professional's written post-exposure evaluation.

According to CCR Title 8 Section 3204, medical records shall be maintained for at least the duration of the individual's employment plus 30 years.

#### **989.15 TRAINING RECORDS**

Bloodborne pathogens training classes are required to be documented in writing and may contain some of the following information:

- (a) The staff's name and job title;
- (b) The date of training sessions;
- (c) A summary of the information covered at training sessions;
- (d) How the information was given to staff; and
- (e) Names and qualifications of persons conducting the training.

Training records shall be maintained for three years from the date of the training.

Training records shall be kept at each juvenile facility and copies can also be kept at the Riverside County Probation Department Human Resources Division.

#### **989.16 SHARPS INJURY LOG RECORDS**

The sharps injury log contains the information specified earlier in this plan and can be kept on file with the Cal OSHA 300 logs.

The sharps injury log shall be maintained for five years from the date that the exposure incident occurred.

All original sharps injury log records shall be kept at the juvenile facility where the incident occurred.

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Copies of the sharps injury log can also be kept at the Riverside County Probation Department Human Resources Division.

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