JUVENILE COURT HEALTH SERVICES - INFECTION CONTROL

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN	Original Issue Date: 11/4/2020	Policy # IC-15
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Departments Consulted:	Approved By:	Approved by:
JCHS Infection Control Committee	(Signature on File) Medical Director (Signature on File) Infection Control Manager	(Signature on File) Health Services Administrator

PURPOSE

The purpose of the Bloodborne Pathogen Exposure Control Plan (BBP Plan) is to describe measures, policies, work practices, and special equipment to eliminate or minimize workforce member occupational exposure to blood or other potentially infectious material (OPIM), and to comply with the Cal/OSHA Bloodborne Pathogen Standard, California Code of Regulations, Title 8 §5193.

DEFINITIONS

Administrator: The administrator for the Bloodborne Pathogen Exposure Control Plan is the Infection Prevention Control Manager or their designee.

Bloodborne Pathogen (BBP): A pathogenic microorganism present in blood or body fluids, which can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

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

Engineering Control: Controls (i.e., sharps disposal containers, needleless systems, and sharps with engineered sharps injury protection) intended to isolate or remove bloodborne pathogen hazards from the workplace.

Engineered Sharps Protection: A physical attribute built into a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, which effectively reduces the risk of an exposure incident by a mechanism such as barrier creation, blunting, encapsulation, withdrawal or other effective mechanisms, or a physical attribute built into any other type of needle device, or into a non-needle sharp, which effectively reduces the risk of an exposure incident.

Medical Waste: Regulated waste, such as liquid or semi-liquid blood or other potentially infectious materials (OPIM), contaminated items that contain liquid or semi-liquid blood, contaminated sharps, pathological or microbiological wastes containing blood.

Needle, or needle device: A needle of any type including, but not limited to, solid and hollow bore needles.

Needleless System: A device that does not utilize needles for the withdrawal of body fluids after initial venous or arterial access is established, administration of medicines, and any other procedures involving the potential for exposure.

Other Potentially Infectious Materials (OPIM): Materials which may be present on contaminated items or sharps, and includes: semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, amniotic fluids, saliva in dental procedures, mucous, and any other body fluid that is visibly contaminated with blood, or when it is difficult or impossible to differentiate between body fluids, any unfixed tissue or organ (other than intact skin) from a human body (living or dead).

Personal Protective Equipment (PPE): Specialized clothing or equipment used by a workforce member for protection against exposure or contact with infectious agents. Personal Protective Equipment consists of disposable gowns, gloves, goggles, face shields, masks or respirators, and any other protection devices used by the workforce members to safely perform their work. PPE selection is determined by the clinical interaction and potential for exposure to blood, body fluids or infectious agents.

Regulated Waste: Any of the following:

- Liquid or semi-liquid blood or OPIM
- Contaminated items that contain liquid or semi-liquid blood or are caked with dried blood and can release these materials when handled or compressed.
- Contaminated sharps
- Pathological and microbiological waste containing blood or OPIM
- Medical waste regulated by Health and Safety Code §117600-118360

Sharps: Any object that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident; including, but not limited to, needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

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

Sharps Injury log: A written or electronic record of each exposure incident

Source individual: Any individual whose blood or OPIM may be a source of occupational exposure to the workforce member

Standard Precautions: The term that describes workforce member expected work practices and PPE that is to be used to prevent exposure to blood and body fluids. All blood and certain body fluids are treated as if infectious for HIV, HBV, or HCV and other bloodborne pathogens.

Workforce Member (WFM): All paid and unpaid persons working for JCHS who have potential for exposure to blood or body fluids. This may include, but is not limited to, physicians, nurses' aides, dental workers, Mental Health workers, Laboratory, Radiology, Pharmacy, and persons not involved in direct patient care but who are potentially at risk for occupational exposure.

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

POLICY:

1. All blood is considered infectious regardless of the perceived status of the source individual.
2. All WFMs shall be identified and classified according to their risk of occupational exposure to bloodborne pathogens. See Attachment A for risk classifications.
3. All WFMs must adhere to described measures and procedures to minimize the risk of exposure to blood and other potentially infectious material.
4. All WFMs shall adhere to the sharps injury protocols. All workforce members exposed to bloodborne pathogens must follow procedures for reporting post-exposure evaluation and follow-up.
5. Each facility shall identify occupational exposure hazards specific to their areas, and write or review policies and procedures to prevent or minimize workforce exposure, as applicable.
    a) Facilities must evaluate and update their work practice controls on a regular schedule to ensure their effectiveness.
    b) WFMs shall be involved in the review and update of exposure control policies, procedures, and work practices for their specific areas. They will be encouraged to report or discuss any workplace safety concerns with their supervisors, who will ensure such concerns are communicated to the Administrator.
    c) Health and Safety townhall meetings may also be conducted for this purpose.

6. Personal protective equipment (PPE) and safety devices, when available shall always be provided for WFM use.
7. Each WFM is responsible to know and follow the exposure control policies and procedures, and to correctly use the appropriate PPE and safety devices.

PROCEDURE

I. IDENTIFICATION OF INDIVIDUALS AT RISK OF EXPOSURE TO BLOOD/BODY FLUIDS/OPIM EXPOSURE

1. Attachment A provides a listing of JCHS WFM classifications who are at risk for an occupational exposure to blood or OPIM
2. Policy IC-04: Reporting and Managing Healthcare Worker with or Exposed to a Communicable Disease describes the process to be followed in the event of a BBP exposure.

II. IMPLEMENTATION

A. Compliance

1. Standard Precautions are the minimum infection prevention practices that apply to all patients, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. All healthcare personnel are to care for patients as if they may be infected with a bloodborne pathogen. Personal protective equipment must be worn whenever there is a risk for exposure to blood or body fluids. These work practices are designed to protect both healthcare personnel and patients, and to prevent healthcare associated infections from occurring.
2. Hand hygiene, including the use of Alcohol-Based Hand Rubs (ABHR) and handwashing with soap and water, is critical to reduce the risk of spreading infections in outpatient settings. Use of ABHR as the primary mode of hand hygiene in healthcare settings is recommended by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) because of its activity against a broad spectrum of epidemiologically important pathogens, and because compared to soap and water, use of ABHR in healthcare settings can increase compliance with recommended hand hygiene practices. Use of ABHR requires less time, less irritation to hands, and facilitates hand hygiene at the patient bedside. For these reasons, ABHR is the preferred method for hand hygiene in all clinical situations, except when hands are visibly soiled (i.e. with blood or bodily fluids), or after caring for patients with known or suspected *Clostridium difficile*-associated diarrhea, or norovirus, in which cases soap and water should be used.

3. Policy IC-04: Reporting and Managing Healthcare Worker with or Exposed to a Communicable Disease describes specific measures that each facility must follow to in the event of a sharps injuries in the workplace.

B. Engineering and Work Practice Controls
   1. Engineering controls are to be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
   2. Engineering and work practice controls are utilized to eliminate or minimize exposures to WFMs and are customized to the specific activities of each facility where occupational exposure to blood, body fluids, OPIM or sharps injury may occur.
   3. Annually, or as often as necessary, an Infection Control Committee will identify currently available engineering controls, and selecting such controls, where appropriate, for the procedures performed by WFMs in their respective work areas or departments. The engineering controls to be considered include:
      a. Needleless Systems
      b. Needle Devices
      c. Non-Needle Sharps
   4. The above engineering control is not required if:
      a. Not available in the marketplace
      b. A licensed healthcare professional directly involved in a patient's care determines, in the reasonable exercise of clinical judgement, that use of the engineering control will jeopardize the patient's safety or the success of a medical dental or nursing procedure involving the patient. The determination shall be documented.
      c. The engineering control is not more effective in preventing exposure incidents than the alternative used by JCHS. It must be demonstrated by means of objective product evaluation criteria.
      d. Safety performance information is not available.

      The Infection Control Committee will document and retain the records on the patient safety determination made pursuant to the above exception.

   5. Personal Protective Equipment (PPE)
      a. General Guidelines: JCHS managers/supervisors are responsible for ensuring the following provisions are met:
         - PPE is chosen based on the anticipated exposure to blood or OPIM and must be approved by an Infection Control Committee

- PPE is available from the main warehouse and a sufficient supply should always be available in areas where WFMs are at risk of exposure. The PPE is located either in a cart, cabinet, or area where they are clearly identified and labeled as "Personal Protective Equipment".
- PPE is to be removed immediately after completion of a procedure, when visibly contaminated with blood, body fluids or OPIM, or prior to leaving the immediate work area (i.e., patient's bedside, treatment areas).
- PPE is not to be worn at work desks or in the hallways
- PPE is worn only for the purpose of preventing exposure to, or contact with blood/body fluids/OPIM
- Contaminated PPE is disposed of in a biohazardous waste container. Uncontaminated PPE is disposed of in a regular waste container.
- PPE consists of disposable gowns, disposable gloves, goggles, face shields, masks, or respirators. ABHR are also made available to WFMs, as hand hygiene is always the final step after removing and disposing of PPE.

b. Specific Requirements for PPE Use:
   - Gloves are worn when it is reasonably anticipated the workforce member may have hand contact with blood, OPIM, mucous membranes, or when handline or touching contaminated items or surfaces. Disposable gloves are not to be washed or decontaminated for reuse and are to be replaced when they become contaminated, torn, or punctured. WFMs must perform hand hygiene each time they remove their gloves.
   - Eye and Face Protection: Goggle, face shields, respirators, masks (in combination with eye protection devices or chin length face shields) are worn whenever procedures being performed are likely to generate splashes, spray, or splatter of blood or other body fluids. Respirators (N95) are worn in Airborne Transmissible Disease (ATD) Precaution areas, or whenever respiratory protection is needed. Respirators worn in ATD isolation rooms should be removed outside of the room/anteroom (See the JCHS ATD Plan).
     Note: Surgical masks are not respirators and are not to be used in place of respirators.
   - Gowns: Protective, fluid-resistant disposable gowns are worn when there is potential for splatter of blood/body fluids/OPIM to clothing or extremities. Gowns are not to be worn for personal comfort.

6. Requirements for Handling Contaminated Sharps
   a. All procedures involving the use of sharps in connection with patient care, such as withdrawing body fluids, accessing a vein or artery, or administering vaccines, medications or fluids, shall be performed using effective patient-handling techniques and other methods designed to minimize the risk of a sharps injury.
   b. Contaminated needles and sharps may not be bent or broken. Recapping contaminated needles is discouraged and may only be done using a one-handed technique.
   c. All used sharps, whether they are used for injection or mixing medicines. They are considered contaminated and disposed of after activating the safety devices.

   d. Disposable sharps may not be reused. Contaminated disposable sharps are to be discarded immediately or as soon as feasible in containers that are easily accessible, rigid puncture resistant, leakproof on sides and bottom, and labeled with a "Biohazard" sign. Containers must be closeable and sealable such that the container is leak resistant and incapable of being reopened without great difficulty. Sharps containers are kept in an upright position when in use and replaced when they are ¾ full. All protective devices are to be activated before disposal (locks on the containers).
   e. Non-disposable contaminated sharps should be handled with extreme care to avoid injury during transport to designated locations for cleaning and disinfecting.

7. Regulated Waste
   Federal, State, and local guidelines and regulations specify the categories of medical waste that are subject to oversight and outline the requirements associated with treatment and disposal. The categorization of these wastes has generated the term "regulated medical waste". This term emphasizes the role of regulation in defining the actual material, and is an alternative to "infectious waste", given the lack of evidence of this type of waste's infectivity. State regulations also address the degree or amount of contamination (i.e., blood-soaked gauze) that defines the discarded item as regulated medical waste. In JCHS, regulated waste includes:

   a. All biohazardous waste not consisting of sharps shall be disposed of in red bags, placed inside leak-proof, puncture-resistant containers which shall be covered at all times, and display the words "Biohazardous" on the top and sides, so as to be seen from any angle.. These containers will be stored in a secured area pending transport to the storage area(s) for pickup. Red bags shall never be used outside of an appropriate container. For transport to the secured storage area(s) for pickup

by the contracted biohazardous waste hauler, red bags shall be placed inside covered transport carts, also labeled “Biohazardous”.

b. Sharps containers are to be locked prior to transport to the secured storage area. Loose sharps should never be placed inside the red biohazard bags.

8. Prohibited Practices
   Each facility is responsible for developing and monitoring practices to prevent exposure and instructing their WFMs in the proper procedures. All procedures are to be conducted in a manner to minimize splashing, spraying, or splattering of blood/body fluids/OPIM.
   a. WFMs may not eat, drink, or apply cosmetics in areas where there is a likelihood of exposure to infectious blood/body fluids or OPIM. This includes but is not limited to all JCHS medical treatment areas. Food and drinks may not be kept in refrigerators, freezers, or cabinets where blood or OPIM are present.
   b. Pipetting and suctioning of blood or OPIM by mouth is prohibited. Shearing or breaking of contaminated needles and other contaminated sharps is prohibited. Contaminated sharps may not be bent, recapped, or removed from devices. The only exception is when no alternative is feasible, and this is performed using a mechanical device or a one-handed technique, or when such action is required by a specific medical or dental procedure.
   c. Broken glassware shall not be picked up directly with the hands. It must be cleaned up using mechanical means, such as using a brush and dustpan, tongs, or forceps.
   d. The contents of sharps containers may not be accessed. Sharps containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose workforce members to the risk of sharps injury.

9. Servicing and Shipping Contaminated Equipment
   Prior to servicing or removal, equipment that may have become contaminated is examined and decontaminated, unless it can be demonstrated that decontamination is not feasible or necessary**.** In such cases, a label is attached stating which portion is contaminated. Information concerning any remaining contamination shall be conveyed to all affected WFMs, servicing representatives, and/or manufacturers prior to handling or servicing. The method of cleaning and decontamination shall be effective and appropriate for the location, type of surface or equipment, the type of contamination present, and the types of tasks and procedures performed in the area.

   a. Cleaning and Decontamination of the Worksite **-** Custodial Services (Environmental Services) is responsible for routine cleaning of the medical areas of the facilities,

terminal cleaning, and clean-up of medical waste spills. All WFMs are responsible for keeping the facility clean and safe.

b. Methods of cleaning and decontamination, products approved for use and a schedule of regular cleaning will be kept in each facility's Environmental Services office.
   i. The cleaning plan will include frequent cleaning and disinfecting of all touchpoint and horizontal hard surfaces, with standard equipment and products recommended by the EPA and CDC.
   ii. Proper dwell times stipulated by the manufacturer will be followed to ensure the pathogens specified on the labels for each product are eliminated.
   iii. When available, BBP testing will be intermittently performed to measure the efficacy of the terminal cleaning processes.
c. An Infection Control Committee will regularly review and approve cleaning products used by Environmental Services. Cleaning products must include EPA approved disinfectants to regularly clean and disinfect surfaces.
d. Contaminated work surfaces are cleaned and decontaminated immediately, or as soon as possible when:
   i. Surfaces become overly contaminated
   ii. There is a blood spill
   iii. Medical/dental procedures are completed
   iv. Surfaces and equipment contaminated with blood or body fluids are cleaned with a disinfecting/detergent solution and may be followed with a disinfectant spray. PPE is to be worn when cleaning the area.
e. All bins, pails and cans intended for reuse are to be inspected and decontaminated immediately, or as soon as possible after contamination. Protective coverings such as plastic wrap, aluminum foil or impervious paper used to cover equipment and environmental surfaces are to be removed and replaced immediately by JCHS WFMs when they become contaminated, by no later than the end of their work shift. If they are unable to complete decontamination by the end of their shift, the request shall be endorsed to the next shift for completion. The Unit supervisor will be responsible for ensuring decontamination is completed.
f. Environmental Services does not clean equipment that is attached to a patient. Soiled equipment should be removed from the floor and stored in an area designated for "dirty utility" until cleaned and disinfected.

10. Contaminated Laundry
    a. Contaminated laundry is placed in plastic bags at the site of use and transported to a soiled linen room in designated 'dirty linen' carts. Dirty linen and Clean Linen are not transported in the same carts. Contaminated laundry does not require special

bags and is not sorted on site. Dirty or contaminated linens should never be placed in red biohazard bags if they are to be transported for cleaning. Linen used by the youth is processed by the Probation Department.

b. Soiled linen must never be carried against the body. It must be carefully rolled up to prevent contamination/exposures to the air, surfaces or other WFMs. Soiled linen should not be shaken.
c. WFMs must wear appropriate PPE when handling contaminated linen.

11. Medical Waste
    a. Collecting, handling and transport of medical waste to outside storage is the responsibility of Probation Department Environmental Services. Final transport and disposition of medical waste is performed by a contract vendor.
    Safe handling and disposal of medical waste and sharps are compliant with the California State Department of Public Health (CDPH) Medical Waste Management Act §117600-118360.
    b. In the event of a medical waste spill, the Environmental Services staff will follow established procedures to ensure no one walks through the waste. Should the spill occur in a medical housing area, the patient will be removed from the room prior to cleaning.
    c. Red bag medical waste is picked up and autoclaved off-site by the contract vendor. There is no on-site autoclaving of medical waste.

III. EMPLOYEE HEALTH SERVICES

A. Scope and Responsibility of Employee Health Services in BBP incidents
Employee Health Services (EHS) is responsible for the administration of Hepatitis B vaccine, post-exposure evaluation and follow up, maintaining a sharps injury log and medical records of the JCHS WFMs. Policy IC-04: Reporting and Managing Healthcare Worker with or Exposed to a Communicable Disease describes the process to be followed in the event of exposure to blood, bodily fluids or OPIM. Medical evaluations and procedures, including the Hepatitis B vaccine and post exposure follow-up, including prophylaxis are provided at no charge to the employee, made available at a reasonable time and place, and performed under the supervision of a licensed health care professional. Serious exposures may require transport to an affiliated emergency department, such as LAC+USC Medical Center or MLK Jr. Community Hospital, for evaluation. The EHS will follow up on the next business day for additional instructions, per the JCHS Bloodborne Pathogen Exposure Policy.

Non-county workforce members including contractors and students may have an initial evaluation performed by EHS. Follow up evaluations are the responsibility of the contractor's agency, the affiliate school, or the individual, depending on the terms of their service agreement.

B. Hepatitis B Vaccine
EHS provides Hepatitis B vaccine to all employees without cost, within 10 days of initial assignment unless the employee previously received the vaccine, an antibody test reveals immunity, the vaccine is contraindicated for medical reasons, or vaccination is declined by the employee. If the employee initially declines the vaccine, they may request it at any time later. If the vaccine is declined, a declination form is signed and filed in the employee's medical file.

C. Post Exposure Evaluation and Follow Up
WFMs sustaining an occupational exposure to blood or OPIM must report the incident to his/her supervisor and to EHS. The WFM's supervisor must complete the Workers' Compensation Claim Forms (DWC-1) and ensure a report of the incident is submitted into the Safety Intelligence Report for Staff Exposure system.
1. Initial medical evaluation is available 24 hours a day (through EHS or an Emergency Department).
2. It is important that WFMs be evaluated within one to two hours after exposure, or as soon as possible.
3. The initial evaluation will include:
    - Documentation of the route of exposure, depth and severity of any injuries, and circumstances under which the exposure occurred
    - Identification and documentation of the source individual
    - The source individual's blood will be tested as soon as possible to determine HBV, HCV, and HIV. When possible, the source individual should be informed their blood is being tested for HIV.
    - When the source individual's consent cannot be obtained and the exposure is deemed significant, the source individual's blood, if available, shall be tested and the results documented.
    - If the HBV, HCV, or HIV status are known, additional testing will not be necessary unless ongoing risk factors are present. If the source patient declines testing, HIV testing can still be carried out using available blood, if the exposure is significant, (i.e., one in which HIV could plausibly be transmitted.)

In those cases, the EHS may take further action to assess risks associated with the exposure.

- Results of source individual testing are made known to exposed WFMs, and they shall be informed as to the confidentiality of identity and infectious status of the source individual.

4. The WFM's blood may be tested for HBV, HCV, and HIV as soon as feasible through EHS, rather than the emergency departments. If the WFM agrees to baseline blood collection, but not to HIV testing, their blood sample may be preserved for 90 days. Within 90 days of the exposure incident, the WFM may elect to have their blood tested for HIV.
5. Post-exposure prophylaxis is provided when medically indicated. A protocol for post exposure treatment of exposure to blood/body fluids has been developed by the DHS Division of HIV medicine, in conjunction with EHS. EHS will provide the medications, and they will be issued to the WFM free of charge.
6. Counseling will also be made available, free of charge, for exposed WFMs.

D. Information Provided to the Workforce Members/Healthcare Professional
The employer provides the healthcare professional responsible for the WFM's Hepatitis B vaccination with the following information:
1. A copy of this regulation
2. A description of the exposed WFM's duties as they relate to the incident.
3. Documentation of the route of exposure and circumstances of the exposure.
4. Results of the source individual's blood testing, if available.
5. Medical records relevant to the appropriate treatment of the WFM, including vaccination status.

E. Healthcare Professionals' Written Opinion
A copy of the evaluating professional's written opinion will be provided to the WFM within 15 days of the evaluation
1. The opinion for Hepatitis B vaccination shall be limited as to whether Hepatitis B vaccination is indicated, if the WFM has received such vaccination.
2. The opinion of post-exposure evaluation and follow-up is limited to the following information:
    - The WFM has been informed of the results of the evaluation
    - The WFM has been told about any medical conditions resulting from exposure to blood or OPIM which may require further evaluation or treatment.
3. All findings and diagnosis will remain confidential and will not be included in the written report.

F. Sharps Injury Log
   1. EHS will maintain a record of each exposure incident involving a sharp. Each incident will be recorded in the log within 14 days of the date that the incident is reported to the employer.
   2. The following information will be included on the log:
      - Date and time of the incident
      - Type and brand of sharp involved
      - Description of the incident which includes:
        - Job classification of the WFM
        - Unit or work area where the exposure occurred
        - The procedure(s) being performed at time of exposure
        - How the incident occurred
        - The body part involved in the exposure incident
        - If the sharp had engineered sharps injury protection, whether the protection mechanism was activated, did the injury occur before this mechanism was activated, during or after the activation.
        - If the sharp has no engineered sharps injury protection, the WFM's opinion as to whether and how such a mechanism could have prevented the injury.
   3. At least annually, the Administrator works with the Infection Control Committee to review the Sharps Injury Logs in determining the frequency of use of the types and brands of sharps involved in the exposure incidents.

IV. COMMUNICATION OF HAZARDS TO WFMS

A. Labels and Signs

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

1. Labels include "Biohazard" or "Biohazardous Waste and Sharps Waste". These labels are the international orange with letters in contrasting colors.
2. The label may be integral to the container or affixed in a manner to ensure it does not fall off.
   - Sharps containers are labeled with a "Biohazard" label
   - All equipment used to process blood specimens is labeled with the "biohazard" label.

B. Red Bags or Containers
- Red bags are used for non-sharp medical waste, and meet the requirements specified in the California State Department of Public Health Medical Waste Management Act.
- Red bags should be inside a rigid container when in use, and such container shall have the international biohazardous symbol on the top and all sides.

C. Contaminated Equipment
Contaminated equipment shall be labeled as to the portion(s) of the equipment that are contaminated.

V. WFM TRAINING AND EDUCATION

A. General training
A general introduction to the Bloodborne Pathogen Exposure Plan will be presented during the New Employee Orientation, and updates provided during the annual re-orientation of JCHS WFMs. WFMs will be provided a copy and explanation of the Standard for the BBP Plan, and signs, labels, and color coding in effect in JCHS to protect against BBP exposures. They will be given information on subjects including, but not limited to:
- Engineering controls in place in JCHS,
- Administrative and work practice controls in place,
- Types of PPE available for their use, and Expected Practices
- Possible consequences of noncompliance
- Procedures and actions to be taken in emergency situations involving BBPs

There will be an opportunity for interactive questions and answers with the person conducting the training session.

B. Unit Specific Training
Each unit is responsible for providing more specialized training to their workforce members at the time of initial assignment to tasks where occupational exposure may occur. Training is to be repeated annually or as needed, as necessary to introduce new engineering, administrative, or work practice controls or to address other concerns regarding prevention of occupational exposures.
1. Training is provided at no cost to the workforce member, during work hours.
2. Key elements of the training include:

- An explanation of the Bloodborne Pathogen Exposure Control Plan, and how it may be accessed.
- A discussion of the possible exposure risks associated with the specific tasks and activities conducted in that unit.
- A discussion of symptoms and transmission of bloodborne disease
- Appropriate methods for recognizing tasks that may involve exposure
- Information on the types, proper uses, location, removal, handling, and disposal of personal protective equipment (PPE).
- Information on the basis for the selection of PPE
- Information on regulated waste, and proper methods of segregation and disposal
- Information on the Hepatitis B vaccine.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM.
- Information on the procedure for reporting an exposure and the evaluation follow-up that will be done
- WFMs will be trained on new injury protection devices and work practices, and the recording of incidents in the Sharps Injury Log.
- WFMs will be given opportunity to ask questions and receive answers regarding engineering controls and work practices specific to their assigned unit.

VI. RECORDKEEPING

Recordkeeping includes:

A. Medical Records

1. An accurate record for each WFM's exposure shall include their name and date of birth
2. A copy of the WFM's hepatitis B vaccination status
3. A copy of the results of examinations, testing, and follow up of exposure
4. The WFM's copy of their healthcare professional's written opinion
5. A copy of the information provided to the healthcare professional

The WFM's medical records are kept confidential, and not disclosed or reported without their expressed written consent, except as may be required by law. WFM exposure records are maintained for at least the duration of employment, plus 30 years.

B. Training Records
Training records will include:
1. The dates of the training session
2. Duration of the training sessions
3. An outline of the material presented
4. Names and qualifications of the persons conducting the training
5. A legible roster of the names and job titles of workforce members attending.

Training records will be maintained by the JCHS Nursing Education unit or on Learning Net for three (3) years from the date of training.

C. Sharps Injury Log
Sharps injury documentation will be maintained in EHS during the workforce member's employment. EHS is responsible for ensuring the documentation is kept for 5 years from the date the exposure incident was recorded.

VII. PROGRAM REVIEW

A. The Program Administrator
Works with an Infection Control Committee to solicit input from staff and management when reviewing and updating the Bloodborne Pathogens Exposure Control Plan (BBP Plan) annually as follows:
1. To reflect new or modified tasks and procedures which affect occupational exposure
2. A. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
   B. To document consideration and implementation of appropriate commercially available needleless systems and needle devices and sharps with engineered sharps injury protection
3. To include new or revised WFM positions with occupational exposure
4. To review and evaluate any exposure incidents which occurred since the previous update and
5. To review and respond to information indicating that the BBP Plan is deficient in any area.

B. Staff
Will be encouraged to provide suggestions on improving the procedures they perform in their work areas. Staff contribute to the review and update of the BBP Plan by:
1. Participating as members of safety committees
2. Attending meetings to discuss safety and health issues and improvements
3. Reporting issues or potential problems to management and providing ideas, recommendations, or suggestions for their correction.
4. Completing reports, questionnaires, or other BBP Plan-related documents.

AUTHORITY
Title 8, California Code of Regulations
Section 5193, Bloodborne Pathogens
Section 3204, Access to Employee Exposure and Medical Records

Title 22, California Code of Regulations
Section 70723, Employee Health Examinations and Health Records
Section 70739, Infection Control Programs

Title 29, Code of Federal Regulations, Section 1910.1030(h)(4)
California Health and Safety Code, Sections 120160-120163, 120975-121023, 1797.188(b)
California Labor Code, Section 3209.3
Centers for Disease Control and Prevention Standards and Recommendations

REFERENCES
Regulatory Authority: https://www.dir.ca.gov/title8/5193.html
California State Department of Public Health (CDPH) Medical Waste Management Act §117600-118360

Los Angeles County Department of Health Services Policy No. 925.200 EHS' Bloodborne Pathogens Exposure Control Program

JCHS Infection Control Policy IC-04: Reporting and Managing Healthcare Worker with or Exposed to a Communicable Disease

JCHS Infection Control Policy IC-05: Waste Management

ATTACHMENT
Attachment A Job Classifications and Assignments with Potential Exposure