

Gaston County
Blood Borne Pathogens and Bodily Fluids
Exposure Control Plan

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1.0 Organizational Statement Of Compliance

1.1 Establishment of Standards

The Occupational Safety and Health Administration (OSHA) regulates work facilities and promotes safe work place practices to minimize the incidence of illness and injury to workers. In an effort to further the standards by which worker safety is measured, OSHA has enacted the Blood Borne Pathogen Standards, coded as 29 CFR 1910.1030. The purpose of the standard is to “reduce occupational exposure to Hepatitis B Virus (HBV), Human Immunodeficiency Virus (HIV) and other blood borne pathogens” that employees may encounter in their work place.

1.2 General Principles

In general, the following concepts are defined as general principles when working with blood borne pathogens:

- The risk of exposure should be minimized
- The risk of exposure should not be underestimated
- The county will institute as many engineering and work place practice controls as necessary to eliminate or minimize the risk of exposure to blood borne pathogens.

1.3 Objectives

In order to comply with the standards as defined by OSHA, Gaston County has implemented an Exposure Control Plan to meet the intent of the OSHA Blood borne Pathogen Standards. The objective of this plan is to define specific policies and procedures, which will:

- Ensure that Gaston County employees with Occupational exposure to blood borne pathogens are trained and provided with equipment to protect from the health hazards associated with blood borne pathogens.
- Provide treatment and counseling services to those that have been exposed to blood borne pathogens.

1.4 Coverage

Unless otherwise noted, only those positions and departments listed in sections 4.0 and 5.0 are specifically covered by provisions of this plan.

2.0 Program Management

To ensure that the requirements of the OSHA Blood Borne Pathogen Standards and the Gaston County work place practices and procedures are implemented, the following definitions of terms are identified:

2.1 “County Exposure Control Plan”, hereafter referred to as the BBPECP, shall refer to the document which provides an outline and overview of the general work place practices and controls necessary to comply with the OSHA Blood Borne Pathogen Standards.

2.2 “Department Exposure Control Plan”, shall refer to the document, at the department level, which provides specific occupational work place practices and controls necessary to comply with Blood Borne Pathogen Standards.

2.3 “County Exposure Control Officer”, shall refer to the employee who is responsible for the County-wide training, implementation and management of the blood borne pathogen program. The Exposure Control Officer shall develop and administer all policies and procedures relative to this plan, seek ways to improve on the Plan, conduct periodic audits of the Plan, and serve as the County liaison for potential OSHA inspections. This is the responsibility of the Worker’s Compensation Coordinator, Human Resources.

2.4 “Department Director”, shall refer to the employee who is responsible for the overall administration and management of the training, implementation, and management of the blood borne pathogen program at the department level.

2.5 “Supervisor”, shall refer to every employee in each department who is responsible for management and direction of subordinate employees including the training, implementation and management of the department’s blood borne pathogen program at the sub-department level.

2.6 “Employee”, shall refer to the person in each department, or volunteer agency, with the final responsibility for ensuring that appropriate preventative and protective work place practice controls are utilized in the performance of their work. Failure to utilize required personal

protective equipment will result in disciplinary action. For **negligent** incidents of exposure within a twelve month period, the following disciplinary action will be administered:

- 1st Offense - Written Reprimand
- 2nd Offense – Three (3) day suspension without pay
- 3rd Offense – Termination

Note: The employee is being disciplined for not following prescribed procedures, not for sustaining an injury as a result of an exposure incident.

3.0 Schedule and Method of Implementation

3.1 Method of Compliance

3.1.1 Universal Precautions

The exposure to and /or contact with human blood and/or other body fluids shall be treated as if known to be infected with Hepatitis B, Human Immunodeficiency Virus (HIV), or other blood borne pathogens.

3.1.2 Work Practice Controls

1. Each department is responsible for providing a schedule for the examination and replacement or revision of work place practices to be completed by January 1 of each year.
2. All employees that provide direct care and/or treatment of patients, clients, or citizens, shall use a fresh pair of gloves or other designated equipment prior to handling the patient/client, or in the handling of potentially infected materials.
3. In work tasks where needles or other sharps are used, all sharps shall not be recapped or removed from syringes unless required by specific medical procedures. If recapping is required, it must be accomplished by using the one-handed scoop technique (passive recapping). All sharps will be placed in marked, closeable “biohazard” leak-proof containers for disposal.
4. Eating, drinking, smoking, applying cosmetics or lip balm, and the handling of contact lens is strictly prohibited where exposure might occur.

5. The storage of food and drink in areas around potentially infectious materials is prohibited. This includes refrigerators, freezers, shelves, cabinets, counter tops, bench tops, and vehicles.
6. Eye wash stations will be inspected on a weekly basis and flushed for 3 minutes at each inspection. Portable eyewash will be inspected for expiration on a monthly basis.

3.1.3 Engineering Controls

1. Each department shall provide work place hand-washing facilities for employees. If work place hand washing facilities are not available, the department shall provide alternative antiseptic hand cleaners, paper towels, and towelettes. If alternatives are used in the course of work place tasks, the employee is required to wash their hands as soon as feasible with soap and running water. The Director, Dept. of Public Works, is responsible for determining the type, number, and location of hand washing and mucous membrane flushing facilities for employees whose work tasks expose them to blood borne pathogens.
2. In order to reduce or eliminate the splashing, spraying, or splattering of infectious materials, County employees shall utilize gloves, gowns, face shields, eye protection, resuscitation bags, pocket masks, and other protective equipment when there is a reasonable potential for exposure to blood or blood borne pathogens.
3. Blood specimens, blood products, or other infectious material shall be collected, handled, stored, shipped, or transportation marked closeable, leak-proof, color-coded, biohazard containers.

3.1.4 Personal and Protective Equipment Used

1. County employees who perform tasks which require the use of protective gloves, gowns, face shields, eye protectors, resuscitation bags, suction containers and tubing, disposable airway equipment, pocket masks, and/or other equipment, shall be provided with such equipment.
2. Protective equipment shall be used at all times in the performance of tasks that have a likelihood of exposing the employee to infectious materials. If protective equipment is not used because of rare and extraordinary circumstances,

the action by the employee will be treated as an exposure incident requiring evaluation and follow up.

3. Gloves, masks, gowns, caps, and /or hoods, paper towels, and antiseptic towelettes shall be stored in designated protective equipment areas secure from contamination. Gloves shall include regular gloves and hypoallergenic gloves or gloves liners, in appropriate sizes.
4. Used gloves, masks, gowns, caps and/or hoods, paper towels, and antiseptic towelettes shall be placed into a marked "biohazard" collapsible leak-proof container and taken to the County Landfill for disposal. The landfill must be notified at least 24 hours in advance. If reusable personal protective equipment is used, it is to be cleaned after each use according to the following schedule:
 - Gloves, eye, and mucous membrane protection must be worn during cleaning
 - Items are cleaned with soapy water and vigorous scrubbing
 - Items or surface is wiped down with a 10% solution of bleach or soaked in Cidex for 15 minutes, then rinse well.
 - Dry clean required clothing will go to Shelton's Dry Cleaning in Dallas, NC before storing again if contaminated by a BBP. Approval required by Gaston County Wellness and Worker's Compensation Coordinator.

GEMS, Health Department, Police and Sheriff's Office will follow their department specific policy for uniform cleaning/dry cleaning.

5. The repair, replacement, and /or removal of non-disposable medical and other work equipment shall be in accordance with Section 3.1.3.
6. Departments should provide a change of clothes (scrubs, disposable clothing) or have employee keep a uniform or change of clothes at the worksite.

3.1.5 Housekeeping

1. Each County facility and vehicle which has had exposure to blood or other infectious materials shall be cleaned

immediately after such exposure and prior to the use of the facility or vehicle by another employee. If vehicles or facilities cannot be disinfected immediately, a biohazard sign will be placed on the surfaces that are contaminated until they can be decontaminated.

2. In the case of contaminated clothing, clothes will be laundered at the GEMS facility after having been properly placed in a properly labeled bag for transport. The Worker's Compensation Coordinator will notify GEMS of the need to utilize the laundry facilities.
3. The cleaning of facilities and vehicles shall be in accordance with cleaning guidelines established by this policy and the written procedures set forth by the Department director. Each facility shall have a written schedule for cleaning and decontaminating work sites.
4. When work tasks result in broken glass, it is not to be picked up by hand. Broken glass must be picked up with a brush, dustpan, forceps and /or tongs. Instruments used in picking up broken glass shall be cleaned and or decontaminated with a disinfectant or other decontamination agent.
5. Contaminated needles and other sharps shall be placed in marked "biohazard" closeable leak-proof containers and taken to the County landfill for disposal. Attempting to open or remove needles or sharps from the biohazard container is prohibited.
6. Infectious dry clean laundry shall be placed in color-coded or labeled bags or containers. Soiled laundry shall be sorted and cleaned off-site from the facility. Contaminated laundry shall be identified as to type, method of shipment, and company shipped to for cleaning. Containers shall be closable, leak-proof and marked or color coded as biohazard. The expense of cleaning contaminated uniforms and /or personal clothing of County employees shall be borne by the County.
7. When work tasks result in the contamination of areas outside of County facilities, vehicles, and equipment, the person responsible for the incident command shall ensure that all contaminated areas are disinfected and contaminated materials are properly disposed of prior to leaving the scene of the incident. Such areas include, but are not limited to

toilets, floors, counter tops, vehicles, and other areas incident to illness or injury resulting from motor vehicle accidents, assaults, homicides, fire, medical calls, and other trauma.

8. Treatment and transport of critically ill patients shall take precedent over the issues of contamination. However, the transport of non-critically ill patients shall be delayed until decontamination efforts have been completed.

3.2 Hepatitis B Vaccination and Post-Exposure Evaluation and Follow Up

3.2.1 General Practice

All incidents of exposure to blood or blood borne pathogens shall be documented and treated as a positive exposure requiring the employee, client, or patient to be advised of the County's exposure and follow up evaluation process and receive treatment. Treatment procedures will not be mandatory should the employee, client, or patient elect not to have them provided. A declination form will be signed if treatment is declined.

3.2.2 Hepatitis B Vaccination

1. The Gaston County Health Department shall maintain as a medical record the names and dates of vaccination of County employees and their agents as well as volunteer fire and rescue staff members who are given Hepatitis B vaccine.
2. Vaccinations will be made available to exposed, or at risk, employees after training and within 10 days after initial assignment.
3. Participation in the County's training program is a prerequisite for obtaining the vaccination.
4. Initial declination of the vaccination does not preclude the employee from obtaining the vaccination at a later date, upon their request.
5. If the employee declines the vaccination, they are required to sign the Hepatitis B Declination Statement; if they refuse, one will be prepared with an indication that the employee refused to sign. It must be witnessed and dated.

6. At a later date, if a booster dose is required by the U.S. Public Health Service, the employee will be provided the booster vaccination in accordance with Section 2.2.1, General Practice, of the outline.
7. Employees and volunteers will be offered the vaccinations at no cost to them, including any boosters if required.

3.2.3 Exposure Incident Procedures

1. Any County employee or volunteer covered under this policy is required to follow specific procedures immediately after such exposure and prior to the reporting of the incident.
2. It is the responsibility of the employee to report the incident immediately to their supervisor. The specific procedures to follow (listed below) are applicable to dirty needle sticks, mucous membrane exposure, contamination of open wounds, or other exposure from potentially infectious materials:
 - Clean and flush the contaminated area with water and disinfectant as soon as possible.
 - Notify your immediate supervisor.
 - Identify and document the date, time, and source of the contamination for reporting purposes. Document the procedures taken on the Blood Borne Pathogen Incident Report.
 - Notify the Worker's Compensation Coordinator for further medical advice. If it is after 5pm, before 8am, weekend, or a holiday, the supervisor shall call the on-call nurse beeper number.

3.2.4 Post Exposure Evaluation and Follow Up

1. If an employee or volunteer has been involved in an exposure incident, an Exposure Incident Report will be prepared by the County for the affected employee. The report will include:
 - Name of the individual exposed
 - Source, name, or route(s) of exposure

- Description of how the incident occurred
 - Date and time of incident
 - Suggestions of changes to prevent another incident
 - A record of how the changes will be implemented
2. The Exposure Incident Report will provide the identification of the source individual.
 3. An exposed employee shall be offered blood collection and testing at no cost to them. The procedures for testing of the employee's blood for HBV, HIV, HCV, and RPR serological status will be performed by an accredited testing laboratory in accordance with the guidelines recommended by the U.S. Public Health Service. If the employee refused the HIV testing phase, their blood sample will be kept for a period of 90 days, during which time they may choose to have the sample tested.
 4. If required, post-exposure prophylaxis treatment, including Immunoglobulin for Hepatitis B, will be provided according to the guidelines of the Centers for Disease Control.
 5. If necessary, counseling and evaluation of reported illnesses will be provided to the employee at no charge.
 6. A licensed physician or other qualified health care worker will provide an evaluation and medical follow up for the exposed employee at no cost to the employee.
 7. If an employee that is not classified under Blood Borne Pathogen guidelines has a Blood Borne Pathogen exposure, they will receive the same treatment and follow up as an employee that is classified.

3.2.5 Information Provided to Health Care Professionals

1. The county shall provide the examining health care professional with the following information:
 - A description of the affected employee's duties
 - Documentation of the route(s) of exposure and circumstances under which exposure occurred

- Results of the source individual's blood testing, if available
2. The examining health care professional shall be able to obtain all other employee medical records that may be relevant to the exposure incident and /or health of the employee

3.2.6 Health Care Professional's Written Opinion

1. The County shall obtain and provide the employee with a copy of the evaluating health care professional's written opinion within 15 days of the completion of the evaluation.
2. The report shall be limited to whether Hepatitis B vaccination is indicated for the employee and if the employee has received such vaccination.
3. The report shall indicate that the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials that require further evaluation and treatment.

3.3 Communication of Hazards to Employees

3.3.1 General Practice

Employees with occupational exposure to blood borne pathogens shall receive training in work place practices in which exposure to blood and blood borne pathogens and other infectious materials are present. Communication will be in the form of formalized training, labels and signs, and meetings.

3.3.2 Labels and Signs

1. Labels and signs shall be placed on biohazard containers of regulated waste including refrigerators/freezers which contain or are used to transport blood or blood borne products.
2. Labels and signs shall be posted at entrances to work areas which contain the Infectious material.
3. The signs shall include the name of the infectious agent present, any special requirements for entering the area, and the name and telephone number of the person responsible for the work area, or person to contact in an emergency

3.3.3 Information and Training

1. The County will provide training to all employees with occupational exposure to blood borne pathogens. Such training will be at no cost to the employees. Training will be conducted during working hours and will occur not later than 10 working days after the employee begins their initial assignment to the job.
2. Formalized training will occur annually thereafter.
3. Training will also occur when tasks or assignments are modified or which affect the employee's degree of exposure.
4. The training record of each employee will be kept for a period of 3 years from the date of the training sessions and will include:
 - Employee name, department, or organization.
 - Date of training
 - Material covered
 - Name and qualifications of trainer
 - Consent form or declination statement if not previously signed.
5. Training records will be maintained by the department that provided the training. This includes volunteer rescue staff and volunteer fire departments.

3.4 Medical Record Keeping

3.4.1 General Practice

All records which pertain to an employee's exposure and/or follow up evaluation and treatment is to be kept confidential and is part of their medical record.

3.4.2 Data Retained

1. The medical record of vaccination shall include the employee's name and social security number and Hepatitis B vaccination status. This information will be stored in the computer system of the Gaston County Health Department.

2. If the employee is involved in an exposure incident, the record must also contain the following:
 - All information given to a health care professional
 - A copy of the health care professional's written opinion
 - Written permission given by the employee to release their medical information to a health care professional

3.4.3 Availability of Records

Employee medical records are available upon the written request of the Assistant Secretary and the Director of the Occupational Health and Safety Administration.

3.4.4 Needlestick Prevention Act

Exposure resulting from puncture by a contaminated sharp should be recorded on a Sharps Injury Log. This will be administered by the Worker's Compensation Coordinator. The log shall contain the following information:

- The type and brand of device involved in the incident.
- The department or work area where the exposure occurred.
- An explanation of how the incident occurred.

3.5 Exposure Control Plan Review Committee

3.5.1 General Practice

It shall be the policy of the County to review the County's Exposure Control Plan annually or more often if necessitated by changes in laws or work procedures. It will reflect changes in technology that eliminate or reduce exposure to blood-borne pathogens

3.5.2 Committee Composition

The Exposure Control Plan Review Committee shall be comprised of the department director (or designate) of the departments which have classifications affected by the OSHA Blood Borne Pathogen Regulations, Worker's Compensation Coordinator, Safety Coordinator and the Personnel Director (or designate). The Worker's Compensation Coordinator shall serve as Chairperson. The department director may delegate this responsibility to other employees within their department as

long as the designate serves in a work capacity which is covered by the regulations.

3.5.3 Committee Responsibility

The primary responsibility of the Committee shall be to review and update the County’s Exposure Control Plan. Such review and update will include examining the addition, deletion, or changes in work methods and procedures within individual jobs or job classifications. It will also include examining and approving new or revised departmental standard operating procedures and analysis and integration of the additions to or changes in laws affecting the BBPECP. The BBPECP will be reviewed or updated by June 30 of each year.

4.0 List of Positions Affected (Listed by Department)

The following list of positions includes a degree of exposure criteria for management and supervisory personnel to use as a guide in determining the level of potential exposure for the classifications affected. Departments and /or other positions, which are not included in the list, have been determined to have no exposure to human blood or blood borne pathogens. A definition of the criteria is as follows:

- “1” refers to those positions which are most exposed (potential is present for direct daily contact on skin or clothing; generally for positions exposed to blood or blood products through ‘hands on’ contact with people or actual blood or blood component samples)
- “2” refers to those positions which are minimally exposed (essential duties are not ‘hands-on work’ ; generally indirect contact from limited exposure opportunities or contact with infected clothing or materials, generally weekly), and
- “3” refers to those positions which are least exposed (probability is low; essential nature of work limits potential exposure; incidental or monthly or less)

4.1 DEPARTMENT OF PUBLIC HEALTH

<u>Occupational Code</u>	<u>Position Title</u>	<u>Degree of Exposure</u>
2001	Public Health Nurse I	1
2003	Licensed Practical Nurse	1
2005	Public Health Nurse II	1

3601	Community Service Aide	2
3640	Activities Coordinator	3
3645	Adult Day Care Coordinator	3
3647	Adult Day Care Aide	2
3665	Homemaker	2

4.5 Department of County Police

4205	Police Officer	1
4210	Police Supervisor	1
4215	Police Administrator	2
4220	Crime Analyst	2
4260	Forensic Analyst	1
4280	Senior Forensic Analyst	1
4290	Asst. County Police Chief	3
4295	County Police Chief	3
****	(Auxiliary Police Officers)	1

4.6 Sheriff

4310	Jailer	1
4360	Deputy Sheriff	1
4370	Deputy Sheriff Supervisor	1
4380	Deputy Sheriff Captain	2
4387	Deputy Sheriff Major	3
4395	Sheriff	3

4.7 Division of Animal Control

4505	Animal Shelter Supervisor	2
4515	Animal Control Officer	2
4520	Animal Control Supervisor	2
4525	Administrator, Division of Animal Control	2
4533	Animal Control Aide	2
4530	Animal Control Specialist	2

4.8 Division of Central Transportation

3705	Transportation Supervisor	3
6020	Transportation Attendant	2
6605	Transporter	2

4.9 Department of Public Works

6620	Heavy Equipment Operator	2
6630	Master Heavy Equipment Operator	2

6120	Heavy Equipment Mechanic	2
6125	Heavy Equipment Mechanic Supervisor	2
6205	Landfill Attendant	2
6220	Landfill Supervisor	2
6225	Landfill Administrator	3
6250	Solid Waste Enforcement Officer	3
6410	Master Carpenter	2
6420	Master Plumber	2
6430	Maintenance Mechanic	2
6115	Fleet Maintenance Supervisor	2

4.10 Extension Office

Expanded Foods & Nutrition Ed. Program Asst.	2
4-H Program Leaders	2

4.11 Recreation and Parks

Grounds Maintenance Supervisor	3
Grounds Keeper	3
Maintenance Aide	2

4.12 Library

Library Clerks and Technicians	3
Branch Assistants	3
Branch Supervisors	3
Library Courier	3
Library Supervisors	3

5.0 WORK FORCE EXPOSURE CONTROL TASK LIST BY DEPARTMENT

5.1 Health Department

1. Intravenous access
2. Phlebotomy
3. Wound Care
4. Intramuscular or subcutaneous medications
5. Laboratory procedures involving blood or body fluids
6. Prenatal care
7. Physical exam
8. Diagnostic procedures and minor surgery
9. Waste water inspection

5.2 Department of Emergency Management

1. Building search
2. Emergency care
 - Airway management
 - Suctioning
 - Bleeding Control
3. Housekeeping
 - Contaminated equipment and surfaces
 - Contaminated public areas

5.3 Emergency Medical Services

1. Airway Management
2. Suctioning
3. Bleeding control
4. Phlebotomy
5. Intravenous access
6. Childbirth
7. Intramuscular or subcutaneous medications
8. Needle thoracotomy
9. Housekeeping
 - Contaminated equipment and surfaces
 - Contaminated public areas

5.4 Department of Social Services

1. Adult day care services
2. Child day care services
3. The Shelter of Gaston County
4. In-home aide services
5. Home visitation

5.5 Law Enforcement

1. Search of suspects or prisoners
2. Crime scene investigations
3. Emergency care
 - Airway management
 - Bleeding control
4. Housekeeping
 - Contaminated equipment and surfaces
 - Contaminated public areas
 - Contaminated prisoner detainment areas

5.6 Sheriff Department

1. Search of prisoners
2. Emergency care
 - Airway management
 - Bleeding control

3. Housekeeping
 - Contaminated equipment and surfaces
 - Contaminated prisoner detainment areas

5.7 Department of Animal Control

1. Emergency Care
 - Airway management
 - Bleeding control
2. Housekeeping
 - Contaminated equipment and surfaces
 - Contaminated public areas

5.8 Central Transportation

1. Handling of renal dialysis patients in transportation
2. Wound care

5.9 Solid Waste (Landfill)

1. Materials disposed of in the landfill such as needles, bandages, and syringes
2. Emergency care
 - Airway management
 - Bleeding control

5.10 County Extension Office

1. Wound care

5.11 Recreation and Parks

1. Cleaning of potentially infectious surfaces
2. Disposal of potentially infectious waste

5.12 Library

1. Cleaning of potentially infectious surfaces
2. Disposal of potentially infectious waste

5.13 Other Departments

1. Emergency care through provision of CPR

6.0 POST EXPOSURE PROTOCOL

In order to comply with OSHA regulations regarding blood borne pathogens (29 CFR 1910.1030), Gaston County has adopted a model exposure control plan. Each County Department shall implement an exposure control plan and necessary measures for reducing exposure to blood borne pathogens.

The Gaston County Post Exposure protocol is as follows:

1. Exposure occurs in the field
2. County employee/volunteer rescue member reports exposure to his or her supervisor who will complete an incident report. Exposures occurring during the hours of 8:00am to 5:00pm should be reported to the Worker's Compensation Coordinator at 704-866-3166. Supervisors should call the On Call Nurse cell phone number 704-913-5276 if the exposure occurs before 8:00am, after 5:00pm, weekends, or holidays.
3. The Worker's Compensation Coordinator or On-Call Nurse will contact the MD for orders, if it is determined to be a true exposure. They will call you back with instructions. Please stay close to your phone.
4. The Worker's Compensation Coordinator will be doing the follow up with the employee. If the employee is to remain on the medication for the full 28 days, the Occupational and /or Infectious Disease MD will also follow them.
5. The source person (the person who's bodily fluids you were exposed to) will be tested for several things including HIV (rapid). They will be informed that the county will pay for any costs. Inmates will have blood drawn by the jail nursing staff. Others (non-inmates) should report to Occupational Medicine at GMH for their testing.
6. If the source refuses testing, we will call the magistrate and a court order can be issued. Most of the source individuals are cooperative. If they continue to refuse to be tested after the court order is obtained, they may be taken to Occupational Medicine/GMHER to have the blood drawn while restrained. The employee does have the right to decline any medical treatment but the employee should seriously consider following the MD orders if he recommends labs and medicines.
7. The confidential test results for the employee and the source will be sent directly to MD. MD will follow up with Worker's Compensation Coordinator regarding the treatment process.
8. If it is found that the source individual is HIV negative, then it will be up to the discretion of the MD if any follow up labs will be needed. HIV positive status will be addressed

immediately and you will follow up with the Occupational Medicine MD and/or Infectious Disease MD.

9. Any clothing that is contaminated with bodily fluid should be removed as soon as possible, placed in a plastic bag clearly marked "Biohazard", and taken to GEMS to be laundered. Contaminated laundry should not be taken home to be washed. If the item must be dry cleaned, it must again be placed in a plastic bag clearly marked "Biohazard" prior to laundry personnel handling the soiled item.
10. Please remember it is not necessary to call the on-call nurse unless it is a body fluid exposure. If you have been stuck with a **CLEAN** needle, etc, your supervisor should fill out the supervisor's investigative report. Please to not call the on call person for this.
11. The supervisor should always send a completed supervisor's investigative report to the Worker's Compensation Coordinator for all exposures. This and all reports of injuries should be sent directly to the Worker's Compensation Coordinator at the Administration Building within 24 hours of the accident. This is necessary to conform to the Industrial Commission regulations.

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