

TOOELE COUNTY BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Date revised: 9/15/2011

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DEFINITIONS

For purposes of this Tooele County Exposure Control Plan, the following definitions apply:

Assistant Secretary means: The Assistant Secretary of Labor for Occupational Safety and Health, or designated representative.

Blood means: Human blood, human blood components and products made from human blood.

Bloodborne Pathogens means: Pathogenic microorganisms that are present 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).

Clinical Laboratory means: A workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.

Contaminated means: The presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means: Laundry which has been soiled with blood or other potentially infectious materials or may contain sharps.

Contaminated Sharps means: Any contaminated object that can penetrate the skin including, but not limited to, needles, broken glass, etc.

Decontamination means: 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 and the surface or item is rendered safe for handling, use or disposal.

Director means: The Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services or designated representative.

Engineering Controls means: Controls that isolate or remove the bloodborne pathogens hazard from the workplace (i.e., sharps disposal containers, self-sheathing needles, safer medical devices such as sharps with engineered sharps injury protections and needleless systems).

Exposure Incident means: A specific eye, mouth, other mucous membrane, non intact

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skin or parenteral contact with blood or other potentially infectious materials resulting from the performance of an employee's duties. (09-11)

HBV means: Hepatitis B virus.

HCV means: Hepatitis C virus.

HIV means: Human immunodeficiency virus.

Handwashing Facilities means: A facility providing an adequate supply of running potable water, soap, and single-use towels or air drying machines. (08-11)

Licensed Healthcare professional is: A person whose legally permitted scope of practice allows him or her to independently perform or oversee Hepatitis B Vaccination and Post Exposure Evaluation and Follow-up.

Needless Systems means: A device that does not use needles for: 1) The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established; 2) The administration of medication or fluids; or, 3) Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.

Occupational Exposure means: Reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials includes the following human body fluids: Semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.

Parenteral means: Piercing mucous membranes or the skin barrier through such events as needlesticks, human bites, cuts and abrasions.

Personal Protective Equipment is: Specialized clothing and/or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard, are not considered to be personal protective equipment.

Regulated Waste means: Liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items caked with dried blood or

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other potentially infectious materials, capable of releasing these materials during handling; contaminated sharps; or other potentially infectious materials. (09-11)

Sharps with Engineered Sharps Injury Protections means: A non-needle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively reduces the risk of an exposure incident.

Sterilize means: The use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Source Individual means: Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, patients in hospitals, clients in clinics, clients in institutions for the developmentally disabled, trauma victims, clients of drug and alcohol treatment facilities, residents of hospices and nursing homes, human remains and individuals who donate or sell blood or blood components.

Universal Precautions is: An approach to infection control. According to the concept of Universal Precautions, all human blood and other potentially infectious materials are treated as if known to be infectious for HIV, HBV and HCV and other bloodborne pathogens.

Work Practice Controls means: Controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).

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The Tooele County Exposure Control Plan will be accessible to all employees having occupational exposure to blood or other potentially infectious materials as part of their job assignments. Each employee identified as having potential for occupational exposure to blood or other potentially infectious materials will be made aware of where they can access the Tooele County Exposure Control Plan when they are hired. (www.co.tooele.ut.us; click on the Drop Down list of Departments, click on Human Resources, Click on Bloodborne Pathogens Exposure Control Plan.) (11-09)

The Tooele County Exposure Control Plan will be reviewed and updated by the Tooele County Safety Officer or designee at least annually, and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure. (09-11) The review and update of the Tooele County Exposure Control Plan:

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- Will reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens; and
- Will include documentation of solicitation from non-managerial employees responsible for direct client contact who are potentially exposed to injuries from contaminated sharps in the identification, the evaluation, and the selection of effective engineering and work practice controls. (The solicitation will be documented on the **Evaluation of Sharps Safety Features** form (see Attachment A) and maintained in the Human Resource Department with the Exposure Control Plan.(09-11)

EXPOSURE DETERMINATION

The following is a list of all job classifications in which all or some employees have occupational exposure as well as a list of tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed:

- Sworn Law Enforcement Officers
- Corrections Officers
- Court Security
- Nurses
- Medical Assistants (09-11)
- WIC nutritionists
- WIC Certified Provider Authorities (CPA's)
- WIC Clerks, if duties include performing finger sticks (08-09)
- Health Educators, if duties include performing finger sticks (08-08)
- Dentists (08-08)
- Dental Assistants (08-08)
- Dental Hygienists (08-11)

The following is a list of tasks and procedures or groups of closely related tasks and procedures in which occupational exposure occurs and that are performed by employees in the job classifications listed above:

- Injections
- Phlebotomy
- Finger sticks
- Disposal of regulated waste
- Clean-up of a blood spill
- Client Examinations

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- Pap Smears
- Collection of specimens (09-11)
- Vaginal exams
- Various dental procedures
- Cleaning and disinfecting contaminated surfaces and objects
- Cleaning and sterilization of contaminated instruments

COMMUNICATION OF HAZARDS TO EMPLOYEES

Labels

Warning labels will be affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious material; and other containers used to store, transport or ship blood or other potentially infectious materials. (Exemptions are noted below.)



These labels will be fluorescent orange or orange-red or predominantly so, with lettering and symbols in a contrasting color.

Labels will be affixed as close as feasible to the container by string, wire, adhesive or other method that prevents their loss or unintentional removal.

Labels required for contaminated equipment will be in accordance with this paragraph and will also state which portions of the equipment remain contaminated.

Exemptions:

- Red bags or red containers may be substituted for labels;

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- Individual containers of blood or other potentially infectious materials that are placed in a labeled container during storage, transport, shipment or disposal are exempted from the labeling requirement; and
- Regulated waste that has been decontaminated need not be labeled or color-coded.

METHODS OF COMPLIANCE

General

Universal precautions will be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids will be considered potentially infectious materials.

Engineering and Work Practice Controls

Tooele County ensures engineering and work practice controls will be used to eliminate or minimize employee exposure.

Where occupational exposure remains after institution of these controls, personal protective equipment will also be used.

Tooele County engineering controls will be examined and maintained or replaced on a regular schedule to ensure their effectiveness.

Tooele County will provide an adequate supply of running potable water, soap and single-use towels or an air drying machine, or when that is not feasible, either an appropriate antiseptic hand cleanser, or antiseptic towelettes which are readily accessible to employees. When employees use antiseptic hand cleansers or towelettes, they will wash their hands with soap and running potable water as soon as feasible. (08-11)

Tooele County will ensure that employees wash their hands immediately, or as soon as feasible, after removal of gloves or other personal protective equipment.

Tooele County will ensure that employees wash their hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.

Tooele County will ensure contaminated needles and other contaminated sharps are

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not bent, recapped or removed except as noted below. Shearing or breaking of contaminated needles is prohibited.

Contaminated needles and other contaminated sharps will not be bent, recapped or removed unless Tooele County can demonstrate that no alternative method is feasible or that such action is required by a specific medical or dental procedure.

Such bending, recapping or needle removal will be accomplished through the use of a mechanical device or a one-handed technique.

Immediately, or as soon as possible after use, contaminated reusable sharps will be placed in appropriate containers until properly reprocessed. These containers will be:

- Puncture resistant;
- Labeled or color-coded; and
- Leakproof on the sides and bottom.

Eating, drinking, smoking, applying cosmetics or lip balm and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

Food and drink will not be kept in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potentially infectious materials are present.

All procedures involving blood or other potentially infectious materials will be performed in such a manner as to minimize splashing, spraying, spattering and generation of droplets of these substances.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

Specimens of blood or other potentially infectious materials will be placed in a container which prevents leakage during collection, handling, processing, storage, transport or shipping.

The container for storage, transport or shipping will be labeled or color-coded and closed prior to being stored, transported or shipped.

If outside contamination of the primary container occurs, the primary container will be placed within a second container which prevents leakage during handling, processing, storage, transport or shipping and is labeled or color-coded according to the requirements of this standard.

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If the specimen could puncture the primary container, the primary container will be placed within a secondary container which is puncture-resistant in addition to the above characteristics.

Equipment which may become contaminated with blood or other potentially infectious materials will be examined prior to servicing or shipping and will be decontaminated as necessary, unless Tooele County can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.

A readily observable label will be attached to the equipment stating which portions remain contaminated.

Tooele County will ensure that this information is conveyed to all affected employees, the servicing representative, and/or the manufacturer, as appropriate, and prior to handling, servicing or shipping so that appropriate precautions will be taken.

PERSONAL PROTECTIVE EQUIPMENT

Provision

When there is reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties, Tooele County will provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection and mouthpieces, resuscitation bags, pocket masks or other ventilation devices. Personal protective equipment is considered "appropriate" only if it does not permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.

Use

Tooele County will ensure that the employee uses appropriate personal protective equipment. This will be enforced by the employee's department manager. If it is shown that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of healthcare or public safety services or would have posed an increased hazard to the safety of the worker or co-worker, the circumstances will be reported to the employee's department manager. The department manager will investigate the

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incident and document the findings. The department manager will present the findings to the Safety Committee in order to determine whether changes can be instituted to prevent such occurrences in the future.

Accessibility

Tooele County will ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is issued to employees. Hypoallergenic gloves, glove liners, powderless gloves or other similar alternatives will be readily accessible to those employees who are allergic to the gloves normally provided.

Cleaning, Laundering, and Disposal

Tooele County will clean, launder and dispose of personal protective equipment at no cost to the employee.

Repair and Replacement

Tooele County will repair or replace personal protective equipment as needed to maintain its effectiveness, at no cost to the employee.

If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) will be removed immediately or as soon as feasible.

All personal protective equipment will be removed prior to leaving the work area.

When personal protective equipment is removed it will be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.

Gloves

Gloves will be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes and non-intact skin; when performing vascular access procedures and when handling or touching contaminated items or surfaces.

Disposable (single use) gloves will be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured or when their ability to function as a barrier is compromised.

Disposable (single use) gloves will not be washed or decontaminated for re-use.

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Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they will be discarded if they are cracked, peeling, torn, punctured or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.

Masks, Eye Protection and Face Shields

Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, will be worn whenever splashes, spray, spatter or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.

Gowns, Aprons and Other Protective Body Clothing

Appropriate protective clothing such as, but not limited to lab coats, gowns or similar outer garments will be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.

HOUSEKEEPING

General

Tooele County will ensure that the worksite is maintained in a clean and sanitary condition. Tooele County may determine and implement a written schedule for cleaning and decontamination based upon the location within the facility, the type of surface to be cleaned, the type of soil present and the tasks or procedures being performed. (See Attachment B: Sample Cleaning Schedule – Optional Use.)

All equipment and environmental and working surfaces will be cleaned and decontaminated after contact with blood or other potentially infectious materials.

Contaminated work surfaces will be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.

An appropriate disinfectant will be used according to the manufacturer's instructions.

Protective coverings, such as imperviously-backed absorbent paper used to cover equipment and environmental surfaces, will be removed and replaced as soon as feasible when they become overtly contaminated or at the end of the work shift if they

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may have become contaminated during the shift.

All bins, pails, cans and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials, will be inspected and decontaminated on a regularly scheduled basis and cleaned and decontaminated immediately or as soon as feasible upon visible contamination.

Broken glassware which may be contaminated will not be picked up directly with the hands. It will be cleaned up using mechanical means.

Reusable sharps that are contaminated with blood or other potentially infectious materials will not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.

REGULATED WASTE - SHARPS

Contaminated sharps will be discarded immediately or as soon as feasible in containers that are:

- Closable;
- Puncture resistant;
- Leakproof on sides and bottom; and
- Labeled or color-coded.

During use, containers for contaminated sharps will be:

- Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (i.e. in each room where sharps are used) and out of the reach of children;
- Maintained upright throughout use; and
- Replaced routinely and not be allowed to overfill. (The containers will be replaced when they are filled to the "Do not fill above this line" marking.)

When moving containers of contaminated sharps from the area of use, the containers will be:

- Closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport or shipping; and
- Placed in a secondary container if leakage is possible.

The second container will be:

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- Closable;
- Constructed to contain all contents and prevent leakage during handling, storage, transport or shipping; and
- Labeled or color-coded.

Reusable containers will not be opened, emptied or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.

OTHER REGULATED WASTE

Regulated waste will be placed in containers which are:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, or shipping;
- Labeled or color-coded; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

If outside containment of the regulated waste container occurs, it will be placed in a second container. The second container will be:

- Closable;
- Constructed to contain all contents and prevent leakage of fluids during handling, storage, transport or shipping;
- Labeled or color-coded; and
- Closed prior to removal to prevent spillage or protrusion of contents during handling, storage, transport or shipping.

Disposal of all regulated waste will be in accordance with applicable regulations of the United States, Utah, and political subdivisions of Utah.

LAUNDRY

Contaminated laundry will be handled as little as possible with a minimum of agitation.

Contaminated laundry will be bagged or containerized at the location where it was used and will not be sorted or rinsed in the location of use.

Contaminated laundry will be placed and transported in bags or labeled or color-coded containers. If a department utilizes Universal Precautions in the handling of all soiled

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laundry, alternative labeling or color-coding is sufficient if it permits all employees to recognize the containers as requiring compliance with Universal Precautions. Whenever contaminated laundry is wet and presents a reasonable likelihood of soak-through or leakage from the bag or container, the laundry will be placed and transported in bags or containers which prevent soak-through and/or leakage of fluids to the exterior.

Tooele County will ensure that employees who have contact with contaminated laundry wear protective gloves and other appropriate personal protective equipment.

Tooele County will ship contaminated laundry off-site to a second facility which uses Universal Precautions in the handling of all laundry with the exception of Deseret Peak and the Tooele County Health Department Healthy Smiles Dental Clinic, where the laundry is done on-site. (11-09)

HEPATITIS B VACCINATION

Tooele County requires all volunteers/students affiliated with a sponsoring agency, having exposure to blood and/or OPIM, to provide evidence of immunity to the hepatitis B virus (HBV), prior to working. (08-11)

Evidence of immunity includes documentation of receipt of the appropriately spaced 3-part hepatitis B vaccination series, and/or an anti-HBs test of 10 mIU/mL or greater 1-2 months after completion of the vaccination series. (08-11)

Tooele County recommends Hepatitis B vaccination, which is made available at no charge, to employees determined to have occupational exposure, after they have received the required training and within 10 working days of initial assignment, unless the employees have previously received the complete hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons. (08-11)

Participation in a prescreening program is not a prerequisite for receiving hepatitis B vaccination. (08-11)

Tooele County recommends anti-HBs testing, which is made available at no charge, to employees with occupational exposure, 1–2 months after they complete the 3rd dose of the hepatitis B vaccination series. If employees do not respond to the primary vaccination series (i.e., anti-HBs <10 mIU/mL), Tooele County will offer, at no charge, a second hepatitis B vaccination series and anti-HBs testing 1–2 months after completion of the 3rd dose of the second hepatitis B vaccination series.

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Tooele County employees will use the MWMC-Worx Clinic for hepatitis B vaccination and the anti-HBs testing and follow-up. Employee should take an officially signed **Authorization for Hepatitis B Vaccination and anti-HBs Testing** form (see Attachment C), to the MWMC-Worx Clinic to receive hepatitis B vaccinations and to be tested for anti-HBs. (11/09)

Human Resources will keep hepatitis B vaccination dates and/or anti-HBs test results in confidential medical files for employees. (11-09)

If employees initially decline hepatitis B vaccination but at a later date, while still covered under the standard, decide to accept the vaccination, Tooele County will make available hepatitis B vaccination at that time.

Tooele County will assure employees who decline to accept hepatitis B vaccination sign the **Hepatitis B Vaccine Declination Statement** (see Attachment D). The signed declination statements will be kept on file by Human Resources. (08-11)

If a routine booster dose(s) of hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such a booster dose(s) will be made available.

POST EXPOSURE EVALUATION, TREATMENT AND FOLLOW-UP

Immediate Treatment and Reporting of a Blood Exposure Incident

Following a blood exposure incident, the exposed employee will immediately wash their wound(s) and/or skin with soap and water, and/or flush their mucous membranes with water. They will immediately report the exposure incident to their supervisor or their designee.

Students and volunteers affiliated with outside agencies will be sent to their agency for post exposure evaluation, treatment and follow-up. (08-11)

The exposed employee's supervisor, or their designee, will follow the steps outlined in the **Blood Exposure Checklist**. (See Attachment E.)

Source Individual Testing

The supervisor, or their designee, will complete the **Source Individual Information** form. (See attachment F.)

The supervisor, or their designee, will attempt to identify the source individual. If they cannot identify the source individual, they will document the reason. If they

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identify the source individual, they will ask them if they know if they are infected with HIV, HBV and/or HCV. The supervisor, or their designee, will inform the exposed employee of the source individual's HIV, HBV and HCV status and instruct them to inform the healthcare professional evaluating their exposure of the source individual's HIV, HBV and HCV status. They will inform the employee that they are required, by law, to keep the source individual's information confidential. If the source individual states they are infected with HIV, HBV and/or HCV, they do not need to be tested. (08-11)

If the source individual states they do not know if they are infected and they are not incarcerated, the supervisor, or their designee, will ask them if they are willing to be tested for HIV, HBV and/or HCV. If the source individual is incarcerated, consent does not need to be obtained.

If the source individual is willing to be tested for HIV, HBV and/or HCV, or is incarcerated and consent is not required, the supervisor, or their designee, should ensure they are tested, as soon as feasible, at the:

- The Work Occupational Health Clinic at Mountain West Medical Center; or
- If after hours, the Mountain West Medical Center Emergency Room. (4/08)

(Note: If the source individual is incarcerated, the supervisor, or their designee, will arrange for law enforcement to escort them for testing.)

The supervisor, or their designee, will inform the testing facility to bill the source individual's blood tests to the exposed employee's Worker's Compensation insurance claim. (08-11)

The supervisor, or their designee, will inform the healthcare professional testing the source individual they are responsible to inform the exposed employee of the results of the source individual's testing. They will inform the healthcare professional evaluating the exposed employee's exposure, if it is someone else, and inform them of the applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual. (11-09)

The supervisor, or their designee, will inform the healthcare professional testing the source individual they are responsible to inform them of their results and refer them for follow-up, if needed.

Information Provided to the Healthcare Professional

The exposed employee's supervisor, or their designee, will ensure the healthcare professional responsible for the employee's Hepatitis B vaccination is provided with a

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copy of the OSHA Bloodborne Pathogens Standard or the web site (www.osha.gov) so they have access to the Standard. (08-11)

- The **Information for the Healthcare Professional** form (Attachment G);
- The correct billing information for the worker's compensation claim,
- A 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;
- All medical records relevant to the appropriate treatment of the employee including Hepatitis B vaccination status and/or anti-HBs test results;
- The web site for the OSHA Bloodborne Pathogens regulation; A copy of the OSHA Bloodborne Pathogens Standard or the OSHA Bloodborne pathogens Standard web site, www.osha.gov; (08-11)
- Identification and documentation of the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law. (11-09)

Confidential Medical Evaluation, Blood Collection and Baseline Testing

Tooele County will make available a confidential medical evaluation including a post-exposure evaluation and follow-up to all employees not affiliated with a sponsoring agency, who have had a blood exposure incident. The exposed employee will be escorted by their supervisor, or their designee, to the appropriate clinic (Worx or the healthcare professional of their choice) (11-09)

To obtain a baseline, the exposed employee will have their blood collected, as soon as feasible, if indicated and after consent is obtained, and tested for HIV, HBV (if the employee's anti-HBs status is unknown) and HCV serologic status.

If the employee consents to baseline blood collection, but does not give consent at that time for HIV serologic testing, the sample will be preserved for at least 90 days by the appropriate clinic. If, within 90 days of the exposure incident, the employee elects to have the baseline sample tested, such testing will be done as soon as feasible. The healthcare professional will counsel the exposed employee and initiate post-exposure prophylaxis, when medically indicated, as recommended by the U.S. Public Health Service Guidelines. (11-09)

Tooele County will ensure that all medical evaluations and procedures including the post-exposure evaluation and follow-up, including prophylaxis, are:

- Made available at no cost to the employee;

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- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or by or under the supervision of another licensed healthcare professional; and
- Provided according to recommendations of the U.S. Public Health Service current at the time these evaluations and procedures take place, except as specified.

Tooele County will ensure that all laboratory tests are conducted by an accredited laboratory at no cost to the employee.

Healthcare Professional's Written Opinion

The healthcare professional will provide Human Resources with a written opinion within 15 days of the completion of the evaluation.

The healthcare professional's written opinion for Hepatitis B vaccination will be limited to whether hepatitis B vaccination is indicated for an employee, and if the employee has received such vaccination.

The healthcare professional's written opinion for post-exposure evaluation and follow-up will be limited to the following information:

- The employee has been informed of the results of the evaluation; and
- The employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment.

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

The healthcare professional will inform the health department of all reportable diseases. This information will remain confidential.

INFORMATION AND TRAINING

Training

Human Resources or individual department heads will ensure that all employees with occupational exposure participate in a training program, which will be provided at no cost and during working hours. (08-11)

Training will be provided as follows:

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- At the time of initial assignment to tasks where occupational exposure may take place; and
- At least annually thereafter.

Human Resources or individual supervisors will provide annual training for all employees with occupational exposure, within one year of their previous training. Supervisors will provide additional training when changes such as modification of tasks or procedures or institution of new tasks or procedures affect their occupational exposure. The additional training may be limited to addressing the new exposures created. (08-11)

Material appropriate in content and vocabulary to educational level, literacy, and language of employees will be used.

The training program will contain at a minimum the following elements:

- Information of where the regulatory text of this OSHA Bloodborne Pathogens Standard can be accessed (on-line on the OSHA web site at: www.osha.gov) and an explanation of its contents; (09-11)
- An explanation of the Tooele County Exposure Control Plan which will be available to employees via the Tooele County internet web site at: www.co.tooele.ut.us; click on Drop Down list of "Departments", click on "Human Resources", Click on "Bloodborne Pathogens Exposure Control Plan". (All attachments are also available.) (09-11)
- A general explanation of the epidemiology and symptoms of bloodborne diseases (i.e. HIV, HBV and HCV);
- An explanation of the modes of transmission of bloodborne pathogens;
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials;
- An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices and personal protective equipment;
- Information on the types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment;
- An explanation of the basis for selection of personal protective equipment;
- An explanation of the labels and/or color coded red bags or red containers used to communicate hazards to employees; (08-11)
- Information on the hepatitis B vaccine, offered at no charge to employees with occupational exposure, including information on its efficacy, safety, method of administration and the benefits of being vaccinated and completing anti-HBs testing 1-2 months after completion of the 3-part hepatitis B vaccination series,

TOOELE COUNTY BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

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offered at no charge to employees with occupational exposure, if they have not been previously vaccinated; (09-11)

- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;
- An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available;
- Information on the post-exposure evaluation and follow-up that Tooele County is required to provide for the employee following an exposure incident; and
- An opportunity for interactive questions and answers with the person conducting the training session. (08-11)

The person conducting the training will be knowledgeable in the subject matter covered by the elements contained in the training program as it relates to the workplace that the training will address.

RECORD KEEPING

Human Resources will ensure that all training records include the following information:

- The dates of the training sessions;
- The contents or a summary of the training sessions;
- The names and qualifications of persons conducting the training; and
- The names and job titles of all persons attending the training sessions.

Training records will be maintained for three (3) years from the date on which the training occurred.

Medical Records

The Tooele County Human Resources Department will establish and maintain accurate, confidential records for each employee with occupational exposure. This record will include:

- The name and social security number of the employee;
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations, anti-HBs test results and any medical records relative to the employee's ability to receive the vaccination and/or the hepatitis B declination form; (08-11)
- A record of the employee's initial and annual bloodborne pathogen training. (09-11)

The Tooele County Human Resources Department will establish and maintain

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accurate, confidential records for each employee who has reported a blood exposure. This record will include: (08-11)

- A copy of all results of examinations, medical testing, and follow-up procedures as required;
- A copy of the healthcare professional's written opinion as required; and
- A copy of the information provided to the healthcare professional as required. (See section: "Post Exposure Evaluation and Follow –Up".) (11-09)

Human Resources will ensure that required employee medical records are kept confidential and not disclosed or reported without the employee's express written consent to any person within or outside the workplace except as required by this section or as may be required by law. (11-09)

Tooele County will maintain the records required for at least the duration of employment plus 30 years in accordance in accordance with the OSHA Bloodborne Pathogens Standard.

Availability of Records

Tooele County will ensure that all records required to be maintained will be made available upon request to the OSHA Assistant Secretary and the Director for examination and copying.

Tooele County will ensure that required employee training records will be provided upon request for examination and copying to employees, to employee representatives, to the Director, and to the Assistant Secretary. (08-11)

Tooele County will ensure required employee medical records will be provided upon request for examination and copying to the employee, to anyone having written consent of the employee, to the Director and to the Assistant Secretary. (08-11)

Transfer of Records

Tooele County will comply with the requirements of transfer of records set forth in the OSHA Bloodborne Pathogens Standard. If Tooele County ceases to do business and there is no successor employer to receive and retain the records for the prescribed period, Tooele County will notify the Director, at least three months prior to their disposal and transmit them to the Director, if required by the Director to do so, within that three month period.

Sharps Injury Log

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Tooele County will establish and maintain a **Sharps Injury Log** (see attachment H), for the recording of percutaneous injuries from contaminated sharps, for identifying high risk areas and evaluating devices. The information in the Sharps Injury Log will be recorded and maintained in such manner as to protect the confidentiality of the injured employees. The Sharps Injury Log will be completed by all injured employees and will contain: (08-11)

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

The completed **Sharps Injury Log** will be forwarded to the Human Resources Department. The **Sharps Injury Log** shall be maintained for the period required by 29 CFR 1904.6 (09-11)

Tooele County Exposure Control Plan

EVALUATION OF SHARPS SAFETY FEATURES

Name:	Occupation/Title:	Department:
Today's Date:	Product Name/Number of Times Used:	

Please **circle** the most appropriate answer for each question. Not applicable (N/A) may be used if the question does not apply to this particular product.

Use this code: 1 – Strongly Agree, 2 – Agree, 3 Disagree, 4 - Strongly Disagree

1. I can activate the safety feature with one hand.	1	2	3	4	N/A
2. I can see the tip of the sharp when I need to (even when the safety feature is activated).	1	2	3	4	N/A
3. It is impossible NOT to use the safety feature.	1	2	3	4	N/A
4. This product can be used as quickly as I expected.	1	2	3	4	N/A
5. The product is easy to handle while wearing gloves.	1	2	3	4	N/A
6. The device offers a good view of any aspirated fluid.	1	2	3	4	N/A
7. This product will work with all required syringe and needle sizes.	1	2	3	4	N/A
8. There is a distinct change (audible or visible) when the safety feature is activated.	1	2	3	4	N/A
9. The safety feature operates reliably.	1	2	3	4	N/A
10. The exposed sharp is permanently blunted or covered after use.	1	2	3	4	N/A
11. The device is just as easy to process after use than our current product.	1	2	3	4	N/A
12. This product is easy to learn how to use and understand.	1	2	3	4	N/A
13. The design of the product suggests proper use.	1	2	3	4	N/A
14. It is almost impossible to skip a crucial step in proper use of the device.	1	2	3	4	N/A
15. This device provides a better alternative to our current product.	1	2	3	4	N/A

Comments/Concerns: _____

Give a copy of this form to the supervisor/designee.

Forward the original to the Human Resources Department for placement with the Exposure Control Plan.

Tooele County Exposure Control Plan

CLEANING SCHEDULE

ROOM/AREA: _____

MONTH/YEAR _____

DATE	CONTAMINATED SURFACES DISINFECTED	SHARPS CONTAINERS REPLACED IF NEEDED	RED BAGS REPLACED IF NEEDED	EMPLOYEE'S INITIALS
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
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24				
25				
26				
27				
28				
29				
30				
31				

Forward to Supervisor/Designee

Tooele County Exposure Control Plan

AUTHORIZATION FORM FOR HEPATITIS B VACCINATIONS AND ANTI-HBS TESTING

Employer: Tooele County
Attn: Human Resources
47 South Main Street, Tooele, Utah 84074
435-843-3157

Contact: Pam Ayala/Carrie Hinkel/Tita Adams
(Please complete to the dashed line below.)

Employee/Applicant (Print Name) _____
Mailing Address: _____
Contact Phone Number: _____

REPRESENTATIVE AUTHORIZING SERVICES INSTRUCTIONS:

Check service(s) to be performed and reason(s) for services:

- 3-part hepatitis B vaccination series
 - o To provide immunity against hepatitis B virus infection.
- anti-HBs (1-2 months after third dose in 3-part hepatitis B vaccination series)
 - o To assess hepatitis B immune status

Signature of Representative Authorizing Services _____

_____ Date

EMPLOYEE INSTRUCTIONS:

- Bring this form and a Picture ID.
- Proceed to the Worx Clinic site listed below for your 3-part hepatitis B vaccination series.
- Within 1-2 months after receiving the third dose in your 3-part hepatitis B vaccination series, proceed to the Worx Clinic site for your anti-HBs test.
- Other: _____

MWMC-Worx Occupational Health Clinic

2055 N. Main, Tooele, UT. 84074

435-843-3689

Contact: Stacey

Hours of Operation: 8:00 a.m. – 5:00 p.m.

WORXS OCCUPATIONAL HEALTH CLINIC INSTRUCTIONS:

1. Forward invoice(s) to: Tooele County Human Resource Dept, 47 S Main, Tooele, UT, 84074.
2. Forward documentation of the employee's hepatitis B vaccinations and/or the anti-HBs test results to the employee and to the Tooele County Human Resource Dept, 47 S Main, Tooele, UT, 84074.

Note: If, after completion of the first 3-part hepatitis B vaccination series, the employee's anti-HBs does not indicate they are immune to Hepatitis B, proceed with a second 3-part hepatitis B vaccination series and repeat the anti-HBs test in 1-2 months. Send documentation of the employee's hepatitis B vaccinations and/or their second anti-HBs test results to the employee and to the Tooele County Human Resource Dept, 47 S Main, Tooele, UT, 84074.

Thank you

Tooele County Exposure Control Plan

HEPATITIS B VACCINATION DECLINATION STATEMENT

I understand that due to my occupational exposure to blood and/or other potentially 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 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's Signature

Date

Employee's Name (Printed)

Date

Department Head Signature (Required)

Date

Forward to Human Resources.

Tooele County Exposure Control Plan

BLOOD EXPOSURE CHECKLIST

Employees should follow the Tooele County Exposure Control Plan. www.co.tooele.ut.us

Note: Volunteers/students affiliated with outside agencies should be sent to their agency for follow-up in the event of a blood exposure incident.

If a blood exposure occurs:

1. The exposed employee must immediately:
 - Wash wound(s) and/or skin with soap and water, and/or
 - Flush mucous membranes with water;
2. The exposed employee must immediately report the exposure incident to their supervisor/designee;
3. The supervisor/designee must obtain the following forms(available from the safety representative):
 - **Source Individual Information** (Attachment F),
 - **Information for the Healthcare Professional** (Attachment G),
 - **Sharps Injury Log** (Attachment H), and
 - **Workers Compensation Claim (Form 122)** (Attachment I);
4. The supervisor/designee must attempt to identify the source individual and complete the **Source Individual Information** form. (See Attachment F.)
5. The supervisor/designee should escort the exposed employee for medical evaluation/treatment, to:
 - The Work Occupational Health Clinic at MWMC,
2055 N. Main St., Tooele,
843-3689, or
 - A healthcare professional of their choice;

Note: The exposed employee should not be taken to a hospital emergency department unless it is after-hours and there is no other option available.

6. The healthcare professional must be provided with:
 - The **Information for the Healthcare Professional** (see Attachment G), which includes:

- ✓ The correct billing information for the worker's compensation claim:
Workers' Compensation Fund (WCF)

Workers Compensation Fund (WCF)
PO Box 2227
Sandy, UT 84091
385.351.8000
800.446.2667
385.351.8167 (Fax)

- ✓ The exposed employee's duties as they relate to the exposure incident,

the route of the exposure and the circumstances under which the exposure occurred,

- ✓ The exposed employee's hepatitis B vaccination dates and/or their hepatitis B titer (anti-HBs), and

Note: The employee can call Human Resources, (435)843-3157 to have their records faxed, if needed.

- ✓ The source individual's HIV, Hepatitis B and Hepatitis C status if and/or when it is known by the exposed employee;

Note: The exposed employee will be informed of the source individual's HIV, Hepatitis B and Hepatitis C status by:

- their supervisor, if the source individual informs them of their status, or
- the healthcare professional at the Worx Clinic, if the source individual is tested.

7. If the exposure incident occurs when the employee is out of the area, they must:

- Immediately report the incident to their office management and the Human Resource Department,
- Go to the nearest medical facility,
- Keep track of their receipts for any expense incurred as the result of the incident for reimbursement, and
- Give the healthcare professional evaluating their exposure the UCIP billing information for their worker's compensation claim;

8. The exposed employee must complete the **Sharps Injury Log** (see Attachment H), if the exposure route is percutaneous/pierces through the skin;

9. The exposed employee, the supervisor/designee, any witnesses and the safety representative must complete the **Workers Compensation Claim (Form 122)**;

10. The supervisor/designee must ensure the following forms are completed and forwarded to the Safety Representative. (Human Resources must be informed of the blood exposure incident when it occurs, even if the forms are not ready to be submitted that day.) The Safety Representative must forward the completed forms to the Human Resources Department within 24 hours:

- **Source Individual Information** (Attachment F),
- **Workers Compensation Claim (Form 122)**, and
- **Sharps Injury Log** (Attachment H), if the exposure route is percutaneous (pierces through the skin).

Tooele County Exposure Control Plan

SOURCE INDIVIDUAL INFORMATION

The supervisor/designee must complete this form for all blood exposure incidents.

1. Exposed employee's:

Name: _____
Contact Phone Number: _____
Mailing Address: _____

2. Source individual's: (Skip to #3 if the source individual cannot be identified.)

Name: _____
Contact Phone Number: _____
Mailing Address: _____

3. The supervisor/designee must document the reason the source individual cannot be identified, sign and date the form and forward it to Human Resources.

4. The supervisor/designee must ask the source individual if they know if they are infected with: (If they say "No" to all, skip to #6.)

- ✓ HIV? Yes No
- ✓ Hepatitis B? Yes No
- ✓ Hepatitis C? Yes No

Note: They do not need to be tested if they know they are infected.

5. If the source individual states they know they are infected with HIV, Hepatitis B and/or Hepatitis C, the supervisor/designee must:

- ✓ Inform the exposed employee of the source individual's infectious status,
- ✓ Instruct the exposed employee to inform the healthcare provider evaluating their exposure of the source individual's infectious status,
- ✓ Inform the exposed employee that, by law, the source individual's identity and infectious status must be kept confidential, and
- ✓ Keep the source individual's identity/infectious status confidential;

6. If the source individual states they do not know if they are infected with HIV, Hepatitis B and/or Hepatitis C, the supervisor/designee must ask if they agree to be tested for: (By law, consent is not required, if they are incarcerated.)

- ✓ HIV? Yes No
- ✓ Hepatitis B? Yes No
- ✓ Hepatitis C? Yes No

7. If the source individual stated they do not know if they are infected with HIV, Hepatitis B and/or Hepatitis C and they agree to be tested, or they are incarcerated and their consent is not required, the supervisor/designee must:

- ✓ Ensure they are tested, as soon as possible, for HIV, Hepatitis B, and/or Hepatitis C at the:
Worx Occupational Health Clinic, MWMC,
2055 N. Main Street, Tooele, UT 84074,
435-843-3689;

Note: If after-hours, the testing should be done at the MWMC Emergency Department.

- ✓ If they are incarcerated, arrange for a law enforcement officer to escort them, and
- ✓ Ensure the testing facility has the billing information for their HIV,

Hepatitis B, and/or Hepatitis C tests. (Note: The source individual's tests will be billed to the exposed employee's workers compensation claim.)

Workers Compensation Fund (WCF)
PO Box 2227
Sandy, UT 84091
385.351.8000
800.446.2667
385.351.8167 (Fax)

8. The healthcare provider must:

- ✓ Provide the source individual with HIV pre-test counseling and obtain consent for HIV testing, unless they are incarcerated and their consent is not required,
- ✓ Inform the source individual of their test results, and
- ✓ Refer the source individual to their healthcare provider for treatment and follow-up, if indicated.

9. When the source individual's test results are available, the healthcare provider must contact the exposed employee and:

- ✓ Inform them of the source individual's HIV, Hepatitis B and/or Hepatitis C test results,
- ✓ Instruct them to notify the healthcare provider evaluating their exposure of the source individual's HIV, Hepatitis B and/or Hepatitis C test results, and
- ✓ Instruct them to keep the source individual's identity and HIV, Hepatitis B and/or Hepatitis C test results confidential, as required by law;

Signature of Supervisor/Designee

Date

Give a copy of this form to the facility testing the source individual.
Forward the original to Human Resources.

Tooele County Exposure Control Plan

Information for the Healthcare Professional

Information for the healthcare professional when seeing a Tooele County employee who has had an occupational exposure to blood:

1. Bill the exposed employee's worker's compensation claim to:

Workers Compensation Fund (WCF)
PO Box 2227
Sandy, UT 84091
385.351.8000
800.446.2667
385.351.8167 (Fax)

2. The OSHA Bloodborne Pathogens Standards is available on line at www.osha.gov, click B, click 92 CFR 1910.1030;
3. The exposed employee should provide:
 - Their duties as they relate to the exposure incident, the route(s) of the exposure and circumstances under which the exposure occurred, and
 - Their hepatitis B vaccination dates and/or their hepatitis B titer (anti-HBs);
(Note: The employee can call Human Resources, (435)843-3157 if needed.)
4. The exposed employee should provide the source individual's HIV, Hepatitis B and Hepatitis C status if and/or when it is known;
5. The healthcare professional should evaluate, treat and provide follow-up care for the exposed employee according to the most recently published guidelines from the U.S. Public Health Service.
 - Baseline testing for HIV, Hepatitis B and Hepatitis C:
 - ✓ If an HIV test is indicated, the healthcare professional should provide the exposed employee with HIV pre-test counseling and obtain consent for HIV testing:
 - After consent for HIV testing is obtained, the exposed employee should have their blood collected as soon as feasible and tested for HIV, Hepatitis B (if the employee/volunteer's anti-HBs status is unknown) and Hepatitis C,
 - If the exposed 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 by the appropriate clinic, and
 - 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;

- Post-exposure prophylaxis:
 - ✓ When medically indicated, the healthcare professional should initiate post-exposure prophylaxis as recommended by the most recently published guidelines from the U.S. Public Health Service Guidelines:

 - If indicated, the healthcare professional should:
 - ✓ Counsel the exposed employee to report any sign or symptoms of HIV, hepatitis B and/or Hepatitis C,
 - ✓ Provide the exposed employee with follow-up testing for:
 - HIV infection at 6 weeks, 12 weeks and 6 months, and
 - HCV infection at 4-6 weeks and 4-6 months,
 - ✓ Counsel the exposed employee to follow precautions to prevent possible transmission of HIV during the follow-up period, especially the first 6 – 12 weeks after the exposure. These precautions include:
 - Not donating blood, semen, or organs,
 - Not having sexual intercourse, or if the employee chooses to have sexual intercourse, to use a condom consistently and correctly to reduce the risk of HIV transmission, and
 - Considering not breastfeeding, and
 - ✓ Counsel the exposed employee to report any sign or symptoms of HIV, hepatitis B and/or Hepatitis C;
6. The healthcare professional should complete a written opinion within 15 days of the completion of the evaluation and mail it to the Tooele County Human Resources Dept, 47 S Main, Tooele, UT, 84074. The healthcare professional should limit the written opinion for Hepatitis B vaccination to:
- Whether hepatitis B vaccination was indicated for an employee, and if the employee received the vaccination,
 - That the employee has been informed of the results of the evaluation, and
 - That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation or treatment;
 - All other findings or diagnoses shall remain confidential and shall not be included in the written report.

Tooele County Exposure Control Plan

SHARPS INJURY LOG

This form is to be completed by all employees that experience a contaminated percutaneous injury (an injury piercing through the skin).

1. What is your job title?
2. Where did the incident occur? (List specific department or work area.)
3. What procedure was being performed at the time of the incident? (Please include complete details of how the incident occurred.)
4. What are the type and brand of the device involved in the incident?
5. Did the device have a safety design?
 Yes No
6. What body part was injured?
7. Describe the extent of the injury.
8. Was the sharp item contaminated?
 Yes No
9. How do you think this injury could best be prevented in the future?

Forward copy to supervisor.
Forward to Human Resources.



WORKERS COMPENSATION CLAIM (FORM 122)

THIS FORM MUST BE FILLED OUT COMPLETELY.
USE BACK OF FORM, IF ADDITIONAL SPACE IS NEEDED.

EMPLOYEE INFORMATION

NAME: _____
HOME PHONE: _____ ADDRESS: _____
CITY, STATE, ZIP CODE: _____
SOCIAL SECURITY #: _____ MARITAL STATUS: _____ # OF DEPENDENTS: _____
DATE OF BIRTH: _____ JOB TITLE: _____ DEPARTMENT: _____
SUPERVISOR'S NAME: _____ PHONE: _____
OF DAYS WORKED PER WEEK: _____ # OF HOURS WORKED PER WEEK: _____ LAST DAY WORKED: _____

DESCRIPTION OF ACCIDENT

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____ TIME WORK BEGAN: _____
DATE AND TIME EMPLOYER WAS NOTIFIED: _____ NAME OF PERSON NOTIFIED: _____
IF NOTIFICATION OR REPORT WAS DELAYED, DESCRIBE THE REASON: _____

LOCATION AND ADDRESS WHERE ACCIDENT OCCURRED: _____

DESCRIBE HOW THE ACCIDENT OCCURRED: _____

DESCRIBE THE WORK BEING PERFORMED: _____

WAS THE WORK BEING PERFORMED THE EMPLOYEE'S REGULAR DUTY? _____
IF NO, WAS THE EMPLOYEE TRAINED? _____ IF YES, WHO PROVIDED THE TRAINING? _____
WAS SAFETY EQUIPMENT PROVIDED? _____ IF YES, WHAT WAS THE SAFETY EQUIPMENT? _____

WAS THE SAFETY EQUIPMENT USED? _____ IF NOT, EXPLAIN WHY: _____

LIST THE NAME(S) & PHONE NUMBER(S) OF OTHERS INVOLVED: _____

DESCRIPTION OF INJURY

NO INJURY _____

MARK THE BOXES COORESPONDING TO THE INJURY AND SPECIFICALLY DESCRIBE THE INJURY IN YOUR OWN WORDS:

<u>PART(S) OF BODY</u>	<u>TYPE OF INJURY</u>	<u>CAUSE</u>
<input type="checkbox"/> HEAD <input type="checkbox"/> WRIST	<input type="checkbox"/> PUCTURE WOUND	<input type="checkbox"/> FALL
<input type="checkbox"/> EYES <input type="checkbox"/> HAND	<input type="checkbox"/> FOREIGN BODY	<input type="checkbox"/> SLIP
<input type="checkbox"/> NOSE <input type="checkbox"/> FINGER	<input type="checkbox"/> SPRAIN/STRAIN	<input type="checkbox"/> SPILL-SPRAY
<input type="checkbox"/> MOUTH <input type="checkbox"/> HIP	<input type="checkbox"/> HERNIA	<input type="checkbox"/> STRUCK BY PERSON
<input type="checkbox"/> EAR <input type="checkbox"/> THIGH	<input type="checkbox"/> LACERATION	<input type="checkbox"/> STRUCK BY EQUIPMENT
<input type="checkbox"/> NECK <input type="checkbox"/> KNEE	<input type="checkbox"/> FRACTURE	<input type="checkbox"/> STRUCK BY OBJECT
<input type="checkbox"/> LEG <input type="checkbox"/> SHOULDER	<input type="checkbox"/> DISLOCATION	<input type="checkbox"/> PULLING/PUSHING
<input type="checkbox"/> ANKLE <input type="checkbox"/> BACK, UPPER	<input type="checkbox"/> INFECTIOUS DISEASE	<input type="checkbox"/> LIFTING
<input type="checkbox"/> FOOT <input type="checkbox"/> BACK, LOWER	<input type="checkbox"/> BURN/SCALD	<input type="checkbox"/> BENDING/REACHING
<input type="checkbox"/> CHEST <input type="checkbox"/> TOES	<input type="checkbox"/> IRRITATIONS	<input type="checkbox"/> EXPOSURE
<input type="checkbox"/> ARMS <input type="checkbox"/> INTERNAL	<input type="checkbox"/> RESPIRATORY	<input type="checkbox"/> OVEREXERTION
	<input type="checkbox"/> EXPOSURE	<input type="checkbox"/> OTHER

INDICATE IF INJURY WAS ON:
 RIGHT OR LEFT

EXPLAIN: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

MEDICAL TREATMENT

- NO TREATMENT; FIRST AID REPORT
- MINOR TREATMENT BY EMPLOYER
- TREATMENT BY PRIVATE PHYSICIAN
- WORX CLINIC
- EMERGENCY CARE
- HOSPITALIZED MORE THAN 24 HOURS
- MAJOR MEDICAL

PHYSICIAN INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP CODE: _____

SUPERVISOR STATEMENT

Include the employee's duties as they relate to the incident. If there was an occupational exposure to blood or other potentially infectious materials, as defined in the Tooele County Bloodborne Pathogens Exposure Control Plan, document the circumstances under which exposure occurred and complete the BLOOD EXPOSURE PACKET.

NAME OF SUPERVISOR: _____ PHONE: _____

DEPARTMENT: _____

NAME OF INJURED WORKER: _____

DATE OF ACCIDENT: _____

DESCRIBE WHAT HAPPENED: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

WITNESS STATEMENT(S)

WITNESS NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP CODE: _____

NAME OF INJURED WORKER: _____

DATE OF ACCIDENT: _____

DESCRIBE WHAT HAPPENED: _____

WITNESS SIGNATURE: _____ DATE: _____

.....
WITNESS NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP CODE: _____

NAME OF INJURED WORKER: _____

DATE OF ACCIDENT: _____

DESCRIBE WHAT HAPPENED: _____

WITNESS SIGNATURE: _____ DATE: _____

SAFETY COORDINATOR COMMENTS

SAFETY COORDINATOR SIGNATURE: _____ DATE: _____

.....
**IF ACCIDENT INVOLVED COUNTY PROPERTY OR EQUIPMENT, AN INCIDENT REPORT
MUST BE SUBMITTED TO THE COUNTY CLERK'S OFFICE.**
.....

TO BE COMPLETED BY THE HUMAN RESOURCE DEPARTMENT:

STATE OF HIRE: _____ DATE HIRED: _____ EMPLOYMENT STATUS: _____

RATE OF PAY: _____ DATE RETURNED TO WORK: _____

DATE REPORT FILED WITH UCIP: _____ BY: _____

H.R. DEPARTMENT SIGNATURE: _____ DATE: _____

SUPERVISOR'S STATEMENT

Name of injured worker: _____

Date of accident: _____

Name of Supervisor: _____

Department: _____

What happened: (Include their duties as they relate to the incident, the route of Bloodborne Exposure and circumstances under which exposure occurred.

Signature: _____

Date: _____

WITNESS STATEMENT(S)

WITNESS NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP CODE: _____

NAME OF INJURED WORKER: _____

DATE OF ACCIDENT: _____

DESCRIBE WHAT HAPPENED: _____

WITNESS SIGNATURE: _____ DATE: _____



WITNESS NAME: _____ PHONE: _____

ADDRESS: _____ CITY, STATE, ZIP CODE: _____

NAME OF INJURED WORKER: _____

DATE OF ACCIDENT: _____

DESCRIBE WHAT HAPPENED: _____

WITNESS SIGNATURE: _____ DATE: _____