

# Bloodborne Pathogens Exposure Control Plan

## 300.1 ATTACHMENT:

See attachment: [Bloodborne Pathogens Exposure Control Plan \(Lexipol 12-21-12\).pdf](#)

## Attachments

## **Bloodborne Pathogens Exposure Control Plan (Lexipol 12-21-12).pdf**



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# **San Bernardino County Probation Department**

## **BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN**

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**Prepared by:**

**San Bernardino County Probation Department**

**December 21, 2012**

# BLOODBORNE PATHOGENS EXPOSURE CONTROL PLAN

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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. These include, but are not limited to: Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and Human Immunodeficiency Virus (HIV).
- B. Blood – Human blood, human blood components, and products derived from human blood.
- 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 – Controls like sharps disposal containers, needle-less systems with engineered sharps injury protection that isolate or remove the bloodborne pathogens hazard from the workplace.
- I. Exposure Incident – A specific eye, mouth, other mucous membrane non-intact skin, or parenteral contact with blood or other potentially infectious material that results from the performance of an employee's duties.
- 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. HBV – Hepatitis B Virus.
- M. HCV – Hepatitis C Virus.
- 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-Hand Technique – A procedure wherein the needle of a reusable syringe is capped in a sterile 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. Parenteral – Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.
- U. 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.
- V. 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.
- W. 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.
- X. Sharp Injury – Any injury caused by a sharp, including, but not limited to: cuts, abrasions, or needle sticks.
- Y. 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.
- Z. Source Individual – Any individual, living or dead, whose blood or other potentially dangerous materials may be a source of occupational exposure to the employee.
- AA. Universal Precautions – An approach to infection control. According to the concept of Standard Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV and other bloodborne pathogens. Use of personal protective equipment and washing hands using anti-bacterial soap are basic decontamination/hygiene practices.
- BB. 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).
- CC. 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. Director II
  - 6. Director I
  - 7. Supervising Probation Officer
  - 8. Probation Officer III
  - 9. Probation Officer II
  - 10. Probation Officer I
  - 11. Probation Corrections Supervisor II
  - 12. Probation Corrections Supervisor I
  - 13. Probation Corrections Officer
  - 14. Probation Corrections Officer Trainee
  - 15. Health Service Manager
  - 16. Supervising Correctional Nurse I/II
  - 17. Correctional Nurse I/II
  - 18. Licensed Vocational Nurse
  - 19. Clinic Assistant
  - 20. Clinical Licensed Therapist I/II
  - 21. Pre-Licensed Clinical Therapist
  - 22. Licensed Psychiatric Technician
  - 23. Domestic Violence Program Coordinator
- B. Job classifications, tasks and procedures in which employees have some occupational exposure:
  - 1. Storekeeper
  - 2. Food Service Worker
  - 3. Cooks
  - 4. Custodians
  - 5. Supervising Custodian
  - 6. Office Assistant II/III
- C. Contract Services, tasks and procedures in which employees have some or rare occupational exposure:
  - 1. Accounting Technician
  - 2. Administrative Manager
  - 3. Administrator Supervisor I
  - 4. Automated Systems Analyst I
  - 5. Automated Systems Technician
  - 6. Background Investigator
  - 7. Business Applications Manager
  - 8. Business Systems Analyst I

9. Crime Analyst
  10. Executive Secretary III – Class
  11. Fiscal Assistant
  12. Fiscal Specialist
  13. Mail Processor II
  14. Office Assistant IV
  15. Office Specialist
  16. Personnel Technician
  17. Public Service Employee
  18. Staff Analyst II
  19. Supervising Accountant III
  20. Supervising Fiscal Specialist
  21. Supervising Office Assistant
  22. Supervising Accounting Technician
  23. Supervising Auto Systems Analyst II
- 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; and
    - b. To reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
    - c. To include new or revised employee positions with occupational exposure; and
    - d. To document consideration and implementation appropriate for commercially available needleless systems and needle devices and sharps with engineered sharps injury protection.
    - e. To review and evaluate the exposure incidents which occurred since the previous update; and
    - f. 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**

Where potential occupational exposure remains after institution of these controls, personal protective equipment shall also be used to eliminate or minimize employee exposure. 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 and Risk Control Officer.

1. Standard Precautions shall be observed to prevent contact with blood or other potentially infectious materials. All body fluids shall be considered potentially infectious materials, regardless of the status of the source individual.
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 so assigned.
      1. Employees may have contact with needles or sharps when searching person 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 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 by hand into a sharps container to retrieve any item therein.
    - vi. In the event of a sharps injury, the injured person shall 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 of 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 with

the First Aid Log within the offices of the Community Corrections Bureau. A copy is also to be maintained with the Department Safety Officer.

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 or on 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, i.e., removing tops from vacuum tubes.
- 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 minor 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 puncture proof 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 and toweling shall be placed in a leak proof plastic bag and labeled as evidence. Soiled clothing shall be removed and placed in a leak proof plastic bag and labeled as evidence pursuant to the Incidents of Gassing in JDAC's and Treatment Facilities, Department procedure #16. (1).
      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 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. Staff is also issued basic protective CPR shields as part of the equipment worn on each individual officer's duty belt.
  3. A CPR mask is available in the First Aid Kit located in every JDAC unit and transportation vehicle.
  4. On a weekly basis, unit staff shall inspect the First Aid Kits maintained on the units at the JDAC's /treatment facilities.
  5. If there is a deficiency in supplies, the correctional nurse shall be notified to provide replacements.
  6. On a monthly basis the supervising nurse or designee shall inspect the First Aid Kits maintained on the units of the JDAC's/treatment facilities.
- ii. Cleaning spilled bodily fluids within the JDAC's/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 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 that is not suspected to contain blood, but the spill is considered large or extremely large; i.e., feces or vomit smeared all over the walls or floor of a cell, and cannot be contained by staff or the contracted custodial personnel, staff shall contact the County contracted agency, such as ACR, upon approval from the Watch Commander via the Division Director to conduct the clean up.
  4. While awaiting the contracted cleaning company, the affected area shall be isolated. All staff and minors shall be removed from the affected area until cleanup by the contracted cleaning company is complete.
  5. If the spill is suspected of containing blood and is considered large or extremely large, staff shall contact the County contracted agency, such as ACR, upon approval from the Watch Commander via the facility's Division Director to conduct the clean up.
  6. While awaiting the contracted cleaning company, the affected area shall be isolated. All staff and minors shall be removed from the affected area until cleanup by the contracted cleaning company is complete.
- iii. CPR First/Aid Practices for Community Corrections and Administrative Services Bureau
1. Probation Officers are issued a basic protective CPR shield that is maintained on the duty belt at all times.
  2. The first aid shield 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.

3. 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.
  4. A First Aid Kit is maintained within all probation office buildings.
  5. A First Aid Kit is maintained within all probation vehicles at all times.
  6. It is the office/building safety officer's responsibility to ensure all supplies are contained in the First Aid Kit.
  7. If there is a deficiency in the supplies, the Department Safety Officer shall be notified to provide replacement supplies.
  8. The office/building safety officer or designee shall inspect the contents of the First Aid Kits within the offices and the vehicles biannually.
- iv. 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 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, such as ACR shall be contacted with the approval of a Supervisor, via Director I/II for cleanup.
  4. In the event there is a large spill with blood present, whether it be actual blood, vomit, or fecal matter, staff shall contact the County contracted facility, such as, ACR upon the approval of the Supervisor via Division Director I/II for clean up.
- v. 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.
- vi. Equipment
1. Equipment, which has become contaminated with blood or OPIM, shall be examined prior to servicing or shipping for repair and shall be decontaminated as necessary by the examining employee, unless such decontamination is not feasible.
    - i. Equipment includes expandable batons, handcuffs, oleoresin capsicum spray canisters, handguns, vehicles and vehicle interiors, work surfaces, floors, etc.
  2. A biohazard label shall be attached to contaminated equipment stating which portion remains contaminated.
    - i. Items SHOULD NOT be placed in a red bag, as red-bagged items are destroyed, rather they shall be properly bagged/labeled with Biohazard labels and transported to a JDAC Safety Officer or to the Department Safety Officer for decontamination or destruction.

3. 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.
- vii. 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, when performing vascular access procedures 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)
      4. section i, 5 (removal and disposal).
      5. Hypoallergenic gloves, glove liners, powderless gloves, and other similar alternatives shall be accessible to those employees who are allergic to gloves otherwise 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 reasonable anticipated, such as medical procedures in which aspirated blood may be present.

- iv. Gowns/Aprons/Other Protective Body Clothing
  - 1. Appropriate clothing including but not limited to: gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations, such as medical procedures in which aspirated blood may be present, or other type and characteristics depending upon the task and degree of exposure anticipated.
  - 2. Surgical caps or hoods and/or 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 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 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 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 Probation Officers 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 surfaces are contaminated, or at the end of the work shift since a surface may have become contaminated since the last cleaning.
        - i. 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 and 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.

- ii. Reusable sharps that are contaminated with blood or OPIM shall not be stored or processed in a manner that requires employees to reach by hand into a container where sharps have been placed.
- d. Laundry (JDAC's 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 lice or scabies shall be placed in a bag and labeled Lice or Scabies to be picked up by the contracted laundry service.
  - vi. 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, etc. 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 caged and locked container utilized for the disposal of said waste.
    4. For medical waste (biohazardous waste and sharps waste) and pharmaceutical wastes, 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.
  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, 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 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.
  6. Routine booster doses of HBV vaccine shall be made available as outlined above if such is recommended by the Centers for Disease Control and Prevention.

#### **VI. Exposure Incidents/Gassing**

- A. All exposure incidents, such as Gassing SHALL be reported, investigated, and documented pursuant to the Department's Incidents of Gassing in JDACS and Treatment Facilities Procedure, #16.(1). 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 Wellness Center 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 in order 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 minor in a Juvenile Detention and Assessment Center (JDAC) or treatment facility, the source individual's blood shall be drawn by a JDAC Nurse and be delivered to Arrowhead Regional Medical Center Wellness Center or by staff who were not a victim of the gassing incident.
  3. The blood draw shall be taken pursuant to the Department's Incidents of Gassing in JDACS and Treatment Facilities Procedure, #16.(1). and sections 243. 9 and 7500-7550 of the California Penal Code.
  4. In the event a nurse is not available or if the minor 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 employee does 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 from 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 the 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, 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. With regard to 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 work 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 and/or Safety Officer 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 or institution of new tasks or procedures affects 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 diseases.
    - 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 and;
    - 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 relative 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; and
  - d. Name and title of all persons 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. Policies and Procedures Division shall maintain the master copy of the Bloodborne Pathogens Exposure Control Plan.
- B. Bloodborne Pathogens Control Plan – Each Director and Supervisor shall maintain a copy of the plan accessible to employees.
- C. Department Safety Officer and Risk Control Division Officer shall conduct an annual review of the program and upgrade this program as needed.



**Bloodborne Pathogen Program**  
**San Bernardino County Probation Code of Safe Work Practice**

The following Work Practices shall not apply if, in the opinion of the Probation Officer, compliance would interfere with the enforcement activities or create potential risk exposure.

1. San Bernardino County Probation employees whose employment may result in personal contact with human body fluids, unfixed tissue/organs, cell tissues or organ cultures, are to unequivocally assume that all such agents are infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV) and/or other bloodborne pathogens.
2. County employees, whose work activities may reasonably be anticipated to have the potential for personal contact (eyes, mouth, mucous membrane, skin, open wounds) with the agents described in #1 above, shall follow established work rules and engage in work practices to avoid such personal contact.
3. All personal contact with infectious agents as defined in #1 and #2 above shall be reported to the employees' supervisor as an "Exposure Incident".
4. Employees shall use protective clothing and/or equipment, which is provided by the Probation Department, when any personal contact as described in #1 and #2 above may be reasonably anticipated during the course of employment.
5. Minimum protective clothing/equipment is to be worn when infectious agents may be reasonably anticipated is as follows:
  - a. Appropriate protective gloves by all employees who come into contact with any source of exposure as described in #1;
  - b. Protective eyewear or face shields where splash or mist exposure may be reasonably anticipated;
  - c. Protective gloves designed to be impervious to cuts or punctures where contact with contaminated metal, broken glass, or other sharp objects may be reasonably anticipated (vehicle accidents or disaster/emergency situations);
  - d. Protective long sleeve gowns and protective shoe coverings where personal clothing/shoes or arms may reasonably be anticipated to become soaked or splashed with infectious agents.
6. An officer should use great caution in searching the clothing of suspects. Individual discretion, based on the current circumstances, should determine if the person being searched should empty their own pockets.
7. A flashlight should be used to search hidden areas. Whenever possible, use long handled mirrors and flashlights to search such areas.
8. If searching a purse, contents should be emptied from the purse by turning it upside down over a surface which contents can be examined for touching them.

9. Employees shall promptly wash hands and exposed skin upon removal of protective clothing/equipment. Employees shall immediately wash exposed areas following an "exposure incident."
10. Protective clothing/equipment as well as contaminated personal clothing shall be removed prior to leaving a contaminated area and proceeding to a non-contaminated area.
11. Infectious waste, used protective clothing/equipment, contaminated personal clothing/equipment and the product of contaminated spills clean-up shall be processed as prescribed by the San Bernardino County Probation Department Bloodborne Pathogen Program.
12. Broken contaminated glass or other objects are not to be cleaned up by hand, gloved or otherwise. Brooms, dustpans, pieces of wood, cardboard or other such items are to be used in a way as to avoid any possibility of a cut or puncture wound.
13. Sharps, syringes, and all other contaminated items presenting the potential of a cut or puncture wound are to be disposed of or placed for transport into a hard container designed for such disposal or transport according to the San Bernardino County Probation Department Bloodborne Pathogens Program.
14. Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses while wearing contaminated protective clothing/equipment or working in an environment where contact with infectious agents may be reasonably anticipated is strictly prohibited.
15. Food, drink, or condiments shall not be kept in refrigerators, freezers, shelves, cabinets, or on counter or bench tops, or in work areas where contact with infectious agents may be reasonable anticipated.
16. Used needles or other sharps shall not be bent, recapped, or removed except for as indicated below. Shearing or breaking of used needles is prohibited.
  - a. Used needles and sharps shall not be recapped or removed unless it can be demonstrated that no alternative is feasible or that such is required by a specific medical procedure;
  - b. If recapping or removal is demonstrated to be necessary, the task must be accomplished through the use of a mechanical device or a one handed technique.
17. Employees are prohibited from reaching into or manually compacting any container which may be reasonably anticipated to contain used needles, sharps or other contaminated waste.
18. County employees as described in #1 shall review the San Bernardino County Probation Department Bloodborne Pathogen Program at the time of assignment, following changes or revisions to the program, and at least annually.
19. Employees are to make every attempt to put protective gloves on prior to providing any first aid or emergency medical treatment.

- 20. Employees are to make every attempt to put protective eyewear on prior to providing any first aid or emergency medical treatment.
- 21. Employees are to make every attempt to use pocket masks or other such

barrier devices whenever CPR is rendered.

I have read and understand the preceding safe work practices. I am aware that in addition to increasing the risk and possibility of serious illness, a serious and willful failure to comply with these work rules could result in a significant reduction in my benefits, per the California Labor Code, Section 4551, should and occupational illness result from such failure.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

**BLOODBORNE PATHOGEN PROGRAM  
APPROVED MEDICAL FACILITIES  
Revised January 27, 2010**

The County of San Bernardino, through the Department of Risk Management, provides post incident medical evaluation/follow up for exposure incidents involving bloodborne pathogens. Costs of the above referenced medical treatment or services will be paid by the Department of Risk Management as long as such treatment is provided by and at the medical facilities listed below.

► Such treatment provided by any other medical facility will either be paid by the employee (if he or she selected the facility) or by the Department involved if the employee was referred by a person in authority within the Department.

The costs of this treatment are not compensable under San Bernardino County's Workers' Compensation Program. It is therefore important that employees be referred to the correct medical facilities listed below:

Hepatitis B Vaccinations	Bloodborne Pathogen Exposure Treatment
<p><b>COLTON</b> <u>Center for Employee Health at ARMC</u> 400 N. Pepper Ave, Colton (909) 580-1701 Hours: M-Fri 7-5</p> <p><b>MORONGO BASIN &amp; VICTORVILLE</b> Contact <u>Center for Employee Health</u> For special on-location arrangements (909) 580-1701</p> <p><b>SHERIFF ACADEMY</b> Contact <u>Center for Employee Health</u> for current time and date schedule (909) 580-1701</p>	<p><b>COLTON</b> <u>Center for Employee Health at ARMC</u> 400 N. Pepper Ave, Colton (909) 580-1701 Hours: M-Fri 7-5 After hours: use ARMC emergency room</p> <p><b>JOSHUA TREE</b> <u>Hi Desert Medical Center **</u> 6601 White Feather Rd Joshua Tree CA 92252 (760) 366-6322 FAX: (760) 366-6323 ..... Hours 24/7 ** This facility is for initial treatment only. All follow-up treatment will be done at the Center for Employee Health and Wellness.</p>

If you have further questions, contact Dept. of Risk Management/Risk Control Division at (909) [REDACTED]

## **APPENDIX C**

Forms found in Appendix C may be found on the County Line/Risk Management or by contacting Risk Management.

**County of San Bernardino**  
**PROBATION DEPARTMENT**  
**HEPATITIS B VACCINE AUTHORIZATION**

To: \_\_\_\_\_ Address \_\_\_\_\_  
\_\_\_\_\_  
Name of Employee Job Title Employee ID \_\_\_\_\_

has requested immunization against Hepatitis B.

In providing service, please track this patient to assure the full series is completed. If after the patient has been reminded, he or she fails to proceed with the series, please contact the individual below authorizing this immunization.

Upon completion of the immunization series, please provide documentation of completion to the billing address shown below with a copy to:

Probation Department, Attn: Safety Officer  
175 West Fifth Street, Fourth Floor  
San Bernardino, CA 92415 - 0001

Billing detail to provided to:

County of San Bernardino \_\_\_\_\_  
Department \_\_\_\_\_  
Attention \_\_\_\_\_  
\_\_\_\_\_  
Street Address City State Zip

Signed By \_\_\_\_\_ Department \_\_\_\_\_

Title \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_

DISTRIBUTION: Original - Employee  
Second Copy - Department  
Third Copy - Safety Officer, Probation Department

**County of San Bernardino**  
**PROBATION DEPARTMENT**  
**BLOODBORNE PATHOGENS PROGRAM**  
**HEPATITIS B VACCINE DECLINATION**

I understand that due to my occupational exposure to blood, body fluids or other potentially infectious material, 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, body fluids or other potentially infectious material and I want to be vaccinated with Hepatitis B Vaccine, I can receive the vaccination series at no charge to me.

NAME \_\_\_\_\_ SSN \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

DISTRIBUTION: Original - Treating Facility  
Second Copy - Department  
Third Copy - County of San Bernardino, Probation Department.





POST EXPOSURE EVALUATION  
CONFIDENTIAL

Name of Exposed Employee: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

School Site: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Description of the circumstances under which the exposure incident took place (include route of exposure and job description as it relates to exposure): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the source individual known? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify: \_\_\_\_\_

Did the source individual give consent to determine Bloodborne Pathogen infectivity?

Yes \_\_\_\_\_ No \_\_\_\_\_ Result of testing: \_\_\_\_\_

Has testing been previously conducted or source individual already known to be infected with HBV, HCV or HIV?

Yes \_\_\_\_\_ No \_\_\_\_\_

Date the results of the source individual's testing were made available to the exposed employee?

\_\_\_\_\_

Was consent given by the exposed employee to test blood for HBV, HCV or HIV serological status?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes to HBV, HCV testing and no to HIV, arrangements must be made to preserve the sample for 90 days.)

Sample to be preserved at the following location: \_\_\_\_\_

Has the exposed employee previously received the HBV vaccination? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, date of vaccination: \_\_\_\_\_

*(Attach physician's report)*

**BLOODBORNE PATHOGEN  
EXPOSED INDIVIDUAL CONSENT FORM  
CONFIDENTIAL**

According to Cal-OSHA Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

When an Exposure Incident occurs, the employer is required to identify and document the source individual. In addition, the employer must request that the source individual's blood be tested as soon as feasible for the following: HBV, HCV, and HIV.

With respect to this Exposure Incident occurring on (insert date), the source individual was identified and consented to testing  declined testing .

In addition, the employer is required to offer the exposed individual blood testing. The testing shall include HBV, HCV, and HIV. You have the option of consenting to HBV and HCV while declining the test for HIV. If you decline the test for HIV, your blood sample will be held by the medical facility for six months in the event you reconsider.

\_\_\_\_\_  
I understand the above and hereby decline testing

\_\_\_\_\_  
Date

\_\_\_\_\_  
I understand the above and hereby consent to testing

\_\_\_\_\_  
Date

Consented to Testing       Declined Testing

**BLOODBORNE PATHOGEN  
SOURCE INDIVIDUAL CONSENT FORM  
CONFIDENTIAL**

According to Cal-OSHA Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

When an Exposure Incident occurs, the employer is required to identify and document the source individual. In addition, the employer must request that the source individual's blood be tested as soon as feasible for the following: HBV, HCV, and HIV.

Results of source individual's testing shall be made available to the exposed employee pursuant to applicable confidentiality laws and regulations.

\_\_\_\_\_  
I understand the above and hereby decline testing

\_\_\_\_\_  
Date

\_\_\_\_\_  
I understand the above and hereby consent to testing

\_\_\_\_\_  
Date



---

Identify sharp  
involved:

Type: \_\_\_\_\_  Brand: \_\_\_\_\_  Model \_\_\_\_\_

(e.g., 18h 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: \_\_\_\_\_  
\_\_\_\_\_

# Blood and Body Fluid Exposure Report

# EPINet™

FOR MICROSOFT® ACCESS

EXPOSURE PREVENTION  
INFORMATION NETWORK

EPINet is a trademark of the University of Virginia.  
Windows is a registered trademark of  
Microsoft Corporation in the United States and/or other countries.  
Operates in Windows 95 and Windows 98 Environments.  
© 2000 Excel, Outlook and Company.  
V1.2/US

3/2001

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Exposure ID: (for office use only) **B** \_\_\_\_\_ Facility ID: (for office use only) \_\_\_\_\_

1) Date of Exposure:      2) Time of Exposure:

3) Department where Incident Occurred: \_\_\_\_\_

4) Home Department: \_\_\_\_\_

5) What is the Job Category of the Injured Worker: (check one box only)

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Doctor (attending/staff); specify specialty _____       | <input type="checkbox"/> 10 Clinical Laboratory Worker |
| <input type="checkbox"/> 2 Doctor (intern/resident/fellow) specify specialty _____ | <input type="checkbox"/> 11 Technologist (non-lab)     |
| <input type="checkbox"/> 3 Medical Student   | <input type="checkbox"/> 12 Dentist                    |
| <input type="checkbox"/> 4 Nurse: specify <input type="checkbox"/> 1 RN            | <input type="checkbox"/> 13 Dental Hygienist           |
| <input type="checkbox"/> 5 Nursing Student <input type="checkbox"/> 2 LPN          | <input type="checkbox"/> 14 Housekeeper                |
| <input type="checkbox"/> 18 CNA/HHA <input type="checkbox"/> 3 NP                  | <input type="checkbox"/> 19 Laundry Worker             |
| <input type="checkbox"/> 6 Respiratory Therapist <input type="checkbox"/> 4 CRNA   | <input type="checkbox"/> 20 Security                   |
| <input type="checkbox"/> 7 Surgery Attendant <input type="checkbox"/> 5 Midwife    | <input type="checkbox"/> 16 Paramedic                  |
| <input type="checkbox"/> 8 Other Attendant   | <input type="checkbox"/> 17 Other Student              |
| <input type="checkbox"/> 9 Phlebotomist/Venipuncture/IV Team                       | <input type="checkbox"/> 15 Other, describe: _____     |

6) Where Did the Exposure Occur? (check one box only)

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Patient Room   | <input type="checkbox"/> 9 Dialysis Facility (hemodialysis and peritoneal dialysis)       |
| <input type="checkbox"/> 2 Outside Patient Room (hallway, nurses station, etc.) | <input type="checkbox"/> 10 Procedure Room (x-ray, EKG, etc.)                             |
| <input type="checkbox"/> 3 Emergency Department                                 | <input type="checkbox"/> 11 Clinical Laboratories   |
| <input type="checkbox"/> 4 Intensive/Critical Care unit: specify type: _____    | <input type="checkbox"/> 12 Autopsy/Pathology   |
| <input type="checkbox"/> 5 Operating Room/Recovery                              | <input type="checkbox"/> 13 Service/Utility (laundry, central supply, loading dock, etc.) |
| <input type="checkbox"/> 6 Outpatient Clinic/Office                             | <input type="checkbox"/> 16 Labor and Delivery Room                                       |
| <input type="checkbox"/> 7 Blood Bank   | <input type="checkbox"/> 17 Home-care   |
| <input type="checkbox"/> 8 Venipuncture Center                                  | <input type="checkbox"/> 14 Other, describe: _____  |

7) Was the Source Patient Identifiable? (check one box only)

- 1 Yes  2 No  3 Unknown  4 Not Applicable

8) Which Body Fluids were Involved in the Exposure? (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Blood or Blood Products | <input type="checkbox"/> Peritoneal Fluid       |
| <input type="checkbox"/> Vomit                   | <input type="checkbox"/> Pleural Fluid          |
| <input type="checkbox"/> Sputum                  | <input type="checkbox"/> Amniotic Fluid         |
| <input type="checkbox"/> Saliva                  | <input type="checkbox"/> Urine                  |
| <input type="checkbox"/> CSF                     | <input type="checkbox"/> Other, Describe: _____ |

Was the body fluid visibly contaminated with blood?  Yes  No  Unknown

9) Was the Exposed Part: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Intact Skin        | <input type="checkbox"/> Nose (mucosa)          |
| <input type="checkbox"/> Non-Intact Skin    | <input type="checkbox"/> Mouth (mucosa)         |
| <input type="checkbox"/> Eyes (conjunctiva) | <input type="checkbox"/> Other, Describe: _____ |

10) Did the Blood or Body Fluid: (check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Touch Unprotected Skin                        | <input type="checkbox"/> Soak through Barrier Garment or Protective Garment |
| <input type="checkbox"/> Touch Skin Between Gap in Protective Garments | <input type="checkbox"/> Soak through Clothing                              |

11) Which Barrier Garments were Worn at the Time of Exposure: (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Single Pair Latex/Vinyl Gloves     | <input type="checkbox"/> Surgical Mask                              |
| <input type="checkbox"/> Double pair Latex/Vinyl Gloves     | <input type="checkbox"/> Surgical Gown                              |
| <input type="checkbox"/> Goggles                            | <input type="checkbox"/> Plastic Apron                              |
| <input type="checkbox"/> Eyeglasses (not a protective item) | <input type="checkbox"/> Lab Coat, Cloth (not a protective garment) |
| <input type="checkbox"/> Eyeglasses with Side shields       | <input type="checkbox"/> Lab Coat, Other                            |
| <input type="checkbox"/> Face shield                        | <input type="checkbox"/> Other, Describe: _____                     |

12) Was the Exposure the Result of: (check one box only)

- |  |   |
|--|---|
| <input type="checkbox"/> 1 Direct Patient Contact  | <input type="checkbox"/> 5 Other Body Fluid Container Spilled/Leaked      |
| <input type="checkbox"/> 2 Specimen Container Leaked/Spilled   | <input type="checkbox"/> 6 Touched Contaminated Equipment/Surface         |
| <input type="checkbox"/> 3 Specimen Container Broke  | <input type="checkbox"/> 7 Touched Contaminated Drapes/Sheets/Gowns, etc. |
| <input type="checkbox"/> 4 IV Tubing/Bag/Pump Leaked/Broke   | <input type="checkbox"/> 8 Unknown  |
| <input type="checkbox"/> 10 Feeding/Ventilator/other Tube Separated/Leaked/Spashed.<br>Specify Tubing: _____ | <input type="checkbox"/> 9 Other, Describe: _____                         |

If Equipment Failure, Please Specify: Equipment Type: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

13) For How Long Was the Blood or Body Fluid In Contact with Your Skin or Mucous Membranes? (check one)

- 1 Less than 5 Minutes
- 2 5-14 Minutes
- 3 15 Minutes to 1 Hour
- 4 More than 1 Hour

14) How Much Blood/Body Fluid Came in Contact with Your Skin or Mucous Membranes? (check one)

- 1 Small Amount (up to 5 cc, or up to 1 teaspoon)
- 2 Moderate Amount (up to 50 cc, or up to quarter cup)
- 3 Large Amount (More than 50 cc)

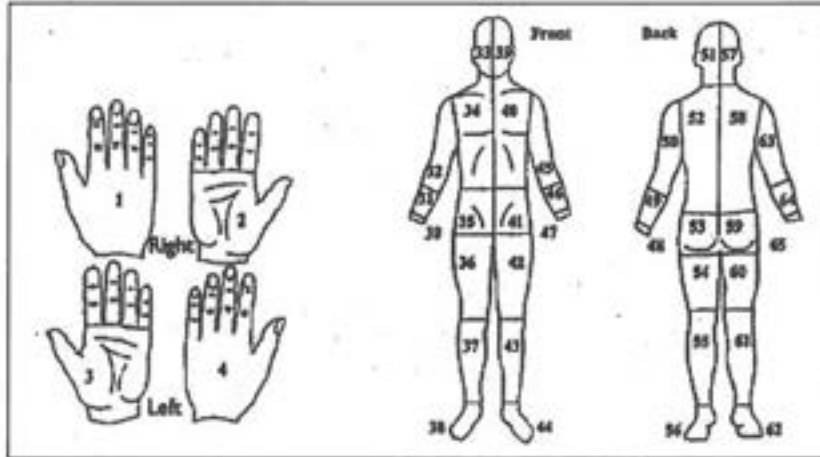
15) Location of the Exposure:

Write the number of the location of up to three exposed body parts in the blanks below.

Largest area of exposure: \_\_\_\_\_

Middle area of exposure: \_\_\_\_\_

Smallest area of exposure: \_\_\_\_\_



16) Describe the Circumstances Leading to this Exposure (please note if a device malfunction was involved):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17) For Injured Worker: Do you have an Opinion that any other Engineering Control, Administrative or Work Practice could have prevented the Injury?  1 Yes  2 No  3 Unknown

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cost:

\_\_\_\_\_ Lab charges (Hb, HCV, HIV, other tests)  
\_\_\_\_\_ Healthcare Worker  
\_\_\_\_\_ Source  
\_\_\_\_\_ Treatment Prophylaxis (HBIG, Hb vaccine, tetanus, other)  
\_\_\_\_\_ Healthcare Worker  
\_\_\_\_\_ Source  
\_\_\_\_\_ Service Charges (Emergency Dept, Employee Health, other)  
\_\_\_\_\_ Other Costs (Worker's Comp, surgery, other)  
\_\_\_\_\_ TOTAL (round to nearest dollar)

Is this Incident OSHA reportable?  1 Yes  2 No  3 Unknown

If Yes, Days Away from Work? \_\_\_\_\_  
Days of Restricted Work Activity? \_\_\_\_\_

Does this incident meet the FDA medical device reporting criteria? (Yes if a device defect caused serious injury necessitating medical or surgical intervention, or death occurred within 10 work days of incident.)

- 1 Yes (If Yes, follow FDA reporting protocol)
- 2 No





## EVALUATION/FOLLOW-UP TREATMENT AUTHORIZATION

Please provide this patient with medical evaluation/follow-up as provided by San Bernardino County Procedure, a copy of which has been previously provided. Above you will find background information relative to the incident. All billings for services are to be sent to:

San Bernardino County Department of Risk Management, 222 W. Hospitality Lane, Third Floor, San Bernardino, CA 92415-0016

Supervisor's Name (type or print)	Supervisor's Signature	Phone	Title	Date
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DISTRIBUTION: Original – Employee/Treating Facility Second Copy - Risk Management

Safetyforms/bloodborne-TB form rev 8-2009

### Instructions for completing the Bloodborne Pathogen/TB Exposure Report

This report includes medically sensitive information and is to be prepared and handled in strict confidence. Only these two pages are to be prepared as follows:

- 1) The employee delivers the first signed original to the approved medical facility to which he or she has been referred for evaluation and follow-up.
- 2) The second signed original is to be sent in a sealed envelope marked "Medically Sensitive and Confidential Information to be opened by Addressee only", to Department of Risk Management, Attn: County Safety Officer, mail code 0016.
- 3) Additional information and requirements are contained in the Employee Safety & Health Manual in accordance with the California Code of Regulations, Title 8, Section 5193. Questions regarding this form and other safety related matters should be directed to the County Safety Officer.

This report is not to be copied or duplicated, nor is the information contained herein to be maintained in any fashion other than described above without the expressed written permission from the County Safety Officer. The information contained in the report is not to be released in any manner or to any person, other than outlined above, without review and approval by County Counsel, San Bernardino County. If the exposed employee desires to maintain a copy of this report, such copy is to be provided by the treating medical professional. San Bernardino County employees are hereby advised that in maintaining a personal copy of this report, they assume personal liability (both civil and criminal) for any release of confidential information on the source individual that may result from maintaining such personal copy.

### Instructions

- 1-10. Self explanatory.
- 11-14. This information can be obtained through your Human Resource Officer or Payroll Clerk.
- 15-16. Specify your department, section and mailing address with mail code.
  17. Specify date and time of exposure.
18. What was contaminated on the source that came in contact with the employee.
19. Sharps – if a sharp (needle, razorblade, knife, etc.) was involved during the exposure and was being used in a controlled environment (hospital, medical aid, clinic, etc.), then document the type, brand and model of the sharp (e.g. 18g needle/ABC Medical/"No stick" syringe) and complete the shaded *Additional Sharps Information* box.
20. Self explanatory.
21. Indicate what type of Personal Protective Equipment (PPE) was being worn while performing the procedure at the time the employee was exposed.
22. Indicate how the fluid or blood got into the employee's body. For example, blood in the eyes, puncture with a sharp, blood on skin that had a cut or scab, etc.
- 23-24. Indicate which part of the body was exposed.
25. Indicate what type of substance from the source individual came in contact with the employee's body part.
26. Exactly what was being done when the exposure occurred? For example, drawing blood, patting down a suspect, picking up a syringe with hands, etc.
27. Examples of Descriptive Terms: 2 drops or a quart of blood, a superficial or deep cut or puncture, etc.
28. Indicate what was done after the exposure to help the employee remove the substance involved.
29. Self-explanatory .
30. The treating facility or Department of Risk Management will complete this section when applicable.

Additional Sharps Information

*The EMPLOYEE is to complete this section in accordance with Title 8, Section 5193, if the exposure was due to or involved a sharp.*

*Complete questions 1-17 and 31-34 for Tuberculosis exposures*

*1-17. Self explanatory.*

*31. Exactly what was being done when the exposure occurred? For example, transporting the source in a vehicle, entered the room to deliver a tray, etc.*

*32. Indicate the span of time the employee was in contact with the TB patient; e.g. 5 minutes, 5 hours, etc.*

*33. Self explanatory.*

*34. The treating facility or Risk Management will complete this section when applicable.*

**APPENDIX D**

## PENAL CODE 243.9 REFERENCE GASSING

243.9. (a) Every person confined in any local detention facility who commits a battery by gassing upon the person of any peace officer, as defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2, or employee of the local detention facility is guilty of aggravated battery and shall be punished by imprisonment in a county jail or by imprisonment in the state prison for two, three, or four years.

(b) For purposes of this section, "gassing" means 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.

(c) The person in charge of the local detention facility shall use every available means to immediately investigate all reported or suspected violations of subdivision (a), including, but not limited to, the use of forensically acceptable means of preserving and testing the suspected gassing substance to confirm the presence of human excrement or other bodily fluids or bodily substances. If there is probable cause to believe that the inmate has violated subdivision (a), the chief medical officer of the local detention facility, or his or her designee, may, when he or she deems it medically necessary to protect the health of an officer or employee who may have been subject to a violation of this section, order the inmate to receive an examination or test for hepatitis or tuberculosis or both hepatitis and tuberculosis on either a voluntary or involuntary basis immediately after the event, and periodically thereafter as determined to be necessary by the medical officer in order to ensure that further hepatitis or tuberculosis transmission does not occur. These decisions shall be consistent with an occupational exposure as defined by the Center for Disease Control and Prevention. The results of any examination or test shall be provided to the officer or employee who has been subject to a reported or suspected violation of this section. Nothing in this subdivision shall be construed to otherwise supersede the operation of Title 8 (commencing with Section 7500). Any person performing tests, transmitting test results, or disclosing information pursuant to this section shall be immune from civil liability for any action taken in accordance with this section.

(d) The person in charge of the local detention facility shall refer all reports for which there is probable cause to believe that the inmate has violated subdivision (a) to the local district attorney for prosecution.

(e) Nothing in this section shall preclude prosecution under both this section and any other provision of law.

SAN BERNARDINO COUNTY JUVENILE COURT

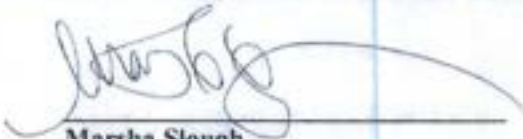
**STANDING ORDER ALLOWING FOR INVOLUNTARY BLOOD DRAWS AND  
TESTING FROM DETAINED MINORS FOLLOWING A BLOODBORNE  
PATHOGEN EXPOSURE WHEN INFORMED VOLUNTARY CONSENT  
CANNOT BE OBTAINED**

1. H&S 12160.1 (Bloodborne Pathogen Exposure)
2. (a) for the purposes of H&S 12160 means a percutaneous injury, including, but not limited to, a needle stick or cut with a sharp object, or the contact with non intact skin or mucous membranes with any of the bodily fluids identified in subdivision (b), in accordance with the most current bloodborne pathogens exposure definition established by the federal Centers for Disease Control and Prevention.  
  
(b) Bodily fluids means any of the following:
  - (1) Blood
  - (2) Tissue
  - (3) Mucous containing visible blood
  - (4) Semen
  - (5) Vaginal secretions
3. H&S 121060 (Exposure to blood or bodily fluids of an arrestee.)  
Any peace officer, fire fighter, custodial officer, custody assistant, a non-sworn uniformed employee of a law enforcement agency whose job entails the care or control of inmates in a detention facility, or emergency medical personnel who, while acting within the scope of his or her duties, is exposed to an arrestee's blood or bodily fluids shall do the following: (1) Prior to filing a petition with the court, a licensed health care provider shall notify the arrestee of the bloodborne pathogen exposure and make a good faith effort to obtain the voluntary informed consent of the arrestee or the arrestee's authorized legal representative to perform a test for human immunodeficiency virus (HIV), hepatitis B, and hepatitis C. The voluntary informed consent shall be in writing. Once consent is given in writing, the arrestee shall provide three specimens of blood for testing as provided in this chapter.
4. (2) If voluntary informed consent is not given in writing, the affected individual may petition, ex parte, the court for an order requiring testing as provided in this chapter. The petition shall include a written certification by a health care professional that an exposure, including the nature and extent of the exposure has occurred. (b) The court shall promptly conduct a hearing upon a petition filed pursuant to paragraph (2) of subdivision (a). If the court finds probable cause exists to believe that a possible bloodborne pathogen exposure, as defined in Section 121060.1 took place between the arrestee and the peace officer, fire fighter, custodial officer, custody

assistant, nonsworn uniformed employee...the court shall order that the arrestee provide three specimens of blood for testing as provided in this chapter.

5. In any incident where a probation employee is the victim of a "gassing" incident" and has become exposed to the blood, tissue, mucous containing visible blood, semen or vaginal secretions of a detainee, the court hereby authorizes the department to initiate a forced blood draw from the detainee to test for HIV, hepatitis B and hepatitis C using the prescribed medical procedure. This will occur only after all reasonable efforts have been made by a minimum of two licensed health care providers to obtain voluntary informed consent. All efforts to obtain voluntary consent will be documented in incident reports and entered into Caseload Explorer. The final decision for the involuntary collection of blood for testing will be made at the director level.

Dated: 26 Oct 10

  
\_\_\_\_\_  
Marsha Slough  
Presiding Judge of the Juvenile Court



**Penal Code Section 7500 Chapter 1:: General Provisions  
(7500-7505, 7510-7512, and 7514)**

## **2009 California Penal Code - Section 7500-7505 :: Chapter 1. General Provisions**

### **PENAL CODE**

#### **SECTION 7500-7505**

7500. The Legislature finds and declares all of the following:

(a) The public peace, health, and safety is endangered by the spread of the human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), and hepatitis B and C within state and local correctional institutions.

(b) The spread of AIDS and hepatitis B and C within prison and jail populations presents a grave danger to inmates within those populations, law enforcement personnel, and other persons in contact with a prisoner infected with the HIV virus as well as hepatitis B and C, both during and after the prisoner's confinement. Law enforcement personnel and prisoners are particularly vulnerable to this danger, due to the high number of assaults, violent acts, and transmissions of bodily fluids that occur within correctional institutions.

(c) HIV, as well as hepatitis B and C, have the potential of spreading more rapidly within the closed society of correctional institutions than outside these institutions. These major public health problems are compounded by the further potential of the rapid spread of communicable disease outside correctional institutions through contacts of an infected prisoner who is not treated and monitored upon his or her release, or by law enforcement employees who are unknowingly infected.

(d) New diseases of epidemic proportions such as AIDS may suddenly and tragically infect large numbers of people. This title primarily addresses a current problem of this nature, the spread of HIV, as well as hepatitis B and C, among those in correctional institutions and among the people of California.

(e) HIV, AIDS, and hepatitis B and C pose a major threat to the public health and safety of those governmental employees and others whose responsibilities bring them into direct contact with persons afflicted with those illnesses, and the protection of the health and safety of these personnel is of equal importance to the people of the State of California as the protection of the health of those afflicted with the diseases who are held in custodial situations.

(f) Testing described in this title of individuals housed within state and local correctional facilities for evidence of infection by HIV and hepatitis B and C would help to provide a level of information necessary for effective disease control within these institutions and would help to preserve the health of public employees, inmates, and persons in custody, as well as that of the public at large. This testing is not intended to be, and shall not be construed as, a prototypical method of disease control for the



public at large.

7501. In order to address the public health crisis described in Section 7500, it is the intent of the Legislature to do all of the following:

(a) Establish a procedure through which custodial and law enforcement personnel are required to report certain situations and may request and be granted a confidential test for HIV or for hepatitis B or C of an inmate convicted of a crime, or a person arrested or taken into custody, if the custodial or law enforcement officer has reason to believe that he or she has come into contact with the blood or semen of an inmate or in any other manner has come into contact with the inmate in a way that could result in HIV infection, or the transmission of hepatitis B or C, based on the latest determinations and conclusions by the federal Centers for Disease Control and Prevention and the State Department of Public Health on means for the transmission of AIDS or hepatitis B and C, and if appropriate medical authorities, as provided in this title, reasonably believe there is good medical reason for the test.

(b) Permit inmates to file similar requests stemming from contacts with other inmates.

(c) Require that probation and parole officers be notified when an inmate being released from incarceration is infected with AIDS or hepatitis B or C, and permit these officers to notify certain persons who will come into contact with the parolee or probationer, if authorized by law.

(d) Authorize prison medical staff authorities to require tests of a jail or prison inmate under certain circumstances, if they reasonably believe, based upon the existence of supporting evidence, that the inmate may be suffering from HIV infection or AIDS or hepatitis B or C and is a danger to other inmates or staff.

(e) Require supervisory and medical personnel of correctional institutions to which this title applies to notify staff if they are coming into close and direct contact with persons in custody who have tested positive or who have AIDS or hepatitis B or C, and provide appropriate counseling and safety equipment.

7502. As used in this title, the following terms shall have the following meanings:

(a) "Correctional institution" means any state prison, county jail, city jail, Division of Juvenile Justice facility, county- or city-operated juvenile facility, including juvenile halls, camps, or schools, or any other state or local correctional institution, including a court facility.

(b) "Counseling" means counseling by a licensed physician and surgeon, registered nurse, or other health professional who meets guidelines which shall be established by the State Department of Public Health for purposes of providing counseling on AIDS and hepatitis B and C to inmates, persons in custody, and other persons pursuant to this title.

(c) "Law enforcement employee" means correctional officers, peace officers, and other staff of a correctional institution, California Highway Patrol officers, county sheriff's deputies, city police

officers, parole officers, probation officers, and city, county, or state employees including but not limited to, judges, bailiffs, court personnel, prosecutors and staff, and public defenders and staff, who, as part of the judicial process involving an inmate of a correctional institution, or a person charged with a crime, including a minor charged with an offense for which he or she may be made a ward of the court under Section 602 of the Welfare and Institutions Code, are engaged in the custody, transportation, prosecution, representation, or care of these persons.

(d) "AIDS" means acquired immune deficiency syndrome.

(e) "Human immunodeficiency virus" or "HIV" means the etiologic virus of AIDS.

(f) "HIV test" or "HIV testing" means any clinical laboratory test approved by the federal Food and Drug Administration for HIV, component of HIV, or antibodies to HIV.

(g) "Inmate" means any of the following:

(1) A person in a state prison, or city and county jail, who has been either convicted of a crime or arrested or taken into custody, whether or not he or she has been charged with a crime.

(2) Any person in a Division of Juvenile Justice facility, or county- or city-operated juvenile facility, who has committed an act, or been charged with committing an act specified in Section 602 of the Welfare and Institutions Code.

(h) "Bodily fluids" means blood, semen, or any other bodily fluid identified by either the federal Centers for Disease Control and Prevention or State Department of Public Health in appropriate regulations as capable of transmitting HIV or hepatitis B or C.

(i) "Minor" means a person under 15 years of age.

7503. The Department of Corrections, the Department of the Youth Authority, and county health officers shall adopt guidelines permitting a chief medical officer to delegate his or her medical responsibilities under this title to other qualified physicians and surgeons, and his or her nonmedical responsibilities to other qualified persons, as appropriate. The chief medical officer shall not, however, delegate the duty to determine whether mandatory testing is required as provided for in Chapter 2 (commencing with Section 7510) except to another qualified physician designated to act as chief medical officer in the chief medical officer's absence.

7504. Actions taken pursuant to this title shall not be subject to subdivisions (a) to (c), inclusive, of Section 120980 of the Health and Safety Code. In addition, the requirements of subdivision (a) of Section 120990 of the Health and Safety Code, shall not apply to testing performed pursuant to this title.

7505. This title is intended to provide the authority for state and local correctional, custodial, and law enforcement agencies to perform medical testing of inmates and prisoners for the purposes specified herein. However, notwithstanding any other provision of this title, this title shall serve as authority for the HIV testing of prisoners in only those local facilities where the governing body has adopted a resolution affirming that it shall be operative in that

city, county, or city and county. Testing within state correctional facilities under the jurisdiction of the Department of Corrections and state juvenile facilities under the jurisdiction of the Department of the Youth Authority shall not be affected by this requirement.

## **CAL. PEN. CODE § 7510 : California Code - Section 7510**

(a) A law enforcement employee who believes that he or she came into contact with bodily fluids of either an inmate of a correctional institution, a person not in a correctional institution who has been arrested or taken into custody whether or not the person has been charged with a crime, including a person detained for or charged with an offense for which he or she may be made a ward of the court under Section 602 of the Welfare and Institutions Code, a person charged with any crime, whether or not the person is in custody, or a person on probation or parole due to conviction of a crime, shall report the incident through the completion of a form provided by the State Department of Public Health. The form shall be directed to the chief medical officer, as defined in subdivision (c), who serves the applicable law enforcement employee. Utilizing this form the law enforcement employee may request a test for HIV or hepatitis B or C of the person who is the subject of the report. The forms may be combined with regular incident reports or other forms used by the correctional institution or law enforcement agency, however the processing of a form by the chief medical officer containing a request for HIV or hepatitis B or C testing of the subject person shall not be delayed by the processing of other reports or forms.

(b) The report required by subdivision (a) shall be submitted by the end of the law enforcement employee's shift during which the incident occurred, or if not practicable, as soon as possible, but no longer than two days after the incident, except that the chief medical officer may waive this filing period requirement if he or she finds that good cause exists. The report shall include names of witnesses to the incident, names of persons involved in the incident, and if feasible, any written statements from these parties. The law enforcement employee shall assist in the investigation of the incident, as requested by the chief medical officer.

(c) For purposes of this section, Section 7502, and Section 7511, "chief medical officer" means:

(1) In the case of a report filed by a staff member of a state prison, the chief medical officer of that facility.

(2) In the case of a parole officer filing a report, the chief medical officer of the nearest state prison.

(3) In the case of a report filed by an employee of the Division of Juvenile Justice, the chief medical officer of the facility.

(4) In the case of a report filed against a subject who is an inmate of a city or county jail or a county- or city-operated juvenile facility, or a court facility, or who has been arrested or taken into custody whether or not the person has been charged with a crime, but who is not in a correctional facility, including a person detained for, or charged with, an offense for which he or she may be made a ward of the court under Section 602 of the Welfare and Institutions Code, or a person charged with a crime, whether or not the person is in custody, the county health officer of the county in which the individual is jailed or charged with the crime.

(5) In the case of a report filed by a probation officer, a prosecutor or staff person, a public defender attorney or staff person, the county health officer of the county in which the probation officer, prosecutor or staff person, a public defender attorney or staff person, is employed.

(6) In any instance where the chief medical officer, as determined pursuant to this subdivision, is not a physician and surgeon, the chief medical officer shall designate a physician and surgeon to perform his or her duties under this title.

**CAL. PEN. CODE § 7511 : California Code - Section 7511**

a)The chief medical officer shall, regardless of whether a report filed pursuant to Section 7510 contains a request for HIV or hepatitis B or C testing, decide whether or not to require HIV or hepatitis B or C testing of the inmate or other person who is the subject of the report filed pursuant to Section 7510, within 24 hours of receipt of the report. If the chief medical officer decides to require HIV or hepatitis B or C testing, he or she shall specify in his or her decision the circumstances, if any, under which followup testing will also be required.

(b)The chief medical officer shall order an HIV or hepatitis B or C test only if he or she finds that, considering all of the facts and circumstances, there is a significant risk that HIV or hepatitis B or C was transmitted. In making this decision, the chief medical officer shall take the following factors into consideration:

(1)Whether an exchange of bodily fluids occurred which could have resulted in a significant risk of AIDS or hepatitis B or C infection, based on the latest written guidelines and standards established by the federal Centers for Disease Control and Prevention and the State Department of Health Services.

(2)Whether the person exhibits medical conditions or clinical findings consistent with HIV or hepatitis B or C infection.

(3)Whether the health of the institution staff or inmates may have been endangered as to HIV or hepatitis B or C infection resulting from the reported incident.

(c)Prior to reaching a decision, the chief medical officer may if needed receive written or oral testimony from the law enforcement employee filing the report, from the subject of the report, and from witnesses to the incident, as he or she deems necessary for a complete investigation. The decision shall be in writing and shall state the reasons for the decision. A copy shall be provided by the chief medical officer to the law enforcement employee who filed the report and to the subject of the report, and where the subject is a minor, to the parents or guardian of the minor, unless the parent or guardian of the minor cannot be located.

## **CAL. PEN. CODE § 7512 : California Code - Section 7512**

(a)An inmate of a correctional institution may request testing for HIV or hepatitis B or C of another inmate of that institution if he or she has reason to believe that he or she has come into contact with the bodily fluids of that inmate, in situations, which may include, but are not limited to, rape or sexual contact with a potentially infected inmate, tattoo- or drug-needle sharing, an incident involving injury in which bodily fluids are exchanged, or confinement with a cellmate under circumstances involving possible mingling of bodily fluids. A request may be filed under this section only within two calendar days of the date when the incident causing the request occurred, except that the chief medical officer may waive this filing period requirement when he or she finds that good cause exists.

(b)An inmate in a Division of Juvenile Justice facility or any county- or city-operated juvenile facility who is 15 years of age or older may file a request for a test of another inmate in that facility, in the same manner as an inmate in a state prison, and is subject to the same procedures and rights. An inmate in a Division of Juvenile Justice facility or a county- or city-operated juvenile facility who is a minor may file a request for testing through a staff member of the facility in which he or she is confined. A staff member may file this request on behalf of a minor on his or her own volition if he or she believes that a situation meeting the criteria specified in subdivision (a) has occurred warranting the request. The filing of a request by staff on behalf of an inmate of a Division of Juvenile Justice facility or a local juvenile facility shall be within two calendar days of its discovery by staff, except that the chief medical officer may waive this filing period requirement if he or she finds that good cause exists.

When a request is filed on behalf of a minor, the facility shall notify the parent or guardian of the minor of the request and seek permission from the parent or guardian for the test request to proceed. If the parent or guardian refuses to grant permission for the test, the Director of the Division of Juvenile Facilities may request the juvenile court in the county in which the facility is located, to rule on whether the test request procedure set forth in this title shall continue. The juvenile court shall make a ruling within five days of the case being brought before the court.

If the parent or guardian cannot be located, the superintendent of the facility shall approve or disapprove the request for a test.

(c)Upon receipt of a request for testing as provided in this section, a law enforcement employee shall submit the request to the chief medical officer, the identity of which shall be determined as if the request had been made by an

employee of the facility. The chief medical officer shall follow the procedures set forth in Section 7511 with respect to investigating the request and reaching a decision as to mandatory testing of the inmate who is the subject of the request. The inmate submitting the request shall provide names or testimony of witnesses within the limits of his or her ability to do so. The chief medical officer shall make his or her decision based on the criteria set forth in Section 7511. A copy of the chief medical officer's decision shall be provided to the person submitting the request for HIV or hepatitis B or C testing, to the subject of the request, and to the superintendent of the correctional institution. In the case of a minor, a copy of the decision shall be provided to the parents or guardian of the minor, unless the parent or guardian of the minor cannot be located.



**CAL. PEN. CODE § 7514 : California Code - Section 7514**

(a) It shall be the chief medical officer's responsibility to see that personal counseling is provided to a law enforcement employee filing a report pursuant to Section 7510, an inmate filing a request pursuant to Section 7512, and any potential test subject, at the time the initial report or request for tests is made, at the time when tests are ordered, and at the time when test results are provided to the employee, inmate, or test subject.

(b) The chief medical officer may provide additional counseling to any of these individuals, upon his or her request, or whenever the chief medical officer deems advisable, and may arrange for the counseling to be provided in other jurisdictions. The chief medical officer shall encourage the subject of the report or request, the law enforcement employee who filed the report, the person who filed the request pursuant to Section 7512, or in the case of a minor, the minor on whose behalf the request was filed, to undergo voluntary HIV or hepatitis B or C testing if the chief medical officer deems it medically advisable. All testing required by this title or any voluntary testing resulting from the provisions of this title, shall be at the expense of the appropriate correctional institution.

San Bernardino County Probation Department  
Bloodborne Pathogens Exposure Control Plan

Issued by:



Michelle Scray Brown, Chief Probation Officer

Date:

December 21, 2012

Effective Date:

December 21, 2012