



COUNTY OF ORANGE
HEALTH CARE AGENCY
Administrative Policies & Procedures Manual



Subject:
Bloodborne Pathogens: Exposure Incident Reporting

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I. PURPOSE

To ensure accurate and timely reporting of occupational exposure incidents involving bloodborne pathogens.

II. POLICY

Employees or volunteers involved in exposure incidents must immediately report the incident to their supervisor. All exposure incidents must be reported to HCA/Employee Health Services no later than the next workday. The exposed employee or volunteer shall receive evaluation, treatment and follow-up services for any bloodborne pathogen exposure incident according to current U.S. Public Health Service recommendations and Health Care Agency protocol.

Evaluation and follow-up costs will be paid by the user Agency/Department. Certain types of exposure incidents are not covered under the Workers' Compensation Program. Employee evaluation and follow-up visits at HCA/Employee Health Services are to be on paid County time.

III. REFERENCES

California Code of Regulations (CCR) Title 8, Section 5193

CDC Report – Morbidity and Mortality Weekly Report (MMWR) September 30, 2005 / 54 (RR09)

CDC Report – Morbidity and Mortality Weekly Report (MMWR) June 29, 2001/ Vol. 50 / No.RR-11

[County of Orange Safety and Loss Prevention Resource Manual No. 102.1 "Bloodborne Pathogens: Post Exposure Incident Evaluation" \(revised 6/23/08\)](#)

[HCA Policies & Procedures V-4.11 On-the-Job Injury/Illness Reporting](#)

[HCA Policies & Procedures VI-3.01 Bloodborne Pathogens: Preventive Policy](#)

HCA Policies & Procedures VI-3.03 HIV Test: Informed Consent and Sharing of Information

IV. DEFINITIONS

Blood – Human blood, human blood components and products made from human blood.

Bloodborne pathogens – Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include but are limited to hepatitis B virus (HBV), hepatitis C virus (HCV) and human immunodeficiency virus (HIV).

Employee – An employee of the County of Orange.

Exposure incident – A specific eye, mouth, mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee or volunteer's duties.

Other Potentially Infectious Materials (OPIM) – (1) Human body fluids to include: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any other body fluid that is visibly contaminated with blood such as saliva or vomitus, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids such as emergency response; (2) any unfixed tissue or organ (other than intact skin) from a human (living or dead); and (3) any of the following, if known or reasonably likely to contain or be infected with HIV, HBV or HCV: (a) cell, tissue or organ cultures from humans or experimental animals; (b) blood, organs or other tissues from experimental animals; or (c) culture medium or other solutions.

Sharp – Any object used or encountered that can be reasonably anticipated to penetrate the skin or any part of the body, and to result in an exposure incident, including, but not limited to needle devices, scalpels, lancets, broken glass, broken capillary tubes, exposed ends of dental wires and dental knives, drills and burs.

Sharps Injury – Any injury caused by a sharp, including, but not limited to cuts, abrasions or needlesticks.

Sharps Injury Log – A written or electronic record of injuries caused by sharps.

Source individual – Any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee or volunteer.

Volunteer – There are two types of volunteers: (1) Volunteer (A) – A volunteer covered by Worker’s Compensation, including Sheriff Reserve Officers, Park Ranger Reserves and individuals serving on a board, commission, council or committee approved by the Board of Supervisors; and (2) Volunteer (B) – A volunteer excluding Volunteer (A) that is not covered by Worker’s Compensation.

V. ATTACHMENTS

[Sharps Injury Log – Attachment 1](#)

VI. PROCEDURE

When an employee or volunteer is involved in an exposure incident, the employee/volunteer, their immediate supervisor and HCA/Employee Health shall implement the following procedure:

A. Employee or Volunteer:

1. Immediately cleans/washes exposed area and obtains first aid as needed.
2. Immediately reports the exposure incident to his/her immediate supervisor.

B. Immediate Supervisor:

1. During regular business hours, immediately contacts HCA/Employee Health Services to report the exposure incident. All exposure incidents must be reported to Employee Health Services no later than the next workday [phone (714) 565-3780 or FAX (714) 565-3788].
2. During regular business hours, refers the exposed employee or Volunteer (A) to HCA/Employee Health Services or to a County approved Workers’ Compensation Treatment facility. After regular business hours and on weekends and holidays, refers the exposed employee or Volunteer (A) to a Worker’s Compensation Treatment facility. An exposed Volunteer (B) should be referred to HCA/Employee Health Services or his/her personal physician.

Note: The supervisor must complete a [Medical Services Authorization form](#) prior to sending the employee or volunteer to a Workers’ Compensation Treatment facility and submit a copy of the completed form to CEO/Office of Risk Management.

3. Provides the employee or Volunteer (A) with [Workers’ Compensation Claim Form and Notice of Potential Eligibility \(DWC 1\)](#) and the [“You and Your Injury”](#) handout within 24 hours.
4. If available and appropriate (such as when the source is an HCA clinic patient), provides information regarding source individual (name, address,

date of birth, booking number) to HCA/Employee Health Services or the Workers' Compensation Treatment facility.

5. If requested by HCA/Employee Health Services or the Workers' Compensation Treatment facility, obtains consents and ensures that a blood sample is provided by the source individual (one serum separator tube). Follows further instructions provided by Employee Health Services or the Workers' Compensation Treatment facility.
6. Completes [Employer's Report of Occupational Injury or Illness \(Form 5020\)](#) and [Supervisor's Investigation of Employees Injury/Exposure Form](#) within one working day of the incident and transmits original to CEO/Office of Risk Management.
7. Establishes, maintains and evaluates a Sharps Injury Log (Attachment 1) for all reported exposure incidents involving a "sharp". The exposure incident shall be recorded on the log within 14 working days of the date the incident is reported by the employee or volunteer.

C. Employee Health:

1. Evaluates exposure incident, provides counseling and treatment according to current recommendations by U.S. Public Health Service, California Code of Regulations (CCR) Title 8, Section 5193 and HCA/Employee Health Services protocol.
2. If source individual is known, coordinates evaluation of source for bloodborne infections; contacts AIDS Surveillance, if applicable.
3. Notifies and counsels the exposed employee or volunteer about his/her lab results, and the source person's results (if consent is obtained).
4. Keeps results of all blood tests confidential.
5. Provides employee or volunteer with a copy of Health Care Professional's Written Opinion within 15 days of initial evaluation.
6. Provides follow-up services to employee or volunteer.
7. Monitors "Sharps Injury Log Reports" from supervisors and provides consultation services as needed.
8. If requested by Agency/Department, reviews submitted medical bills for services rendered by treatment facilities.