

EXPOSURE CONTROL PLAN
BLOODBORNE PATHOGENS
COUNTY OF INYO

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EXPOSURE CONTROL PLAN - BLOODBORNE PATHOGENS

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**EXPOSURE CONTROL PLAN OF
THE COUNTY OF INYO
(BLOODBORNE PATHOGENS)**

I – PURPOSE

The County of Inyo is dedicated to:

A. Protecting its officials and employees from health hazards by reducing occupational exposure to Hepatitis B Virus (HBV), Hepatitis C. Virus (HCV), Human Immunodeficiency Virus (HIV) and other bloodborne pathogens; and

B. Providing appropriate treatment and counseling should an official or employee be exposed to bloodborne pathogens.

Therefore, the County of Inyo is implementing this Exposure Control Plan (hereinafter "ECP") in accordance with Title 8, California Code of Regulations, section 5193.

II - RESPONSIBILITIES

A. Risk Manager:

The Risk Manager shall be responsible for:

1. Overseeing the implementation and administration of the County of Inyo's ECP;
2. Ensuring that the ECP is reviewed and updated annually or whenever new or modified tasks and procedures are implemented which affect occupational exposure of officials and employees;
3. Acting as County liaison during OSHA inspections; and
4. Overseeing the education and training of County employees who have the potential for exposure to bloodborne pathogens.

B. Department Heads:

Department Heads are responsible for exposure control in their departments. The following departments shall designate an employee (hereinafter "Designated Employee") who is responsible for working directly with the Risk Manager in implementation of the ECP:

1. Health and Human Services
2. Building and Maintenance
3. Sheriff/Jail
4. Probation
5. District Attorney

C. Designated Employee:

Each department's Designated Employee shall be responsible for:

1. Coordinating with the Risk Manager in the implementation of the ECP within their department;
2. Maintaining an up-to-date list of departmental personnel requiring training and the scheduling of said training;
3. Revising and updating the list of tasks and procedures in which occupational exposure to bloodborne pathogens may occur;

4. Overseeing the implementation of work practice control within their departments;
5. Purchasing and maintaining an adequate supply of personal protective equipment;
6. Immediately notifying the Health Officer or Risk Manager when an employee is involved in an incident where exposure to bloodborne pathogens occurs; and
7. Maintaining the records required under this plan.

D. Employees:

As with all of the County's activities, employees have the most important role in the bloodborne pathogens compliance program. Employees shall be responsible for:

1. Attending the bloodborne pathogens training sessions;
2. Knowing what tasks they perform that have occupational exposure;
3. Planning and conducting all operations in accordance with the County's work practice controls; and
4. Developing good personal hygiene habits.

III - GENERAL

A. Availability of the ECP to Employees:

The County's ECP is available to employees at any time. Employees are advised of this availability during their education and training sessions. The ECP is available on the Inyo County website www.inyocounty.us under "Policies." Copies of the ECP are kept in the following locations:

1. Risk Management (Bishop)
2. Personnel Department (Independence)
3. Health and Human Services (Bishop, Progress House, Lone Pine, Tecopa, and Independence)
4. Sheriff's Department (Bishop, Independence, Lone Pine, and Tecopa)
5. Community Services (Tecopa)
6. County Services Building (Bishop)
7. Probation (Bishop, Independence, Lone Pine)

B. Review and Update of the Plan:

The County recognizes that it is important to keep our ECP up-to-date. To ensure this, the plan will be reviewed and updated as follows:

1. Annually;
2. Whenever new or modified tasks and procedures are implemented which affect occupational exposure of employees;
3. Whenever employees' jobs are revised such that new instances of occupational exposure may occur; and
4. Whenever we establish new functional positions within our facility that may involve exposure to bloodborne pathogens.

The County also recognizes that the involvement of employees in reviewing and updating the ECP with respect to the procedures performed by employees in their respective work areas or departments is important to its success. Therefore, employees are encouraged to complete and forward to the Joint Labor/Management Safety Committee the "Bloodborne Pathogens Report/Recommendation" form attached as Exhibit "A." This may be accomplished by forwarding said Report to their labor representatives or to the Risk Manager.

IV - EXPOSURE DETERMINATION

A. One of the keys to implementing a successful ECP is to identify exposure situations employees may encounter. To facilitate this, the following lists have been prepared:

1. Job classification in which all employees have occupational exposure to bloodborne pathogens (Exhibit "B");

2. Job classifications in which some employees have occupational exposure to bloodborne pathogens (Exhibit "C");

3. Tasks and procedures in which occupational exposure to bloodborne pathogens occur (Exhibit "D"). These tasks and procedures are performed by employees in the job classifications shown on the two previous lists.

B. The department's Designated Employee shall be responsible for revising and updating these lists as tasks, procedures, and classifications change. These revisions shall be forwarded the Risk Manager for inclusion in the plan.

V - METHODS OF COMPLIANCE

A. The following areas must be addressed in order to effectively eliminate or minimize exposure to bloodborne pathogens in County facilities:

1. The use of universal precautions;
2. Establishing appropriate engineering controls;
3. Implementing appropriate work practice controls;
4. Using necessary personal protective equipment; and
5. Implementing appropriate housekeeping procedures.

B. Each of these areas is reviewed with employees during their bloodborne pathogens related training (see the "Information and Training" section of this Plain for additional information). By rigorously following the requirements of OSHA's Bloodborne Pathogens Standard in these five areas, employees' occupational exposure to bloodborne pathogens will be eliminated or minimized as much as possible.

1. Universal Precautions:

The County practices universal precautions; therefore, we treat all human blood and bodily fluids as if they are known to be infectious for HBV, HCV, HIV and other bloodborne pathogens. Examples of bodily fluids include, but are not limited to: vomitus, vaginal secretions, semen and stool.

In circumstances where it is difficult or impossible to differentiate between bodily fluid types, we assume all bodily fluids to be potentially infectious.

2. Engineering Controls:

One of the key aspects of our ECP is the use of engineering controls to eliminate or minimize employee exposure to bloodborne pathogens. As a result, employees use cleaning, maintenance and other equipment that is designed to prevent contact with blood or other potentially infectious materials.

The Risk Manager shall periodically work with department managers and supervisors to review tasks and procedures performed in our facility where engineering controls can be implemented or updated. Each department head or Designated Employee shall inspect on a regular basis engineering control equipment for proper function and needed repair or replacement to ensure their effectiveness.

Engineering controls in our facility include, but are not limited to:

a. Hand washing facilities (or antiseptic hand cleanser and towels or antiseptic towelettes), which are readily accessible to all employees who have potential for exposure;

b. Needle devices that effectively reduce the risk of an exposure incident;

c. Containers for contaminated sharps which have the following characteristics

i) Puncture-resistant

ii) Color-coded or labeled with a biohazard warning label; and

iii) Leak-proof on the side and bottom.

d. Specimen containers which are:

i) Leak-proof

ii) Color-coded or labeled with a biohazard warning label; and

iii) Puncture-resistant, if necessary.

3. Work Practice Controls:

In addition to engineering controls, the County uses a number of work practice controls to help eliminate or minimize employee exposure to bloodborne pathogens. Many of these work practice controls have been in effect for some time.

a. Each department head or Designated Employee is responsible for overseeing the implementation of the following work practice controls within their department:

i) Employees wash their hands immediately, or as soon as feasible, after removal of potentially contaminated gloves or other personal protective equipment;

ii) Following any contact of body areas with blood or any other infectious materials, employees wash their hands and any other

exposed skin with soap and water as soon as possible. They also flush exposed mucous membranes with water;

iii) Contaminated needles and other contaminated sharps are not bent, recapped or removed unless it can be demonstrated that there is no feasible alternative or the action is required by specific medical procedure. In the two situations above, the recapping or needle removal is accomplished through the use of a medical device or a one-handed technique.

iv) Contaminated reusable sharps are placed in appropriate containers immediately, or as soon as possible, after use;

v) Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses is prohibited in work areas where there is potential for exposure to bloodborne pathogens;

vi) Food and drink is not kept in refrigerators, freezers, on countertops or in other storage areas where blood or other potentially infectious materials are present;

vii) Mouth pipetting/suctioning of blood or other infectious materials is prohibited;

viii) Specimens of blood or other potentially infectious materials are placed in designated leak-proof containers, appropriately labeled, for handling and storage;

ix) If outside contamination of a primary specimen container occurs, that container is placed within a second leak-proof container, appropriately labeled, for handling and storage. (If the specimen can puncture the primary container, the secondary container must be puncture-resistant as well);

x) Equipment which becomes contaminated is examined prior to servicing or shipping and decontaminated as necessary (unless it can be demonstrated that decontamination is not feasible);

xi) An appropriate biohazard warning label is attached to any contaminated equipment, identifying the contaminated equipment, and identifying the contaminated portions; and

xii) Information regarding the remaining contamination is conveyed to all affected employees, the equipment manufacturer and the equipment service representative prior to handling, servicing or shipping.

b. When a new employee comes to the County, or an employee changes jobs, the Designated Employee is responsible for ensuring the following process takes place:

i) The employee's job classification and the tasks and procedures that they will perform are checked against the Job Classifications and Task Lists which have been identified in the ECP as those in which occupational exposure occurs;

ii) If the employee is transferring from one job to another, the job classifications and tasks/procedures pertaining to their previous position are also checked against these lists;

iii) Based on this "cross-checking" the new job classifications and/or tasks and procedures which will bring the employee into occupational exposure situations are identified; and

iv) The Designated Employee ensures that the employee is trained by the facility training coordinator or another instructor regarding any work practice controls that the employee is not experienced with.

4. Personal Protective Equipment:

a. Personal protective equipment is the "last line of defense" against bloodborne pathogens. Because of this, the County provides (at no cost to our employees) the personal protective equipment they need to protect themselves against such exposure. This equipment includes, but is not limited to:

- Gloves
- Eye protection
- Goggles
- Face shields/masks
- Mouthpieces
- Resuscitation bags, pocket masks or other ventilation devices
- Hypoallergenic gloves, glove liners and similar alternatives are readily available to employees who are allergic to the gloves our facility normally uses.

b. Each department head or Designated Employee is responsible for ensuring that all work areas in their department have appropriate personal protective equipment for their job classifications and tasks or procedures they perform. Additional training is provided, when necessary, if an employee takes a new position or new job functions are added to their current position.

To determine whether additional training is needed, the employee's previous job classification and tasks are compared to those for any new job or function they undertake. Any needed training is provided by their department manager or supervisor working with the County's training coordinator.

c. To ensure that personal protective equipment is not contaminated and is in the appropriate condition to protect employees from potential exposure, the County adheres to the following practices.

i) All personal protective equipment is inspected periodically and repaired or replaced as needed to maintain its effectiveness;

ii) Reusable personal protective equipment is cleaned, laundered and decontaminated as needed.

iii) Single-use personal protective equipment (or equipment that cannot, for whatever reason, be decontaminated) is disposed of.

d. To make sure that this equipment is used as effectively as possible, our employees adhere to the following practices when using their personal protective equipment:

i) Any garments penetrated by blood or other infectious materials are removed immediately, or as soon as feasible;

ii) All personal protective equipment is removed prior to leaving a work area;

iii) Gloves are worn in the following circumstances:

- Whenever employees anticipate hand contact with potentially infectious materials;
- When handling or touching contaminated items or surfaces.

iv) Disposable gloves are replaced as soon as practical after contamination or if they are torn, punctured or otherwise lose their ability to function as an "exposure barrier";

v) Disposable (single use) gloves shall not be washed or decontaminated for reuse;

vi) Utility gloves are decontaminated for reuse unless they are cracked, peeling, torn or exhibit other signs of deterioration, at which time they are disposed of;

vii) Masks and eye protection (such as goggles, face shields, etc.) are used whenever splashes or spray may generate droplets of infectious materials; and

viii) Protective clothing (such as gowns and aprons) shall be worn whenever potential exposure to the body is anticipated.

5. Housekeeping:

a. Maintaining the County in a clean and sanitary condition is an important part of our ECP. To facilitate this, the County has set up a written schedule for cleaning and the method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present and tasks or procedures being performed in the area. This schedule is attached as Exhibit "E."

b. Using this schedule, our janitorial/cleaning staff employs the following practices:

i) All equipment and surfaces are cleaned and decontaminated after contact with blood or other potentially infectious materials;

ii) After the completion of medical procedures;

iii) Immediately (or as soon as feasible) when surfaces are overtly contaminated;

iv) After any spill of blood or infectious material;

v) At the end of the work shift if the surface may have been contaminated during that shift';

vi) Protective covering such as plastic wrap, aluminum foil, or imperviously - backed absorbent paper used to cover equipment and environmental surfaces shall be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they may have become contaminated during the shift;

vii) All pails, bins, and other receptacles intended for reuse which have a reasonable likelihood of becoming contaminated with blood or other potentially infectious materials are routinely inspected, cleaned and

decontaminated on a regularly scheduled basis and are decontaminated immediately, or as soon as feasible, upon visible contamination.

viii) Potentially contaminated broken glassware shall not be picked up by the hands and is to be picked up using mechanical means (such as dustpan and brush, tongs, forceps, etc.); and

ix) Contaminated reusable sharps are stored in containers that do not require "hand processing."

The Facilities Maintenance Manager is responsible for setting up the cleaning and decontamination schedule and making sure it is carried out within County facilities.

c. The County is also dedicated to carefully handling regulated waste (waste which contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid). The following procedures are used with all of this type of waste:

i) They are discarded or bagged in containers that are:

- Closable;
- Puncture-resistant if the discarded materials have the potential to penetrate the container;
- Leak proof if the potential for fluid spill or leakage exists;
- Red in color or labeled with the appropriate biohazard warning label.

d. Containers for this regulated waste are placed in appropriate locations in our facility within easy access of our employees as close as possible to the sources of the waste.

e. Waste containers are maintained upright, routinely replaced and not allowed to overfill.

f. Laundry, which has been soiled with blood or other potentially infectious materials, is handled as little as possible and is not sorted or rinsed where it is used. Contaminated laundry shall be placed and transported in appropriately labeled or color-coded containers. Any employee handling contaminated laundry shall wear protective gloves and other appropriate personal protective equipment.

g. Whenever employees move containers of regulated waste from one area to another, the containers are immediately closed and placed

inside an appropriate secondary container if leakage is possible from the first container.

h. Each department head or Designated Employee is responsible for coordinating with the Facilities Maintenance Manager for the collection and handling of our facility's contaminated waste.

VI - HEPATITIS B. VACCINATION, POST-EXPOSURE EVALUATION AND FOLLOW-UP

The County recognizes that even with good adherence to all exposure prevention practices, exposure incidents can occur. As a result, we have implemented a Hepatitis B Vaccination Program, as well as set up procedures for post-exposure evaluation and follow-up should exposure to bloodborne pathogens occur.

A. Vaccination Program:

1. To protect employees as much as possible from the possibility of Hepatitis B infection, a vaccination program has been implemented. This program is available, at no cost, to all employees who have probable occupational exposure to bloodborne pathogens. As part of their bloodborne pathogens training, employees receive information regarding Hepatitis vaccination, including its safety and effectiveness.

2. The Risk Manager and Health Officer are responsible for setting up and operating the vaccination program. Department Heads are responsible for ensuring that employees within their Department who have probable occupational exposure to Bloodborne pathogens have received the Hepatitis vaccination within ten (10) working days of initial assignment. Vaccinations are performed under the supervision of a licensed physician or other health care professional. Employees who decline to take part in the vaccination program must sign the "Vaccination Declination Form" attached hereto as Exhibit "F."

3. Any unvaccinated employee involved in an exposure incident shall be entitled to receive, at no cost, the Hepatitis B vaccination series. This shall be made available as soon as possible but in no event later than twenty-four hours after the exposure incident.

4. To ensure that all employees are aware of the vaccination program, it is thoroughly discussed in our bloodborne pathogens training.

B. Post-Exposure Investigation, Evaluation and Follow-up:

1. If an employee is involved in an exposure incident, defined as a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties, the following steps shall be immediately taken:

a. The employee must immediately notify his/her department head or Designated Employee;

b. The department head or Designated Employee shall immediately notify the Health Officer or Risk Manager;

c. The employee must immediately complete the incident report (attached as Exhibit "G") and forward to Risk Management;

d. An investigation into the circumstances surrounding the exposure incident shall be conducted; and

e. The exposed employee shall receive medical consultation and treatment (if required) as expeditiously as possible.

2. If an employee is involved in an incident resulting in an injury from a sharp (object that penetrates the skin or any other part of the body, including, but not limited to: needle devices, lancets, broken glass and broken capillary tubes), these additional steps shall be taken:

a. The exposed employee's supervisor shall complete, within fourteen days from the date the incident is reported to the employer, the Sharps Injury Log (attached hereto as Exhibit "H"). The Sharps Injury Log provides the following information:

- Date and time of exposure incident;
- Type and brand of sharp involved;
- Job classification of the exposed employee;
- Department where exposure occurred;
- Procedure being performed by the employee;
- How the incident occurred;
- The body part involved;
- Whether the sharp had engineered sharps injury protection;
- Whether the protective mechanism was activated;
- Whether the injury occurred before the protective mechanism was activated, during activation or after activation;
- If the sharp had no engineered sharps injury protection, the injured employee's opinion as to whether and how such a mechanism could have prevented the injury; and
- The employee's opinion about whether any other engineering, administrative or work practice control could have prevented the injury.

3. The Risk Manager or Health Officer or other designated licensed healthcare provider investigates every exposure incident that occurs in our facility. This investigation shall be initiated within 24 hours after the incident occurs utilizing the Incident Report (Bloodborne Pathogens) attached as Exhibit "G".

4. In order to make sure employees receive the best and most timely treatment if an exposure to bloodborne pathogens occurs, the County has set up a comprehensive post-exposure evaluation and follow-up process. The Post-Exposure Prophylaxis process, attached as Exhibit "I," will be used to verify that all steps in the process have been completed. The Health Officer or other designated licensed healthcare provider or his/her designee shall oversee this process.

5. After the Incident Report (Bloodborne Pathogens) is evaluated, written recommendations are made for avoiding similar incidents in the future.

6. The County recognizes that the information involved in this process must remain confidential and will do everything possible to protect the privacy of the people involved.

7. The post-exposure process is as follows:

a. The exposed employee shall provide the County with the following confidential information:

i) Documentation regarding the routes of exposure and circumstances under which the exposure incident occurred; and

ii) Identification of the source individual (unless infeasible or prohibited by law).

b. The source individual's blood shall be tested as soon as feasible and after consent is obtained in order to determine HBV, HCV and HIV infectivity. If consent is not obtained, the County shall establish that legally required consent cannot be obtained. When the source individual's consent is not required by law, the source individual's blood, if available shall be tested and the results documented. Results of the source individual's testing shall be made available to the exposed employee, if it is obtained. At that time, the employee will be made aware of any applicable laws and regulations concerning disclosure of the identity and infectious status of a source individual. The exposed employee shall receive information related to the significance of the source individual's laboratory results and its implications.

c. The County's designee shall collect and test the blood of the exposed employee for HBV, HCV and HIV status after consent is obtained.

d. If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample shall be preserved for at least 90 days. If within 90 days the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

e. Concurrent to steps a, b, and c, and after consultation and assessment of the employee's risk exposure, an appointment will be made for the employee with a qualified healthcare professional to discuss the employee's medical status. If it is determined that post exposure prophylaxis is recommended, employees will meet with the County's Health Officer as soon as possible. Employees have the option to consult with his/her private physician. The post exposure checklist shall be utilized. The Health Officer or other designated licensed healthcare provider will be available to consult with the healthcare professional on an as needed basis.

C. Information provided to the Healthcare Professional:

To assist the healthcare professional, a number of documents will be forwarded including the following:

1. Copy of the Bloodborne Pathogens Standard.
2. A description of the exposure incident;
3. A description of the exposed employee's duties as they relate to the exposure incident;
4. The exposed employee's relevant medical records; and
5. Results of the source individual's blood testing, if available; and
6. Other pertinent information.

D. Healthcare Professional Written Opinion:

After the consultation, the healthcare professional shall provide the Health Officer or other designated licensed healthcare provider with a written opinion evaluating the exposed employee's situation. A copy of this opinion shall be given to the exposed employee.

The written opinion shall contain only the following information:

1. Confirmation that the employee has been informed of the results of the evaluation; and
2. Confirmation that the employee has been told about any medical conditions resulting from the exposure incident which requires further evaluation or treatment.

With regard to the Hepatitis B vaccination, the opinion shall be limited to whether Hepatitis B vaccination is indicated for an employee and if the employee has received such vaccination.

All other findings or diagnoses will remain confidential and will not be included in the written report.

E. Medical Recordkeeping:

The Health Officer or other designated licensed healthcare provider is responsible for setting up and maintaining these medical records, which contains the following information:

1. Name of the employee;
2. A copy of the employee's Hepatitis B Vaccination status;
3. Dates of any vaccinations;
4. Medical records relative to the employee's ability to receive vaccination;
5. Copies of the results of the examinations, medical testing and ongoing follow-up procedures which take place as a result of an employee's exposure to bloodborne pathogens;
6. A copy of the information provided to the consulting healthcare professional as a result of any exposure to bloodborne pathogens; and
7. A copy of any information provided to the healthcare professional.

As with all information in these areas, the County will keep the information in these medical records confidential. We will not disclose or report this information to anyone without the employee's written consent (except as required by law). Medical records shall be retained for the duration of employment plus 30 years.

VII - LABELS AND SIGNS

One of the most obvious warnings of possible exposure to bloodborne pathogens is a biohazard label. Because of this, a biohazard warning labeling program has been implemented in the County using labels of the type shown on Exhibit "J" or, when appropriate, using Red "color-coded" containers. The department's Designated Employee is responsible for setting up and maintaining this program within their department.

A. The following items in the County are labeled:

1. Containers of regulated waste;
2. Refrigerators/freezers containing blood or other potentially infectious materials;
3. Sharps disposal containers;
4. Other containers used to store, transport or ship blood and other infectious materials;
5. Bags containing contaminated laundry; and
6. Contaminated equipment. The labels indicate which part of the equipment is contaminated.

B. On labels affixed to contaminated equipment, we have also indicated which portions of the equipment are contaminated.

VIII - INFORMATION AND TRAINING

A. Having well informed and educated employees is extremely important when attempting to eliminate or minimize exposure to bloodborne pathogens. Because of this, all employees who have the potential for exposure to bloodborne pathogens shall attend and complete a training program.

B. Employees will be retrained annually to keep their knowledge current. Additionally, all new employees, as well as employees changing jobs or job functions, will be given any additional training their new position requires at the time of their new job assignment.

C. The Designated Employee shall ensure that all employees who have potential exposure to bloodborne pathogens receive this training.

D. Training Topic - the topics covered in our training program include, but are not limited to, the following:

1. The Bloodborne Pathogens Standard itself;
2. The epidemiology and symptoms of bloodborne diseases;
3. The modes of transmission of bloodborne pathogens;
4. The County's ECP (and where employees can obtain a copy);
5. Appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
6. A review of the use and limitations of methods that will prevent or reduce exposure, including:
 - a. Engineering controls;
 - b. Work practice controls; and
 - c. Personal protective equipment.
7. Selections and use of personal protective equipment including:
 - a. Types available;
 - b. Proper use;
 - c. Location within the facility;

- d. Removal;
- e. Handling;
- f. Decontamination; and
- g. Disposal.

8. Visual warning of biohazard within our facility including labels, signs and "color-coded" containers.

9. Information on the Hepatitis B Vaccine, including its:

- a. Efficacy;
- b. Safety;
- c. Method of administration;
- d. Benefits of vaccination; and
- e. Our facility's free vaccination program.

10. Actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.

11. The procedures to follow if an exposure incident occur, including incident reporting.

12. Information on the post-exposure evaluation and follow-up, including medical consultation that our facility will provide.

13. Explanation of the signs and labels and/or color-coding for containers used for storage or transport of blood or other potentially infectious materials.

E. Training Methods - The County's training presentations make use of several training techniques including, but not limited to:

- 1. Webinars;
- 2. Classroom type atmosphere with personal instruction;
- 2. Videotape programs; and
- 3. Training manuals

F. Recordkeeping - to facilitate the training of our employees, as well as to document the training process, we maintain training records containing the following information:

1. Dates of all training sessions;
2. Contents/summary of the training sessions;
3. Names and job titles of the instructors (if applicable); and
4. Names and job titles of employees attending the training sessions.

These training records are available for examination and copy to our employees and their representatives, as well as OSHA and its representatives. These records shall be maintained for three (3) years from the date of training.

BLOODBORNE PATHOGENS REPORT/RECOMMENDATION

EMPLOYEE: You are encouraged to bring any concerns about your exposure to bloodborne pathogens or the Exposure Control Plan to the Joint Labor/Management Safety Committee. Please complete this form and forward to the Risk Manager or your labor representative. The form will be submitted to the Joint Labor/Management Safety Committee for review and recommendation.

CONCERN: _____

RECOMMENDATION FOR CORRECTION: _____

DATE:

Signature

Department and Title

**JOB CLASSIFICATION IN WHICH ALL EMPLOYEES
HAVE EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications where all employees may come into contact with human blood or other potentially infectious materials that may result in possible exposure to bloodborne pathogens.

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
Health Officer, HHS Deputy Director, Public Health, Registered Nurse, Public Health Nurse, Nurse Practitioner, Psychiatrist Dental Case Manager, Residential Caregiver, Social Worker I, II, III, IV, Social Worker Supervisor, Progress House Manager, WIC Manager, WIC Office Technician, HHS Specialist (WIC), Behavioral Health Registered Nurse	Health & Human Services Countywide
Program Services Specialists I, II, III assigned to Homemaker Duties	Eastern Sierra Area Agency on Aging, Countywide
Sheriff, Undersheriff, Lieutenant Sergeant, Corporal, Investigator, Deputy Sheriff, Reserve Deputy Sheriff, Correctional Officer, Evidence Technician, Cook, Supervisor Food Svcs.	Sheriff/Jail Countywide
Probation Officer, Deputy Chief Probation, Probation Officer Group Counselor, Supervising Group Counselor, Probation Assistant	Probation Countywide
District Attorney Investigator	District Attorney Countywide
Sup. Custodian, Custodian I & II,	Building & Maintenance Countywide

**JOB CLASSIFICATIONS IN WHICH SOME EMPLOYEES
HAVE EXPOSURE TO BLOODBORNE PATHOGENS**

Below are listed the job classifications where some employees may come into contact with human blood or other potentially infectious materials that may result in possible exposure to bloodborne pathogens.

<u>JOB TITLE</u>	<u>DEPARTMENT/LOCATION</u>
Facility Manager, Maintenance Worker I & II	Building & Maintenance Countywide
Health & Human Services Specialists I, II, III, IV; Case Manager I, II, III	Health & Human Services Countywide

WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE

TO BLOODBORNE PATHOGENS

Below are listed the tasks and procedures in our facility where employees may come into contact with human blood or other potentially infectious materials which may result in exposure to bloodborne pathogens:

<u>TASK/PROCEDURE</u>	<u>JOB CLASSIFICATION</u>	<u>DEPARTMENT/LOCATION</u>
General Cleaning of County Buildings	Facility Manager Maintenance Worker I & II Supervising Custodian, Custodian I & II	Building & Maintenance, County- wide
Urine Testing; contact with needles and syringes in drug searches; arrests and searches.	Deputy Chief Probation Officer, Probation Officer, Group Counselor Supervising Group Counselor, Probation Assistant	Probation, Countywide
Basic First Aid/CPR		
Clean restrooms, bedding , clothing, attend sick juveniles, physical contact with juveniles (sometimes combative); First Aid/CPR; searches and transporting potentially combative juveniles.	Deputy Chief Probation Officer Supervising Group Counselor, Group Counselor	Juvenile Detention Facility, Independence and statewide transports.

CLEANING SCHEDULE

<u>EQUIPMENT/AREA</u> <u>INSTRUCTIONS</u>	<u>SCHEDULED CLEANING</u> <u>(DAY)</u>	<u>CLEANING AND</u> <u>SOLUTION USED</u>	<u>SPECIAL</u>
Juvenile Detention Facility	Daily	Bleach or other disinfectant	Gloves and any other necessary personal protective equipment to be utilized
Health Clinic	Daily	↓	↓
Progress House	Daily		
Jail	Daily		
County Restrooms	Daily		

**WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE
TO BLOODBORNE PATHOGENS**

Below are listed the tasks and procedures in our facility where employees may come into contact with human blood or other potentially infectious materials which may result in exposure to bloodborne pathogens:

<u>TASK/PROCEDURE</u>	<u>JOB CLASSIFICATION</u>	<u>DEPARTMENT/LOCATION</u>
Custody duties, First Aid/CPR	Correctional Officer, Sergeant Deputy Sheriff, Corporal, Reserve Deputy	Sheriff/Jail, Independence
Kitchen duty	Cooks	Sheriff/Jail, Independence
First aid/CPR, crime scene investigations, arrests and searches	Sheriff, Undersheriff, Lieutenant, Sergeant, Deputy Sheriff, Corporal, Reserve Deputy	Sheriff, Countywide
Crime scene investigation	Evidence Technician	Sheriff, Countywide

**WORK ACTIVITIES INVOLVING POTENTIAL EXPOSURE
TO BLOODBORNE PATHOGENS**

Below are listed the tasks and procedures in our facility where employees may come into contact with human blood or other potentially infectious materials which may result in exposure to bloodborne pathogens:

<u>TASK/PROCEDURE</u>	<u>JOB CLASSIFICATION</u>	<u>DEPARTMENT/LOCATION</u>
Delivery of direct client services to include: medical exams, invasive treatments, obtaining lab specimens, provision of emergency first-aid if necessary	Health Officer, Supervising Nurse, FNP, HHS Deputy Director Public Health Public Health Nurse/ Registered Nurse	Health & Human Services, Countywide
Check hemoglobin level	WIC Manager, WIC Office Technician Health & Human Services Specialist I-IV	WIC, Countywide
Delivery of direct client services to include: Assisting providers with medical exams, invasive treatments, obtains lab specimens, cleans exam table and work surface areas	Health Aide, Jail and Registered Nurse, HHS Specialist I-IV	Health & Human Services, Countywide
Cleaning up body fluids when client is ill or injured - vomiting, bleeding loss of bladder/ bowel function	Health & Human Services Specialists, Progress House Manager, Social Workers, Case Managers, Program Services Assistants Residential Caregivers	Progress House, Bishop ESAAA, Countywide Health & Human Services, Countywide
IM injections	Psychiatrist and Behavioral Health Reg. Nurse	Behavioral Health, Countywide

CLEANING SCHEDULE

<u>EQUIPMENT/AREA</u>	<u>SCHEDULED CLEANING (DAY)</u>	<u>CLEANING AND SOLUTION USED</u>	<u>SPECIAL INSTRUCTIONS</u>
Millpond Bathrooms	Mon & Fri am	Sani pine	Rubber gloves
Pleasant Valley	Mon & Fri		
Baker Creek Campground Bathrooms	Mon & Fri		
Triangle Campground Bathrooms	Mon & Fri		
Izaak Walton Park Bathrooms	Mon & Fri		
Mendenhall Park	Mon & Fri		
Tinnemaha Bathrooms	Mon & Fri pm		
Taboose Campground Bathrooms	Mon & Fri pm		
Independence Creek Bathrooms			
Diaz Lake Bathrooms			
Interagency Visitor Center Lone Pine			

VACCINATION DECLINATION FORM

Employee Name: _____

Title: _____

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

Employee Signature

Date

PLEASE SEND THIS COMPLETED FORM TO THE HEALTH DEPARTMENT
IN BISHOP

EXPOSURE INCIDENT INVESTIGATION FORM

Date of Incident: _____ Time of Incident: _____

Location: _____

Potentially infectious materials involved: _____

Type: _____ Source: _____

Circumstances (work being performed, etc.): _____

How incident was caused (accident, equipment malfunction, etc.): _____

Personal protective equipment being used: _____

Actions taken (decontamination, clean-up, reporting, etc.): _____

Recommendations for avoiding repetition: _____

Signature

Date

**EXPOSED EMPLOYEE MUST CONTACT ONE OF THE FOLLOWING PRIOR TO
END OF WORK SHIFT: DR. RICK JOHNSON (760) 873-7868; (760) 914-0496;
MARLENA BAKER, RISK MANAGER (760) 872-2908, (760) 937-7378.**

Inyo County Injury Log

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

Fill in the one circle corresponding to the most appropriate answer. Use block print and avoid touching lines.

Institution:		Department:	
Address:		Page #	of
City:		State:	Zip Code:
Date filled out:	By:	Phone Number:	

Facility injury ID#

--	--	--	--	--	--	--	--	--	--

Date of injury

	/		/	
month		day		year

Time of injury

	:	
<input type="checkbox"/> a.m.		<input type="checkbox"/> p.m.

Optional

Sex	Male	Age
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Description of the exposure incident:

Job classification:

MD Nurse

Medical assistant

Phlebotomist/Lab tech

Housekeeper/Laundry

CNA/HHA

Student, type _____

Other _____

Department/Location:

<input type="checkbox"/> Patient room	<input type="checkbox"/> Emergency dept.
<input type="checkbox"/> Operating room	<input type="checkbox"/> Procedure room
<input type="checkbox"/> CCU/ICU	<input type="checkbox"/> Home
<input type="checkbox"/> Clinical laboratory	
<input type="checkbox"/> Medical/outpatient clinic	
<input type="checkbox"/> Service/Utility area (disp. rm./laundry)	
<input type="checkbox"/> Other _____	

Procedure:

<input type="checkbox"/> Draw venous blood	<input type="checkbox"/> Heparin/saline flush
<input type="checkbox"/> Draw arterial blood	<input type="checkbox"/> Cutting
<input type="checkbox"/> Injection, through skin	<input type="checkbox"/> Suturing
<input type="checkbox"/> Start IV/set up heparin lock	
<input type="checkbox"/> Unknown/not applicable	
<input type="checkbox"/> Other _____	

Did the exposure incident occur:

<input type="checkbox"/> During use of sharp	<input type="checkbox"/> Disassembling
<input type="checkbox"/> Between steps of a multistep procedure	
<input type="checkbox"/> After use and before disposal of sharp	
<input type="checkbox"/> While putting sharp into disposal container	
<input type="checkbox"/> Sharp left, inappropriate place (table, bed, etc.)	
<input type="checkbox"/> Other _____	

Body Part:
(Check all that apply)

<input type="checkbox"/> Finger	<input type="checkbox"/> Face/head
<input type="checkbox"/> Hand	<input type="checkbox"/> Torso
<input type="checkbox"/> Arm	<input type="checkbox"/> Leg
<input type="checkbox"/> Other _____	

Identify sharp involved:
(if known)

Type: _____

Brand: _____

Model: _____

e.g., 18g. 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, of you have an opinion that such a mechanism could have prevented the 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: _____

EXHIBIT I

Inyo County Health & Human Services Post Exposure Prophylaxis

Post exposure prophylaxis (PEP) for Exposed Employee to Hepatitis C, Hepatitis B, and HIV

Transmission rates in occupational exposures (positive source) for

HIV: needlesticks 0.3%, mucous membranes 0.09%, nonintact skin- unknown but estimated to be less than mucous membrane exposure.

HBV: needlesticks 6-30%

HCV: needlesticks 1.8%

Hepatitis C

In the absence of PEP for Hepatitis C exposure, recommendations are intended to achieve early identification of chronic Hepatitis C disease after exposure and refer for early treatment options.

1. For individuals exposed to Hepatitis C positive sources:
 - a. Perform baseline testing for anti-HCV and ALT activity.
 - b. Perform follow-up testing for anti-HCV and ALT activity in 4-6 months.
 - c. If earlier diagnosis of Hepatitis C infection is desired, test for HCV RNA at 4-6 weeks.
 - d. Confirm all anti-HCV results reported positive by enzyme immunoassay using supplemental anti-HCV testing.
 - e. When Hepatitis C infection is identified, the person should be referred to a specialist for follow-up care.
 - f. Immunoglobulin and antiretrovirals are not recommended for exposures to Hepatitis C positive blood.

Hepatitis B

For detailed PEP information see Table 3 *Recommended Post exposure Prophylaxis for Exposure to Hepatitis B Virus*

1. If the exposed person is known to have had adequate response to the Hepatitis B vaccine in the past (anti-HBs \geq 10mIU/ml), the anti-HBs level does not need to be tested and no PEP is needed.
2. If the anti-HBs was never tested after receiving the Hepatitis B vaccine series and there is reason to believe the exposure presents a risk for Hepatitis B transmission, the anti-HBs level of the exposed can be tested.
3. Start the Hepatitis B vaccine series immediately if exposed individual has not been previously vaccinated.
4. Hepatitis B vaccine and Hepatitis B Immune Globulin (HBIG) are not contraindicated

in pregnant or lactating women.

5. When HBIG is indicated it should be given ASAP after exposure, although it can be given up to 7 days after exposure.

6. For exposed individuals in the process of receiving the Hepatitis B vaccine series, HBIG should be given ASAP and the Hepatitis B vaccine series schedule should continue.

7. A second dose of HBIG a month later is only needed if the exposed person is a known non-responder to the Hepatitis B vaccine and the source patient is HBsAg positive.

8. If the exposed person has had prior HBV infection, he/she is considered immune and requires no PEP.

TABLE 3. Recommended postexposure prophylaxis for exposure to hepatitis B virus

Vaccination and antibody response status of exposed workers*	Treatment		
	Source HBsAg [†] positive	Source HBsAg [†] negative	Source unknown or not available for testing
Unvaccinated	HBIG [‡] x 1 and initiate HB vaccine series [§]	Initiate HB vaccine series	Initiate HB vaccine series
Previously vaccinated			
Known responder**	No treatment	No treatment	No treatment
Known nonresponder [¶]	HBIG x 1 and initiate revaccination or HBIG x 2 [§]	No treatment	If known high risk source, treat as if source were HBsAg positive
Antibody response unknown	Test exposed person for anti-HBs [†] 1. If adequate,** no treatment is necessary 2. If inadequate, [¶] administer HBIG x 1 and vaccine booster	No treatment	Test exposed person for anti-HBs 1. If adequate, [†] no treatment is necessary 2. If inadequate, [¶] administer vaccine booster and recheck titer in 1-2 months

* Persons who have previously been infected with HBV are immune to reinfection and do not require postexposure prophylaxis.

[†] Hepatitis B surface antigen.

[‡] Hepatitis B immune globulin; dose is 0.06 mL/kg intramuscularly.

[§] Hepatitis B vaccine.

** A responder is a person with adequate levels of serum antibody to HBsAg (i.e., anti-HBs ≥ 10 mIU/mL).

[¶] A nonresponder is a person with inadequate response to vaccination (i.e., serum anti-HBs < 10 mIU/mL).

[§] The option of giving one dose of HBIG and reinitiating the vaccine series is preferred for nonresponders who have not completed a second 3-dose vaccine series. For persons who previously completed a second vaccine series but failed to respond, two doses of HBIG are preferred.

[†] Antibody to HBsAg.

HIV

For detailed PEP see Table 4 *Recommended HIV Postexposure Prophylaxis for Percutaneous Injuries*, Table 5 *Recommended HIV Postexposure Prophylaxis for Mucous Membrane Exposures and Nonintact Skin Exposures*, and Appendix C *Basic and*

Expanded HIV Postexposure Prophylaxis Regimens.

1. Exposed EMPLOYEES should be informed that:
 - a. Most occupational exposures to HIV do not result in HIV transmission. Medication toxicity should be carefully considered when deciding to start PEP.
 - b. Prophylaxis is not indicated or justified for exposures with negligible risk.
 - c. Limited knowledge is available regarding toxicity of prophylaxis in pregnancy.
 - d. An individual can decline all prophylactic medications.
2. Considerations for prescribing PEP
 - a. Toxic medications have caused serious liver toxicity. Consider transmission risk vs. toxicity risk. Also consider individual risks: pregnancy, current breast feeding, renal disease, liver disease etc.
 - b. HIV transmission rates in occupational exposures
 - c. PEP should be started ASAP. The basic regimen, Combivir, is available in the hospital pharmacy. It is possible to start PEP and then discontinue or change the medications prescribed once the source patient's HIV status is determined.
 - d. Regardless of the PEP regimen selected, medications are to be taken for 4 weeks; if tolerated.
 - e. If unsure of which PEP regimen to begin with, start with the basic. A change can always be made later when more information regarding the source is available.
 - f. Don't stagger PEP medications- give the full regimen as ordered. Staggering medications can lead to resistance.

3. PEP Medications

The **National Clinicians Post-Exposure Prophylaxis Hotline** (PEP line) offers treating clinicians up-to-the-minute advice on managing occupational exposures to HIV, Hepatitis, and other blood-borne pathogens. It is available 24 hours per day, seven days per week. *See attached handout.*

The phone number is 888-HIV-4911 (888-448-4911)

- a. The basic regimen, Zidovudine 600mg QD and Lamivudine 150mg BID will be available in the Mammoth Hospital Pharmacy as a single tablet (Combivir). The basic regimen, Combivir is to be taken twice daily for one month. This is the most common regimen for PEP.
- b. For additional PEP regimens, please see policy *Basic and Expanded HIV Postexposure Prophylaxis Regimens* on the intranet > Employee Health Manual > Body Fluid Exposure.
- c. If another regimen besides Combivir is prescribed, call Vons or Rite-Aid for medication availability.
- d. When Vons or Rite-Aid are closed or don't have needed medications available, Dwayne's pharmacy or Northern Inyo Hospital Pharmacy can be contacted for medication availability.

- e. No pharmacy can guarantee immediate availability of PEP medications but the basic regimen can be started immediately and then when other medications become available, the prescription can be changed.

4. Follow-up care of individuals receiving HIV PEP

- a. Possible drug toxicity should be monitored by testing at baseline and again at 2 weeks after starting PEP. Tests should include at minimum: CBC, renal and hepatic function tests. In addition, any individual on a protease inhibitor should be evaluated for hyperglycemia and those on IDV should be monitored for crystalluria, hematuria, hemolytic anemia, and hepatitis.
- b. Reevaluation of the exposed person should be considered within 72 hours post exposure, especially as additional information about the exposure or source person becomes available.
- c. Inform patient that they need to report any side effects from PEP medications immediately as a dose adjustment or discontinuation of the drug may be required.
- d. If any toxicity is noted, modification of the regimen should be considered after expert consultation; further diagnostic studies may be indicated.

5. Testing of exposed EMPLOYEES

- a. EMPLOYEES exposed to HIV should be evaluated within hours (rather than days) after their exposure and should be tested for HIV at baseline (i.e., to establish infection status at the time of exposure).
- b. If the source person is seronegative for HIV, baseline testing or further follow-up of the exposed person normally is not necessary. Follow-up serologic testing (see 5c below) will be made available to all EMPLOYEES who are concerned that they might have been occupationally infected with HIV.
- c. EMPLOYEES exposed to HIV should be tested for HIV at baseline, 6 weeks, 12 weeks, and 6 months. The provider may also recommend another test at 1 year.
- d. If the exposed individual does not want test results at the time of the exposure, the blood sample may be preserved for 90 days. The employee may also elect to take the HIV antibody test at another test center (ex. Health Department).
- e. Advise exposed employee to seek medical evaluation for any illness compatible with an acute retroviral syndrome.
- f. Inform the exposed individual that the Health Officer or other designated licensed healthcare provider will receive all test results and provide follow-up counseling to the exposed individual.
- g. California HIV Confidentiality Laws will be discussed with the exposed individuals, and all staff involved with testing and counseling will adhere to confidentiality laws.

TABLE 4. Recommended HIV postexposure prophylaxis for percutaneous injuries

Exposure type	Infection status of source				
	HIV-Positive Class 1*	HIV-Positive Class 2*	Source of unknown HIV status [†]	Unknown source [‡]	HIV-Negative
Less severe [§]	Recommend basic 2-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors [¶]	Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings where exposure to HIV-infected persons is likely	No PEP warranted
More severe	Recommend expanded 3-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP** for source with HIV risk factors [¶]	Generally, no PEP warranted; however, consider basic 2-drug PEP** in settings where exposure to HIV-infected persons is likely	No PEP warranted

* HIV-Positive, Class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-Positive, Class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

[†] Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).

[‡] Unknown source (e.g., a needle from a sharps disposal container).

[§] Less severe (e.g., solid needle and superficial injury).

** The designation "consider PEP" indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.

[¶] If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.

^{||} More severe (e.g., large-bore hollow needle, deep puncture, visible blood on device, or needle used in patient's artery or vein).

TABLE 5. Recommended HIV postexposure prophylaxis for mucous membrane exposures and nonintact skin* exposures

Exposure type	Infection status of source				
	HIV-Positive Class 1 [†]	HIV-Positive Class 2 [†]	Source of unknown HIV status [‡]	Unknown source [§]	HIV-Negative
Small volume**	Consider basic 2-drug PEP [¶]	Recommend basic 2-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP [¶] for source with HIV risk factors ^{¶¶}	Generally, no PEP warranted; however, consider basic 2-drug PEP [¶] in settings where exposure to HIV-infected persons is likely	No PEP warranted
Large volume ^{¶¶}	Recommend basic 2-drug PEP	Recommend expanded 3-drug PEP	Generally, no PEP warranted; however, consider basic 2-drug PEP [¶] for source with HIV risk factors ^{¶¶}	Generally, no PEP warranted; however, consider basic 2-drug PEP [¶] in settings where exposure to HIV-infected persons is likely	No PEP warranted

* For skin exposures, follow-up is indicated only if there is evidence of compromised skin integrity (e.g., dermatitis, abrasion, or open wound).

[†] HIV-Positive, Class 1 — asymptomatic HIV infection or known low viral load (e.g., <1,500 RNA copies/mL). HIV-Positive, Class 2 — symptomatic HIV infection, AIDS, acute seroconversion, or known high viral load. If drug resistance is a concern, obtain expert consultation. Initiation of postexposure prophylaxis (PEP) should not be delayed pending expert consultation, and, because expert consultation alone cannot substitute for face-to-face counseling, resources should be available to provide immediate evaluation and follow-up care for all exposures.

[‡] Source of unknown HIV status (e.g., deceased source person with no samples available for HIV testing).

[§] Unknown source (e.g., splash from inappropriately disposed blood).

** Small volume (i.e., a few drops).

[¶] The designation, "consider PEP," indicates that PEP is optional and should be based on an individualized decision between the exposed person and the treating clinician.

^{¶¶} If PEP is offered and taken and the source is later determined to be HIV-negative, PEP should be discontinued.

^{¶¶¶} Large volume (i.e., major blood splash).

Reference: 2001 CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis <http://www.cdc.gov/mmwr/PDF/rr/rr5011.pdf>

And

2005 CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HIV and Recommendations for Post exposure Prophylaxis; and Notice to Readers: Updated Information Regarding Antiretroviral Agents Used as HIV Post exposure Prophylaxis for Occupational HIV Exposures



Exhibit J