



COCHISE COUNTY

BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

OSHA Regulation 29 CFR 1910.1030

COCHISE COUNTY ADMINISTRATIVE PROCEDURE

BLOODBORNE PATHOGENS EXPOSURE CONTROL PROGRAM

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BLOODBORNE PATHOGENS (BBP) EXPOSURE CONTROL PROGRAM

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BLOODBORNE PATHOGENS (BBP) EXPOSURE CONTROL PROGRAM

PURPOSE

This Program outlines policies and procedures to ensure that employees of Cochise County and Arizona Superior Court in Cochise County (hereafter referred to as “employees”) are provided with the knowledge, means, and methods to reduce or prevent exposure to bloodborne pathogens (BBP) and other potentially infectious materials (OPIM), in accordance with the OSHA Standard on Bloodborne Pathogens, 29 CFR 1910.1030.

SCOPE AND EXPOSURE DETERMINATION

Employees in job positions with reasonably anticipated exposure to other’s blood or OPIM are included in this Program. The exposure determination was made without regard to the use of personal protective clothing or equipment. These employees shall be educated and trained in accordance with the OSHA BBP Standard and shall adhere to this Program.

Employees without reasonably anticipated exposure to blood or OPIM are not included in this Program, but “non-covered” employees who declare a verifiable exposure will be offered at least a follow-up medical evaluation. Departments may elect to mirror the requirements of this Program as a best practice method for some or all their non-covered positions, dependent on job tasks and fiscal considerations. Non-covered employees may elect to receive the Hepatitis B vaccination through the County Wellness Program from a current in-network provider.

ALL EMPLOYEES in these job classifications have potential occupational exposure:

Cochise Health and Social Services

- Emergency Services
 - Public Health Emergency Preparedness Coordinator
 - Emergency Preparedness Specialist
- Detention
 - Correctional Health Technician
 - Counselor
 - Detention Medical Services Manager
 - Detention Nurse LPN, RN
 - Nurse Practitioner
- Nursing/Community Health Services
 - Nurse LPN, RN
 - LPN (temporary)
 - Public Health Dietician
 - Public Health Nurse (all levels)
 - Public Health Surveillance Specialist
 - Vital Records Specialist
- Public Fiduciary
 - Public Fiduciary
 - Deputy Public Fiduciary
 - Property/Asset Manager
 - Public Fiduciary Case Manager, Public Fiduciary Case Manager Trainee

Community Development

- Building Official
- Building Inspectors (all levels)

- Solid Waste Inspector

Elections/Special Districts

- Director
- Election Technician
- Program Coordinator

Facilities Management

- Facilities Director/Associate Director
- Facilities Supervisor
- Custodian/Mail Clerk Supervisor
- Custodian/Mail Clerk
- Facilities Maintenance Worker (all levels)

Risk Management

- Safety/Loss Control Analyst

Legal Defender Office

- Defense Investigator

Probation Department

- Probation Chief
- Probation Deputy Chief
- Probation Regional Supervisor
- Probation Officer Lead, Probation Officer, Temporary Probation Officer, Probation Officer Technician
- Surveillance Officer Detention Supervisor
- Detention Officer Lead, Detention Officer, Temporary Detention Officer

Public Defender Office

- Investigator

Sheriff's Office

- Sheriff
- Chief Deputy Sheriff
- Deputy Sheriff Commander, Lieutenant, Sergeant, Deputy Sheriff
- Crime Scene Technician
- Evidence Custodian
- Animal Control Officer
- Search and Rescue Coordinator
- Jail Commander
- Detention Officer Lieutenant/Sergeant/Corporal/Detention Officer/Detention Aide
- Religious Program Coordinator
- Facilities Maintenance Worker

Solid Waste Management

- Operations Superintendent
- Environmental Engineering Technician
- Operations Supervisor
- Solid Waste Worker (all levels)

- Fee Attendant
- Laborer
- Equipment Operator (all levels)
- Truck Driver
- Account Clerk

Superior Court - Clerk of Court

- Courtroom Clerk
- Courtroom Clerk Trainee

Superior Court - Court Administration

- Justice Court Assistant Assigned to Courtroom
- Justice Court Specialist
- Superior Court Bailiff
- Security Chief
- Security Supervisor
- Security Officer
- Temporary Security Officer

SOME EMPLOYEES in these job classifications have potential occupational exposure:

Cochise Health and Social Services

- Account Clerk II – heel sticks for WIC infants
- Accounting Technician – heel sticks for WIC infants
- Clerk – mouth swab for paternity test; sharps disposal
- Health Educators in WIC – finger sticks for WIC clients (previously “Community Health Worker”)
- Program Coordinator – LPN who conducts immunizations, TB skin tests, urine dips, and blood draws

Facilities Management

- Account Clerk III – when custodians are off-duty, this position cleans up potentially-contaminated spills

Fleet Management

- Heavy Fleet mechanic – working on potentially contaminated Solid Waste equipment

Superior Court – Justice Court

- Justice Court Supervisor – may need to cover for Justice Court Assistant or Justice Court Specialist
- Justice Court Manager – may need to cover for Justice Court Assistant or Justice Court Specialist

PROGRAM RESPONSIBILITIES

Cochise County Administration

Support every reasonable precaution to provide a work environment free from recognizable hazards.

Program Administrator (Risk & Safety Administrator)

- Establish the County’s written Exposure Control Plan and revise as necessary
- Coordinate an effective Bloodborne Pathogen Exposure Control training program
- Function as a resource for Department Safety Coordinators on exposure control topics
- Annually evaluate the effectiveness of the written plan

Department Director/Elected Official of Departments with Positions of Occupational Exposure

- Oversee the departmental Exposure Control Plan; ensure that all program requirements are fully implemented
- Provide appropriate engineering controls as feasible to minimize or eliminate hazards
- Enforce compliance with this program

Department Safety Coordinator(s) in Departments with Positions of Occupational Exposure

- Coordinate this Exposure Control Plan at the departmental level
- Identify employee job classifications with potential occupational exposure to bloodborne pathogens
- Ensure that each covered employee has been trained in BBP and the Exposure Control Plan, and has received the Hepatitis B vaccination series or signed the vaccination declination form (see Forms)
- Maintain copies of employee training records, vaccination records and declination forms
- Maintain a current copy of the County Bloodborne Pathogen Exposure Control Plan at each work site
- Conduct on-going site evaluations and record reviews to ensure effective implementation of the written plan
- Annually review the site-specific procedures and County-wide plan with the Program Administrator

Supervisors of Employees with Occupational Exposure

- Assist Department Safety Coordinator in job classification and task exposure determination
- Ensure that required BBP procedures are followed by all employees
- Attend or conduct bloodborne pathogen (BBP) training annually
- Provide work time for employees to obtain training, vaccinations, medical testing, and follow-up
- Understand and implement the procedures to follow in the event of an exposure incident

Employees with Occupational Exposure

- Follow procedures outlined in this program
- Immediately clean/sanitize a potential exposure area and then report the incident to supervisor
- Report to supervisor changing work conditions which may increase BBP exposure
- Report promptly for scheduled vaccination and/or testing appointment
- Attend BBP training annually

INFORMATION AND TRAINING

Employees with BBP occupational exposure receive training at the time of hire and subsequently at least annually, per OSHA 1910.1030(g)(2)(ii). Training topics include:

- Relevant OSHA Standards and the Cochise County BBP Exposure Control Plan
- Epidemiology, transmission mode and symptoms of BBP diseases
- Coordinated exposure follow-up with the Program Administrator
- Methods of recognizing tasks that may involve exposure to blood or OPIM
- Use and limitations of practices to prevent or reduce contact with blood or OPIM
- PPE types, selection, use, location, removal, handling, decontamination, and disposal
- Hepatitis B vaccination
- Procedures to follow in the event of an exposure incident
- Bio-hazard signs, labels, and color-coding

HEPATITIS B VACCINATION

Each employee who has occupational exposure will be offered the Hepatitis B vaccination at no charge after trained on BBP and within ten (10) days of initial assignment to work where occupational exposure has been determined to exist. The vaccination series of 3 injections shall be provided to all employees covered by this Program unless:

- The employee has previously completed the Hepatitis B vaccination series;
- Antibody testing reveals that the employee is immune;
- The vaccine is contraindicated for medical reasons, such as severe allergic reaction to yeast; or,

- The employee declines the vaccination.

An employee declining the HBV vaccination will sign a declination form. The declining employee may decide to accept the vaccination later, at no charge.

There are facilities that are contracted to provide this vaccine at low cost, contact your supervisor for the contracted prices, scheduling of the vaccination and the required form.

Hepatitis B Vaccination FAQ's

What Is the Hep B Vaccine and the Vaccination Process?

Hepatitis B virus vaccine is a non-infectious viral vaccine derived from Hepatitis B surface antigen produced in yeast cells. It is not derived from human blood/blood products. Primary vaccination in the adult consists of three 1-ml doses administered in the muscle. The second and third doses are recommended at one- and six-month intervals following the initial dose. The vaccine is 80% - 95% effective in preventing infection or hepatitis, following the three-dose immunization schedule. The duration of protection is expected to be lifetime.

What are the Risks and Side-Effects of the Hep B Vaccine?

No serious adverse reactions have been reported during the clinical trials. The most common adverse reaction is local soreness at the injection site. Less common local reactions include swelling, warmth, or skin hardening which are generally well tolerated and usually subside within 48 hours. Low-grade fever (less than 101 deg F) occurs occasionally; fever over 102 degrees F is uncommon. Systemic complaints including malaise, fatigue, headache, nausea, dizziness, muscle, and joint pain are infrequent and are limited to the first few days following vaccination. Rash occurs rarely. No long-term reaction has thus far been observed with the vaccine. However, as with any vaccine, there is the possibility that very broad use could reveal rare short- or long-term adverse reactions not observed during clinical trials.

Who Should Not Receive the Hep B Vaccine?

Employees with allergic reactions to other vaccines are advised to seek further information regarding the components of this vaccine before receiving it. Persons who have a hypersensitivity to yeast should not receive the vaccine. Individuals with immunodeficiency disorders or those on immunosuppressive therapy may require larger vaccine doses.

What if I Am Pregnant?

Animal reproductive studies have not been conducted with the HBV vaccine. However, the Centers for Disease Control have advised that pregnancy should not be considered a contraindication for individuals who are otherwise eligible for the vaccine. If you are pregnant, or suspect pregnancy at this time, the Department Safety Coordinator will require a note from your obstetrician authorizing initiation of the vaccine, or continuation of the series if you become pregnant before the second or third doses of the vaccine are to be received.

Will the Vaccine Protect Me from Needle Sticks and Other Exposures?

In the clinical trials, protective antibodies developed in over 90% of individuals following the 3-dose vaccination regimen. Employees will not be considered to have protective antibody until after the third dose of the vaccine has been administered. It is required that all needle stick exposures continue to be reported to the Program Administrator for consideration of the need for administration of serum globulins. No vaccination should provide an employee with a false sense of security regarding infectivity of patients. Strict aseptic technique and stringent safety measures must always be observed. This vaccine does not protect against hepatitis A, post-transfusion hepatitis or other forms of non-B hepatitis.

Will the Vaccine Protect Me if I Now Have Hepatitis?

Because of the long incubation period for Hepatitis B (6 weeks to 6 months) it is possible for unrecognized infection to be present at the time HBV vaccine is given so that HBV vaccine may or may not prevent Hepatitis B. However, there are no risks associated with giving the vaccine to an individual who has had Hepatitis B or who has unrecognized Hepatitis B.

Should I get a Hepatitis B Titer Test?

Hepatitis B Titer Tests are not necessary; low antibody levels will activate when exposed to contaminated fluids. The full vaccination series is recommended if there is doubt about your protection.

Where Can I Get the Hep B Vaccination?

- Copper Queen Medical Associates facility at 7 Bisbee Road, Bisbee, Arizona, across the street on the Copper Queen Community Hospital campus – take the completed Menu of Services form to the facility with your supervisor’s permission.
- Non-covered employees may get the vaccination at a current in-network provider through the County Wellness Program. Cost varies by provider, but it can be charged to the employee wellness account at this time.

OSHA requires that “covered” employees whose job duties have a reasonable anticipation of exposure to blood/bodily fluids be offered the Hep B vaccination series at no cost within 10 days of performing those tasks. Covered employees coordinate the 3-injection series with their supervisor; the department pays for the vaccines their employees receive.

EXPOSURE CONTROL METHODS

General

- Observe Universal Precautions. Anyone has the potential to transmit communicable diseases, including Hepatitis B, Hepatitis C, MRSA, and HIV. Take precautions whenever there is a potential to contact blood or OPIM.
- Be informed. Attend training and educational programs regularly.
- Report exposure incidents and seek treatment promptly (see “Post-Exposure Evaluation and Follow-Up” section).

Engineering Controls

Engineering controls, including self-sheathing needles and sharps containers, eliminate or minimize employee exposure.

Work Practice Controls

- **Work Area Restrictions**
Eating, drinking, smoking, applying cosmetics/sunscreen/lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to blood or OPIM. Food and drink shall not be kept in refrigerators/freezers/shelves/cabinets/counter-tops/bench tops where blood and OPIM are present.
- **Work Procedures**
Perform work to minimize splashing, spraying, spattering, and generation of blood or OPIM. Mouth pipetting/suctioning of blood or OPIM is prohibited.
- **Hand Washing**
Hand washing facilities or antiseptic hand cleanser and paper towels shall be available to employees. Employees using hand cleanser and/or removing gloves or other PPE shall wash their hands with soap and water as soon as feasible. Following contact with potentially infectious materials, wash hands and other exposed skin with one of these methods as soon as feasible after the incident:
 - Soap and warm water;
 - CDC-approved viricides; or
 - 10:1 water to 2.5% bleach solution,Flush eyes, nose, or other mucous membranes with continuously running clear water for fifteen (15) minutes.

- **Sharps**
Immediately dispose of possibly contaminated needles or other sharp material in a sharps container which is puncture-resistant, labeled, or color-coded, leak-proof on sides/bottom, and with a cover preventing access.
- **Needle Handling**
Needles shall not be bent, re-capped, or removed unless no alternative means is available, or such action is required by a specific medical procedure. Re-capping needles may only be performed with the use of an engineering device or by using the one-handed technique.
- **Sharps Injury Log**
A sharps injury log shall be maintained by the Program Administrator for 5 years after the end of the log year and shall include the following information for each incident: the time period the log covers, date incident is entered on the log, incident date, type and brand of device involved, incident location, and incident description.
- **Specimen Handling**
Specimens of blood or OPIM shall be placed in a container that prevents leaking during collection, handling, processing, storage, transport, or shipping. Containers shall be labeled with a biohazard designation and/or symbol or color-coded red and closed prior to storage or transport. If outside contamination of the container occurs, the container shall be placed within another container to prevent leaking. This second container shall be labeled with a biohazard designation and/or symbol or color-coded red.
- **Housekeeping**
Maintain work sites in a clean and sanitary condition. Each department shall develop an appropriate written schedule for cleaning and decontamination based on location, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.

Clean and decontaminate all equipment and surfaces after contact with blood or OPIM, using a disinfecting compound per the manufacturer's directions as soon as feasible if surfaces are overtly contaminated or after any spill of blood/OPIM, and at the end of work shift if surface may have been contaminated since the last cleaning.

Protective coverings, such as plastic wrap, aluminum foil, or imperviously backed absorbent paper used to cover equipment 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.

Inspect and decontaminate on a regular basis and upon visible contamination all bins, pails, cans, and similar receptacles intended for re-use which may be contaminated with blood or OPIM.

Broken glassware which may be contaminated shall not be picked up directly with the hands; use mechanical means such as brush/dustpan, tongs, pliers, etc.

Work-generated bio-hazardous waste in red bag or sharps containers may be transported to any of the County Health department offices (Benson/Bisbee/Douglas/Sierra Vista/Willcox). Many fire departments, hospitals, clinics, and doctor offices will accept personally generated BBP waste.

- **Equipment**
Decontaminate equipment prior to using, servicing, or shipping. Decontamination of some equipment may not be feasible due to the caustic nature of some decontamination temperatures or cleansers. Such equipment shall be marked by a label which identifies either the entire item or parts of the item that was not decontaminated. That information shall be conveyed to all affected employees, servicing representatives, or contractors.

- **Communication of Hazard**

Warning labels shall be affixed to containers of regulated waste, refrigerators, and freezers, and any other containers used to store, ship, or transport blood or OPIM.



Labels are fluorescent orange or orange red, with lettering or symbols in a contrasting color. Labels are affixed to containers by string, wire, adhesive, or another method to prevent loss or unintentional removal.

- **Laundry**

Employees who have contact with contaminated laundry shall wear the appropriate PPE. Contaminated PPE shall be placed in plastic bags, sealed, and then disinfected, decontaminated, or disposed of as regulated waste. Contaminated laundry (including an employee’s contaminated personal clothing) shall be handled as little as possible with a minimum of agitation, bagged and sealed in labeled bags/containers (not sorted or rinsed) at the location of use and cleaned/disinfected as soon as possible.

Personal Protective Equipment (PPE)

Where occupational exposure remains after implementation of engineering and work practice controls, PPE shall be used. These controls shall be examined and maintained or modified on a regular schedule to ensure their effectiveness. Covered employees shall be provided, at no cost, PPE which prevents blood or OPIM from penetrating through to work clothes, street clothes, skin, eyes, mouth, or other mucous membranes under normal use. PPE may include:

- | | | | |
|-------------------|----------------|----------------------------------|---------------------|
| Disposable Gloves | Eye Protection | CPR Mouthpiece/Resuscitation Bag | Gown/Lab Coat/Apron |
| Tyvek Suit | Head Covering | Face/Eye Shield | Shoe/Boot Covers |

Use appropriate PPE when exposure to blood or OPIM is anticipated. In rare circumstances, PPE may be declined by an employee if, in their professional opinion, use of such PPE would prevent delivery of health or public safety services or would pose an increased hazard to the safety of the worker or co-workers.

Department supervisors will ensure that appropriate PPE is available in appropriate sizes and will replace PPE as needed. Hypo-allergenic gloves, glove liners, powder-less gloves, nitrile gloves, or other similar alternatives shall be available to those employees who are allergic or sensitive to the gloves normally provided.

Remove PPE upon leaving the immediate area of use and place it in appropriate containers for laundry or disposal. Remove contaminated PPE immediately with gloved hands and placed in a marked biohazard bag.

- **Gloves**

Wear gloves when there is a reasonable anticipation of blood or OPIM contact with broken skin, when performing vascular access procedures, or when handling or touching contaminated items or surfaces. Although comfortable and not expensive, latex gloves deteriorate over time from exposure to heat, sunlight and compression, such as in a response kit. Man-made nitrile gloves wear better and are less likely to tear/puncture.

Replace disposable gloves as soon as feasible when contaminated, torn, punctured or when the barrier is compromised. Decontaminate utility gloves for re-use if the glove is not compromised, but discard if they are cracked, torn, peeling, or punctured, or when the barrier is compromised.

Disposable Glove Removal



1. Pinch the palm side of 1st glove near wrist. Carefully pull the glove off so that it is inside out.
2. Hold 1st glove in the palm of gloved hand. Slip 2 fingers under wrist of gloved hand.
3. Pull glove until it comes off, inside out. The 1st glove should end up inside the glove just removed.
4. Dispose of gloves and other PPE in a proper biohazard container.
5. Wash hands thoroughly with soap and running water, if available. Rub hands thoroughly with an alcohol- based hand sanitizer if hands are not visibly soiled.

- **Eye and Face Protection**

Masks in combination with eye protective 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.

- **Protective Clothing**

Appropriate protective clothing shall be worn in exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated. Surgical caps, hoods, shoe covers and/or boots shall be worn in instances when gross contamination can be reasonably anticipated. If a garment is penetrated by blood or OPIM, the garment shall be removed as soon as feasible.

POST-EXPOSURE PROCEDURES

Following an exposure incident, the employee shall thoroughly wash and/or sanitize the affected area and then report the incident to their supervisor.

Supervisor Actions:

- Contact the TriageNow at (833)691-9021 to determine if the incident warrants exposure testing.
- Complete the following reports:
 - *Supervisor's Report of Industrial Injury (SRI)* – complete online and email to Risk Management.
 - *Copper Queen Medical Associates menu* – see Department Management or Risk Management.
 - The appropriate *BBP Exposure Incident Form*.
- If testing is necessary, give the employee a signed copy of the Copper Queen Medical Associates menu, pre-marked with the appropriate post-exposure tests, typically: Hep B sAg, Hep B Surface Ab, Hep C and HIV.

Any post-exposure testing should be conducted immediately after exposure. Post-exposure medical evaluations and procedures shall be made available to the employee at a reasonable time and location and at no cost; performed by or under the supervision of a licensed physician or healthcare professional; and provided according to current recommendations of the U.S. Public Health Service.

Payment for Approved Post-Exposure Evaluation and Follow-Up Expenses

Testing at an Emergency Room is not useful for the employee or cost-effective for the County. The only reason to seek

medical attention for a bloodborne pathogen exposure at an Emergency Room is because of significant collateral injuries which require an emergency room visit.

Worker Compensation does not pay for BBP testing/treatment unless the employee has contracted a BBP disease.

Meanwhile, blood tests, treatment, medical provider visits, etc. will be paid through:

County employees: Risk Management, 1415 Melody Lane, Building C, Bisbee 85603

Judicial employees: refer to your department director

Hep B, Hep C, and HIV blood draws: Copper Queen Medical Associates (Bisbee/Douglas/Palominas)
Copper Queen Community Hospital, Bisbee, ONLY if CQMA offices are closed

Confidential medical evaluation and follow-up

Documentation of the route(s) of exposure and circumstances of the exposure

The Program Administrator will review the Supervisors Report of Injury to determine possible exposure and the medical provider will use that information to determine a medical course of action.

Identification and documentation of the source individual

Unless the County can establish that identification is infeasible or prohibited by state/local law:

The source individual's blood will be tested as soon as feasible and after consent is obtained to determine HBV, HCV, and HIV status. If consent is not obtained, the County will establish that legally required consent cannot be obtained. When consent is not legally required, the source individual's blood, if available, shall be tested and results documented.

If the source individual is known to be infected with HBV, HCV or HIV, re-testing them is not needed.

Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of applicable laws/regulations concerning disclosure of the identity and infectious status of that individual.

Collection and Testing of blood for HBV, HCV, and HIV

The exposed employee's blood shall be collected within ten (10) days of the significant exposure. 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 of the exposure incident, the employee elects to have the baseline sample tested, such testing shall be done as soon as feasible.

After the initial blood sample (baseline), additional blood samples *may* be collected at the intervals as recommended by the Centers for Disease Control, currently: 6 weeks/3 months/6 months/18 months. Employees in Arizona have up to 18 months to file a Workers' Compensation claim due to seroconversion related to a significant BBP exposure.

Treatment and Counseling

The medical provider may initiate the HBV vaccination series on unvaccinated employees and provide prophylaxis treatment and/or counseling as indicated.

Information Provided to the Medical Provider

The Medical Provider evaluating an employee after an exposure incident shall receive:

- A copy of this program and the OSHA 29 CFR 1910.1030 Bloodborne Pathogen Standard
- Description of the exposed employee's duties as they relate to the exposure incident
- Documentation of the route(s) of exposure and circumstances under which exposure occurred
- Results of the source individual's blood testing, if available
- All medical reports relevant to the appropriate treatment of the employee, including vaccinations status maintained by the County.

Medical Provider Written Opinion

The Program Administrator shall obtain and provide the employee with a copy of the evaluating healthcare professional's written opinion within 15 days of completion of the evaluation.

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

The written opinion for post-exposure evaluation and follow-up shall be limited to the following:

- That the employee has been informed of the results of the evaluation
- That the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation or treatment

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

RECORD-KEEPING

Department Safety Coordinators shall establish and maintain accurate non-confidential vaccination status records for all departmental employees covered by this Program, including:

- The name and employee number for each employee
- A copy of the employee's Hepatitis B vaccination status including only the dates of all the Hepatitis B vaccinations and any vaccination declination forms

The Program Administrator shall establish and maintain accurate and confidential records for all employees covered by this Program, including:

- *Report of Significant Work Exposure to Bodily Fluids* forms and *Supervisor's Report of Industrial Injury* forms
- Cochise County's copy of the medical provider's written opinion after an exposure incident
- Copy of the employee's Hepatitis B vaccination status and any medical records relative to the employee's ability to receive the vaccination

All confidential medical records and non-confidential employee exposure reports shall be kept for at least the duration of employment plus 30 years. Medical records shall not be disclosed or reported without the subject employee's written consent.

Medical records shall be made available for examination and copying by the subject employee; anyone having written consent of the subject employee; and to OSHA.

APPENDIX A

DEFINITIONS

Bloodborne Pathogens

Pathogenic microorganisms that are in human blood and can cause disease in humans. These pathogens include but are not limited to Hepatitis B virus (HBV), Hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Contamination

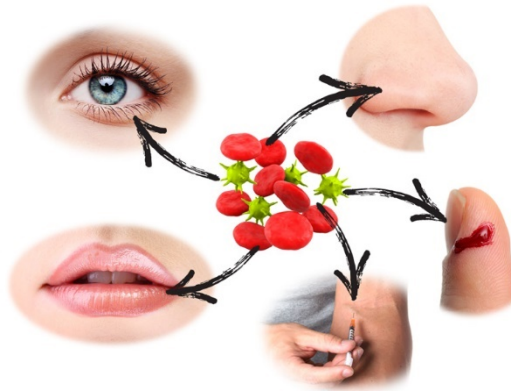
The presence or reasonably anticipated presence of blood or other potentially infectious materials on an item or a surface (contaminated laundry, contaminated sharps).

Decontamination

The use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles.

Exposure incident

Contact between your ruptured (broken) skin or mucous membrane and another person's blood or bodily fluid (other than tears, saliva, or perspiration) of a magnitude that the Centers for Disease Control (CDC) has determined can result in the transmission of infectious disease. See routes of transmission diagram below.



Hepatitis A

Serious liver disease caused by the Hepatitis A Virus (HAV), which is found in the feces of persons infected with HAV. The route of transmission for HAV is close personal contact or eating food/drinking water contaminated with HAV. Vaccinations may provide protection for up to 97% of a healthy population.

Hepatitis B

Inflammation of the liver caused by the Hepatitis B Virus (HBV). Hepatitis B is not spread through food or water, but direct contact with the blood or bodily fluids of a source infected with HBV. No cure for Hepatitis B, so prevention is crucial. Vaccines provide protection in 90%-95% of healthy persons.

This bloodborne pathogen is much more common than AIDS. Hepatitis B is a viral infection which causes inflammation of the liver cells and can be fatal. People who carry HBV can pass it on to others, and once you carry HBV you are at a much greater risk for the possibility of fatal liver ailments. Between 6% and 10% of young adults with HBV infection become carriers. Chronic active hepatitis develops in over 25% of carriers, and often progresses to cirrhosis. Studies have shown an association between the HBV carrier state and the occurrence of liver cancer.

To protect employees from the Hepatitis B virus, Cochise County has implemented a Hepatitis B (HBV) vaccination program. This program is available at no cost, to all employees who have occupational exposure to bloodborne pathogens. The vaccination program consists of a series of three inoculations given over a six-month period.

Hepatitis C

Inflammation of the liver caused by the Hepatitis C Virus (HCV). The route of transmission is by direct contact with the blood or bodily fluids of a source infected with HCV and is not spread through food or water. An HCV vaccination is still in the research phase. Newer treatments for HCV are effective, though lengthy and expensive.

Human Immunodeficiency Virus

HIV causes the fatal disease AIDS. People can carry HIV for years without any apparent symptoms; often, they are not even aware that they have it. AIDS attacks the human immune system, making it hard to fight off disease. AIDS patients usually die from a secondary disease, such as pneumonia or certain types of cancer. There is no current cure for HIV.

Other Potentially Infectious Materials (OPIM)

Human bodily fluids such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any bodily fluid that is visibly contaminated with blood, and all bodily fluids in situations where it is difficult or impossible to differentiate between bodily fluids.

Personal Protective Equipment (PPE)

Specialized clothing/equipment worn for protection against a hazard. General work clothes are usually not PPE.

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 that are caked with dried blood or OPIM and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM.

Sharps

Sharps are comprised of materials that have sharp edges or a point that is capable of penetrating and/or cutting through plastic waste bags, clothing, or human skin.

Universal Precautions

All human blood and certain human bodily fluids are treated as if known to be infectious for bloodborne pathogens. PPE is used to handle/clean-up such fluids. Disinfectants are used to destroy microorganisms on contaminated surfaces.

Work Practice Controls

Controls that reduce the likelihood of exposure by altering the way a task is performed (utilizing personal protective equipment when handling potentially infectious material, following clean-up and decontamination protocols, never re-sheathing needles, etc.).

**COCHISE COUNTY
HEPATITIS B VACCINATION DECLINATION FORM**

Cochise County offers its employees who have occupational exposure to blood and/or other potentially infectious materials (OPIM) the Hepatitis B vaccination series, at no cost to the employee, at a reasonable time and place, and under the supervision of a licensed healthcare professional.

An employee choosing to not be vaccinated at this time must sign the Declination Form but may later, at any time, opt to receive the vaccine at no cost.

The Hep B vaccine is effective for your lifetime. If the US Public Health Service later recommends booster doses, eligible employees will be offered the boosters at no charge.

I understand that, due to my occupational exposure potential to blood or other potentially infectious material (OPIM), I may be at risk of acquiring the Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the Hepatitis B vaccine, at no charge.

I understand that the Hepatitis B vaccination consists of a series of 3 separate doses. The second dose should be administered one to two months after the first dose, and the third dose four to six months after the initial dose. I further understand that failure to receive all three doses within that recommended administration schedule may jeopardize my health protection against the Hepatitis B virus.

I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I may be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or OPIM, I may receive the vaccination series at no charge.

Initial your reason for declining the Hepatitis B vaccination:

_____ I had the Hepatitis B vaccination previously

_____ Medical reasons

_____ Other reasons

Employee Printed Name: _____ Signature: _____

Job Title: _____ Date: _____

Supervisor Printed Name: _____ Supv. Signature: _____