Los Angeles County Department of Health Services

Policy & Procedure Title:	EHS' Bloodborne Pathogens Exposure Control Program		
Category:	900-999 Safety, Security and Related Programs	**Policy No.:**	925.200
Originally Issued:	1/1/2011	**Update (U)/Revised (R):**	2/24/2020 (U)
DHS Division/Unit of Origin:	EHS Committee		
Policy Contact – Employee Name, Title and DHS Division: Erika Sweet, Director, DHS Employee Health Services, EHS Committee			
Contact Phone Number(s):	(424) 306-4060		
Distribution: DHS-wide ☒	**If not DHS-wide, other distribution:**		

PURPOSE:

The purpose of this policy is to define Employee Health Services' (EHS') role in the Bloodborne Pathogens Exposure Control Program. To comply with Federal and State laws and regulations governing Exposure Control Program for Bloodborne Pathogens, and to protect the health and safety of each Department of Health Services (DHS) workforce member (WFM), patients and the public.

SCOPE:

This policy applies to all DHS WFMs that have or potentially may have occupational exposure to blood or other potentially infectious materials (OPIM). OPIM includes human body fluids (semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures), any unfixed human tissue, organ, or cell tissue, organs, blood, or organ cultures from experimental animals or humans. All affected WFMs must comply with the provisions outlined in this policy.

POLICY:

EHS is required to comply with various regulatory, accreditation, and licensing requirements, and recommending agencies. These regulations and agencies include Title 8, California Code of Regulations (CCR), Section 5193 (8CCR §5193), Title 22 CCR, The Joint Commission, Centers for Disease Control and Prevention (CDC), Occupational Safety and Health Administration (OSHA), California Occupational Safety and Health Administration (Cal/OSHA), and the National Institute for Occupational Safety and Health (NIOSH).

It is EHS' policy to comply with all applicable standards and regulations to provide the workforce with a safe and healthful work environment and to protect the health and safety of the patients and public. It will be the responsibility of each DHS facility to promulgate a facility-specific policy that addresses all regulatory – and consensus standard – exposure control program requirements.

The goals of the EHS Bloodborne Pathogens Exposure Control Program are to:

- Identify individuals with occupational exposure to blood or other potentially infectious materials (OPIM) and provide appropriate care.
- Establish procedures for evaluating circumstances surrounding an exposure incident.
- Provide a method for recordkeeping and documentation.

Generally, EHS is not to provide care or treatment of a WFM, beyond that required for occupational standards and surveillance functions.

PROCEDURE:

I. HEPATITIS B VACCINATION

A. Hepatitis B vaccinations are coordinated by EHS and highly encouraged for WFMs with risk for potential occupational exposure to blood or OPIM. EHS will provide the vaccination to WFMs at no cost.

B. Hepatitis B vaccinations will be made available to WFMs with occupational exposure/potential exposure to blood or OPIM and within ten (10) working days of initial assignment, unless:

1. The WFM previously received the complete hepatitis B vaccination series, and
2. Antibody testing has revealed the WFM is immune, or
3. The vaccine is contraindicated for medical reasons, or
4. The WFM submits a declination form.

C. If a WFM initially declines the hepatitis B vaccination, but at a later date, while still covered under the Bloodborne Pathogens Exposure Program, decides to accept the vaccination, the vaccination will be made available. All WFMs who decline the hepatitis B vaccination must sign a declination indicating their refusal.

II. POST-EXPOSURE EVALUATION AND FOLLOW-UP

A. Following an exposure incident, confidential medical evaluation and follow-up services will be made available to the WFM 24 hours a day by (EHS, Emergency Department (ER), Urgent Care Clinic, or Medical Provider Network (MPN) initial treatment center as designated by facility/agency). It is important that the WFM is evaluated as close to the time of exposure as possible, ideally within two (2) hours. While ideal, the two (2) hours shall not be used to exclude WFMs with exposures

occurring greater than two (2) hours prior to presentation. The medical evaluation and follow-up will include the following elements:

1. Immediately following an exposure to blood or bodily fluids, the WFM shall:
    - Wash needlestick injuries, lacerations, or non-intact skin with soap and water.
    - Thoroughly flush splashes to the nose and/or mouth thoroughly with water.
    - Irrigate eyes with clear water, saline, or sterile irrigates, as required.
    - Conduct wound care as dictated by injury or accident.
    - Instruct source patient to not leave until labs are drawn. Report incident to supervisor or designee immediately. WFM and supervisor will complete the Industrial Accident forms after initial medical evaluation.
    - Submit Safety Intelligence Report for Staff Exposure.
    - Report to EHS, ER/Urgent Care Clinic, or MPN initial treatment center as designated by facility or designated agency ideally within two (2) hours of exposure for evaluation.

2. EHS shall:

    a. Document the route(s) of exposure, and the circumstances under which the exposure incident occurred, utilizing EHS Form Q, "Blood and Body Fluid Exposure Report."
    b. Identify and document the source individual, unless identification is not feasible or prohibited by state or local law. The source individual's blood will be tested for human immunodeficiency virus (HIV), hepatitis B (Hep B) virus, and hepatitis C (Hep C) virus as soon as possible and after appropriate verbal consent is obtained.[1] Note: Written consent is required from a parent, guardian, conservator, or other person legally authorized to consent to an HIV test for minors less than 12 years of age and incompetent adults; and per court order for minors who are wards of the court. HIV testing should be done as a stat test, via opt out testing. Hep B and C do not require consent from the source. In California, unless the source is unknown or if consent is not required by law, the exposed individual's physician must make a reasonable attempt to notify the source individual's physician to request information on whether the source patient has tested positive or negative for a communicable disease and the availability of blood or other patient samples. If contacting the source individual's physician is unsuccessful, or the source refuses to consent, and the source individual's blood is available, it may be tested. Results and attempts to contact must be documented, accordingly.
    c. If the source patient is unable to participate in an opt-out discussion (sedated, altered, etc.), or if the source patient refuses, according to California law a

[1] Per AB 682 (Berg, Chapter 550, Statutes of 2007), written consent is no longer required.

rapid HIV test can be ordered on an available blood sample, but only in the context of a clinically meaningful exposure.

d. Collect the exposed WFMs blood as soon as possible and test after consent is obtained. If the WFM consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days. A verbal declination of consent is recorded. If the WFM elects to have the baseline sample tested, testing will be performed as soon as possible.
e. Provide the WFM with post-exposure prophylaxis, when medically indicated, as recommended by the appropriate facility infectious disease/HIV Immunology Department or U.S. Public Health Service standards and guidelines. The DHS WFM will be issued the medication(s) at no charge. Contract WFMs and County Non-DHS WFMs will receive services, but the responsible company/agency may be invoiced the cost of services, as appropriate.
f. Consideration for hepatitis B vaccine, hepatitis B immune globulin (HBIG), Tdap (tetanus/whooping cough) or tetanus toxoid may also be addressed upon evaluation.
g. Every physician, as defined in Labor Code Section 3209.3, who attends to an injured employee shall file, within five days after initial examination, a complete Form 5021, Doctor's First Report of Occupational Injury or Illness report of every occupational injury or occupational illness to such employee, with the employer's insurer, or with the employer, if self-insured.

Utilize EHS Form Q, "Blood and Body Fluid Exposure Report" and "Protocol for Follow-up Blood Exposure" (Attachment 1).

Utilize "Protocol for Post-exposure to Blood and Body Fluids by Hep B Vaccination and Response Status" (Attachment 2).

III. SHARPS INJURY REPORT/LOG

A Sharps Injury Report/Log (EHS Form R) will be completed by EHS at the time of the medical evaluation so the WFM's opinion can be obtained for needlestick analysis. Information obtained from the WFM will be recorded and maintained in a manner to protect the confidentiality of the injured WFM.

IV. INFORMATION PROVIDED TO THE PHYSICIAN OR LICENSED HEALTH CARE PROFESSIONAL (PLHCP)

A. In accordance with Title 8, California Code of Regulations, Section 5193, the EHS or PLHCP evaluating the WFM is provided with the following information:

   1. A description of the exposed WFMs duties as they relate to the exposure incident.

2. Documentation of the route(s) of exposure and circumstances under which the exposure occurred.
3. Results of the source individual's blood test, if available.
4. All medical records relevant to the appropriate treatment of the WFM including vaccination status.
5. An internet webpage link to the Cal/OSHA bloodborne pathogens regulations.

V. HEALTHCARE PROFESSIONAL'S WRITTEN OPINION

A. The exposed WFM will receive a copy of the evaluating EHS healthcare professional's written opinion within 15 days of completion of the evaluation.

1. The opinion for hepatitis B vaccination shall be limited to whether hepatitis B vaccine is indicated for the WFM and if the WFM has received such vaccination.
2. The opinion for post-exposure evaluation and follow-up is limited to the WFM being informed of the results of the evaluation and that 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 diagnoses shall remain confidential.

B. HIV, HBV, and HCV Research Laboratories

These labs may exist on the grounds of some County facilities but are not part of the Los Angeles County Department of Health Services' operation. These laboratories are under the control of individual institutions such as L.A. BioMed and should have and comply with their own Bloodborne Pathogens Exposure Control Plan.

VI. RECORD RETENTION

A. Occupational Injury and Illness Records (Cal/OSHA Forms 300, 300A, and 301)

1. Cal/OSHA forms are managed by DHS Risk Management.
2. The Injury/Illness Prevention Program (IIPP) Administrator or Safety Officer, as assigned, will confidentially maintain injury and illness reports for a minimum of five (5) years following the end of the calendar year that these records cover.

B. Sharps Injury Report Log

EHS will maintain Sharps Injury Reports/Logs (EHS Form R) for at least five (5) years from the date the exposure occurred.

C. Medical Records

Bloodborne pathogens exposure medical records shall be maintained for at least the duration of employment/assignment plus thirty (30) years, in accordance with Title 8,

California Code of Regulations (CCR) Section 3204 of the General Industry Safety Orders.

ATTACHMENTS/FORMS:

Standardized Nursing Standing Order/Protocol for Post Exposure to Blood or Other Potential Infectious Material
Standardized Nursing Standing Order/Protocol for Post Exposure to Blood and Body Fluids by Hep B Vaccination and Response Status
EHS Form Q, "Blood and Body Fluid Exposure Report."
EHS Form R, "Sharps Injury Report/Log"

REFERENCE(S)/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

The Joint Commission, Infection Control Standards 01.05.10 and 02.01.01

Centers for Disease Control and Prevention Standards and Recommendations

Centers for Medicare and Medicaid Services Conditions of Participation, A-0747

Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Reports: Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis. June 2, 2001/50(RR11); 1-42

Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post-Exposure Prophylaxis. September 30, 2005/54(RR-9); 1-17

CDC Notice to Readers: Approval of a New Rapid Test for HIV Antibody. November 22, 2002/51(46); 1051-1052

Updated US Public Health Service Guidelines for the Management of Occupational Exposures to Human Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis, Infection Control and Hospital Epidemiology 2013 accessed at: http://www.cdc.gov/hiv/workplace/occupational.html

Cal/OSHA Handbook:
Exposure Control Plan for Bloodborne Pathogens, 2001. California Department of Industrial Relations.

A Best Practices Approach for Reducing Bloodborne Pathogens Exposure, 2001. California Department of Industrial Relations.

California Assembly Bill 682 (Berg), Chapter 550, Statutes of 2007.

California Senate Bill 1239 (Russell), Chapter 708, Statutes of 1995.

Chief Executive Office Policy and Procedure, Bloodborne Pathogens Exposure Control Plan.

NIOSH Alert: Preventing Needlestick Injuries in Health Care Setting [DHHS (NIOSH) Publication 200-108].

PEPline. The National Clinician's Post-Exposure Prophylaxis Hotline. The National HIV/AIDS Clinicians' Consultation Center at San Francisco General Hospital in the UCSF Department of Family and Community Medicine. www.nccc.ucsf.edu/home/

University of Virginia International Health Care Workers Safety Center and its EPINet needlestick injury data collection. www.medvirginia.edu/~epinet

DHS Policies:
705 Health Evaluation – DHS Employees
705.001 Health Screening: Non-County Workforce Members
925.000 Employee Health Services Program
925.100 Immunization of Workforce Members