

CHAPTER 1

Bloodborne Pathogens and Exposure Control

The California Department of Corrections (CDC) has implemented an Exposure Control Plan (ECP) in compliance with State regulations, in order to minimize or eliminate employee exposure to Bloodborne Pathogens (BBP). The 1999 ECP replaces the 1998 CDC ECP. It includes policy and guidelines for prevention, treatment and reporting based on new medical information and laws that have been issued in 1999. While the contents have been revised, the overall plan remains substantially the same. Should a BBP exposure occur, this plan contains the designated forms to be used for documentation. The objectives of this plan include:

- A. Prevention of occupational exposure to BBP;
- B. Protection for CDC employees from the health hazards associated with BBP; and
- C. The provision of appropriate treatment and counseling, should an employee be exposed to material possibly containing BBP.

The *California Code of Regulations, Title 8, General Industry Safety Orders, Chapter 4, Subchapter 7, Article 109, Section 5193*, the *BBP Standard (see Chapter 9, Appendix, page I.App.I)* provide the authority and the requirements for this plan. In addition, the *Labor Code Section 144.7* that took effect January 1, 1999, required the California Occupational Safety and Health Administration and the Occupational Safety and Health Standards Board to develop and adopt amendments to the existing *BBP Standard* on an emergency basis beginning January 15, 1999, and on a permanent basis on July 1, 1999. The amendments concern the use of engineering controls, specifically sharps injury prevention technology.

The newly adopted emergency legislation includes procedures for identifying and selecting sharps injury prevention technology, with detailed reporting of all exposure incidents in a newly mandated *Sharps Injury Log (see Chapter 2, General Exposure Control Program Management, Section IV, Sharps Injury Log)*. Many specific elements pertaining to the sharps exposure incident and the device causing the exposure are to be clearly documented in this log. These amendments and other improvements for ease of use, have been incorporated into the 1999 ECP.

This plan specifically addresses the more serious infectious diseases to which workers may be exposed; it does not cover all communicable disease risks. However, the precautions outlined apply to many diseases, including herpes, cytomegalovirus, and others. Whenever a CDC staff employee suspects a possible exposure to any communicable disease, he or she should consult the on-site supervisor and be directed to seek a medical evaluation, **immediately**.

All managers and employees are responsible for **reviewing and becoming familiar with this plan in advance of any potential bloodborne exposure incident**. The CDC has identified the following general principles that apply to reduce the potential for exposure to BBP:

- A. It is prudent to minimize all exposure to BBP.

- B. It is important that **ALL** employees practice Universal and / or Standard Precautions, treating all human blood and other body fluids as if they were infectious for hepatitis, Human Immunodeficiency Virus (HIV), and other BBPs.
- C. By practicing Universal or Standard Precautions, the risk of exposure to BBP can be substantially reduced.
- D. Each correctional institution and division shall establish work practice and engineering controls to minimize or eliminate employee exposure to BBP.
- E. Establishing and completing periodic reviews of the ECP is imperative for a prompt and adequate response to a possible hazardous exposure.

The CDC medical staff have been provided with the medical information required to deal with emergency BBP exposures and the options for treatment, with emergency first aid principles clearly outlined (*see Chapter 5, Post-Exposure Evaluation, Documentation, and Follow-Up*). Emergency care facilities have been updated by CDC's Health and Safety Office (HSO), for evaluation and treatment to be provided through the nearest emergency services clinic with any necessary follow-up care offered through the appropriate Workers' Compensation Provider (WCP) (*see Chapter 6, Employee Workers' Compensation Provider Issues*.)

Medical evidence continues to indicate that each significant exposure incident to potentially infectious blood or fluids should be treated as a medical emergency since certain appropriate medical interventions must be initiated promptly -- within TWO (2) HOURS -- to be maximally effective. It is the policy of the Department that medical staff shall not provide medical treatment to its employees. However, the CDC's health care staff must immediately evaluate the significance of an exposure incident as an emergency incident. For any possible exposures to BBP or unknown substances, staff should then refer an employee who presents with a significant exposure incident to a physician for prompt evaluation, and immediate consideration for preventive medications to avoid possible transmission of hepatitis, HIV or other infectious diseases.

To be maximally effective, these medical options are to be provided **within the two-hour window period from the time of exposure**, per the Centers for Disease Control and Prevention guidelines (*Morbidity and Mortality Weekly Report, May 15, 1998, Volume 47; see pages VI.App.8.1 - 8.38.*) This means the exposed employee should arrive at the off-site healthcare facility in a timeframe that permits the employee to receive a medical evaluation, discuss the issues, **and begin preventive treatment** if that is necessary, within two hours of the exposure incident. Emergency procedures must be instituted by prison health staff, including an initial dose of prophylactic medication for significant BBP exposures, if needed to meet the two hour time frame.

Although there is limited data, evidence that medical prophylaxis is effective does exist, despite its potential toxicity. If for unexpected reasons the referral to an outside provider is delayed, an emergency evaluation must be done within the institution. After emergency care, the employee must still be immediately referred to the appropriate healthcare facility for complete evaluation and consideration for any follow-up care that may still be offered.

To expedite appropriate procedures following an exposure incident, supervisors and staff **must be familiar with the actions outlined in this document**. For the immediate post-exposure treatment, the employee shall be referred to the nearest emergency facility or given medication if the timeframe for referral is likely to exceed 1 hour post-exposure. The follow-up care for the next 30 days is provided by the WCP, or the employee's own private health care provider (providing a pre-designated consent form has been signed by the employee and is on file in his/her personnel record). The emergency facilities and WCP will be knowledgeable of the immediate post-exposure care outlined within this document as provided to them by the HSO. Copies of the information packages for the employee and these providers are also conveniently provided in this ECP.

The employee shall **not** be tested by institution staff for "baseline" communicable diseases, such as HIV, Hepatitis B, or Hepatitis C, following post-exposure incidents. Employees who wish to be tested should request testing from an emergency service clinic, a WCP, or a health care provider of the employee's choice. Information regarding the results of these tests shall not be routinely reported to the institution, but may be made available (with employee consent) to the WCP. Patient hepatitis and nonconsensual HIV testing can be conducted in certain specific circumstances, as outlined within this plan.

All comments and questions regarding this plan may be directed to the Public Health Section, Health Care Services Division, at (916) 322-6057 or to the Health and Safety Office, Office of Personnel Management, at (916) 323-5483.

Note: Please refer to the CDC, Health Care Services Division, Public Health Section "BLOODBORNE PATHOGENS AND EXPOSURE CONTROL PLAN", Revised: December 1999, for detailed information regarding the following:

- Purpose of the Plan
- General Exposure Control Program Management
- Methods of Compliance
- Hepatitis and the Hepatitis B Vaccination Program
- Post-Exposure Evaluation, Documentation, and Follow-Up
- Employee Workers' Compensation Provider Issues
- Legal Requirements Regarding Exposure Incidents
- Communicating Hazards and Recordkeeping