

Bloodborne Pathogens Exposure Control Plan

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Issuing Authority: Chief Probation Officer	

300.1 ATTACHMENT:

See attachment: [Bloodborne Pathogens Exposure Control Plan MASTER Attachment A Lexipol 2.11.26.pdf](#)

Attachments

Bloodborne Pathogens Exposure Control Plan MASTER Attachment A Lexipol 2.11.26.pdf



San Bernardino County Probation Department

BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

Prepared by:

San Bernardino County Probation Department

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I. PURPOSE:

- A. To eliminate or minimize exposure of employees to blood and other infectious materials.
- B. To ensure that Bloodborne Pathogen exposures are reported and treated in a timely manner.
- C. To meet the requirements of Cal/OSHA Bloodborne Pathogen Exposure Control Program under the General Industry Safety Orders of Title 8, Section 5193 of the California Code of Regulations, Section 5193 (T8 CCR 5193).

II. DEFINITIONS:

- A. Bloodborne Pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans.
- B. Blood– Fluid that circulates through the body carrying nourishment, oxygen, and carbon dioxide.
- C. Cal/OSHA – The informal name for the Division for Occupational Safety and Health within the Department of Industrial Relations.
- D. Chief– Head of the Division of Occupational Safety and Health of the California Department of Industrial Relations or designated representative.
- E. Contaminated – The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.
- F. Contaminated Laundry – Laundry that has been soiled with blood or other potentially infectious materials or may contain sharps.
- G. Contaminated Sharps – Contaminated objects that can penetrate the skin including, but not limited to; needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires, razors, blades or other objects contaminated with body fluids or other potentially infectious materials.
- H. Engineering Controls – Employer strategies designed to protect employees by placing a barrier between employees and hazards like sharps disposal containers and safety needles.
- I. Exposure Incident – A specific eye, mouth, non-intact skin, or mucous membrane, contact with blood or other potentially infectious material .
- J. Gassing – Intentionally placing or throwing, or causing to be placed or thrown, upon the person of another, any human excrement or other bodily fluids or bodily substances or any mixture containing human excrement, or other bodily fluids or bodily substances that results in actual contact with the person’s skin or membranes.
- K. Hand Washing Facility – Facility providing an adequate supply of running potable water, antimicrobial waterless soap, and single use towels.
- L. Hepatitis B Virus (HBV) – A virus transmitted through contact with infected blood and body fluids that causes liver inflammation. A vaccine is available and recommended to prevent infection.
- M. Hepatitis C Virus (HCV) – A virus transmitted through contact with infected blood that causes liver inflammation.
- N. HIV – Human Immunodeficiency Virus.
- O. Licensed Healthcare Professional – A person whose licensed scope of practice includes an activity, which this plan requires to be performed by a licensed healthcare professional.
- P. NIOSH – The Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services or designated representative.
- Q. 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.

- R. One-Handed Technique – A procedure wherein the needle of a reusable syringe is capped in a clean manner after use. The technique employed shall require the use of the one hand holding only syringe so that the free hand is not exposed to the uncapped needle.
- S. Other Potentially Infectious Materials (OPIM) – The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, amniotic, saliva or vomit, and other body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response; any unfixed tissue or organ (other than known or reasonably expected to contain or be infected with HBV or HIV); cell, tissue or organ cultures from humans or experimental animals or culture medium or other solutions.
- T. Personal Protective Equipment (PPE) –Specialized clothing or equipment worn or used by an employee for protection against a hazard. General work clothes (uniforms, pants, shirts, or blouses) are not intended to function as protection against a hazard and are not considered to be personal protective equipment.
- U. Regulated Waste – Liquid or semi-liquid blood or OPIM; contaminated items that would release blood or OPIM in a liquid or semi-liquid state if compressed; items caked with dried blood or OPIM. Includes “medical waste” regulated under Health and Safety Codes 117600 through 118360.
- V. 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, and razors.
- W. Sharp Injury – Any injury caused by a sharp, including, but not limited to cuts, abrasions, or needle sticks.
- X. Sharps Injury Log – A written or electronic record of each exposure incident involving a sharp. The exposure incident shall be recorded on the log within 14 days of the date the incident is reported to the employer. Please see the section on the Sharps Injury Log for the necessary information to be included on the log and the sample in Appendix C.
- Y. Source Individual – Any individual, living or dead, whose blood or other potentially dangerous materials may be a source of occupational exposure to the employee.
- Z. Universal Precautions – An approach to infection control in which workers treat all human blood and certain bodily fluids as if they are known to be infectious, to protect against pathogens. Universal precautions do not apply to sputum, feces, sweat, vomit, tears, urine, or nasal secretions.
- AA. Work Practice Controls – Controls that reduce exposure potential by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by two-handed techniques).
- BB. Emergency Clean Up-Kit – A department approved kit containing powdered substance to clean up blood spills along with a scoop and a red biohazard labeled bag.

III. EXPOSURE DETERMINATION

Exposure assessment is done without regard to the use of Personal Protective Equipment (PPE). The following list includes position classifications in which employees may incidentally be exposed to blood or body fluids that are not routinely or reasonably expected.

- A. Job Classifications in which employees have occupational exposure:
 1. Chief Probation Officer
 2. Assistant Chief Probation Officer
 3. Deputy Chief Probation Officer

4. Deputy Chief Probation Administrator
 5. Division Director
 6. Supervising Probation Officer
 7. Probation Officer I/II/III
 8. Probation Corrections Supervisor
 9. Probation Corrections Officer/ (Trainee)
 10. Health Services Manager
 11. Supervising Correctional Nurse
 12. Clinical Licensed Therapist
 13. Pre-Licensed Clinical Therapist
 14. Licensed Psychiatric Technician
 15. Domestic Violence Program Coordinator
 16. Correctional Nurse-Per Diem
 17. Correctional Nurse
 18. Licensed Vocational Nurse- Corrections
- B. Job classifications, tasks, and procedures in which employees have some occupational exposure:
1. Storekeeper
 2. Food Service Worker
 3. Custodian
 4. Supervising Custodian
 5. Office Assistant
 6. Emergency Services Supervisor
 7. Health Informatics Specialist
 8. Health Services Assistant
 9. Law & Justice Office Assistant
 10. Division Director
- C. Contract Services, tasks, and procedures in which employees have some or rare occupational exposure:
1. Accounting Technician
 2. Administrative Manager
 3. Administrative Assistant
 4. Administrator Supervisor
 5. Applications Specialist
 6. Assistant Chief Probation Officer
 7. Automated Systems Analyst
 8. Automated Systems Technician
 9. Background Investigator
 10. Business Applications Manager
 11. Business Systems Analyst
 12. Chief Probation Officer
 13. Crime Analyst
 14. Department Systems Engineer
 15. Departmental IS Administrator
 16. Deputy Chief Probation Officer

17. Director of Probation Administration
18. Domestic Violence Program Coordinator
19. Executive Admin Assistant
20. Secretary III – Class
21. Fiscal Assistant
22. Fiscal Specialist
23. Food Services Supervisor
24. General Maintenance Mechanic
25. IT Technical Assistant
26. Law & Justice Research Analyst
27. Mail Processor
28. Maintenance Supervisor
29. Media Specialist
30. Multimedia Supervisor
31. Office Assistant
32. Office Specialist
33. Personnel Technician
34. Probation Assistant
35. Probation Budget Coordinator
36. Probation Cook
37. Public Service Employee
38. Staff Analyst
39. Supervising Accountant
40. Supervising Fiscal Specialist
41. Supervising Office Assistant
42. Supervising Accounting Technician
43. Supervising Auto Systems Analyst

D. Exposure Control Plan Review

1. The Exposure Control Plan shall be reviewed annually and whenever necessary by the Department Safety Officer to address the items listed below. The County Safety Officer upon request will provide additional review.
 - a. To reflect new or modified tasks and procedures which affect occupational exposure.
 - b. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens.
 - c. To include new or revised employee positions with occupational exposure.
 - d. To review and evaluate the exposure incidents which occurred since the previous update.
 - e. The Department Safety Officer shall review and respond to information indicating that the Exposure Control Plan is deficient in any area.

IV. METHODS OF COMPLIANCE – GENERAL, ENGINEERING, AND WORK PRACTICE CONTROLS

A. Work Practice and Engineering Controls

Methods shall be reviewed and evaluated annually by employees impacted by the Bloodborne Pathogen Programs and listed in the Exposure Determination section. Employees from the Community Corrections Bureau, Detention Corrections Bureau, and Administrative Services Bureau shall participate in the review. Information from the Sharps Injury Log, Bloodborne Pathogen & Tuberculosis Exposure Report, OSHA 300 Log, and new sharps

product (specimen collection and sharps containment) information are included in the review. Improvements to work practice and engineering controls are made based on the annual review process. Records of the review/evaluation are maintained by the Department Safety Officer/Safety and Security Unit (SSU). Where potential occupational exposure remains after institution of these controls, personal protective equipment shall also be used to eliminate or minimize employee exposure.

1. Standard Precautions shall be observed to prevent contact with blood or other potentially infectious materials.
2. Engineering Controls
 - a. Sharps
 - i. Contaminated needles and other contaminated sharps shall not be bent, recapped, or removed except when a medical procedure requires it and there is no alternative. Shearing or breaking of contaminated needles is prohibited.
 - ii. Personnel should not be involved with the use or handling of needles, storage tubes, or sharps in a medical or laboratory setting, except for those assigned.
 1. Employees may have contact with needles or sharps when searching people or places.
 2. Searching persons shall be accomplished as described in General Law Enforcement Practices §IV(A)(3)(d) of this plan.
 3. Safe retrieval and storage of sharps is the responsibility of each employee.
 - iii. Sharps retained as evidence such as syringes, shall be stored in the needle storage tubes provided by the Department.
 1. When placing the object in the storage tube, the one-handed technique shall be employed.
 - iv. Sharps for disposal shall be deposited in a wall-mounted or disposable sharps container maintained in each facility unit, medical services, and probation office where applicable, as appropriate to ensure easy accessibility to personnel in the immediate area where sharps are used or can be reasonably anticipated.
 1. When placing the object in the disposal container, the one-handed technique shall be employed.
 - v. Sharps containers shall be puncture resistant, leak proof on sides and bottoms and bear "Biohazard" labels.
 1. Employees SHALL NOT reach into a sharps container to retrieve any item therein.
 - vi. In the event of a sharps injury, the injured person shall immediately wash the area, then document the injury on the Sharps Injury Log, complete the Bloodborne Pathogen Exposure Report, and submit the report to the Watch Commander/Supervising Probation Officer to schedule an immediate appointment with the Center for Employee Health and Wellness.
 1. A copy of the form must be submitted to the Risk Control Division within 24 hours after the incident.

2. During weekend and after hours the employee shall report to the Arrowhead Regional Medical Center, Emergency Department.
 - vii. The Sharps Log is to be maintained at the Watch Commander's Office and Clinic within each Juvenile Detention and Assessment Center (JDAC) and attached to the First Aid Memos within the offices of the Community Corrections Bureau. Copies of the Sharps Log and First Aid memos are also to be maintained with the Department Safety Officer/Safety and Security Unit (SSU).
3. Work Practice Controls
- a. Hand Washing Facilities/Practices
 - i. Hand-washing facilities shall be provided which are readily accessible to employees where feasible.
 - ii. Where hand washing facilities are not feasible, antimicrobial waterless soap SHALL be used and provided by the Probation Department. Following the use of antimicrobial waterless soap, employee SHALL, as soon as feasible, wash hands with soap and water.
 - iii. After the removal of gloves or PPE, employees SHALL wash their hands with antimicrobial soap and water as soon as feasible.
 - iv. Employees SHALL wash hands and any other affected skin with antimicrobial soap and water and flush mucous membranes with water immediately or as soon as feasible following contact with body areas with blood or OPIM.
 - v. Employees SHALL refrain from eating, drinking, smoking, and/or applying cosmetics until hands have been washed with soap and water.
 - b. Food and Drink
 - i. Eating, drinking, smoking, applying cosmetics, or lip balm, and handling contact lenses are PROHIBITED in the work areas where there is a reasonable likelihood of occupational exposure to blood and/or OPIM, such areas to be specifically determined by each facility.
 - ii. Food and drink shall NOT be kept in refrigerators, freezers, shelves, cabinets, countertops, or bench tops where blood or OPIM are present.
 - c. Medical Laboratory Practice for Medical Services
 - i. All procedures involving blood or OPIM shall be performed in such a manner as to minimize splashing, spraying, spattering, and generation of droplets of these substances.
 - ii. Gloves SHALL be worn when processing blood and other specimens and protective eyewear/face shields should be worn when mucous membrane contact with blood is anticipated, .
 - iii. Specimens of blood or OPIM SHALL be placed in a container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
 1. All containers shall be labeled with the "Biohazard" label.
 2. All containers shall be closed prior to storage, transport, or shipping.

3. If outside contamination of the container occurs, it shall be placed in a secondary container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
 4. If the specimen could puncture the primary container, i.e., a syringe, it shall be placed within a Sharps Container that prevents leakage during storage, transport, or shipping.
- d. General Law Enforcement Practices
- i. Officers shall exercise great caution during all searches of persons and their belongings. Officers shall remain alert for the presence of sharp objects, such as needles, knives, razors, broken glass, nails, or other sharp objects.
 1. Backpacks/purses shall be searched by turning out the contents.
 2. Vehicles shall be searched utilizing a flashlight.
 - ii. Officers at the JDAC/treatment facility are never to assume a youth has been thoroughly searched upon delivery to the facility by another law enforcement agency.
 - iii. Field Officers shall search an arrestee prior to transport.
 - iv. Protective gloves should be worn whenever exposure to blood is likely.
 1. Wearing gloves such as Nitrile in the detention facility and neoprene gloves over latex free protective gloves in the field will provide the most protection.
 - v. Officers who conduct transports/search **vehicles** shall be mindful of hidden areas, such as under car seats. These areas are to be searched using a flashlight.
 - vi. Both the community corrections field officer and the detention corrections officer are sometimes in situations where the person chooses to spit on them and/or throw feces that are sometimes purposely contaminated with blood.
 1. These materials should be removed with toweling after putting on protective gloves and the area subsequently decontaminated using a department approved disinfectant.
 2. Soiled gloves, clothing, and toweling shall be placed in a leak proof plastic bag and labeled as evidence pursuant to the Incidents of Gassing/Exposure in JDAC's and Treatment Facilities.
 3. Probation staff performing cleaning functions pursuant to this procedure within the field and within the department facilities shall be provided the personal protective equipment as outlined in Personal Protective Equipment §IV(A)(4) of this procedure.
- e. Managing Bodily Fluids in the Detention/Community Corrections and Administrative Bureaus
- i. CPR/First Aid Practices within the JDACs/treatment facilities
 1. When administering CPR/First Aid, staff shall use an ambu bag or disposable protective CPR mask with one-way valves to prevent a person's blood, saliva, vomit and OPIM from entering the caregiver's mouth.

2. A CPR mask/ ambu is available in the First Aid Kit located in every JDAC unit and transportation vehicle.
 3. On a weekly basis, unit staff shall inspect the First Aid Kits maintained on the units at the JDACs /treatment facilities.
 4. If there is a deficiency in medical supplies, nursing staff shall be notified to provide replacements.
 5. On a monthly basis the supervising nurse or designee shall inspect the First Aid Kits maintained on the units of the JDACs/treatment facilities.
- ii. Cleaning spilled bodily fluids within the JDACs/treatment facilities.
1. In the event bodily fluids are present in an area and the spill is not suspected to contain blood, staff or contracted custodial personnel shall utilize a department approved cleanup product to provide initial containment. The contained/semisolid fluids shall be placed in a regular leak proof trash bag marked with contents and discarded.
 2. When the spill contains blood or suspected blood and is considered small to moderate, the staff or contracted custodial personnel shall utilize a department approved Emergency Clean Up Kit and place the contents in the red biohazard bag found inside the kit and discard it in the appropriate biohazard receptacle. The approved Emergency Clean Up Kit shall be maintained within the unit First Aid Kit.
 3. If there is a spill, suspected of containing blood or not, that is considered large or extremely large and cannot be contained by staff or the contracted custodial personnel, staff shall contact the County contracted agency upon approval from the Watch Commander via the Division Director to conduct the cleanup.
 4. While awaiting the contracted cleaning company, the affected area shall be isolated. All staff and youth shall be removed from the affected area until the cleanup by the contracted cleaning company is complete.
- iii. CPR First/Aid Practices for Community Corrections and Administrative Services Bureau
1. The ambu bag, or other department approved barrier, shall be utilized any time a Probation Officer is administering CPR to protect from coming into direct contact with a person's blood, saliva, vomit, or OPIM.
 2. In the event an officer has to administer CPR, be mindful to follow all of the procedures as trained during annual CPR/First Aid training.
 3. A First Aid cabinet is maintained within all probation office buildings.
 4. A trauma bag is maintained in all Probation vehicles and Probation buildings. The Safety and Security unit contracts with a company to service first aid cabinets in each building. The company replaces used and/or expired items quarterly. It is the office/building safety officer's responsibility to ensure the company has performed the quarterly service.
- iv. The office/building safety officer or designee shall inspect the contents of the trauma bags within the offices and the vehicles monthly. If there is a deficiency in the supplies, staff should notify the Department Safety Officer and/or Training unit (VehiclesafetyEquipment.Probation@prob.sbcounty.gov).
- v. Cleaning spilled bodily fluids in the Community Corrections Bureau

1. In the event of an incident where vomit or feces is introduced within a probation office and the spill is not suspected of containing blood, staff shall clean the spill utilizing a department approved clean up product.
 2. If there is a spill that is small to moderate (very shallow puddle) that contains blood, the staff shall clean the spill utilizing the Emergency Clean Up Kit to be maintained within the custodial closet. This kit contains a red biohazard bag. The semisolid contents are to be placed within the bag and the bag is to be transported to the nearest JDAC to be discarded in the appropriate biohazard container.
 3. In the event there is a large amount of blood, vomit, or fecal matter introduced in the probation building (i.e., vomit or feces smeared all over the restroom walls or floor) the County contracted cleaning facility shall be contacted with the approval of a Supervisor, via Director I/II for cleanup.
- vi. Bodily Fluid spills within a County Vehicle
1. When bodily fluids are spilled in vehicles, staff shall contact Motor Pool to obtain the address of the nearest car wash that is authorized to clean contaminated interiors.
- vii. Equipment
1. Equipment, which has become significantly contaminated with blood or OPIM, shall be examined by the training unit prior to servicing. Shall be decontaminated using universal precautions when slightly contaminated or returned to the training center when significantly contaminated for replacement and destruction. Equipment includes but is not limited to expandable batons, handcuffs, oleoresin capsicum spray canisters, handguns, etc. that decontamination is not feasible.
 2. Vehicles and vehicle interiors, work surfaces, floors, etc. shall be decontaminated following established procedures.
 3. A biohazard label shall be attached to contaminated equipment stating which portion remains contaminated.
 - i. Contaminated items are placed into the biohazard waste bin outside the facility. The facility Safety Coordinators contact the waste disposal company for pickup.
 4. The above information shall be conveyed to ALL affected employees, service representatives, and/or the manufacturer, as appropriate, prior to handling, servicing, or shipping, so that appropriate precautions may be taken.
- viii. Custodial Practices
1. Custodial employees shall follow Detention Facility Practice and Medical/Laboratory Practice where appropriate and when performing their duties in said facilities.
 2. PPE SHALL be worn, as appropriate when in contact with contents of drains, sanitary sewers, blood, OPIM, etc.
4. Personal Protective Equipment (PPE)
- a. Provision

- i. When there is a potential for occupational exposure, the Department shall provide, without cost, appropriate personal protective equipment, including, but not limited to:
 1. Gloves
 2. Face shield
 3. Mouthpieces
 4. Resuscitation bags (used for CPR)
 5. Eye Protection
 6. Protective Suit
 - ii. Gloves
 1. Gloves shall be worn when it can be reasonably anticipated that an employee may have hand contact with blood, OPIM, mucous membranes, non-intact skin, and/or when handling or touching contaminated items or surfaces.
 2. Single use gloves shall be replaced as soon as possible when contaminated, torn, punctured, or when their ability to function as a barrier is compromised.
 - i. Single use gloves shall not be washed or decontaminated for reuse.
 3. Reusable gloves may be decontaminated for use if the integrity of the glove to function as a barrier is not compromised (i.e., it is not cracked, peeled, torn, or punctured, or exhibits other signs of deterioration). Reusable gloves that are compromised shall be disposed of in the manner described in Removal and Disposal §IV(A)(4)(e), section i, 5., (removal and disposal).
 4. Hypoallergenic gloves are provided.
 - iii. Masks/Eye Protection/Face Shields
 1. Eye Protection/Face Shields used in combination with eye protection devices such as goggles or glasses with side shields or chin length face shields shall be worn whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated and eye, nose, or mouth contamination can be reasonably anticipated, such as medical procedures in which aspirated blood may be present.
 - iv. Protective Body Clothing
 1. Shoe covers or boots or protective suits shall be worn whenever gross contamination can be reasonably anticipated.
 - v. PPE shall be considered appropriate if it does not permit blood or OPIM to pass through or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, and/or mucous membranes under normal conditions of use and for the duration of the time which it is used.
- b. Use
- i. An employee may temporarily and briefly decline the use of PPE when, under rare and extraordinary circumstances, in the specific instance its use would have prevented the delivery of emergency health care, public safety services, or would have posed an increased hazard to the safety of the employee.

- ii. In such an instance, when an exposure occurs, the Supervisor shall be notified and the circumstances investigated and documented by the completion of the Bloodborne Pathogen Exposure Report. A copy of the report shall be forwarded to the Risk Control Division.
 - c. Accessibility
 - i. Administration via the Department Safety Coordinator/Officers and/or designees shall ensure that appropriate PPE is readily accessible/issued to employees.
 - d. Cleaning/Repair/Replacement
 - i. Cleaning of reusable PPE shall be provided without cost to an employee.
 - ii. Repair/Replacement of PPE shall be provided without cost to an employee.
 - e. Removal/Disposal
 - i. Garment(s) penetrated by blood or OPIM shall be removed immediately or as soon as feasible.
 - 1. Uniforms may be laundered normally.
 - 2. All containers shall be labeled with the "Biohazard" label.
 - 3. All containers shall be closed prior to storage, transport, or shipping.
 - 4. If outside contamination of the container occurs, it shall be placed in a secondary container that prevents leakage during collection, handling, processing, storage, transport, or shipping.
 - 5. If the specimen could puncture the primary container (i.e., a syringe) it shall be placed within a sharps container that prevents leakage during storage, transport, or shipping.
- 5. Housekeeping
 - a. General
 - i. DCB, CCB, and ASB Supervisors shall ensure that the worksites are maintained in clean and sanitary condition.
 - 1. Individual units shall determine and implement an appropriate written schedule for cleaning and a method of decontamination based upon location within the facility, type of surface to be cleaned, type of contaminant present, and tasks or procedures being performed in the area.
 - 2. All staff shall maintain a clean and safe office environment.
 - b. Equipment/Surfaces
 - i. Shall be cleaned and decontaminated after contact with blood or OPIM.
 - 1. Contaminated work surfaces shall be decontaminated with a department approved disinfectant immediately or as soon as feasible after the surfaces are contaminated, or at the end of the work shift since a surface may have become contaminated since the last cleaning.
 - aa. The disinfectant shall be used in accordance with packaging instructions and the product's Material Safety Data Sheet.

2. A Department approved disinfectant wipe will be used to disinfect desk and vinyl chairs and other furnishings.
 3. No other "home remedy" type cleaning solutions shall be used for disinfecting purposes within any Department facility.
 4. A Department approved Emergency Clean Up Kit shall be available in each unit of the facility, county vehicle, and field office.
- c. Waste
- i. Coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment and environmental surface, shall be removed and replaced as soon as feasible after they become overtly contaminated or at the end of the shift in which they MAY have become contaminated since the last cleaning.
 1. Receptacles such as bins, pails, cans, etc., intended for reuse which have a reasonable likelihood of becoming contaminated with blood or OPIM, shall be inspected and decontaminated on a regularly scheduled basis and cleaned/decontaminated immediately or as soon as feasible upon discovering visible contamination.
 2. Broken glassware that may be contaminated shall NOT be picked up directly with the hands. It shall be cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps.
- d. Laundry (JDACs Only)
- i. Laundry shall be handled using universal precautions.
 - ii. Contaminated laundry should be handled as little as possible with minimum agitation.
 - iii. Contaminated laundry shall be identified and segregated from non-contaminated laundry and placed in a leak-proof bag or container prior to pick up by the contracted laundry service. Contaminated laundry shall not be sorted or washed in the facility.
 - iv. Laundry that is soaked in blood shall be in a leak proof red bag labeled Biohazardous Waste and is to be picked up by the contracted waste management company.
 - v. Laundry that is contaminated with feces, vomit, or heavily soaked with urine with no evidence of blood shall be placed in a leak proof bag, properly labeled with the contents, and picked up by the contracted laundry service.
- e. Transport
- i. There are times when Probation Officers will need to have sharps containers transported.
 1. Probation Officers are to transport sharps containers and other biohazardous materials to the nearest JDAC to be placed in the appropriate biohazard container.

2. If the biohazardous material is considered evidence, such as bloody clothing, the material is to be placed in a red biohazard bag, labeled as evidence, and not discarded until released by authorities to do so.
3. The safety officer or approved designee shall transport any biohazardous waste within the JDAC to the allocated container utilized for the disposal of said waste.
4. For medical waste (biohazardous waste and sharps waste) and pharmaceutical waste, refer to the Medical Waste Management Plans for each facility.

V. Hepatitis B Vaccination

- A. The Department shall make the HBV vaccine/vaccination series available to employees who have occupational exposure risk.
 1. All medical evaluations and procedures, including HBV vaccine, vaccinations, post-exposure evaluations, follow-up, and laboratory tests shall be provided without cost to the employee, at one of the Risk Control Division approved medical facilities, and under the supervision of a licensed physician or healthcare professional.
 2. All medical evaluations and procedures provided by the contract medical facilities shall be in accordance with current recommendations of the U.S. Department of Health, Public Health Services, and Centers for Diseases Control and Prevention.
- B. HBV vaccinations shall be made available to employees after they have had the training outlined herein and within 10 working days of the initial assignment.
 1. The employee's Supervisor will provide the HBV form.
 2. HBV vaccination shall be provided to all employees who have occupational exposure unless the employee:
 - a. Has previously completed the HBV vaccination series.
 - b. Antibody testing revealed the employee to be immune.
 - c. Vaccine is medically contraindicated.
 3. Pre-screening shall not be a prerequisite for the HBV vaccination.
 4. Employees who decline the HBV vaccination SHALL sign the HBV Vaccine Declination statement, as required in CCR, Title 8, Section 5193.
 5. The department shall make available to any employee who initially declines HBV vaccination, but who at a later date is still covered by this standard, the HBV vaccination, if the employee so chooses.

VI. Gassing/Exposure Incidents

- A. All Gassing incidents SHALL be reported, investigated, and documented pursuant to the Department's Incidents of Gassing/Exposure in JDACS and Treatment Facilities Procedure.
- B. Exposure incidents resulting from gassing or other types of exposures (needle stick, blood splatter, etc.) that result in exposure incidents shall be reported to the Supervisor immediately or as soon as feasible after the incident. The Supervisor shall complete the Bloodborne Pathogen Exposure Report. The Supervisor completing the report shall ensure the healthcare professional responsible for evaluating an employee after an

exposure incident is provided a copy of that report by having the exposed employee hand carry a single copy of the report to the healthcare professional.

1. The Supervisor shall contact the Center for Employee Health and Wellness and schedule an appointment for the affected employee immediately after the incident/as soon as notified and ensure all pertinent forms accompany the employee to the appointment.
 2. If after hours, the employee is to be sent to the Arrowhead Regional Medical Center Emergency Room.
 3. In the event the employee is sent to the emergency room, the Supervisor shall make an appointment for the employee to report to the Center for Employee Health and Wellness as soon as possible and provide all documents received at the emergency room visit.
- B. The source individual's blood shall be tested as soon as feasible after the incident has occurred pursuant to PC 243.9 to determine infectivity.
1. If consent is not obtained, refer to the Standing Court Order and Penal Code sections 7500-7514 contained within Appendix C of this plan. The source individual's blood, if available, shall be tested soon as possible and results documented.
 2. In the event the source individual is a detained youth in a Juvenile Detention and Assessment Center (JDAC) or treatment facility, the source individual's blood shall be drawn by a JDAC medical staff member if the youth consents and is cooperative. Blood samples will be delivered to Arrowhead Regional Medical Center Wellness Center.
 3. The blood draw shall be taken pursuant to the Department's Incidents of Gassing/Exposure in JDACS and Treatment Facilities Procedure and sections 243. 9 and 7500-7550 of the California Penal Code.
 4. In the event a qualified medical staff member is not available or if the youth fails to consent, the Watch Commander shall contact Law Enforcement Medical Services to obtain the blood draw.
- C. After hours and on weekends, the employee and the source individual's blood shall be examined at Arrowhead Regional Medical Center Emergency Room.
- D. In the event of gassing where there is a high probability of the employee contracting HIV, the employee may need to start anti-viral HIV medications within two (2) hours of the exposure.
1. It is imperative that the employees do not wait until the end of their shift to go to the Center for Employee Health and Wellness or Arrowhead Regional Medical Center Emergency Room.
 2. The decision to start anti-viral HIV medication rests with the employee and the county doctor treating the employee.
- E. In all events of gassing, the Health Service Manager shall be notified immediately.

VII. Post Exposure Evaluation and Follow-up

A. Evaluation and Follow-up

1. The Watch Commander or Supervising Probation Officer shall ensure all employees have a follow up appointment scheduled with the Center for Employee Health and Wellness.

2. All employees who incur an exposure incident must be offered a post-exposure evaluation and follow-up. All post-exposure follow-ups must be performed in accordance with the list of approved health care providers maintained by the Risk Control Division's Safety Section.

B. Exposure Incidents

1. The following procedures are established to protect the health of department employees who may suffer an EXPOSURE INCIDENT as defined in Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193, Paragraph (b).
 - a. As required by the Title 8, California Code of Regulations, General Industry Safety Orders, Section 5193, Paragraph (f)3(B)4, the medical evaluation/follow-up protocol defined below is in accordance with current recommendations of the U.S. Department of Health and Human Services, Public Health Services, and Centers of Disease Control and Prevention.
2. Prerequisites for participation in medical evaluation/follow-up procedures by department employees are as follows:
 - a. The employee must have suffered a documented EXPOSURE INCIDENT as defined in Title 8, referenced above.
 - b. Regarding potential HIV exposure, the exposed employee must, on the first visit, consent to provide a blood specimen for 90-day retention in the event HIV testing becomes necessary. HIV testing of this sample shall not be completed without additional consent from the patient or per the Center for Employee Health and Wellness guidelines.
 - c. The employee must consent to providing the San Bernardino County Risk Control Division Safety Officer with copies of all medical reports and test results for 30-year retention as required by Title 8, section 5193. The employer shall maintain the records required by Title 8, section 5193, subsection (h) (1), for at least the duration of employment plus 30 years in accordance with Section 3204. Said records will be maintained with the Center for Employee Health and Wellness.

VIII. Hazard Communication to Employees

A. Labels/Signs

1. Supervisors shall ensure that labels and signs are affixed to:
 - a. Containers of medical waste.
 - b. Refrigerators and freezers containing blood or OPIM.
 - c. Containers used to store, transport, or ship blood or OPIM except as provided below.
 - d. Contaminated equipment, including all contaminated portions.
2. The prescribed label with the international biohazard symbol and the word BIOHAZARD shall be used.
3. Individual containers of blood or OPIM placed in a labeled container for storage, transport, shipment, or disposal are exempt from the above requirement.

B. Training

1. Every employee of the San Bernardino County Probation Department shall receive Bloodborne Pathogens training.
 - a. Every sworn officer shall receive initial training via CORE. Non-sworn staff shall receive initial training on-line.
 - b. Every employee shall receive annual updates/training regarding Bloodborne Pathogens online.
2. Department Training Unit shall provide training as follows:
 - a. At the time of initial assignment to tasks where occupational exposure may take place.
 - b. Annually thereafter.
 - c. When changes such as modification of tasks or procedures of institution of new tasks or procedures affect the employees occupational exposure. Additional training may be limited to addressing the new exposure.
 - d. Staff will be provided training in which the curriculum's content and vocabulary is appropriately gauged to the employee's language, literacy, and educational level.
 - e. Including the following, at a minimum:
 - i. Accessible copy of text and standard explanation of contents.
 1. General explanation of epidemiology and symptoms of Bloodborne pathogens.
 2. Modes of transmission.
 3. Explanation of the Exposure Control Plan.
 4. Methods of recognizing tasks with potential exposure.
 5. Explanation of the uses and limitations of methods to reduce exposure, including engineering controls, work practice, and PPE.
 6. Information on types, uses, removal, handling, and disposal of PPE.
 7. Explanation of the basis of selection of appropriate PPE.
 8. Information on the availability and cost of HBV vaccination.
 9. Appropriate emergency actions.
 10. Exposure incident prevention.
 11. Post-exposure evaluation and follow-up information.
 12. Information on appearance and meaning of the Biohazard label.
 13. Opportunities for questions and answers.
 - ii. Code of Safe Work Practices
 1. See Appendix A

IX. Record Keeping

A. Medical Records

1. Medical records shall be established for each employee with occupational exposure to be maintained by the Center for Employee Health and Wellness, which shall include:
 - a. Name of employee

- b. Social Security number
 - c. Copy of employee's HBV vaccination status, including dates of all HBV vaccinations.
 - d. Medical records related to the employee's testing and follow-up procedures as required.
 - e. Copies of all test results of examination, medical testing, and follow-up procedures as required.
 - f. Employer's copy of healthcare professional's written opinion.
 - g. Copy of the information provided to the healthcare professionals as required above.
2. Confidentiality of the above medical records shall be maintained and shall NOT be disclosed or reported without the employee's written expressed consent within or outside the workplace, except as provided by the County Bloodborne Pathogen Program.
 3. Medical records established under this program shall be maintained for the duration of the employee's County employment plus 30 years with the Center for Employee Health and Wellness.

B. Training Unit

1. Shall maintain training records for 3 years from the date of training. Such records shall include:
 - a. Dates of training sessions
 - b. Contents or summary of training
 - c. Name and qualifications of each person conducting the training
 - d. Name and title of all people attending the training session.

C. Availability

1. Medical and training records shall be made available upon request to Cal-OSHA and NIOSH for examination and copying.
2. Medical records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to Cal-OSHA and NIOSH.
3. Training records shall be provided upon request for examination and copying to the subject employee, to anyone having written consent of the subject employee, and to Cal-OSHA and NIOSH.
4. Sharps Injury Logs shall be maintained by the Department Safety Officer for 5 years beyond the calendar year from which they were originated.

X. Document Control

- A. The Policies and Procedures Unit shall maintain the master copy of the Bloodborne Pathogens Exposure Control Plan.
- B. Bloodborne Pathogens Control Plan – A copy of the plan is accessible to employees via the Knowledge Management System (KMS).

C. The Department Safety Officer and/or Safety and Security Unit and the Risk Control Specialist shall conduct an annual review of the program and update this program as needed.

For forms location refer to the Department of Risk Management Report Forms To Use Guidance which includes the following:

1. Occupational Injury or Illness
2. Hazard Report
3. Bloodborne Pathogen Exposure Incident
4. Hepatitis B Virus Immunization

Link to Risk Management Guide:

<https://wpcl.sbcounty.gov/risk-management/wp-content/uploads/sites/39/2024/02/Report-Forms-to-use.pdf?x66867>

County Bloodborne Pathogen Program:

<https://dept.sbcounty.gov/uploads/RM/programs/Bloodborne.pdf>

Foundation:

PC243.9 (a)
H&S 12160 and H&S 121060
PC 7500-7505, 7510-7512, and 7514

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