



Behavioral Health Services

Bloodborne Pathogens Exposure Control Program Plan

Annual Revision Date: 2/4/2019

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HEALTH CARE AGENCY
SAFETY PROGRAM

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COMMENTS: _____

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Annual Certification Review

Cal/OSHA Title 8 (T8), Section 5193, requires all written Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP) to be reviewed and updated annually or when needed [§5193(c)(1)(B)8 and §5193(c)(1)(D)]. Cal/OSHA regulations also require that employers solicit input, such as the selection of effective engineering and work practice controls, from managerial and non-managerial employees who may be potentially exposed to injuries from contaminated sharps. [§5193(c)(1)(E)].

In order to comply with the above listed regulations, each Program is required to use this form as an attachment to their written BBP-ECPP in order to document their annual review.

Annual Review Date: 1/31/2019

PROGRAM PLAN REVIEWERS:

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I. PURPOSE

The purpose of the Bloodborne Pathogens Exposure Control Program Plan (BBP-ECPP) is to provide guidelines for Behavioral Health Services (BHS) programs [including Adult and Older Adult Services (AOABH) Outpatient Clinics, AOABH/Program for Assertive Community Treatment (PACT), AOABH/Crisis Stabilization Unit (CSU), Children, Youth & Prevention Services (CYPS)/Court Evaluation and Guidance Unit (CEGU), CYPS/Perinatal, and Prevention and Intervention (P&I) programs] eliminate or minimize BHS employees' occupational exposure to blood or other potentially infectious material, in compliance with the California Occupational Safety and Health Administration (Cal/OSHA) Bloodborne Pathogens Standard.

II. POLICY

BHS is committed to providing a safe and healthful work environment for our entire staff. The BBP-ECPP is available for examination and copying upon request to: all employees, the Chief of Cal/OSHA, NIOSH, or their respective designee, County and Agency safety representatives. The BBP-ECPP in compliance with the California Code of Regulations, Title 8, Section 5193 (T8, CCR §5193) – Bloodborne Pathogens consists of the following elements:

- ❖ Exposure Determination
- ❖ Schedules and Methods of Implementation
- ❖ Hepatitis B vaccination
- ❖ Post-exposure evaluation and follow-up
- ❖ Procedures for evaluating the circumstances surrounding an exposure incident
- ❖ Communication of Hazards to Employees
- ❖ Employee training
- ❖ Recordkeeping
- ❖ Review of the Exposure Control Program Plan
- ❖ Use and Disposal of Needles and Sharps

III. REFERENCES

[California Code of Regulations, Title 8, Section 5193 \(T8, CCR §5193\) – Blood Pathogens](#)

[CDC. A Comprehensive Immunization Strategy to Eliminate Transmission of Hepatitis B Virus Infection in the United States – Part II: Immunization of Adults. MMRW 2006; 55 \(No. RR-16\)](#)

[CDC. Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post Exposure Prophylaxis. MMWR 2001; 50 \(No. RR-11\)](#)

[County Safety & Loss Prevention Resource Manual Doc. 102: Bloodborne Pathogens Prevention Program](#)

[County Safety & Loss Prevention Resource Manual Doc. 102.1: Bloodborne Pathogens: Post Exposure Incident Evaluation](#)

[HCA Employee Health Services Policy and Procedure MP-05: Hepatitis B Virus \(HBV\) Vaccine Immunity](#)

[HCA Public Health Policy and Procedure Number 7.3: Standard and Transmission-based Precautions](#)

IV. DEFINITIONS

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

Blood Borne 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).

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

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy blood borne 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.

Employee means employee of the County of Orange or volunteer.

Engineering Controls means controls which isolate or remove the bloodborne pathogens hazard from the workplace.

Exposure Incident means specific eye, mouth, or other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM resulting from the performance of an employee's duties.

Handwashing Facilities means a facility providing an adequate supply of running water, soap, and single use towels or hot air drying machines.

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

Occupational Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee's duties.

Other Potentially Infectious Material(OPIM) means human body fluid such as semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, 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, any unfixed human tissues or organs (other than intact skin), and other materials known or reasonably likely to be infected with human immunodeficiency virus (HIV), hepatitis B virus (HBV), or hepatitis C virus (HCV).

Parenteral Contact means piercing mucous membranes or the skin barrier through such events as human bites, cuts, or abrasions.

Personal Protective Equipment is specialized clothing or equipment worn or used by an employee for protection against a hazard.

Regulated Waste means waste that is any of the following:

- ~ liquid or semi-liquid blood or OPIM
- ~ contaminated items containing liquid or semi-liquid blood, or caked with dried blood or OPIM and capable of releasing these materials when handled.

Sharps means “any object used or encountered in the industries covered by subsection (a) that can be reasonably anticipated to penetrate the skin or any other part of the body, and to result in an exposure incident, including, but not limited to, needle devices or lancets”.

Source Individual means any individual, living or dead, whose blood or OPIM may be a source of occupational exposure to the employee.

Standard/Universal Precautions means an approach to infection control where all human blood or OPIM are treated as if known to be infectious for HIV, HBV, HCV, and other bloodborne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by defining the manner in which a task is performed.

V. APPENDICES

APPENDIX A: Behavioral Health Services Bloodborne Pathogens (BBP) Trainers
Designated by Manager/Supervisor

VI. ATTACHMENTS

[Documentation of Training for Occupational Exposure to Bloodborne Pathogens – F042-24.1373](#) – Attachment 1

[Post Exposure to Bloodborne Pathogens – Checklist for Supervisor](#) – Attachment 2

[Cal/OSHA Form 300 – Log of Work-Related Injuries and Illnesses; and Cal/OSHA Form 301 – Injury and Illness Incident Report](#) – Attachment 3

[Sharps Injury Log – F042-24.1362](#) – Attachment 4

[Employee Health Services Bloodborne Disease Fact Sheet](#) – Attachment 5

[Safety Hazard Reporting – F042-01.2068](#) – Attachment 6

[Bloodborne Pathogen Exposure Incident Employee Instructions](#) – Attachment 7

[Bloodborne Pathogens Exposure Control Program Plan: Training Outline and Training Learning Objectives for Participants](#) – Attachment 8

[Information and Instructions: Bloodborne Pathogen Exposure Incident – F042-24.1374 \(Rev. 07/07\)](#) – Attachment 9

[County of Orange Occupational Bloodborne Pathogens Training Course Participant Roster](#) – Attachment 10

[BHS Bloodborne and Airborne Transmissible Diseases Exposure Control Program Plan Employee Comment and Suggestion Form](#) – Attachment 11

[MedWatch Form FDA 3500 \(to report problems with devices\)](#) – Attachment 12

VII. PROCEDURE

A. Exposure Determination

1. The following is a list of all job classifications in which all employees have potential occupational exposure without regard to personal protective equipment (PPE):
 - a. **Behavioral Health Nurse**
 - b. **Licensed Vocational Nurse**
 - c. **Comprehensive Care Nurse** at CSU
 - d. **Supervising Comprehensive Care Nurse** at CSU
 - e. **Mental Health Specialists** – who are Licensed Psychiatric Technicians or Licensed Vocational Nurses at CSU
 - f. **Mental Health Specialist**
 - g. **Mental Health Worker**
 - h. **Marriage Family Therapist**
 - i. **Clinical Social Worker**
 - j. **Community Worker**
 - k. **Certified Nursing Assistant**
2. The following is a list of all job classifications in which some employees have occupational exposure:
 - a. **Community Mental Health Psychiatrist** – when giving injections
 - b. **Nurse Practitioner** – when giving injections
 - c. **Comprehensive Care Nurse** – when giving injections

- d. **Mental Health Specialist** – who are Licensed Psychiatric Technicians, when giving injections
 - e. **Certified Nursing Assistant** – when performing urine drug testing and responding to emergencies
3. Tasks/Procedures in these jobs that have occupational exposure:
- a. **Conducting evaluations**
 - b. **Patient treatment**
 - c. **Giving Injections**
 - d. **Providing first aid**
 - e. **Responding to emergencies**
 - f. **Disinfecting equipment**
 - g. **Urine/Saliva Drug Testing**
 - h. **TB Skin-Testing for contracted facilities**

B. Schedules and Methods of Implementation

- 1. Standard/Universal Precautions will be used at all times regardless of diagnosis to prevent contact with blood or OPIM. All body fluids shall be considered potentially infectious materials.
- 2. Engineering and Work Practice Controls will be used to prevent or minimize exposure to blood borne pathogens.
 - a. **Regulated Waste**
 - 1) Regulated waste shall be placed in a waste bag that is color-coded red and closed prior to removal to prevent spillage or leakage during handling, and transport. The waste bag must be labeled with BIOHAZARD or BIOHAZARDOUS WASTE.
 - 2) If contamination the outside of a container of regulated waste occurs, the bag is placed into a secondary bag.
 - 3) Disposal of all regulated waste shall be in accordance with applicable state and local regulations.
 - b. **Servicing Contaminated Equipment**
 - 1) Equipment that may become contaminated with blood or OPIM is examined and decontaminated as necessary. Decontamination is not required if it is not feasible or if it will interfere with the manufacturer's ability to evaluate failure of the device. If the equipment is not decontaminated, affected employees, and servicing representatives are informed about any remaining contamination so that precautions can be taken prior to handling, or servicing the equipment. The equipment is to have a readily observable warning label attached to it stating which portions are contaminated. The label should read BIOHAZARDOUS WASTE and be predominantly orange-red.

c. Cleaning and Decontamination of the Worksite

- 1) The worksite including all environmental surfaces, work surfaces, and equipment is to be maintained in a clean and sanitary condition.
- 2) Any equipment, environmental surfaces, and work surfaces shall be cleaned and decontaminated immediately or as soon as feasible when there is a spill of blood or OPIM. Cleaning and decontamination is performed using diluted bleach solutions, or any U.S. Environmental Protection Agency (EPA) registered products effective against HIV, HCV and HBV

d. Hygiene

- 1) Hand washing facilities are readily accessible to employees.
- 2) When hand washing is not feasible, antiseptic hand cleaner or towelettes are to be used and the hands shall be washed with soap and water as soon as feasible.
- 3) Employees will wash their hands immediately or as soon as feasible after removal of gloves or other personal protective equipment.
- 4) Employees will wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact with blood or OPIM.

e. Needleless Systems, Needle Devices and non-Needle Sharps

- 1) Needleless Systems are not used in BHS Programs/Clinics.
- 2) Non-needle sharps used in BHS shall have engineered sharps.
- 3) Injury protection, if available.
- 4) Needle devices: Needles with Engineered sharps injury protection shall be used for:
 - a) Withdrawal of bodily fluids
 - b) Accessing a vein or artery
 - c) Administration of Medication or Fluids
- 5) Sharps containers will be in all rooms where procedures are performed. The containers will be easily accessible and located as close as is feasible to the immediate area where sharps are used.
- 6) Sharps will be stored in locked file cabinets and only the Behavioral Health Nurses, Licensed Phlebotomy Technicians, Licensed Vocational Nurses, Public Health Nurses, Comprehensive Care Nurses, and Psychiatrists at the clinic with have access to them.
- 7) Sharps will be disposed of in Red Bio-hazard bags and kept in a locked cabinet until collected by the disposal company.
- 8) Retractable needle safety technology or other evaluated safety devices for syringes and blood drawing equipment will be used as products are available.
- 9) Behavioral Health Nurses, Licensed Vocational Nurses, Comprehensive Care Nurses, Supervising Comprehensive Care Nurses, Mental Health Specialists who are Licensed Psychiatric Technicians, Public Health

Nurses and Program Supervisors/ Service Chiefs shall be responsible for examination and management or replacement of engineering controls, evaluation and update of work practice controls and implementation of recommended corrective action.

- 10) Engineering and work practice controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness
- 11) All procedures involving OPIM shall be performed in such a manner to minimize spraying spattering and generation of droplets of these substances.

f. Prohibited Practices

- 1) Shearing or breaking of contaminated needles and other contaminated sharps is prohibited.
- 2) Contaminated sharps shall not be bent, recapped or removed from devices.
- 3) Disposable sharps shall not be reused.
- 4) The contents of sharps containers shall not be accessed. Sharps containers shall not be opened, emptied, or cleaned manually.
- 5) 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.
- 6) Food and drink shall not be kept in refrigerators, freezers, shelves, cabinets, or on countertops where blood or OPIM are present.
- 7) Latex/non-latex gloves shall not be reused or washed.

3. Personal Protective Equipment (PPE) is provided at no cost to our employees.

- a. PPE use will be based on the anticipated exposure to blood or other potentially infectious materials. The following personal protective equipment is available: gloves and masks. Gloves are to be worn whenever it can be reasonably anticipated that hands may contact blood, OPIM, mucous membrane, or non-intact skin. Alternative gloves such as hypoallergenic, and powderless are accessible and free to those employees who are allergic to the gloves normally provided. Appropriate sizes are available to employees. Disposable gloves are not to be re-used and if torn, punctured, or compromised during treatment, will be replaced. Employees are to wash their hands immediately or as soon as feasible after removing gloves or other PPE.
- b. Service Chief, Supervising Comprehensive Care Nurse, Supervisor or designee is to ensure that PPE is used when appropriate except in rare circumstances when the employee using their professional judgment declines its use temporarily because in the specific instance its use would prevent the delivery of health care or public safety services or would pose an increased hazard to the safety of the worker/co-worker/patient. If this instance occurs, the circumstances are to be investigated and documented in order to determine if changes can be instituted to prevent such occurrences in the future.

- c. All PPE is to be removed when contaminated and prior to leaving the work area. The employer cleans, launders, repairs, replaces, and disposes of PPE at no cost to the employee. Any garment penetrated by blood or OPIM is to be removed immediately or as soon as feasible and placed in the appropriate red waste bag for disposable or laundering.

C. Hepatitis B Vaccination

The hepatitis B vaccination series is made available to all employees who have potential occupational exposure. Vaccination is encouraged unless documentation exists that the employee previously received the series, antibody testing reveals that the employee is immune, or medical evaluation shows that the vaccination is contraindicated. Participation in a prescreening program is not a prerequisite for receiving Hepatitis B vaccination.

The vaccination is:

1. Made available at no cost to the employees.
2. Made available to the employee at a reasonable time and place (after the employee has received training and within 10 working days of initial assignment).
3. Performed by or under the supervision of a licensed physician or under the supervision of another licensed healthcare professional.
4. Provided according to the recommendations of the CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis (MMWR 2001/Vol. 50/No. RR-11).
5. If the employee initially declines the hepatitis B vaccination but at a later date, decides to accept the vaccination, the vaccination shall then be made available. All employees who decline the hepatitis B vaccination shall sign a Cal/OSHA required waiver indicating their refusal that is on the ***Documentation of Training for Occupational Exposure to Bloodborne Pathogens*** (Attachment 1). Employees who decline may request and obtain the vaccination at a later date at no cost.

D. Post-Exposure Evaluation and Follow-up

1. Should an employee have an exposure incident, it is considered an emergency, the employee is to immediately clean/wash the affected area and obtain first-aid as needed. See ***HCA Public Health Policy and Procedure Number 7.3: Standard and Transmission-based Precautions*** in the Reference section of this Program Plan.
2. Next, the Service Chief or Supervising Comprehensive Care Nurse, Supervisor or designee is to be informed, they will then refer the employee to a workers

compensation clinic as indicated in the *Post Exposure to Bloodborne Pathogen – Checklist for Supervisor* (Attachment 2). The supervisor is to follow and complete the *Post Exposure to Bloodborne Pathogen – Checklist for Supervisor* (Attachment 2).

3. The Service Chief, Supervising Comprehensive Care Nurse, Supervisor or designee shall also complete the *Cal/OSHA Form 301 – Injury and Illness Incident Report* (Attachment 3); and the Supervisors or Supervising DSRs shall complete the *Cal/OSHA Form 300 – Log of Work-Related Injuries and Illnesses* (Attachment 3). As outlined in the HCA Injury and Illness Program Plan.
4. A physician at the workers compensation clinic will evaluate the exposure and provide confidential medical care, including treatment and follow up. The medical care may include collection of the exposed employee's blood, with consent. If consent is given for baseline blood collection but not for HIV serologic testing, the sample shall be preserved for at least 90 days to allow employee time to decide if blood should be tested for HIV serologic status.
5. Additional collection and testing shall be made available as recommended by the CDC Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis (MMWR 2001/Vol. 50/No. RR-11).
6. If the physician determines that source testing is required, the Service Chief, Supervising Comprehensive Care Nurse, Supervisor or designee is to notify Employee Health Services, who will determine if consent is required. If the source individual is known to be infected with HBV or HIV, testing need not be repeated. If source testing is performed, Employee Health Services will notify the exposed employee of the source individual's lab test results. The employee will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual by Employee Health Services.
7. The employee will be offered post-exposure prophylaxis if indicated, counseling, and evaluation of reported illnesses. Employee Health will ensure that the healthcare professional responsible for evaluating the employee after an exposure incident is provided with the following:
 - a. A copy of the Cal/OSHA Standard.
 - b. A description of the exposed employee's duties as they relate to the exposure incident.
 - c. Documentation of the routes of exposure and circumstances under which the exposure occurred.
 - d. Results of the source individual's blood testing if available.

- e. All medical records relevant to the appropriate treatment of the employee including vaccination status, which is Employee Health Service's responsibility to maintain.
 - f. *Employee Health Services Bloodborne Disease Fact Sheet* (Attachment 5)
8. Employee Health Services shall obtain and provide the employee a copy of the evaluating health care professional's written opinion within 15 days of completion of the evaluation. The written opinion shall be limited to the following information:
- a. Whether vaccination is indicated for employee and if employee has received such vaccination.
 - b. A statement that the employee has been informed of the results of the evaluation.
 - c. A statement that the employee has been told about any medical conditions resulting from exposure to blood or OPIM which require further evaluation of treatment.
9. All other findings or diagnosis shall remain confidential and shall not be included in the written report.
10. The Service Chief, Supervising Comprehensive Care Nurse, Supervisor or designee shall document the route(s) of exposure, and the circumstances under which the exposure incident occurred on the *Sharps Injury Log* (Attachment 4) if the exposure involved a sharp. Documentation shall include:
- a. Demographic information.
 - b. Date and Time of injury.
 - c. Job Classification.
 - d. Department/location where the incident occurred.
 - e. Type and brand of sharps involved, if known.
 - f. Description of the exposure incident, including the procedure the employee was performing when the exposure incident occurred, how the incident occurred and the body part involved.
 - g. If the sharp had engineered sharps injury protection, whether the protective mechanism was activated, and whether the injury occurred before the mechanism was activated, during the activation of the mechanism, or after the activation of the mechanism, if applicable.
 - h. If the sharp had no engineered sharps injury protection, the injured employees opinion as to whether and how such a mechanism could have prevented the injury.
 - i. The employees written opinion whether any other engineering, administrative, or work practice control could have prevented the injury.

11. The *Sharps Injury Log* (Attachment 4) shall be submitted to Employee Health Services within 14 days of exposure and a copy maintained by the Agency Safety Officer. The Sharps Injury Logs will be reviewed at least annually by the Sharps Committee, and/or the Quality Improvement Committee to make periodic determination of the frequency of use and brands of sharps involved in exposure incidents.
12. A separate *Sharps Injury Log* (Attachment 4) shall be completed for each exposure incident and the Service Chief, Supervising Comprehensive Care Nurse, Supervisor or designee shall also complete the *Cal/OSHA Form 301 – Injury and Illness Incident Report* (Attachment 3); and the Supervisors or Supervising DSRs shall complete the *Cal/OSHA Form 300 – Log of Work-Related Injuries and Illnesses* (Attachment 3).

E. Procedures for Evaluating the Circumstances Surrounding an Exposure Incident

1. The Service Chief, Supervising Comprehensive Care Nurse, Supervisor or designee will be responsible for reviewing the circumstances of any exposure incident to determine:
 - a. Any engineering controls in use at the time
 - b. A description of any devices being used
 - c. Work practices followed
 - d. Any protective equipment or clothing that was used at the time of the exposure
 - e. Procedure being performed when the incident occurred
 - f. Any employee's training
2. If the Service Chief, Supervising Comprehensive Care Nurse, Supervisor or designee determines that revisions are needed to this Exposure Control Program Plan, he/she will make sure that appropriate changes are made by providing the Bloodborne Pathogen Trainer the information above (should be de-identified).

F. Communication of Hazards to Employees

1. Red waste bags used for transport of regulated waste for disposal or laundry must have a label stating BIOHARZARDOUS WASTE OR BIOHAZARD.
2. Supervising Comprehensive Care Nurse, Behavioral Health Nurse or designee shall ensure biohazard labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or OPIM, and other containers used to store or transport blood or OPIM.
 - a. This label shall be fluorescent orange or red
 - b. Labels will be an integral part of the container
 - c. Red bags or containers may be substituted for labels

G. Employee Training

1. BHS will designate trainers for each BHS Division see *Behavioral Health Services Bloodborne Pathogens (BBP) Trainers Designated by Manager/Supervisor* (Appendix A below) during the Annual Certification Review. HCA Employee Health annually conducts a Train-the-Trainer training on blood-borne pathogens and tuberculosis. The trainer designated annually during the annual certification review will contact the HCA safety office in order to be notified when the next Train-the-Trainer course will be offered and will sign up to attend. They are only training a limited number rather than all of the BHS staff in all of the classifications at risk for occupational exposure. The BHS Trainers, with their Manager / Supervisor, will then be responsible to train BHS staff in classifications in which all or some employees have occupational exposure in the course of their duties. As identified in *Documentation of Training for Occupational Exposure to Bloodborne Pathogens* (Attachment 1). This training will occur annually and for new employees with ten (10) days of beginning job duties.
2. All staff in classifications that are required to have bloodborne pathogen training will receive training within ten (10) days of beginning job duties, and annually thereafter. Training records will be forwarded to the HCA Safety Program and training records will be kept at centrally in BHS Administration in the Central Bloodborne Pathogen binder and copies will be kept at each program location in the Red Safety Binder for at least three (3) years.
3. A copy of the BBP-ECPP will be accessible for employees.
4. HCA has adopted Cal/OSHA's suggested guidelines to comply with California Code of Regulations, Title 8, Section 5193 (T8, CCR §5193) – Bloodborne Pathogens.
5. CalOSHA requires facilities to have a plan for Exposure Determination of which staff may have Occupational Exposure, which means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee's duties.

The training contains the following elements:

- a. An accessible copy of the Cal/OSHA standard
- b. A discussion of the epidemiology and symptoms of bloodborne diseases
- c. An explanation of the modes of transmission of bloodborne pathogens
- d. Explanation of the BBP-ECPP (this program), and a method for obtaining a copy.
- e. The recognition of tasks that may involve exposure to blood or OPIM
- f. An explanation of the use and limitations of methods to reduce exposure, for example engineering controls, work practices and personal protective equipment (PPE)

- g. An explanation of the types, uses, location, removal, handling,
- h. decontamination, and disposal of PPE
- i. An explanation of the basis for PPE selection
- j. Information on the hepatitis B vaccine, including information on its efficacy, safety, method of administration, the benefits of being vaccinated, and that the vaccine will be offered free of charge
- k. Information on the appropriate actions to take and persons to contact in an emergency involving blood or OPIM
- l. An explanation of the procedure to follow if an exposure incident occurs, including ***Safety Hazard Reporting*** (Attachment 6) of the incident and the medical follow-up that will be made available
- m. Information on the post-exposure evaluation and follow-up that the employer is required to provide for the employee following an exposure incident including ***Bloodborne Pathogen Exposure Incident Employee Instructions*** (Attachment 7)
- n. An explanation of the signs and labels and/or color coding required by the standard and used at this facility
- o. An opportunity for questions and answers with the Bloodborne Pathogens (BBP) Trainer. If computerized training is used, it is our policy to arrange to have the trainer available to answer questions.
- p. ***Bloodborne Pathogens Exposure Control Program Plan: Training Outline and Training Learning Objectives for Participants*** (Attachment 8)
- q. ***Information and Instructions: Bloodborne Pathogen Exposure Incident*** (Attachment 9)

H. Recordkeeping

1. Medical Records

Employee Health Services shall maintain an accurate record for each employee with occupational exposure. Employee medical records are kept confidential and are not disclosed or reported to any person within or outside our workplace unless the subject employee has given his or her express written consent (except as required by CCR, T8 §5193, "Bloodborne Pathogens," or other applicable laws). Medical records are maintained for at least the duration of the individual's employment plus thirty (30) years.

The medical records shall include the following:

- a. The name and social security number of the employee
- b. A copy of the employee's HBV vaccination status, including the dates of vaccination and any medical records relative to the employee's ability to receive vaccination.
- c. A copy of all results of examination, medical testing, and follow-up procedures.
- d. A copy of the information provided to the healthcare professional, including a description of the employee's duties as they relate to the exposure incident,

and documentation of the routes of exposure and circumstances of the exposure.

- e. A confidential copy of the healthcare professional opinion.

2. Training Records

- a. Trainings shall be properly recorded on the *County of Orange Occupational Bloodborne Pathogens Training Course Participant Roster* (Attachment 10) and will include the employee's name and job title and the following:
 - 1) The dates of the training sessions
 - 2) The contents or a summary of the training
 - 3) The names and qualifications of persons conducting the training
- b. BHS trainers for each program within each division will keep the original records of the training centrally at BHS Administration in the Central Bloodborne Pathogen binder and copies will be kept at each program location in the Red Safety Binder for at least three (3) years.
 - 1) Copies of these records must also be provided to HCA Safety and to the onsite program Departmental Safety Representative (DSR) for filing in the Red Safety Binder.
- c. The *Sharps Injury Log* (Attachment 4) shall be maintained five (5) years from the date the exposure incident occurred these records will be kept centrally by BHS Administration in the Central Bloodborne Pathogen binder; **no** copies of these forms will be kept in the Red Safety Binder at each program location.
- d. Availability of Records
 - 1) BHS will ensure that records are made available upon request to the Chief of the Division of Occupational Safety and Health or designated representative, and the Director of the National Institute for Occupational Safety and Health (NIOSH) or designated representative for examination and copying. These records include; training records; medical records, and the *Sharps Injury Log* (Attachment 4).
 - 2) Applicable consent must be provided in order to obtain records.
- e. Transfer of Medical Records
 - 1) If BHS ceases to provide services or there is no successor employer to receive and retain medical records for the prescribed period the Division Manager will contact the Chief and NIOSH at least three months prior to disposal for disposition in accordance with CCR, T8 §3204.

I. Review of the BBP-ECPP

- 1. The BBP-ECPP shall be reviewed and updated annually and when necessary by a committee. The committee shall at minimum consist of a supervisor, a physician or RN, an Office Specialist, and a BBP Trainer. The committee will fill out the *Annual Certification Review* (see Page 2).

The update is to:

- a. Reflect new or modified tasks and procedures which affect occupational exposure
- b. Review forms *BHS Bloodborne and Airborne Transmissible Diseases Exposure Control Program Plan Employee Comment and Suggestion Form* (Attachment 11) and *MedWatch Form FDA 3500 (to report problems with devices)* (Attachment 12) to determine if changes should be made to policy based on employee suggestions or problems with devices
- c. Reflect changes in technology that eliminate or reduce exposure to bloodborne pathogens
- d. Include new or revised employee positions with occupational exposure
- e. Review and evaluate the exposure incidents which occurred since the previous update
- f. Review and respond to information indicating that the Exposure Control Plan is deficient in any area.

J. Outside Contractors

1. Where applicable, the BHS Division Manager, or designee, is responsible for communicating the requirements of the BBP-ECPP to outside contractors.

APPENDIX A**BEHAVIORAL HEALTH SERVICES****BLOOD-BORNE PATHOGENS (BBP) TRAINERS DESIGNATED BY MANAGER/SUPERVISOR**

HCA has adopted Cal/OSHA's suggested guidelines to comply with [California Code of Regulations, Title 8, Section 5193 \(T8, CCR §5193\) – Bloodborne Pathogens](#). Cal/OSHA requires facilities to have a plan for Exposure Determination of which staff may have Occupational Exposure, which means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious material (OPIM) that may result from the performance of an employee's duties.

The definition of OPIM does not include urine or any other bodily excrement other than semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, peritoneal, or amniotic, or blood contaminated excrements.

In BHS, ONLY the nursing staff and some of the physicians (except in the P&I/Outreach and Engagement Program where all job classifications in section VII, part A) would have occupational exposure to blood or OPIM. It is not a requirement to train the staff in BHS who do not have occupational exposure to blood or OPIM. Another training may be provided for them, and an alternative method of documenting attendance may be used other than the Hepatitis Vaccine Requests.

HCA Employee Health Services annually conducts a Train-the-Trainer training on bloodborne pathogens and tuberculosis. They are only training a limited number rather than all of the BHS staff in all of the classifications at risk for occupational exposure. The Exposure Determination list of job classifications in Behavioral Health Services (AOAS & CYPS) in which all or some have occupational exposure in the course of their duties is on Page 6.

Below is the format for current list of BHS Programs' staff that will be sent to the HCA Employee Health Services Train-the-Trainer training on bloodborne pathogens and tuberculosis. The BHS Trainers, with their Manager / Supervisor, will then be responsible to train BHS staff in classifications in which all or some employees have occupational exposure in the course of their duties. This training will occur annually and for new employees with ten (10) days of beginning job duties.

List was last updated on 1/31/2019 by BHS.

Trainer	Primary or Alternate	New or Previous	Division/Program	Pony Mail	Program Manager/ Service Chief/Supervisor
Muriel Enos, PhD, RN 949-643-6930	P	P	AOABH/CYBH/SUD & Perinatal Aliso Viejo 5 Mareblu, Suite 100 Aliso Viejo, CA 92656	95	Ian Kemmer, PM II 714-834-2160 Jennifer Rowe, SC I 949-643-6930
Lilia Blanco, RN 714-896-7566	P	P	AOABH/PACT Program (South) 5 Mareblu, Suites 200 & 250 Aliso Viejo, CA 92656	95	Ian Kemmer, PM II 714-834-2160 Karyn Monroe, SC I 949-850-8463

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Trainer	Primary or Alternate	New or Previous	Division/Program	Pony Mail	Program Manager/ Service Chief/Supervisor
Brian Tuason, BHN 714-517-6332	P	P	AOABH/CYBH/SUD & Perinatal Anaheim 2035 E. Ball Road Suite 100A & 100P Anaheim, CA 92806	98-C & 98-D	Tracy Rick, PM II 714-834-5455 Travis Buchanan, SC I 714-517-6180
Lilia Blanco, RN 714-896-7566	P	P	AOABH/Drug & DUI Court Programs 1200 N. Main Street, Suite 100-B Santa Ana, CA 92701	1-B	Diane Holley, PM II 714-834-2860 Tracy Ernt, SCII 714-480-6661
Darlene Amaya, LVN, MHS, LPT, MHSC 714-834-6900 Lilia Blanco, RN 714-896-7566	P A	P N	AOABH/Crisis Stabilization Unit (CSU) 1030 W. Warner Ave. Santa Ana, CA 92707	29	Vanessa Thomas, PM II 714-834-2223 Nicole Keefe, SC II 714-834-6900 Sarah Vu, Sup CCN 714-834-6900
Lilia Blanco, RN 714-896-7566	P	P	AOABH/PACT Program (North) 211 W. Commonwealth, 1 st & 2 nd Floors Fullerton, CA 92832	9	Tracy Rick, PMII 714-834-5455 Luis Gonzales, SCI Elana Bishop, SCI 714-447-7000
Lilia Blanco, RN 714-896-7566	P	P	AOABH Anaheim Clinic 2035 E. Ball Road, Suite 200 Anaheim, CA 92806	98-A	Tracy Rick, PMII 714-834-5455 Delores Castaneda, SC I Katherine Shreenan, SC I 714-517-6300
Robert Steven Ward, RN 714-520-7300	P	P	AOABH Open Access North 303 W. Lincoln Avenue, Suite 130 Anaheim, CA 92805	84-C	Tracy Rick, PMII 714-834-5455 Rodrigo Sigala, SC I 714-520-7300
Lilia Blanco, RN 714-896-7566	P	P	AOABH Costa Mesa PACT 3115 Red Hill Avenue Costa Mesa, CA 92626	23	Ian Kemmer, PM II 714-834-2160 Chi Lam, PM II 714-796-0267 Stephani Bryson, SC I Matthew Kee, SCI 714-850-8463
Lilia Blanco, RN 714-896-7566	P	P	AOABH South Clinic 23228 Madero Mission Viejo, CA 92691	67-A	Ian Kemmer, PM II 714-834-2160 Rebekah Radomski, SC I 949-643-6948
Christina Trinh, MHN 714-480-6767	P	N	AOABH Santa Ana Clinic/AB109 1200 N. Main Street, Suite. 201 Santa Ana, CA 92701	1-E	Ian Kemmer, PM II 714-834-2160 Amy O'Neill, SCI Gisela Villavicencio, SCI 714-480-6767
Christina Trinh, MHN 714-480-6767	P	N	AOABH Westminster Clinic/ SUD 14140 Beach Blvd., Suite 223 Westminster, CA 92683	88-A	Tracy Rick, PMII 714-834-5455 Ken Alma, SCI 714-896-7566
Pam Sipchen, BHN 714-972-3700	P	N	AOABH/Older Adult Services 4000 Metropolitan., Suite Orange, CA 92868	25-A	Diane Holley, PM II 714-834-2860 Karen Hoffman, SCII 714-972-3700

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Trainer	Primary or Alternate	New or Previous	Division/Program	Pony Mail	Program Manager/ Service Chief/Supervisor
Robert Lahoyza, BHN 714-567-7688	P	N	AOABH/LPS Mental Health 1300 S. Grand Ave., Bldg. C Santa Ana, CA 92705	71-B	Debbie Lent, PM II 714-834-5035 Sherine Costa, SC II 714-567-7681
Karen Simerlink, RN, BHN 714-645-8000	P	P	CYPBH/P&I/OCCREW & OCPWP 792 W. Town & Country Rd., Bldg. E Orange, CA 92868 CYPBH/P&I/Community Counseling & Supportive Services 1040 W. Town & Country, Bldg. G Orange, CA 92868	48-B	Raquel Tellez, PM II 714-796-0476 Skarlet Bui, LMFT, SC II 714-480-5115
Anvita Kohli, BHN 714-480-6660	P	P	AOABH/CYBH/Substance Use Disorders 1200 N. Main Street, Suite. 300 Santa Ana, CA 92701	1-G	Ian Kemmer, PM II 714-834-2160 Wendy Elliott, SCI 714-480-6724