



TOWN OF MAMMOTH LAKES

Bloodborne Pathogens Exposure Control Program

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1. INTRODUCTION

1.1 Purpose and Scope of the Plan

The purpose of this Plan is to reduce occupational exposure to blood and other potentially infectious materials and to prevent the transmission of bloodborne diseases. Specific elements of the plan are designed to comply with Cal/OSHA Bloodborne Pathogens Regulation, Title 8 of the California Code of Regulations, Section 5193.

The Plan includes a determination of potential employee exposures to bloodborne pathogens, methods of controlling these potential exposures, communication of the potential hazards to employees, and procedures for pre and post exposures and follow-ups, including Hepatitis B vaccinations.

The Plan applies to all Town employees.

1.2 Responsibilities

There are three levels of responsibility for the implementation of the Town of Mammoth Lakes Exposure Control Plan: Personnel and Risk Manager or Designee, Department Directors and Supervisors, and the Employee.

1.2.1 Personnel and Risk Manager or Designee

The Personnel and Risk Manager or Designee will be responsible for overall management and support of the Exposure Control Plan. Activities that the Personnel and Risk Manager or Designee will undertake include:

- Working with management and other employees to develop and administer bloodborne pathogens-related policies and practices which are needed to support the effective implementation of the Plan.
- Keeping abreast of current information regarding legal requirements pertaining to bloodborne pathogens.
- Conducting periodic audits to ensure an up-to-date Exposure Control Plan is maintained and fully implemented.
- Maintaining the Town-wide Sharps Injury Log.

1.2.2 Departmental Directors and Supervisors

Department Directors and Supervisors are responsible for exposure control in their respective areas. They will work directly with the employees in their respective departments to ensure that proper exposure control procedures are followed. Other specific responsibilities include:

- Insuring that employees receive the medical services required by Section 4 and the training required by Section 5.

- Maintaining records as required by Section 6 and forward appropriate copies to the Personnel Department.
- Maintaining a departmental Sharps Injury Log (see definitions and Addendum A) and forwarding copy of each entry to the Personnel Department.
- Reviewing with employees the specific tasks that require implementation of this Plan.
- Assuring that employees follow Universal Precautions as described in Section 3.
- Insuring adequate and appropriate personal protective equipment is available to employees and that it is used properly.

1.2.3 Employees

Employees have the most important role in the implementation of the Exposure Control Plan; the ultimate execution of much of the plan rests in their hands. Responsibilities of the employees include:

- Knowing which tasks they perform carry the risk of occupational exposure.
- Attending and participating in training sessions.
- Planning and conducting all operations in accordance with departmental work practice controls and Town-wide and departmental policies and procedures.
- Using Universal Precautions and personal protective equipment as required by this Plan.
- Reporting, immediately, any incidents that may constitute an exposure incident.
- Employees should maintain good personal hygiene habits.
- Employees who do not follow the procedures outlined in this plan will be subject to progressive discipline.

1.3 Definitions

Antibody - A protein in the blood which attacks foreign organisms or toxins.

Antigen - Any substance, which when introduced into the body, causes the production of an antibody.

Blood - Human blood, human components, and products made from human blood.

Bloodborne Pathogens - Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B Virus and Human Immunodeficiency Virus.

Contaminated - The presence, or the reasonably anticipated presence, of blood or other potentially infectious material on an item or surface.

Contaminated Laundry - Laundry that has been soiled with blood or other potentially infectious materials or which may contain contaminated sharps.

Contaminated Sharps - Any contaminated object that can penetrate the skin, including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Decontamination - The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where it is no longer capable of transmitting infectious particles rendering the item safe for handling, use, or disposal.

Engineering Controls - Controls (e.g., sharps disposal containers, self-sheathing needles) that isolate or remove bloodborne pathogen hazards from the workplace.

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

HBV - Hepatitis B Virus

HCV - Hepatitis C Virus

HDV - Hepatitis Delta Virus

HIV - Human Immunodeficiency Virus, the virus that causes AIDS (Acquired Immune Deficiency Syndrome), a condition that impairs the body's ability to fight disease.

Occupational Exposure - Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials (OPIM):

- The following human body fluids: amniotic fluid, cerebrospinal fluid, pleural fluid, semen, vaginal secretions, synovial fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all situations where it is difficult or impossible to differentiate between body fluids such as in an emergency response situation;
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV or HBV-containing culture media or other solutions, and blood organs, or other tissues from experimental animals infected with HIV or HBV.

Parenteral - Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Regulated Waste - Liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

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

Sharps Injury – Any injury caused by a sharp, including, but not limited to, cuts, abrasions, or needlesticks.

Sharps Injury Log – a written or electronic record satisfying the requirements of Cal/OSHA regulations to maintain a log of sharp injuries. See Addendum A.

Sterilization - A physical or chemical process that destroys all microorganisms and their pathogenic products.

Source Individual - Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure.

Universal Precautions - An approach to infection control. According to the concept of Universal Precautions, all human blood and OPIM are treated as if known to be infectious for bloodborne pathogens.

2. Employee Exposure Determination

For purposes of this plan, occupational exposure is defined as contact with blood, semen, vaginal secretions, bodily fluids contaminated with blood, or any other bodily fluids from a person with an infectious disease.

Furthermore, for an exposure to occur there must be a portal of entry by which contaminated bodily fluids can enter the body. Portals of entry can be through needlesticks, lacerations, open wounds (non-intact skin), weeping lesions, the mouth and mucous membranes (eyes and nose.)

The Plan applies to all Town employees, but the Personnel and Risk Manager or Designee has determined, from information provided by department/division managers, the job classifications that have a reasonable (high risk, moderate risk, and low risk) expectation to an occupational exposure to bloodborne pathogens.

These job classifications are listed on page 8 along with a list of specific tasks and the risk from exposure for these tasks. Job classifications and duties will be reviewed, and exposure determination will be updated periodically.

The employees in these job classifications are required to comply with the procedures and work practices outlined in this Plan.

Job Classification	* Tasks Which May Present Exposure
Police Officer Trainee, Police Officer, Police Sergeant, Police Lieutenant, Deputy Police Chief, Police Chief, Police Reserves, Community Services Officer, Non-Sworn Investigator, Senior Records Supervisor & Clerk/Dispatch	1-7
Airport Maintenance and Operations Worker, Airport Maintenance Coordinator, Airport Operations Coordinator, Assistant Airport Manager, Assistant Airport and Transportation Director	1,3,7,8
Lifeguard, Swim Instructors, Recreation Supervisor, Recreation Leader, Multi-Use Facility Staff	1,4,7,8
Parks Maintenance Worker, Parks Maintenance Lead Worker, Parks Superintendent, Parks Manager	2,4,7,8
Public Works Facilities Worker, Public Works Maintenance Worker, Public Works Maintenance Lead Worker, Public Works Maintenance Supervisor	2,4,7,8
Equipment Mechanic, Public Works Fleet Lead Worker, Public Works Fleet Supervisor	2,4,7,8

*** Job Task and Risk From Exposure**

1. Emergency response employees who touch the secretions of an infected person, as they might when performing first aid, administering mouth-to-mouth resuscitation, performing emergency baby deliveries, etc.
2. Handling discarded sharps.
3. Responding to incidents or investigating scenes contaminated by blood and/or OPIM.
4. Cleaning up blood and/or OPIM on contaminated surfaces and equipment.
5. Handling evidence and biological samples that may contain or be contaminated with blood or OPIM.
6. Situations with hostile suspects or other potentially violent situations which may expose Town personnel to blood or OPIM.
7. Handling potentially contaminated laundry or other articles and debris. Note: Employees who handle items soiled with feces, nasal secretions, sputum, sweat, tears, urine, vomit, or saliva would not be occupationally exposed during that task unless there is visible blood.
8. Cleaning restrooms and parks where needles, sharps, or other items may be encountered that are contaminated with blood and/or OPIM. Note: Soiled feminine hygiene/sanitary napkins, soiled facial tissues, etc. are not usually considered a biohazard or medical waste.)

3. Methods of Implementation and Control

Whenever possible, engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. Where occupational exposure remains after institution of these controls and practices, personal protective equipment shall also be used. Supervisors will ensure that these engineering controls and work practice controls are examined, evaluated, and maintained on a regular schedule to ensure their effectiveness.

3.1 Engineering Controls and Work Practices

- Universal Precautions will be observed at all times to prevent contact with blood or OPIM.
- Employees shall wear personal protective equipment when contact with blood or any other bodily fluids can reasonably be anticipated (refer to Section 3.5).
- Hand washing facilities or antiseptic wipes/products will be provided to all affected staff. Where hand-washing facilities are not available, personnel must carry appropriate products. They must also wash their hands with soap and water as soon as possible.
- Employees shall wash their hands with soap and water immediately, or as soon as possible after removing gloves and other personal protective equipment or after contact with any specimen, blood, or any OPIM.
- All procedures that involve blood or OPIM should be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets.
- Employees shall use precaution when handling needles, glass, or any other sharp article contaminated by blood or other bodily fluids. Needles shall not be recapped, bent, or broken.
- In addition to wearing gloves, contaminated sharps will be handled using tweezers, tongs, or other equipment to avoid direct contact.
- Contaminated needles and other contaminated sharps must be placed in appropriate containers immediately, or as soon as possible. These containers shall be easily accessible, closable, puncture resistant, labeled or color-coded, and leakproof on the sides and bottom. They should be maintained upright throughout use, replaced routinely, and not allowed to overfill. The provision, maintenance, and disposal of containers are the responsibility of each supervisor. (See also Section 3.4.)
- Equipment that has been contaminated by blood or other bodily fluids shall be thoroughly examined and decontaminated as necessary before placing the equipment back in service. (Refer to Section 3.3.) Appropriate personal protective equipment shall be worn during decontamination of equipment.

- Equipment that remains contaminated shall be clearly labeled to ensure that all employees are aware of the status of the equipment. Such contaminated equipment shall be further decontaminated or disposed of as quickly as possible.
- Outside contractors who are specialized in cleaning contaminated sites will be contacted to clean up any appreciable amount of blood or OPIM.
- Whenever possible, first responders shall not use water spray to clean pavement or other areas contaminated with blood or OPIM. Absorbents and appropriate tools and containers must be available for these situations. Keep non-essential personnel and victims away from these clean-up operations.
- Do not “punch down” trash bags, always handle as if sharps may be present in the trash.

3.2 Labeling

- Bandages, disposable gloves, etc., that are contaminated by blood or other bodily fluids will be placed in bags marked with the symbol and word “Biohazard” or placed in red biohazard bags. The bags shall be properly sealed to prevent leakage while handling or transporting. The bag shall be disposed of in the designated biohazard disposal area in the operating department. If the infectious waste bag becomes contaminated, it should be placed inside a second bag and sealed prior to transporting it.
- Warning labels shall be affixed to containers of regulated waste, refrigerators or freezers containing blood, or other bodily fluids that are potentially infectious material, as well as to other containers used to store, transport, or ship blood or other bodily fluids. Warning labels shall also be placed on any contaminated equipment.
- Warning labels shall be fluorescent orange or orange red with lettering or symbols in a contrasting color. The label must depict the biohazard symbol and the lettering "BIOHAZARD." Red bags or red containers may be substituted for labels except for sharps and regulated waste. Sharps and regulated waste must be in red containers and be labeled as above.

3.3 Housekeeping Controls and Practices

- All equipment, environments, and work surfaces shall be cleaned and decontaminated after contact with blood or other bodily fluids.
- The individual with assigned shift responsibility will ensure that all bins, pails, cans, or any other receptacle intended for re-use shall be inspected for contamination and that such receptacles are decontaminated immediately, or as soon as practical after being contaminated by blood or other bodily fluids.

- Contaminated sharps shall be disposed of immediately or as soon as practical in an appropriate sharps container.
- Sharps containers are to remain upright throughout use. The containers will be replaced regularly, and not allowed to overfill. When containers of contaminated sharps are moved, the containers must remain closed to prevent spillage or protrusion of contents during handling or transporting. Where possible containers should be stored in a cool area.
- Reusable sharps containers shall not be opened, emptied, or cleaned manually or in any other manner that would expose employees to the risk of percutaneous injury.
- Contaminated laundry or laundry which has been soiled with blood or OPIM, should be handled as little as possible with a minimum of agitation and utilizing Universal Precautions (i.e., gloves and other appropriate personal protective equipment must be worn when handling and/or sorting contaminated laundry). It should be bagged or placed in a container at the location where it was used and should not be sorted or rinsed in the location of use. If the contaminated laundry is wet and there is a risk of soak-through or leakage, it should be placed and transported in bags or containers that prevent this from occurring. Contaminated clothing may be machine laundered with detergent and hot water using Universal Precautions. When the contaminated laundry is sent to an off-site cleaner, the bagged laundry must be labeled or color-coded as stated in the labeling section.
- Gloves and disposable towels used for clean-up will be disposed of as biohazardous.
- Soiled feminine hygiene/sanitary napkins, soiled facial tissues, etc. are not usually considered a biohazard or medical waste. However, contact shall be avoided and employees shall use protective gloves and wash hands after clean up and disposal of these items.
- Bleach solutions must be made fresh, as disinfecting strength is lost rapidly. The solution is prepared by mixing household bleach diluted with water to create a 1:10 mixture. (Approximately 2 cups chlorine bleach to 1 gallon of water.)
 1. Pour or apply the solution to the item or surface to be decontaminated or soak the item in the solution. Use enough to thoroughly saturate.
 2. Let stand for 10 minutes and then drain into sink.
 3. Discard as ordinary wastes.
 4. Rinse waste container and return for use again.
 5. Wash hands and exposed areas with antibacterial soap.

Caution: Sharp objects (broken glass, hypodermic needles, etc.) should not be handled by hand to prevent accidental punctures and lacerations.

- Protective coverings such as plastic wrap, aluminum foil, or paper shall be removed and replaced as soon as possible when contaminated or at the end of the work shift.
- Broken glass that may be contaminated, will not be picked up directly with the hands, but should be cleaned up using mechanical means, such as a brush and dustpan, tongs, or forceps.

3.4 Handling and Disposal of Medical Waste

- Medical waste is defined as material that is “biohazardous” or “sharps” waste. Handling, storage, treatment, and disposal of all regulated waste shall be in accordance with Health and Safety Code Chapter 6.1 and other applicable regulations.
- If less than 10 pounds per year is generated, sharps container can be kept for up to one year. However, when the container is full, it must be disposed of within 7 days. The container should be stored in a cool location. (Health and Safety Code, §118280). If more than 10 pounds per year is generated, the storage time should not exceed 90 days.
- Waste other than sharps must be disposed of in red biohazard bags. The waste should be double bagged inside the plastic biohazard disposal drum. The drum must be labeled with a biohazard label and a hazardous waste hauler must be contacted to pick up the waste.
- In the interim, the waste must be stored in a secured area and checked periodically to insure no leakage has occurred.
- The hauler will complete a tracking document. Copies of the tracking documents must be retained.
- Warning signs in English and Spanish must be posted on the storage areas. These signs read:
“CAUTION -
BIOHAZARDOUS WASTE STORAGE AREA - UNAUTHORIZED
PERSONS KEEP OUT”
“CUIDADO -
ZONA DE RESIDUOS - BIOLÓGICOS PELIGROSOS -
PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS”

3.5 Personal Protective Equipment

- Employees shall be provided with appropriate personal protective equipment, which may include gloves, coveralls, shoe covers, face masks, eye protection, face shields, pocket masks with one-way valves, and/or oxygen powered resuscitators.
- Employees shall be provided personal protective equipment in appropriate sizes, including alternate gloves such as vinyl or hypoallergenic gloves for employees who need them.
- When personal protective equipment has been contaminated by blood or other bodily fluids, it will be placed in an infectious waste bag and disposed of in a properly marked infectious waste bag in designated biohazard areas in the operating department.
- After an incident, all personal protective equipment shall be removed prior to leaving the scene. Employees shall wash their hands and store contaminated equipment in a properly marked biohazardous waste bag.
- Employees with cuts, abrasions, or other exposed wounds should cover those areas with a water-resistant bandage prior to donning any personal protective equipment covering the affected area.

3.5.1 Gloves

In general, gloves will be worn when performing the tasks listed in Section 2 and according to the following guidelines:

- Employees shall wear disposable gloves when contact with blood or other bodily fluids, mucous membranes, and/or non-intact skin can be reasonably anticipated. Gloves shall also be worn when handling or touching contaminated surfaces or items.
- Disposable gloves shall be replaced as soon as practical when contaminated with blood or other bodily fluids or when they are torn, punctured, or their barrier protection is otherwise compromised. Disposable gloves are for single use only. They are not to be washed or decontaminated for re-use.
- Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. They must, however, 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.
- Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be accessible to staff who are allergic to the gloves normally provided.
- Gloves are particularly essential if the employee has cuts or breaks in the skin and anticipated contamination with blood may occur (example: dealing with hostile suspects).

- Fit gloves so that they cover the cuff of your clothing, if possible, to reduce the area of skin exposure.
- After donning the gloves, examine them for physical defects.
- Wash hands after glove disposal.

3.5.2 Eye, Face, and Mouth Protection

- Masks in combination with eye protection devices such as goggles or glasses shall be worn whenever splashes, spray, spatter, or droplets of blood or other bodily fluids may be generated and eye, nose, mouth, or non-intact skin contamination can reasonably be anticipated.
- Resuscitation masks are provided and must be used by employees who perform CPR.

3.5.3 Protective Clothing

- Appropriate protective clothing such as, but not limited to, jumpsuits, tyvek suits, shoe covers, etc. shall be worn in extreme exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

3.5.4 Guidelines for Use of Personal Protective Clothing

Supervisors are responsible for assessing exposure potential and determining appropriate protective equipment. The following is provided as general guidelines:

TASK	GLOVES	CLOTHING / SHOE COVERINGS	MASK	EYEWEAR (and faceshield if necessary)
Control of Bleeding w/ spurting blood	X	X	X	X
Bleeding control with minimal bleeding	X			
Emergency Child Birth	X	X	X	X
Handling & Cleaning Instruments	X			X
Cleaning Bio Spills (no splashing)	X			X
Mouth to Mouth resuscitation			(plastic, designed for this use)	
Handling sharps	X			
Handling potentially contaminated articles (not heavily contaminated)	X			
Handling heavily contaminated articles	X	X		

4. Pre-Exposure Hepatitis B Vaccination

The Town will make available the Hepatitis B Vaccine and vaccination series to those employees who have “reasonably anticipated” occupational exposure to blood or other potentially infectious materials as designated by job classification in the employee exposure determination (see Section 2).

The vaccinations will be made available at no cost to the employee and at a reasonable time and place. These services will be performed by or under the supervision of a licensed physician or other licensed health care professional.

The Hepatitis B antibody vaccination series should start within ten (10) days of the employee's assignment to the position having occupational exposure. The series of three vaccinations will be administered to employees on the prescribed administration schedule. If an additional booster vaccination is recommended, such booster will be provided at no cost to the employee.

Hepatitis B Vaccinations will be made available at the time of hire for new employees and after training has been provided for present employees who have reasonably anticipated occupational exposure to blood or OPIM unless:

- The individual has previously received the complete Hepatitis B vaccination series.
- Antibody sero-testing has revealed that the individual is immune or already infected. (Antibody testing is voluntary and is not a requirement in this Plan.)
- The vaccine is contraindicated for medical reasons.
- The individual declines vaccination. Potentially exposed individuals who decline to accept Hepatitis B Vaccination must sign a Declination Form.

If an employee initially declines Hepatitis B Vaccination, he/she may be vaccinated at a later date.

If a routine booster dose of Hepatitis B Vaccine is recommended by the U.S. Public Health Service at a future date, such booster dose(s) will be made available.

5. Procedures In Case of an Exposure Incident

The following procedures should be followed after contact with and/or exposure to blood or other potentially infectious materials.

Procedures for Employee:

If an employee has a contact with blood or Other Potentially Infectious Materials (OPIM), it is possible that this event is an Exposure Incident. Reporting the incident and receiving care as soon as possible is imperative.

1. The employee should cleanse wound with antiseptic and get appropriate first aid. If blood or OPIM is splashed in the eye, the eyewash should be used immediately and the eye flushed for at least 15 minutes.
2. Report to immediate Supervisor as soon as possible.
3. The Supervisor will direct employee immediately to Mammoth Hospital (or the employee's pre-designated physician) for medical services. If medical services are refused, the employee must sign the form, "Employee Informed Refusal of Post Exposure Medical Evaluation."

Procedures for Supervisor:

If your employee reports contact with blood or OPIM; it is possible that this event is an Exposure Incident. Getting the employee the appropriate medical care and investigating the incident as soon as possible is imperative.

1. Assure that necessary first aid has been administered.
2. Refer employee to Mammoth Hospital (or the employee's pre-designated physician).
3. Investigate and determine if there is an Exposure Incident. (See Definitions). Supervisor should consult with staff in the Personnel Department or Mammoth Hospital, if needed. All potential exposures should be considered and investigated carefully.
4. Complete the standard workers' compensation forms (Employee Claim Form, Supervisor's Report of Injury), and submit to the Personnel Department within twenty-four hours.
5. If it is a Sharps Injury (see definition on page 5), complete the Sharps Injury Log (see definitions and Addendum A) and submit a copy to the Personnel Department within 24 hours. Keep the original for your departmental Sharps Injury Log.
6. Assure housekeeping protocols are completed if indicated.

Post Exposure Medical Evaluation and Follow-up by Physician

Evaluation for Exposed Employee:

- The exposed employee's blood should be collected and tested as soon as feasible for antibodies to HBV and HIV serological status, after consent is obtained. An antibody test for HCV should also be included if the source individual is known to be Hepatitis C infected.
- If the employee consents to baseline blood collection, but does not give consent at that time for HIV testing, the sample should be preserved for at least ninety days. If within ninety days of the exposure incident, the employee elects to have the baseline sample tested, such testing for HIV should be done as soon as feasible.

- A copy of the health care professional's written opinion will be provided to the employee within fifteen days of completion of the evaluation.
- Counseling and evaluation of reported illnesses will be provided by the examining physician as needed.
- The confidentiality of all medical records will be maintained.

Follow-up with Source Individual

- Identification and evaluation of the source individual should be completed as soon as possible unless it can be established that identification is not feasible or prohibited by state or local law.
- The source individual's blood should be tested as soon as possible (after consent is obtained) to determine HIV, HBV, and HCV infection. The employee or supervisor may consult with the Personnel Department to help obtain this consent.
- When it is already known that the source individual is infected with HIV, HBV, or HCV, repeat testing for the source individual is not needed.
- The source individual's test results should be conveyed to the exposed person. He or she should be informed of applicable laws and regulations concerning the disclosure of the identity and infectious state of the source individual.
- If the source individual cannot be located or consent for testing cannot be obtained, it is assumed that he or she is at risk for disease and the exposed person should be counseled accordingly.

Follow-up by Personnel and by Designated Physician

The Personnel Department will send the following information to the physician responsible for the employee's post-exposure evaluation and care:

1. A copy of this section of the Exposure Control Plan.
2. A copy of Title 8, California Code of Regulations, Section 5193, Bloodborne Pathogens Standard.
3. A description of the exposed staff person's duties and circumstances as they relate to the exposure incident.
4. All records and information/recommendations relevant to the appropriate treatment of the employee, including vaccination status.
5. Results of the source individual's and exposed employee's blood tests if available.
6. Guidelines for Post-Exposure Antiretroviral Drug Therapy.
7. Request for Post-Exposure Medical Evaluation.

8. The Health Care provider will provide a written opinion to the Personnel Department following the post-exposure medical evaluation. This document shall be limited to the following information:
 - That the employee has been informed of the results of the evaluation.
 - That the employee has been told about any medical condition resulting from the exposure which requires further evaluation or treatment.
 - Whether Hepatitis B Vaccination is indicated, and if the individual has received such vaccination.
 - As required under the Bloodborne Pathogens Standard, all other findings or diagnoses shall remain confidential and shall not be included in the written opinion. Personnel Department will provide a copy of the opinion to the exposed employee within fifteen days of the completion of the evaluation.

5.2 HIV Risk Treatment Guidelines

If the Source Individual is known to be HIV Positive:

- The physician should evaluate the employee immediately for decision to begin appropriate antiretroviral drug therapy. If drug therapy is started, continue medical follow-up.
- Complete Employee HIV Testing as Follows:
 - (1) Baseline immediately
 - (2) six to twelve weeks
 - (3) six months
 - (4) twelve months
- Pre and Post-Test Counseling should be provided by the physician.
- Medical follow-up should be provided under Workers' Compensation if the employee's HIV Test becomes positive; if the employee's HIV Test is negative after one year, the case should be closed.

Status of the Source Individual is unknown:

- The employee is evaluated by the physician
- Employee HIV Testing, counseling, and follow-up as above should be completed.
- Identify the source individual and obtain consent for HIV testing.
- If the source individual tests HIV Positive, or if the HIV status of the source individual is unknown, the physician should evaluate the employee for antiretroviral drug therapy. If therapy is started, continue medical follow-up; continue employee HIV Blood Testing Series as above. The

case should be closed if the employee continues to test HIV negative after one year.

- If the source individual tests HIV Negative, repeat employee HIV Testing in six months; if the employee continues to test negative, the case should be closed.

5.3 Hepatitis C Risk Guidelines

Hepatitis C Antibody Testing should be completed on the exposed employee if the Source Individual is known to be infected with Hepatitis C, or found to be infected with Hepatitis C if tested after the exposure incident.

6. Employee Training

Departmental training shall be provided annually to all employees who are incumbents in identified positions with the potential for occupational exposure. The person conducting the training will be knowledgeable in the subject matter covered in the training program as it relates to the workplace

Training is to be conducted at an understandable level, and is to include an explanation of the symptoms and modes of transmission of bloodborne and other infectious diseases.

Training shall include information related to legal requirements, standards and the expectations for use of personal protective equipment, safe work practice controls, appropriate labeling, and housekeeping standards. The training is also to include a review and explanation of this policy, departmental policies, procedures, and orders related to exposure control.

Training will be provided as follows:

1. At the time of initial assignment to jobs where occupational exposure may occur.
2. Annually within one year of an employee's previous training.
3. For employees who have not had previous training.
4. Additional training will be provided when changes such as modification of tasks or procedures or institution of new tasks or procedures affect the employee's occupational exposure. The additional training may be limited to addressing the new exposure created.

The Training Program will contain, at a minimum, the following elements:

1. An explanation of The Bloodborne Pathogens Standard (CA Code of Regulations, Title 8, Section 5193), this Exposure Control Plan, the means by which an employee can obtain copies of each, and where each document is maintained in the workplace.
2. A general explanation of the epidemiology and symptoms of bloodborne diseases (HIV, HBV, and others).
3. An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and OPIM.
4. An explanation of the use and limitations of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices and personal protective equipment; an explanation of the basis for selection of personal protective equipment.
5. Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment.

6. Information on the Hepatitis B Vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated and that the vaccine and vaccination will be offered free of charge.
7. An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
8. An explanation of the labels and signs and/or color-coding required.
9. An opportunity for interactive questions and answers with the person conducting the training session.

7. Recordkeeping

7.1 Recordkeeping

Sharps Injury Logs will be maintained in each involved department. The supervisor will send a copy of each Sharps Log entry (see Addendum A) to the Town's Personnel and Risk Manager or designee, who will maintain a Town-wide Sharps Injury Log.

Medical records related to this Plan will be maintained in the Personnel Department in the employee's medical file. The records for each person will include:

1. Name and social security number.
2. A copy of the employee's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
3. A copy of all consent or declination forms.
4. A copy of any Supervisors Report of Work Injury forms or other Incident Forms (includes a description of the employee's duties as they relate to the exposure incident and documentation of the routes of exposure and circumstances of the exposure).
5. A copy of information provided to the health care professional.
6. A copy of medical written opinions when there is an Exposure Incident.
7. A copy of the results of any other examination, medical testing, or follow-up procedures as required by the Cal/OSHA California Code of Regulations, Title 8, CCR, Section 5193.
8. Medical records will be kept strictly confidential and may not be disclosed or reported without the employee's written consent or as may be required by law.
9. Official medical records will be kept for the duration of the employee's employment with the Town of Mammoth Lakes, plus thirty (30) years.

10. Training records will be maintained by each department and a copy shall be forwarded to the Personnel Department. The record shall include the dates of annual training sessions, the content or a summary of the training sessions held, the names, addresses and qualifications of the training instructor(s), and the names and titles of all employees receiving the training. Such records must be retained according to the Town of Mammoth Lakes Retention Schedule (10 Years).

7.2 Availability of Records

All records required as part of the Exposure Control Plan will be made available upon request to the Chief of the Division of Occupational Health and Safety (DOHS), State of California, and to the National Institute of Safety and Health (NIOSH) in accordance with Title 8, CCR, Section 3204.

An employee's Occupational Health Records will be made available upon request for examination and copying to the subject employee, or to his or her designated representative, in accordance with Section 3204.

ADDENDUM A

TOWN OF MAMMOTH LAKES

SHARPS INJURY LOG

Please complete a log for each employee exposure incident involving a sharp.

Department: _____ Work Location: _____

Date filled out: _____ By: _____ Phone # _____

Exposed Employee: _____

Date of exposure: _____ Time of day: _____ Location: _____

Explain the exposure incident exactly: _____

Job Classification: Police Officer Streets Worker
 Parks Worker Custodian Water Facility Worker Other: _____

Procedure: Blood draw Injection, through skin Start IV Handling evidence Search
 Picking up trash Found in work area Other: _____

Did the exposure incident occur: During use of sharp Disassembling
 Between steps of a multi-step procedure After use and before disposal of sharp
 Recapping sharp While putting sharp into disposal container
 Sharp found, inappropriate place Other: _____

Body part involved: Finger Hand Arm Face/head Torso Leg
 Other: _____

Identify sharp involved: Type: _____ Brand: _____
 Model: _____ (e.g. 18th needle/ABC medical/"No stick" syringe)

Did the device being used have engineered sharps injury protection: Yes No Don't know

Was the protective mechanism activated? Yes – fully Yes – partially No

Did the exposure incident occur: Before During After activation

Exposed employee: If sharp had no engineered sharps injury protection, do you have an opinion that such a mechanism could have prevented injury? Yes No

Explain: _____

Exposed employee: Do you have an opinion that any other engineering, administrative, or work practice control could have prevented the injury? Yes No

Explain: _____

[Keep the original with your departmental log and send a copy to Personnel for the Town-wide log](#)

ADDENDUM B



**TOWN OF MAMMOTH LAKES
HEPATITIS B VACCINATION DECLINATION**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis b vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I wanted to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: _____

Employee's Signature

Date

ADDENDUM C



**TOWN OF MAMMOTH LAKES
POST-EXPOSURE MEDICAL EVALUATION DECLINATION**

I understand that due to my occupational exposure incident to potential infectious materials, I may be at risk of acquiring hepatitis B virus (HBV) infection or other bloodborne pathogens.

I have been given the opportunity to receive a post-exposure medical evaluation, at no charge to myself.

I UNDERSTAND THAT AN IMMEDIATE MEDICAL EVALUATION IS RECOMMENDED; HOWEVER, I DECLINE THIS MEDICAL EVALUATION AT THIS TIME.

Employee Name: _____

Employee Signature

Date