

3.8.3 Bloodborne Pathogens and Exposure Control

(a) Policy

- (1) The California Department of Corrections of Rehabilitation (CDCR) maintains an Exposure Control Plan (ECP) in compliance with State regulations, in order to minimize or eliminate employee exposure to Bloodborne Pathogens (BBP).
- (2) The California Code of Regulations, Title 8, Chapter 4, Subchapter 7, General Industry Safety Orders, Article 109, Section 5193, Bloodborne Pathogens provides the authority and the requirements for this plan.

(b) Purpose

The ECP includes policy and guidelines for prevention, treatment, and reporting based on current medical information and laws. Should a BBP exposure occur, this plan contains the designated forms to be used for documentation. Objectives of the BBP include, but are not limited to:

- (1) Prevention of occupational exposure to BBP;
- (2) Protection for CDCR employees from the health hazards associated with BBP; and
- (3) The provision of appropriate treatment and counseling, should an employee be exposed to material possibly containing BBP.

(c) Plan Overview

The legislation includes procedures for identifying and selecting sharps injury prevention technology, with detailed reporting of all exposure incidents in a mandated Sharps Injury Log pursuant to The California Code of Regulations, Title 8, Chapter 4, Subchapter 7, General Industry Safety Orders, Article 109, Section 5193, Bloodborne Pathogens. Many specific elements pertaining to the sharps exposure incident and the device causing the exposure are to be clearly documented in this log.

(d) Plan Details

- (1) 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.
- (2) Whenever a CDCR employee suspects a possible exposure to any communicable disease, he or she should consult the onsite supervisor and be directed to seek a medical evaluation, immediately.
- (3) All employees are responsible for reviewing and becoming familiar with this plan in advance of any potential bloodborne exposure incident.
- (4) CDCR 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 practices 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.
- (5) Health care 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 CDCR'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.)
- (6) 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 hours to be maximally effective.
 - (A) Health care staff shall not provide medical treatment to its employees. However, health care staff must immediately evaluate the significance of an exposure incident as an emergency incident.

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- (B) For any possible exposures to BBP or unknown substances, staff shall 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
- (7) To be maximally effective, these medical options are to be provided within the two-hour window from the time of exposure, per the Centers for Disease Control and Prevention Guidelines (Morbidity and Mortality Weekly Report; as described in the BBP ECP). This means the exposed employee should arrive at the offsite health care facility in a timeframe that permits the employee to receive a medical evaluation, discuss the issues, and begin preventive treatment as necessary, within two hours of the exposure incident. Emergency procedures must be initiated by institution health care staff, including an initial dose of prophylactic medication for significant BBP exposures, if needed to meet the two hour timeframe.
- (8) 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 health care facility for complete evaluation and consideration for any follow-up care that may still be offered.
- (9) To expedite appropriate procedures following an exposure incident, managers, supervisors and staff must be familiar with the actions outlined in this document.
 - (A) 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.
 - (B) The follow-up care for the next 30 calendar 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).
 - (C) 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.
- (10) The employee shall not be tested by institution health care staff for "baseline" communicable diseases, such as HIV, Hepatitis B, or Hepatitis C, following post-exposure incidents.
 - (A) 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.
 - (B) 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.
 - (C) Patient hepatitis and nonconsensual HIV testing can be conducted in certain specific circumstances, as outlined within this plan.
- (11) All comments and questions regarding this plan may be directed to the Public Health Branch, California Correctional Health Care Services, at (916) 691-9901 or to the Health and Safety Office, Office of Personnel Management, at (916) 323-5483.
- (12) Note: Please refer to the CDCR, California Correctional Health Care Services, Public Health Branch "BLOODBORNE PATHOGENS AND EXPOSURE CONTROL PLAN", Revised: December 1999, for detailed information regarding the following:
 - (A) Purpose of the Plan
 - (B) General Exposure Control Program Management
 - (C) Methods of Compliance
 - (D) Hepatitis and the Hepatitis B Vaccination Program
 - (E) Post-Exposure Evaluation, Documentation, and Follow-Up
 - (F) Employee Workers' Compensation Provider Issues
 - (G) Legal Requirements Regarding Exposure Incidents
 - (H) Communicating Hazards and Recordkeeping

Revision History
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